NHS
Staffordshire and Stoke-on-Trent
Integrated Care Board

Staffordshire and Stoke-on-Trent ICB

Emergency Preparedness, Resilience, and Response (EPRR) Policy

Policy Number:	EPRR-P-001
Version:	3.1
Ratified by:	ICB Public Board
Date ratified:	20 March 2025
Name of originator/author:	Katie Weston, EPRR Strategic Lead
Name of responsible committee/individual:	Phil Smith, Accountable Emergency Officer
Date approved by Committee/individual:	20 March 2025
Date issued:	21 March 2025
Review date:	March 2028
Date of first issue	01 July 2022
Target audience:	All ICB employees, directors, NEDs, managers, and contractors. It is also recommended to be adopt by ICB practices in the ICB footprint

Document History

CONSULTATION SCHEDULE

Name and Title of Individual	Groups consulted	Date
Katie Weston (EPRR Manager) and Jane Moore (SRO for EPRR)	Staffordshire CCGs Executive Management Team	25 May 2022
Katie Weston (EPRR Manager) and Jane Moore (SRO for EPRR)	Staffordshire and Stoke-on-Trent ICB Public Board	01 July 2022
Katie Weston (EPRR Strategic Lead)	Staffordshire and Stoke-on-Trent ICB Executive Management Team	8 June 2023
Katie Weston (EPRR Strategic Lead)	Staffordshire and Stoke-on-Trent ICB Audit Committee	19 June 2023
Katie Weston (EPRR Strategic Lead)	Staffordshire and Stoke-on-Trent ICB Public Board	20 July 2023
Katie Weston (EPRR Strategic Lead)	Staffordshire and Stoke-on-Trent ICB Executive Management Team	27 June 2024
Katie Weston (EPRR Strategic Lead)	Staffordshire and Stoke-on-Trent ICB Audit Committee	01 July 2024
Katie Weston (EPRR Strategic Lead)	Staffordshire and Stoke-on-Trent ICB Public Board	18 July 2024
Katie Weston (EPRR Strategic Lead)	Staffordshire and Stoke-on-Trent ICB Executive Management Team	19 February 2025
Katie Weston (EPRR Strategic Lead)	Staffordshire and Stoke-on-Trent ICB Audit Committee	10 March 2025
Katie Weston (EPRR Strategic Lead)	Staffordshire and Stoke-on-Trent ICB Public Board	20 March 2025

RATIFICATION SCHEDULE

Name of Committee approving Policy	Date
ICB Public Board	01 July 2022
ICB Audit Committee	19 June 2023
ICB Public Board	20 July 2023
ICB Audit Committee	01 July 2024
ICB Public Board	18 July 2024
ICB Audit Committee	10 March 2025
ICB Public Board	20 March 2025

VERSION CONTROL

Version	Version / Description of amendments	Date	Author
1	New policy	01 July 2022	Katie Weston
2	Updated policy in accordance with EPRR annual assurance comments from NHSE	21 July 2023	Katie Weston
3	Annual review of content. No changes to overall policy content. Inclusion of UEC Operations Team	19 July 2024	Katie Weston

	and Portfolio Director for Delivery and Improvement. Amendment of references to gold and silver command levels, to strategic and tactical respectively. Amendment from annual review to three-yearly review in line with NHSE guidance.		
3.1	Annual review of content and update of EPRR team structure, and inclusion of EPRR and Business Continuity Group and EPRR Senior Leadership Team roles and responsibilities.	13 February 2025	Katie Weston

IMPACT ASSESSMENTS – AVAILABLE ON REQUEST

	Stage	Complete	Comments
Equality Health Impact Assessment	Initial	Yes	
Quality Impact Assessment	N/A	N/A	
Data Protection Impact Assessment	N/A	N/A	

Staffordshire and Stoke-on-Trent Integrated Care Board

Staffordshire and Stoke-on-Trent Integrated Care Board

Emergency Preparedness, Resilience and Response (EPRR) Policy

Contents

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 (CCA) 2004, NHS Act 2006, Health and Care Act 2022, and the NHS England Emergency Preparedness, Resilience and Response (EPRR) Framework 2022 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 EPRR.

1.3 Staffordshire and Stoke-on-Trent (SSOT) 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 EPRR Framework
- NHS Core Standards for EPRR annual assurance self-assessment
- 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 EPRR obligations, detailing the minimum requirements for planning for, responding to, and recovering from an incident regardless of any scale and duration.

2. Legal Framework

2.1 The Civil Contingencies Act 2004 (CCA) establishes a statutory framework of roles and responsibilities for local responders. The CCA is supported by Regulations (The CCA 2004 (Contingency Planning) Regulations) and statutory guidance EPRR. Responsibilities of service providers are set out in the NHS Act 2006 as amended by section 46 (9, 10) of the Health and Social Care Act 2012, and Health and Care Act 2022. This is supported by the NHS EPRR Guidance NHS Framework, and the NHS Core Standards for EPRR annual assurance self-assessment.

2.2 NHS-funded organisations that are not NHS Trusts or foundation trusts (e.g., Primary Care, out of hours providers, independent sector, and third sector providers) are not listed in the CCA 2004, however NHS England and the Department of Health and Social Care expect them to plan for and respond to emergencies and incidents in a manner which is relevant, necessary, and proportional to the scale of service provision. While not listed under the CCA, these organisations may have EPRR obligations under the NHS Act 2006 and / or NHS Contracts and the ICB expectations and arrangements for supporting these obligations is outlined in the policy statement.

3. Policy Statement

3.1 SSOT ICB are committed to the delivery of effective EPRR 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.

3.2 SSOT ICB will therefore ensure the necessary resources are in place to plan for and respond effectively to such incidents, including representing the ICS within a tactical coordination role in incidents requiring multi-agency response; establish an effective incident coordination centre (ICC) as required; and lead post-incident recovery for the ICS.

3.3 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.

3.4 SSOT ICB will establish a mechanism to provide NHS strategic and tactical leadership and support structures to effectively manage and coordinate the NHS response to, and recovery from, incidents and emergencies 24/7, including representation of the NHS at Strategic and Tactical Coordinating Groups, and supporting NHS England in discharging their EPRR functions locally, supporting ICS tactical coordination during level 2-4 incidents (as defined in the Incident Response Plan).

3.5 SSOT ICB 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.

3.6 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 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.

3.7 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.

3.8 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 properly prepared to deal with an emergency, and are compliant with relevant guidance and standards

3.9 Commissioners and Providers must give due consideration to the potential impacts of any proposed service changes on the ability of the NHS to effectively plan for and / or respond to an incident or emergency and ensure effective EPRR is maintained.

4. Purpose

4.1 NHS England (NHSE) requires that all ICBs prepare and test arrangements in response to emergency and business continuity incidents. This policy outlines the requirements to which SSOT ICB 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 Audit Committee through the Accountable Emergency Officer. The EPRR governance structure is detailed at section 8.

5. Aim and Objectives

5.1 The aim of the EPRR policy is to ensure the ICB can support the ICS and wider local health economy in its response to an emergency / incident, whilst maintaining essential services for the populations of SSOT.

5.2 The objectives of the EPRR Policy are to ensure the ICB:

5.2.1 Has adequate plans to prepare for, respond to and recover from incidents as a Category 1 responder;

5.2.2 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;

5.2.3 Operates within the legal framework for:
a. Civil Contingencies Act (2004)
b. Health & Social Care Act (2022)

5.2.4 Meets its obligations under the NHS England EPRR Framework and NHS Core Standards for EPRR annual assurance self-assessment.

6. Scope

6.1 The scope of the arrangements for the response to emergency incidents covers all levels of incidents, as described in NHS EPRR Framework 2022, as per figure 1 below.

6.2 The ICB will be responsible for the coordination of level 1 (ICB only) and level 2 incidents (system) within its area of operations, and will provide support to NHS England (NHSE) in the response to Level 3 and 4 incidents.

Level 1	An incident that can be responded to and managed by an NHS-funded organisation within its respective business as usual capabilities and business continuity plans
Level 2	An incident that requires the response of a number of NHS-funded organisations within an ICS and NHS coordination by the ICB in liaison with the relevant NHS England region
Level 3	An incident that requires a number of NHS-funded organisations within an NHS England region to respond. NHS England to coordinate the NHS response in collaboration with the ICB. Support **may** be provided by the NHS England Incident Management Team (National).
Level 4	An incident that requires NHS England national command and control to lead the NHS response. NHS England Incident Management Team (National) to coordinate the NHS response at the strategic level. NHS England (Region) to coordinate the NHS response, in collaboration with the ICB, at the tactical level.

Figure 1: NHS incident response levels

7. Underpinning EPRR Principles

7.1 In order to prepare, response, and recover effectively to any incident impacting the organisation, the six underpinning principles of EPRR will be utilised throughout as outlined below:

7.1.1 **Preparedness and anticipation** – the ICB will anticipate and manage the consequences of incidents and emergencies by identifying risks and impacts where possible, achieved through clarity of role and responsibilities, development of suitable plans and arrangements, and the testing and exercising of plans.

7.1.2 **Continuity** – response arrangements will complement existing functions to ensure familiar ways of working, whilst being rapid and scalable to ensure delivery of actions in an incident or emergency

7.1.3 **Subsidiarity** – decisions will be taken at the lowest appropriate level, with coordination at the highest necessary level, working with NHS organisations within the ICS to form the building blocks of response

7.1.4 **Communication** – effective communication is critical to response, warning and informing, and therefore reliable and timely information flows to responders, stakeholders, and the public will be a priority

7.1.5 **Cooperation and integration** – effective coordination and information sharing will be promoted and exercised between and within the ICB, ICS, local, regional, and national tiers of response to build positive relationships built on mutual trust and understanding, including supporting mutual aid requests and coordination where necessary

7.1.6 **Direction** – the use of a strategic aim and supporting objectives for response will be used to deliver clarity of purpose, and will be agreed and understood by all involved in management of the incident.

8. Governance

ICB EPRR Governance

8.1 The Accountable Emergency Officer (AEO) holds executive authority and responsibility for ensuring that the organisation complies with EPRR legal and policy requirements in the ICB. This position must be fulfilled by an Executive Board-Level Director and therefore 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.

8.2 The AEO will report on an annual basis to the Public Board of the ICB the organisations readiness and preparedness activities, and will include the following:

8.2.1 Training and exercises undertaken by the organisation

8.2.2 Summary of business continuity incidents, critical incidents, and major incidents experienced by the organisation

8.2.3 Lessons identified and learning undertaken from incidents and exercises

8.2.4 The organisation's compliance position in relation to the latest NHS England EPRR assurance process

8.3 An EPRR and Business Continuity Group will be established with representation from nominated leads from key services within the ICB, and will meet twice yearly. This group will consult on the priorities and interdependencies of the work programme, with the AEO remaining responsible for annual approval of the work programme.

8.4 Delivery of the EPRR work programme will be fulfilled by the EPRR Team, lead by the EPRR Strategic Lead. Oversight will be achieved with monthly briefings to the EPRR Senior Leadership Team, including the AEO on a bi-monthly basis.

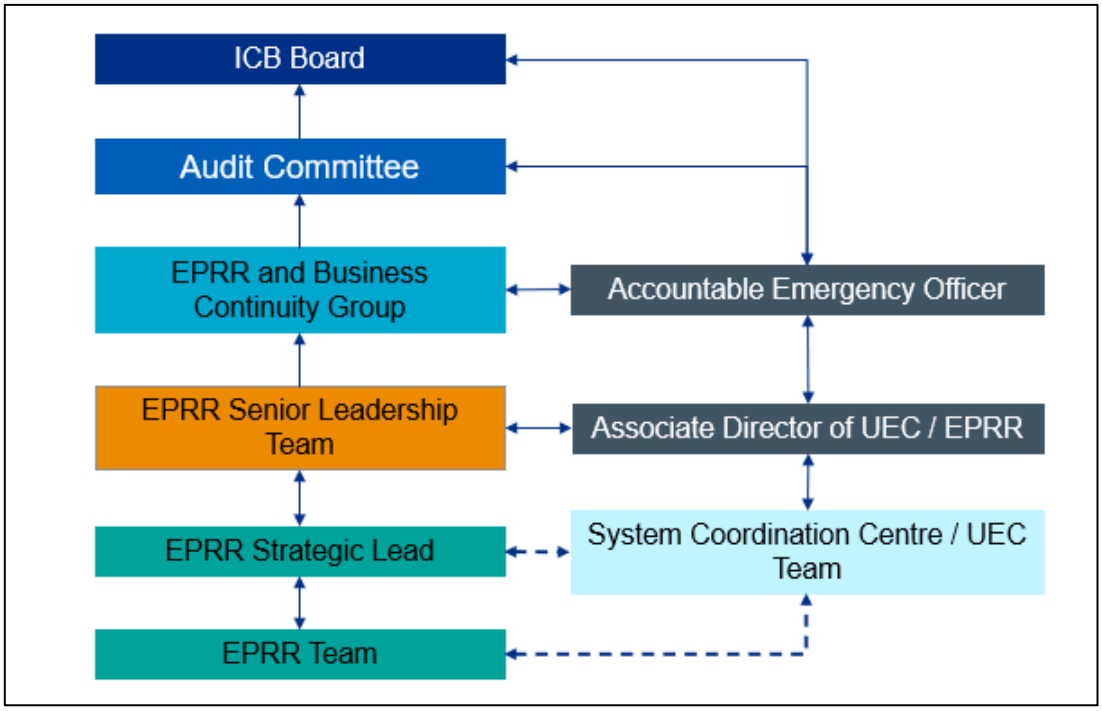

Figure 2: ICB EPRR Governance Structure

8.5 The AEO will represent the ICB at the Staffordshire Resilience Forum (SRF), while noting NHS England, and the Staffordshire NHS Trusts and NHS Foundation Trusts are also SRF members. The ICB will represent the Staffordshire NHS system partners at the relevant subgroups of the SRF, as per the Staffordshire LRF NHS representation agreement.

Local Health Resilience Partnership

8.6 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 the ICB AEO and a 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.

8.7 LHRP will coordinate the health input to NHS England, UKHSA, and local government in ensuring member organisations develop and maintain effective health planning arrangements for incidents.

8.8 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.

8.9 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.

8.10 The AEO will utilise the LHRP to maintain the involvement and support of LHRP partners at a strategic and tactical level.

8.11 The secretariat function sits with the ICB and the EPRR Strategic Lead will ensure the LHRP sits quarterly, but at minimum on a six-monthly basis.

8.12 As per the LHRP terms of reference, the Health Emergency Planning Officer's Group (HEPOG) will be chaired by the ICB EPRR Strategic Lead, and sit as a subgroup of LHRP. The focus of the group is to undertake strategic and tactical EPRR work to support the requirement to ensure NHS-funded organisations have effective, coordinated structures in place to adequately plan, prepare, and exercise response arrangements. The Health Risk Management Group (HRMG) will sit alongside HEPOG to provide a system approach to risk identification, mitigation and consequence management.

8.13 Further health resilience sub-groups may be convened at the direction of LHRP under HEPOG. Such groups will be determined on a need basis by the Co-Chairs of LHRP and in liaison with the LRF to ensure a coordinate approach to project delivery, and avoid duplication of workstreams.

8.14 The ICB will provide a route of escalation for resilience planning issues to the LHRP relating to commissioned provider EPRR preparedness.

8.15 NHS England and ICBs will coordinate health services at the LRF level, and ICBs will ensure coordination across local ICSs, facilitated though LHRP and local EPRR planning groups, to discharge the legal duties of cooperation between responders and health organisations

9. Roles and Responsibilities

Accountable Emergency Officer

9.1 The Health and Care Act (2022) 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).

9.2 The AEO will be an Executive Board-Level Director responsible for EPRR, with executive authority and responsibility for ensuring the organisation complies with legal and policy requirements, and has the appropriate authority, resources, and budget to direct the EPRR portfolio. This role will be undertaken by the Chief Delivery Officer, on delegated authority from the Chief Executive Officer as outlined at section 8.1. The responsibility for EPRR sits with the Board and therefore Non-Executive Directors will assure themselves that the EPRR requirements are being met through engagement with appropriate committee plans, EPRR reports to the Board, and supporting the dovetailing of EPRR arrangements with ICB portfolios and priorities.

9.3 The AEO will discharge the duty of the Chief Executive Officer to provide an EPRR report to the Board, no less than annually, stating: the ICB's readiness and preparedness activities; resourcing for EPRR delivery; training and exercising undertaken by the organisation; a summary of business continuity incidents, critical incidents and major incidents experienced by the organisation; lessons identified and learning undertaken from incidents and exercises; and the organisation's compliance position in relation to the latest annual assurance process for EPRR.

9.4 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.

9.5 The AEO will be aware of the legal duties to ensure preparedness to respond to an incident within their health community to maintain the public's protection and maximise the NHS response.

9.6 The AEO or a nominated deputy has a duty to co-chair the Local Health Resilience Partnership (LHRP) Group, providing local leadership on EPRR matters to all NHS-funded organisations and maintaining engagement across the local health and social care system to ensure resilience is commissioned effectively, reflecting local risk.

9.7 The AEO or nominated Director level deputy will attend the strategic level Staffordshire Resilience Forum (SRF) meeting, to engage and cooperate with responder agencies across the LRF.

9.8 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 2005 regulations, the NHS Act 2006, the Health and Care Act 2022, and the NHS Standard Contract, including the NHS England

Emergency Preparedness, Resilience and Response Framework 2022, and the NHS Core Standards for EPRR annual assurance self-assessment

- Ensuring that the organisation is properly prepared and adequately 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 system escalation 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

9.9 This role is deputised by the Portfolio Director for Delivery and Improvement.

EPRR Senior Leadership Team

9.10 The EPRR Senior Leadership Team (SLT) is comprised of the Portfolio Director for UEC Delivery and Improvement, Associate Director for UEC and EPRR (ADO), and the EPRR Strategic Lead, reporting to the Chief Delivery Officer (AEO).

9.11 The EPRR SLT is responsible for supporting the AEO to discharge their statutory duties as set out, embedding a strong EPRR and business continuity culture across the ICB, supporting training and exercising engagement, and maintaining an awareness of risks and issues relating to delivery of services.

9.12 The EPRR SLT meet monthly to monitor delivery of the EPRR work programme, any emerging risks, items of notes, and ongoing incidents, reporting progress against this to the AEO on a bi-monthly basis or more frequently if required.

9.13 The ADO will deputise for the Chief Delivery Officer and Portfolio Director for Delivery and Improvement where appropriate.

9.14 The ADO will support the EPRR Strategic Lead in chairing the ICB EPRR and Business Continuity Working Group as necessary and support the review of papers to be submitted to the various governance groups in agreement with the Accountable Emergency Officer.

EPRR Team

9.15 The EPRR Team reports to the EPRR Strategic Lead, who is responsible for ensuring the progress of the EPRR work programme and provide a point of escalation to the EPRR SLT.

9.16 Supported by the UEC Operations Team / System Coordination Centre (SCC) in a matrix capacity to enhance resilience, the ICB EPRR Team is responsible for delivery of the EPRR functions and duties as per the CCA (2004), EPRR Policy, and EPRR Framework (2022), including ensuring plans and arrangements are reviewed regularly. The inclusion of the SCC within the team structure enables resilient operations 7 days per week in line with the NHSE requirements for a 7-day operational SCC function.

9.17 Specifically the EPRR team will:

- Ensure ICB compliance with national policy, guidance and standards
- Ensure robust business continuity arrangements are in place aligned to ISO 22301 standards and Business Continuity Institute Good Practice Guidelines
- Ensure plans are in place to respond to incidents of varying scale and nature both as an ICB and ICS
- Ensure response staff are adequately training and exercised in line with the National Minimum Occupational Standards for EPRR
- Embed a process of continuous improvement across all aspects of EPRR
- Assess the risk, no less than annually, of any emergencies or business continuity incidents occurring, which affect or may affect the ability of the ICB to deliver its functions.

9.18 Formal accountability for the EPRR Team delivery remains with the Accountable Emergency Officer (Chief Delivery Officer), as per the EPRR Governance Structure outlined in section 8.

9.19 The EPRR Team will ensure the ICB plans jointly with the SSOT 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.

9.20 The EPRR Strategic Lead will chair the SSOT ICB EPRR and Business Continuity Group, supported by the ADO.

9.21 The EPRR Strategic Lead, deputised by the EPRR Operational Manager, will represent the ICB at LRF tactical level meetings, NHS EPRR Network meetings and multi-agency EPRR events, as per the Staffordshire LRF NHS representation agreement, ensuring discussions are dovetailed with those of HEPOG and HRMG, and information is gathered for escalation to the relevant LRF group, and updated following LRF meetings are shared with system partners.

9.22 The EPRR Strategic Lead will chair the Health Emergency Planning Officers Group (HEPOG) and Health Risk Management Group (HRMG) as per the relevant group terms of reference, and support system coordination planning and preparedness through the system EPRR work programme priorities as set by LHRP.

9.23 The EPRR Team will work to support the Greener NHS agenda through the consideration of climate change and adaptation within plans as appropriate. The Sustainability portfolio sits within that of the Chief Transformation Officer and so the EPRR Team will work with portfolio leads to give due consideration to this within EPRR plans and policies as appropriate.

ICB EPRR and Business Continuity Group

9.24 The EPRR and Business Continuity Group is accountable to the AEO and will provide updates via the EPRR Strategic Lead to the ICB Audit Committee as appropriate. The group is chaired by the EPRR Strategic Lead, with support from the ADO for UEC and EPRR.

9.25 Attendance is at a Senior Manager level, usually formed of representatives from core services areas of the tactical (silver) on-call group, or their deputy.

9.26 The group meets twice yearly and is responsible for the implementation of EPRR documentation, acts as an authorising committee for operational EPRR plans, and monitors key performance indicators within business continuity and training/exercising.

9.27 The group can make recommendations to Audit Committee in the onward approval of policies and procedures requiring Board level sign-off.

Staffordshire Civil Contingencies Unit (CCU)

9.28 The ICB has in place a Service Level Agreement with Staffordshire Civil Contingencies Unit (CCU) to support planning, training, exercising, incident response support, and local resilience forum secretariat services. This resource will be utilised to provide advice and support on multi-agency emergency planning matters, and opportunities for training and exercising of on-call teams.

Directorate Leads for Business Continuity

9.29 Each Directorate will have identified leads from each team to support business continuity planning where their service area is identified as maintaining critical/essential services within the ICB. This role holder will continue to review essential functions and contingency arrangements for their team and will discharge their business continuity arrangements with support from the Directorate Business Continuity Recovery Team during incidents.

10. Command and Control

10.1 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.

10.2 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

10.3 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.

10.4 On-Call Managers are responsible for coordinating 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 Tactical (Silver) On-Call Manager (SOC) and a Strategic (Gold) On-Call (GOC) Manager, performed by staff at band 8c/8d, and band 9 and VSM respectively. The On-Call Managers are supported by an ICB Clinical Lead On-Call on a 24/7 basis for any clinical escalations required.

10.5 A Director with delegated authority to allocate resources should always be available 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. This will be facilitated by the GOC Manager.

10.6 The on-call rota is managed by the Urgent and Emergency Care Operations Team. The ICB will maintain an On-Call Policy and Service Description outlining the requirements and expectations of the On-Call function.

10.7 The SOC Manager is the nominated first point of contact for the organisation and will triage calls and manage these accordingly.

10.8 The Strategic (Gold) On-Call Manager provides a point of escalation for the SOC 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 SSOT 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.

10.9 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 ICB and ICS Incident Response Plan.

Incident Coordination Centre

10.10 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.

10.11 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, as outlined in the ICB and ICS Incident Response Plan.

10.12 The outline for the Incident Coordination Centre and IMT is contained within the Incident Response Plan.

11. Risk Management Strategy

11.1 To comply with the NHS England EPRR Framework, and NHS EPRR Core Standards annual assurance self-assessment, 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.

11.2 In implementing this, the EPRR Strategic Lead 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 Board.

11.3 The risk management process will be carried out in accordance with the ICB Risk Management Strategy, and escalation of EPRR risks will take place as follows:

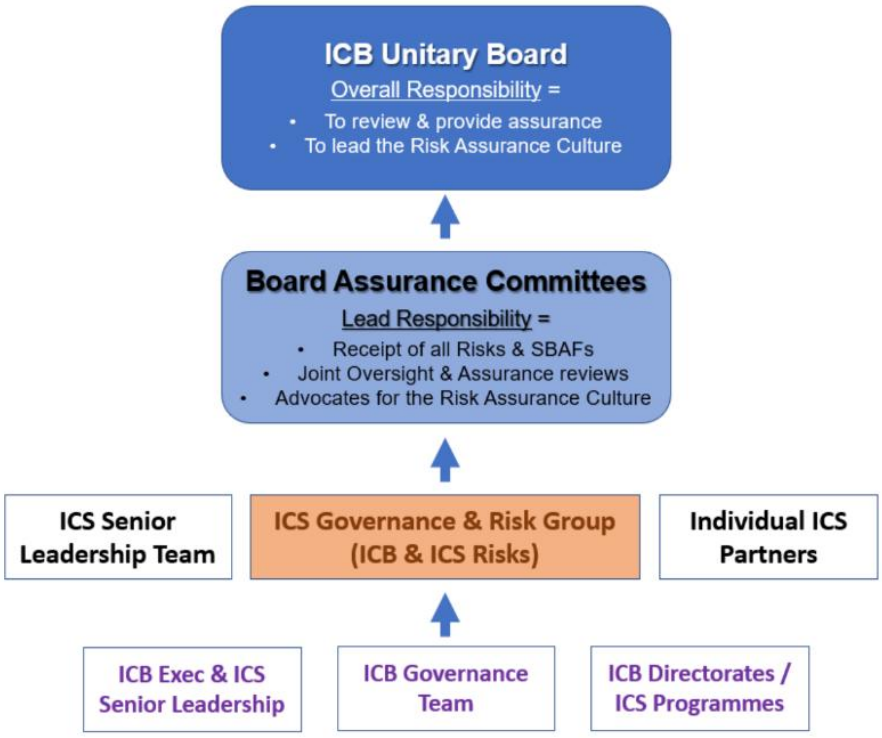

Figure 3: Extract from the ICB Risk Management Strategy

11.4 The ICB EPRR Team on behalf of the ICS will participate in the Local Resilience Forum Risk Assessment Working Group (RAWG) and will chair the Health Risk Management Group (HMRG) as a subgroup of 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.

11.5 The EPRR Strategic Lead 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 risk mitigation is required, the EPRR Strategic Lead will include this in the EPRR work programme.

11.6 The EPRR Team will work with the LRF and LHRP to support the development of system level response plans or multi-agency plans requiring health input.

11.7 The LHRP will consider and contribute to the Community Risk Register developed by the LRF, with assessments used to inform the planning and strategy set by the LHRP.

12. Business Continuity Management

12.1 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.

12.2 The ICB Business Continuity Plan (BCP), and associated Directorate or Service level plans, will be developed and maintained in accordance with the ICB Business Continuity Policy and Strategy, ISO 22301, NHS EPRR Core Standards, and NHS England's Business Continuity Management Framework.

12.3 BCP's 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.

12.4 This will be outlined in detail within the Business Continuity Strategy, including a process for assessing the effectiveness of the BCM system (BCMS) through debriefs or after-action reviews.

13. Incident Response Plan

13.1 The ICB and ICS 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 (2022), and the NHS England EPRR Annual Assurance requirements.

13.2 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 an effective and efficient return to normal service levels.

13.3 The IRP will be integrated and complementary of business continuity arrangements to ensure an early recognition of resource implications can be considered, 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.

13.4 The IRP will:

- Define an incident and the types of incidents the ICS may be expected to respond to;
- Establish roles and responsibilities for response, ensuring incident response role holders are aware of the stakeholders for consultation and informing during decision making;
- Contain a command, control, and coordination (C3) framework for response to enable on-call staff and Directors to make informed decisions against a clear decision-making process;
- 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

14. Mutual Aid

14.1 The response to Covid-19 has demonstrated the effectiveness of joint working in incident response, to enable challenges arising across organisational boundaries to be approach with collaborative resources, varied skillsets, and identify solutions to support the promotion of safety, health and wellbeing of communities and responders.

14.2 In incidents requiring multi-agency response, mutual aid requests will be put forward to the Local NHS Strategic Command (LNSC) Group, to enable escalation of requests into the Staffordshire Tactical and Strategic Coordinating Groups. Mutual aid requests will also be highlighted within Situation Reports to NHSE for consideration at a regional level.

14.3 The ICB will support the requesting, coordination, and maintenance of mutual aid requests for staff, equipment, services, and supplies.

14.4 NHS England Midlands 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 Local NHS Strategic Command, will respond to any requests received to provide mutual aid during a major or significant incident or emergency.

14.5 Clinical networks will retain a key role in coordinating their specialist capacity.

14.6 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 Strategic (Gold) On-Call Managers. Further detail and the request form is available in the ICB/ICS Incident Response Plan.

15. Information Sharing

15.1 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.

15.2 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. The ICB is a signatory organisation to these agreements.

15.3 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).

16. Maintenance of Plans

16.1 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.

16.2 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 policy as a best practice process.

17. Implementation, Monitoring and Review

17.1 Effective communication methods will be established to ensure this Policy and its contents are embedded in organisational knowledge. The policy will be made available to all ICB staff. It will remain available on the System Coordination Centre SharePoint site for all staff access, and will be published on the ICB website.

17.2 Assurance in respect of EPRR arrangements will be provided to the ICB Audit Committee and ICB Public Board, and annually to NHS England through the EPRR Annual Assurance Process.

17.3 Effectiveness of arrangements will be reviewed following internal, system, and multi-agency incident debriefs, notable regional and national incidents (e.g. the Manchester Arena Inquiry, Covid Inquiry), release of new or updated policy and guidance, and any National Resilience Standards as appropriate, to drive forward an agenda of best practice across all EPRR domains.

17.4 The Policy will be reviewed on a three-yearly basis by the EPRR Strategic Lead to ensure effectiveness and compliance against current guidance and legislation, unless any significant amendment to policy or working practice as outlined at 17.3 denotes otherwise.

17.5 An Equality Impact Assessment is available on request.

17.6 Should any queries arise regarding the content of this policy, the individual should contact the ICB EPRR Team to discuss, and any amendments will be considered accordingly.

18. Training and Exercising

Staff Training

18.1 Staff undertaking roles and responsibilities as listed within this policy will be trained in line with the frequency outlined in the Training Needs Analysis, and according to the NHS England EPRR competencies (national minimum occupational standards for EPRR).

18.2 Individuals must commit to undertake training annually (unless denoted otherwise by an accredited course) for their role in line with the ICB On-Call Policy and annual training and exercise schedule, to ensure skills are maintained.

18.3 The EPRR Team will produce a training needs analysis annually, supported by detailed training records and personal training and exercising portfolios for on-call and ICC staff, in line with the minimum occupational standards for EPRR and the Skills for Justice National Occupational Standards (NOS) framework.

18.4 Individuals holding incident response roles will be responsible for maintaining their EPRR training portfolios to support development in role, highlighting areas for further development to the EPRR Team. On-Call Managers are required to attend a minimum of six monthly development sessions per year, and an exercise annually.

18.5 The EPRR Team will maintain the central record of training undertaken and upcoming expiry to maintain competence across teams.

18.6 Associate 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

18.7 To ensure the effectiveness and embed knowledge of emergency plans, these must be tested regularly to ensure they are fit for purpose, staff are confident in delivering their roles to support response, and roles listed in the plan fit for purpose and encapsulate necessary functions and actions.

18.8 Throughout the exercising process, members of staff can practice their skills, and increase their knowledge and confidence in a safe environment.

18.9 Plans can be assured through confirm and challenge of content, allowing for the identification of any gaps or areas for improvement, which will be logged for continuous development and for audit purposes for later reference if required.

18.10 The EPRR Team are 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 (2022).

18.11 This includes a minimum expectation as set out below:

Exercise Type	Minimum Frequency	Outline
ICC equipment test	3 months	Test of the functionality of ICC equipment.
Communications (ICB arranged)	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 in-hours and out-of-hours on a rotational basis and should be unannounced.
Table-top	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.

Business continuity	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.
Live play	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 recorded and an action plan developed.
Command post	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.

18.12 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.

18.13 Post-exercise reports will be produced by the EPRR Team to capture lessons identified and ensure learning is embedded into policies, arrangements and training where required.

18.14 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.

19. Lessons Identified

19.1 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.

19.2 Reviewing lessons from incidents ensures the ICB can identify opportunities for continuous improvement and embed these into EPRR arrangements.

19.3 Within 48 hours after an incident, the EPRR Team will conduct a hot debrief with staff involved to capture any immediate learning and enable staff to de-escalate / decompress following an incident.

19.4 Within 28 days, the EPRR Team will conduct a cold debrief with those involved in the incident for its duration, and the lead-in to consider preparedness steps, as appropriate.

19.5 Where deemed necessary, a multi-agency debrief will be requested / commissioned through the Civil Contingencies Unit, ideally to be held within eight weeks of close of the incident

19.6 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 four weeks of the debrief.

19.7 The report will be supported by actions plans, with timescales and accountable owners, and any recommendations to update any relevant plans or procedures and identify any training or exercising required.

19.8 The Lessons Learnt Report will be shared with the ICB EPRR and Business Continuity Group and ICB Governance Structures for EPRR as outlined, and will form part of the annual report to Audit Committee and ICB Board.

19.9 Reports will be sharing across the ICS to share lessons, via the LHRP Health Emergency Planning Officers Group (HEPOG).

19.10 The EPRR Team will ensure lessons are shared with NHSE Midlands EPRR team as part of the regional process for sharing of lessons.

20. Audit Arrangements

20.1 The policy will be audited throughout the year both internally and externally. The EPRR Strategic Lead will also ensure that any appropriate external audits tools and assurance processes are conducted on a regular basis, such as the NHS EPRR Core Standards Assurance self-assessment return to NHS England.

20.2 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.

21. Equality and Diversity

21.1 An equality impact assessment has been completed for this policy to ensure plans developed under this Policy have due regard to reflect the impact on and from health inequalities in preparing for, responding to, and recovering from incidents. This can be accessed on request.

22. Supporting Documentation and Policies

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

- NHS England Emergency Planning Framework 2022
- NHS Core Standards for Emergency Preparedness, Resilience and Response Annual Assurance

22.2 This policy is to be read in conjunction with:

- EPRR Strategy
- ICB and ICS Incident Response Plan
- Business Continuity Strategy and Business Continuity Management System
- Corporate Business Continuity Plan
- On-Call Managers Handbook

22.3 The following ICB policies support this Policy:

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

23. 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:

An event or occurrence that disrupts, or might disrupt, an organisation's normal service delivery, to below acceptable pre-defined levels. This would require special arrangements to be put in place until services can return to an acceptable level. Examples include surge in demand requiring temporary re-deployment of resources within the organisation, breakdown of utilities, significant equipment failure or hospital acquired infections. There may also be impacts from wider issues such as supply chain disruption or provider failure.

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:

Any localised incident where the level of disruption results in an organisation temporarily or permanently losing its ability to deliver critical services; or where patients and staff may be at risk of harm. It could also be down to the environment potentially being unsafe, 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.

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

Emergency Preparedness:

The extent to which emergency planning enables the effective and efficient prevention, reduction, control, mitigation of and response to incidents and emergencies.

Incident Response Plan:

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

Major Incident:

The Cabinet Office, and the Joint Emergency Services Interoperability Principles (JESIP), define a Major Incident as an event or situation with a range of serious consequences that require special arrangements to be implemented by one or more emergency responder agency. In the NHS this will cover 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.

Resilience:

Ability of the community, services, area, or infrastructure to detect, prevent and, if necessary, withstand, handle and recover from incidents and emergencies.

Response:

Decisions and actions taken in accordance with the strategic, tactical, and operational objectives defined by emergency responders, including those associated with recovery.

System Critical Incident:

Under the NHS England EPRR framework 2022, there is no mechanism for declaring a system-wide critical incident. To do this, all Trusts and the ICB must individually declare a critical incident, before the ICB makes a declaration on behalf of the system (decision in collaboration with system partners) to declare a System Critical Incident. This must be reported to NHSE Midlands First On-Call with an accompanying SBAR report.

Glossary

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

24. References

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