

# **Emergency Preparedness, Resilience and Response Policy**

Ref:	LSCICB_BC03
Version:	1
Purpose	This Policy describes the ICB commitment to its Emergency Preparedness, Resilience and Response (EPRR) requirements.
	The policy outlines the ICB statement acknowledging its EPRR role and responsibilities, the role and responsibilities of key personnel, the resource and funding commitment the ICB accepts and its requirement for ensuring adequate preparedness for response and recovery from emergencies.
Supersedes:	N/A
Author (inc Job Title):	Niall Pemberton, EPRR and Business Continuity Manager (MLCSU)
Ratified by: (Name of responsible Committee)	The Board
Cross reference to other Policies/Guidance	
Date Ratified:	12 October 2022
Date Published and where (Intranet or Website):	October 2022 (Website)
Review date:	Jan 2023
Target audience:	<ul> <li>ICB On Call Staff</li> <li>ICB Executives</li> <li>EPRR Team</li> <li>ICB Functional Leads</li> <li>ICB staff</li> </ul>

This policy can only be considered valid when viewed via the ICB website or staff intranet website. If this document is printed into hard copy or saved to another location, you must check that the version number on your copy matches that of the one published.



Document Control			
Date	Version number	Comments/Changes	
24/8/2022	0.1	Initial draft	
13/9/2022	0.1	Update following feedback from neighbouring ICB, following Major Incident. Changes to section 6.3, 6.5	
27/9/2022	0.2	Removal of 6.3 Non Executive Member.	

# Contents

1.	Introduction	5
2.	EPRR statement	5
3.	Aims and Objectives	6
4.	Definitions	6
5.	ICB Responsibilities	7
6.	Staff roles and responsibilities	9
6.1	Chief Officer	9
6.2	Accountable Emergency Officer (AEO)	9
6.3	Head of EPRR	9
6.4	On Call Officers	10
6.5	All Staff	11
7.	On Call	11
8.	Training and Exercising	11
9.	Debrief and Support	12
10.	Governance	12
10.	1 Dissemination & Audit	12
10.	2 Work Plan	13
10.	3 Risk Management Strategy	13
11	References	13

# 1. Introduction

- 1.1 Lancashire and South Cumbria Integrated Care Board (ICB) has a duty to plan for and respond to a wide range of incidents, emergencies or disruptions that could affect health or patient care.
- 1.2 The Civil Contingencies Act 2004 (CCA) and the NHS Act 2006 as amended by the Health and Social Care Act 2012 (NHS Act 2006 as amended) requires NHS organisations to demonstrate that they can deal with such incidents while maintaining services to patients. This programme of work is referred to in the health community as Emergency Preparedness, Resilience, and Response (EPRR).
- 1.3 Lancashire and South Cumbria ICB is a Category Responder 1 under the CCA.

### 2. EPRR statement

- 2.1 The ICB accepts its statutory responsibilities as a Category 1 responder and the associated duties under the Civil Contingencies Act 2004.
- 2.2 The ICB recognises the EPRR responsibilities under the NHS Act 2006 as amended by the Health and Social Care Act 2012 (NHS Act 2006 as amended), the NHS England EPRR Framework and NHS Core Standards.
- 2.3 Lancashire and South Cumbria ICB will develop and maintain an Incident Response Plan detailing how it will carry out its obligations when responding to major incidents or during emergency situations.
- 2.4 Lancashire and South Cumbria will develop and maintain a Business Continuity Plan which ensures it can continue to provide its core functions during a major incident, so far as is practicable and to recover from additional pressure that an incident may place on the ICB.
- 2.5 Lancashire and South Cumbria ICB will ensure that adequate funding is in place to meet its obligations, ensure that its staff are trained and exercised to respond accordingly and maintain systems that enable a robust response to Business Continuity and Major/Critical Incidents.
- 2.6 The ICB is committed to the promotion and protection of the health and wellbeing of all service users, staff and visitors throughout the organisation.
- 2.7 The ICB recognises that Emergency Preparedness, Resilience and Response requires collaboration with partners from other NHS and non-NHS organisations; the sharing of experience, knowledge, skills and resources; and a commitment to work as part of a broader system of mutual aid and support.

# 3. Aims and Objectives

- 3.1 The aim of this policy is to ensure that the ICB acts in accordance with its statutory and regulatory requirements, NHS England national policy and the ICB has an overarching policy for building and maintaining emergency resilience within processes, strategies and planning arrangements.
- 3.2 The objectives of this Policy are to:
  - To ensure that major incident and continuity plans have been established and are well communicated.
  - Outline the roles and responsibilities of persons, committees and other groups with regard to the management of EPRR
  - To ensure that the plans address the consequences of all situations that might feasibly occur.
  - To ensure that plans involve robust arrangements for the operational recovery from all such incidents.
  - To ensure that all key stakeholders are consulted and collaborated with concerning their role in the plan and that they understand those responsibilities.
  - To ensure that the plans are tested and are regularly reviewed.
  - To ensure that funding and resources are available to respond effectively to major incidents.
  - To ensure that all ICBs have access to up-to-date guidance relating to EPRR.
  - To ensure that staff receive emergency preparedness training that is commensurate with their role and responsibilities.
  - To ensure that indicators demonstrating emergency preparedness and/or early warning of risk are used within contracts and service specifications.
  - Describe the process by which Emergency Preparedness, Resilience and Response (EPRR) incidents are monitored and reviewed
  - To ensure that the whole system is monitored and audited regularly.
  - Describe how the ICB is assured that it complies with relevant standards

### 4. Definitions

- 4.1 NHS England define emergency incidents in the NHS as either:
  - Business Continuity Incident
  - Critical Incident
  - Major Incident
- 4.2 Each will impact upon service delivery within the NHS, may undermine public confidence and require contingency plans to be implemented. NHS organisations should be confident of the severity of any incident that may warrant a major incident declaration, particularly where this may be due to internal capacity pressures, if a critical incident has not been raised previously through the appropriate local escalation procedure.

**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. (This could be a surge in demand requiring resources to be temporarily redeployed).

**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.

**Major Incident** An event or situation, with a range of serious consequences, which requires special arrangements to be implemented by one or more emergency responder agencies.

**Incident Levels** As an event evolves it may be described in terms of its level as shown below. For clarity these levels must be used by all organisations across the NHS when referring to 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

# 5. ICB Responsibilities

- 5.1 Lancashire and South Cumbria ICB is designated a Category 1 Responder under the Civil Contingencies Act
- 5.2 The CCA statutory duties relevant to the ICB are:
  - Risk Assessment develop an accurate and shared understanding of risk that is publicly available (Community Risk Register)
  - Emergency Planning maintain plans to prevent and/or mitigate the impacts of an emergency based on the risk assessment

- Warning and informing the public to be prepared for an emergency and to provide advice on actions in the event of an emergency
- Business Continuity Management maintain plans to ensure that critical functions can continue in the event of an emergency
- Co-operation work with other partners to prepare for emergencies, such as through the Local Resilience Forum (LRF)
- Information Sharing requirement to share information with partners for planning and response purposes
- 5.3 From July 1 2022, Lancashire and South Cumbria ICB will plan for, respond to and lead recovery from incidents, ensure NHS and partner organisations are joined up at times of greatest need, including taking on incident coordination responsibilities across Lancashire and South Cumbria as delegated by NHS England and NHS Improvement.
- 5.4 Lancashire and South Cumbria ICB will cover the following areas: Blackpool, Lancashire, Blackburn with Darwen, South Cumbria.
- 5.5 The ICB responsibilities outlined under the EPRR Framework 2022 require the ICB to:
  - Have suitable director level representation at both Cumbria and Lancashire Local Resilience Forums (LRF).
  - Chairing Local Health Resilience Partnership(s) (LHRP) via the Accountable Emergency Officer (AEO).
  - 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. This will include representing the NHS at Strategic Coordinating Groups and Tactical Coordinating Groups
  - Support NHS England in discharging their EPRR functions and duties locally, including supporting ICS tactical coordination during incidents (level 2–4 incidents)
  - Have escalation procedures in place to respond to disruption to delivery of patient services
  - Ensure that there is an effective process for the identification, recording, implementation and sharing of lessons identified through response to incidents and emergencies and participation in exercises and debrief events
  - Provide annual assurance against the NHS EPRR Core Standards, including by monitoring each commissioned provider's compliance with their contractual obligations in respect of EPRR and with applicable Core Standards
  - Ensure contracts with all commissioned providers (including independent and third sector) contain relevant EPRR elements, including business continuity

# 6. Staff roles and responsibilities

# 6.1 Chief Officer

# 6.1.1 The Chief Officer has overall responsibility for:

- Ensuring that the organisation will prepare, maintain, review and continual improve business continuity arrangements in order to maintain or recover the delivery of critical activities during business continuity disruptions
- Ensuring that the organisation has arrangements in place for responding to a major incident or emergency
- Appointing a board level member of staff to fulfil the role of the Accountable Emergency Officer.

# 6.2 Accountable Emergency Officer (AEO)

# 6.2.1 The AEO is responsible for:

- Ensuring that the organisation, and any sub-contractors, is compliant with the EPRR requirements as set out in the CCA 2004, the NHS Act 2006 (as amended) 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 their organisation, any providers they commission, and any subcontractors have robust business continuity planning arrangements in place which are aligned to ISO 22301 or subsequent guidance which may supersede this
- Ensuring that 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, or agents of NHS England, in respect of monitoring compliance
- Providing NHS England with such information as it may require for the purpose of discharging its functions
- Ensuring that the organisation is appropriately represented by director level engagement with, and effectively contributes to any governance meetings, subgroups or working groups of the LHRP and/or LRF, as appropriate
- Can assure the Board that Lancashire and South Cumbria ICB is compliant with all its EPRR obligations.

### 6.3 Head of EPRR

# 6.3.1 The Head of EPRR is responsible for:

- Ensuring that Lancashire and South Cumbria ICB meets its statutory obligations under the Civil Contingency Act 2004; EPRR core standards and complies with all relevant EPPR guidance
- Developing and delivering the ICB's emergency preparedness and business continuity planning, improving standards of emergency preparedness across Lancashire and South Cumbria ICB
- Providing leadership on specialist emergency preparedness and resilience issues
- Reviewing emergency preparedness considering new and emerging risks, recommendations, guidance and statutory requirements and organisational changes
- Keeping the ICB Head of Health and Safety Compliance updated on matters related to emergency preparedness
- Ensuring that the organisation maintains an up-to-date Major Incident Plan and has Incident Coordination Centres (ICC) available
- Co-ordinating the development and maintenance of the ICB's BCMS
- Providing advice and training to appropriate staff in relation to emergency preparedness, resilience, and response
- Liaising with emergency partners and within the organisation to ensure we can support the response to a major incident or emergency affecting the wider community
- Ensuring post incident reviews are conducted so that lessons may be learned
- Ensuring auditing is undertaken of Lancashire and South Cumbria ICB business continuity plans with the aim of continual improvement in performance
- Producing an annual programme of exercises with the aim of testing the effectiveness of Lancashire and South Cumbria ICB's BCMS and Incident Response
- Providing the internal governance reporting, as necessary, on EPRR preparedness
- Provision of information to NHSE/I in support of assessment of LPT EPRR preparedness; and
- Seeking assurance from external service providers that relevant and robust business continuity plans are in place, tested and fit for purpose
- 6.4 On Call Officers
- 6.4.1 The ICB has established a 2 tier On call
- 6.4.2 On call staff will act as the Point of Contact for the ICB taking the initial information received in respect of a potential or actual significant/major incident and determine the appropriate course of action to be taken.
- 6.4.3 The On-Call officer will:

- Attend the Tactical Coordination Group (TCG), to provide Tactical level support, information, and contacts relative to the Local Health Economy
- Be familiar with the multi-agency response requirements to a major incident
- Be familiar with the location and functions of the Tactical Coordination Group for tactical level incident response
- Have access to the On-Call pack, response information and contacts and mobile phone
- Start and maintain a decision log of the incident
- Complete the incident report form
- 6.5 All Staff
- 6.5.1 All Staff should ensure they are familiar with ICB Incident Response Plan (IRP), Business Continuity Plan (BCP) and EPRR arrangements of the ICB

# 7. On Call

- 7.1. Lancashire and South Cumbria ICB operate and maintain a 24/7, 365 days on-call group. The rota runs on a weekly basis from Monday 0900 to Monday 0900.
- 7.2 On Call Administration/management
- 7.2.1 ICB on call representatives will provide availability to populate a quarterly on call rota. The rota will be circulated to all on call managers and to the ICB On Call Partners mybusinesscontinuity.co.uk and Blackpool Teaching Hospital.
- 7.3 On call Documentation
- 7.3.1 Lancashire and South Cumbria ICB On Call Pack provides a number of documents which are available to assist the on-call cadre:
  - On Call Pack (Contains Multi Agency Response plans for Lancashire and South Cumbria, relevant documentation for on call response across Lancashire and South Cumbria)
  - Action Cards for on call group
  - ICB Business Continuity Plan
  - ICB Incident Response Plan
- 7.3.2 The information is circulated among the on-call cadre and is hosted on Lancashire and South Cumbria Resilience Direct pages.

# 8. Training and Exercising

8.1 Those individuals undertaking roles and responsibilities within EPRR must undertake appropriate training for their function, including in line with the competencies for their role/function provided in NHS England 'Model'

- Competencies for Members of Emergency On-call Rotas' and National Occupational Standards.
- 8.2 The ICB will maintain a training plan which is based on a training needs analysis to focus the training delivered within the organisation. The AEO will ensure that staff attend required training and that training records are maintained by the ICB. Directors on Call and identified roles will maintain individual training portfolios that demonstrate their competencies. Plans and procedures will be tested on a regular basis, no less than annually or following significant changes to the organisation.
- 8.3 Organisational and Individual learning will be assessed via Training Needs Analysis using exercise/incident feedback, individual staff requests, evaluation and monitoring and partner feedback.
- 8.4 Plans and procedures will be exercised in line with the requirements of the NHS England Emergency Preparedness Framework (2015) and will involve:
  - a communication exercise every six months;
  - a desktop exercise once a year;
  - a Command Post exercise every 3 years and;
  - a major live exercise every three years;
- 8.5 The ICB will maintain an exercise plan based upon these requirements. The responsibility to exercise plans can be discharged through participation in multi–agency exercises or the response to a real event.

# 9. Debrief and Support

9.1 The ICB will be responsible for debriefing and provision of support to staff where required following an emergency. This is the responsibility of individual line managers, coordinated by the Accountable Emergency Officer (AEO) supported by the Head(s) of EPRR. Debriefing may also be on a multi-agency footprint. Any lessons learnt will be fed back to staff and acted on appropriately.

### 10. Governance

- 10.1 Dissemination & Audit
- 10.1.1 This policy will be available to all staff on the ICB intranet or from the Governance department if requested. The ICB will host the policy on the ICB Intranet pages and awareness will be raised to managers of this policy by relevant corporate communication channels. Each department is required to disseminate this policy through normal governance procedures. ICB EPRR policy will be communicated to service providers and support service organisations through commissioning mechanisms and contract requirements.

- 10.1.2 To ensure effectiveness, efficiency, and compliance, the ICB, will carry out an annual review of the policy to ensure that is remains in line with current NHS quidance.
- 10.1.3 The policy will be audited annually through the ICB Governance Group and as part of the NHS England Core standards submission. The EPRR Lead will also ensure that any appropriate external audits tools and assurance processes are conducted on a regular basis.
- 10.2 Work Plan
- 10.2.1 The ICB will produce an annual EPRR work plan outlining dates, activity and responsibility to ensure that it can meet its commitments within this policy and any statutory requirements. As part of the ICB commitment to continuous improvement, where areas require further action, they will be detailed in an EPRR Core Standards Improvement Plan and will be reviewed in line with the organisation's EPRR governance arrangements.
- 10.3 Risk Management Strategy
- 10.3.1 In implementing effective EPRR system Lancashire and South Cumbria ICB will ensure that EPRR processes are integrated within the Risk Management Strategy allowing consistent risk identification, assessment, mitigation and escalation to ICB Body/Governing Bodies.

# 11. References

- 11.1 The following legislation and guidance have been taken into consideration in the development of this procedural document:
  - The Civil Contingencies Act 2004 and associated formal Cabinet Office Guidance
  - The Health and Social Care Act 2012
  - The requirements for Emergency Preparedness as set out in the NHS Commissioning Board planning framework
  - The requirements for Emergency Preparedness, Resilience & Response as set out in the applicable NHS standard contract
  - NHS Commissioning Board EPRR documents and supporting materials
  - National Occupational Standards (NOS) for Civil Contingencies Skills for Justice
  - BSI PAS 2015 Framework for Health Services Resilience
  - ISO 22301 Societal Security Business Continuity Management Systems Requirements
  - NHSE EPRR Framework (2022)
  - NHS England 'Model Competencies for Members of Emergency On-call Rotas