Report To and Date:	Audit Committee
Report Title:	Emergency Preparedness, Resilience and Response Annual Report
Report From:	Rachel Danter Chief Transformation Officer
Author:	Sabin Bran-Craciun Head of EPRR
Previous Considerations and Engagement:	N/A
Purpose:	For Assurance / Endorsement

Achievement of the following ICP Priorities and Focus Areas is supported:

Priorities	☐ 1 - Prioritising prevention and improving future health outcomes through tackling health outcomes	☒ 2 - Improving Access to health and care services and increasing trust and confidence	☐ 3 -Tackling immediate system pressures and improving resilience
Focus Areas	☐ 1 - Reducing health inequalities	☐ 4- Enabling personalised care	☐ 8 - Supporting people at home
	☐ 2- Prioritising prevention and wider determinants to protect the health and wellbeing of people and communities	☐ 5 - Improving access to services especially primary care	☐ 9 - Developing and investing in our workforce, culture and clinical and professional leadership
	☐ 3- Enabling the best start in life for children and young people	☒ 6- Engaging and involving our people, communities and stakeholders	☒ 7 - Making services more effective through greater collaboration and integration

Executive Summary and Key Points:

- The ICB took over the facilitation and the Local Health Resilience Partnership (LHRP) and the Health Emergency Preparedness Operational Group (HEPOG) from NHS England.
- The LHRP for CWICB is merging with the Birmingham and Solihull ICB and Black Country ICB LHRP following a unanimous decision between the three parties involved.
- The ICB has achieved a rating of 'Partially Compliant' against the NHSE Core Standards for EPRR as per section 5.
- The ICB On Call system has been reviewed though a formal consultation process and the arrangements are now aligned to the wider NHS.
- The ICB is representing the system on behalf of the NHS at the Local Resilience Forums in the West Midlands Conurbation and Warwickshire.
- The ICB is leading on coordinating the incident response across the system and the facilitation of escalations and mutual aid between partners.

Recommendation:
Members are requested to: • *Members are requested to be **ASSURED** that the EPRR work programme is being followed and progress has been made towards achieving compliance with the NHSE Core Standards for EPRR, leading to a more resilient system and better partnership working.* • *Members are requested to **RECOMMEND** this report to the Board and **ENDORSE** this report in line with the NHSE requirements to publicly state the organisation's readiness and preparedness activities in the format of an annual reports.*

Implications						
Conflicts of Interest:	N/A					
Financial and Workforce:	N/A					
Performance:	N/A					
Quality and Safety:	N/A					
Inclusion						
Has an equality impact assessment been undertaken? (delete as appropriate) An EQIA is required for new services or changes to service delivery. For more information the EQIA Policy and Tool can be found here.	**Yes**		**No**		**Not applicable**	(✓)
The report outlines the EPRR activity that took place throughout the year						
Has a Health Equity Assessment Tool (HEAT) been completed? HEAT may be used for new, changing or existing services and processes. More information can be found here.	**Yes**		**No**		**Not applicable**	(✓)
As above						
Engagement						
Patient and Public Engagement:	N/A					
Clinical and Professional Engagement:	N/A					
Risk						
Risk:	N/A					

1. Introduction

It is a statutory requirement set out in the Department of Health guidelines and the NHS EPRR Framework and associate Core Standards that all NHS Boards receive regular reports, at least annually on Emergency Preparedness, Resilience & Response (EPRR).

EPRR is a core function of the NHS and is a statutory requirement of the Civil Contingencies Act (CCA) 2004. Responding to emergencies is also a key function within the NHS Act (2006) as amended by the Health and Social Care Act (2012).

The role of NHS England in EPRR relates to potentially disruptive threats outlined in the National Security Risk Assessment and the need to take command of the NHS, as required, during emergency situations. These are wide ranging and may be anything from extreme weather conditions to an outbreak of an infectious disease, a major transport accident or a terrorist incident.

It is the responsibility of the organisation's Accountable Emergency Officer to ensure that the organisation complies with its legal and policy requirements. They will provide assurance to the Board that strategies, systems, training, policies and procedures are in place to ensure their organisation responds appropriately in the event of an incident.

The following report details the activity of the Emergency Planning Team undertaken during the year 2023/2024 including the Organisation's compliance against these regulations.

This paper provides the Audit Committee and the Board with an overview on:

- EPRR governance arrangements
- Compliance with NHS England's Core Standards for EPRR
- EPRR Policies and Plans
- EPRR Training and Exercises
- Incident Response

2. Report overview

As part of the transition from a CCG, the ICBs took on responsibilities as Category 1 responders, as defined in the Civil Contingencies Act (2004). In April 2023, the ICBs took over the facilitation of the Local Health Resilience Partnership (LHRP) and Health Emergency Preparedness Operational Group (HEPOG) from NHS England. The role of the LHRP is to provide strategic leadership on EPRR for the health organisations and communities of the Local Resilience Forum (LRF) area.

Discussions are currently taking place to implement the merging of the CWICB LHRP with the BSOL & BC LHRP as all three organisations have cross boundary responsibilities within the Warwickshire Local Resilience Forum and the West Midlands Conurbation Local Resilience Forum. The first joint LHRP meeting between the three ICSs is scheduled to take place at the end of February. A system wide EPRR Strategy that focuses on unifying resources across the system to address silo working and enhance the efficiency of system planning is also being developed at the time of writing this report.

The annual NHSE Core Standards for EPRR review process was undertaken in line with the updated NHS framework. The ICB has achieved a rating of partially compliant, an improvement of +36% against the Core Standards from the previous year's non-compliant outcome. Significant work has been undertaken to improve compliance in the light of the revised standards and Coventry and Warwickshire ICB is working towards becoming fully compliant with the NHS Core Standards for EPRR. Progress against compliance has also been made across the system, with an average change of +16%.

During 2022-23 the ICB introduced a 2 tier on-call system to ensure that the ICB has the ability to respond to any incidents across the system and coordinate the response and communication channels between NHSE and other system partners. This process has now been updated following a formal consultation exercise to align with other systems within the wider NHS and includes both a strategic and tactical tier. This ensures senior individuals can represent and coordinate the Health System response in the event of an incident.

Throughout 2023-24, Coventry and Warwickshire ICB continued to be an active partner in both NHS and multi-agency Emergency Planning, Resilience, Response (EPRR) across Coventry and Warwickshire and the wider West Midlands. It has taken on the role of NHS lead and represents the System at the Local Resilience Forum whilst also coordinating the System's response to any incidents. The ICB participated and coordinated the response to a flooding simulation exercise across Warwickshire together with other multi-agency partners from the LRF as well as organising and participating in a system-wide multi-agency Cyber Crisis simulation.

During 2023-24 Coventry and Warwickshire ICB EPRR team played a key role in coordinating the system delivery in relation to industrial action response, planning for a major incident, flood response and a number of other critical and business continuity incidents including drug shortages, power outages, IT failures, increase in local mortality rates due to use of potent synthetic opioids and local outbreaks.

In summary, plans are in place to ensure the ICB can respond to a range of incidents and emergencies as required. Working both internally in the organisation and with System partners, the ICB continues to test these plans following incidents and planned exercises and with an improvement in compliance, the ICB aims to meet regional and national plans, guidance and best practice.

3. EPRR Governance Arrangements

3.1 Accountabilities

CWICB oversees effective leadership for Emergency Preparedness, Resilience, and Response (EPRR), addressing incidents 24/7 both within the organisation and also across the wider Integrated Care System. The Chief Executive holds ultimate responsibility for well-established and embedded response processes. The ICB Chief Transformation Officer, as the Accountable Emergency Officer (AEO), guides strategic direction. The Head of Emergency Planning, Resilience and Response ensures that the strategic direction for the organisation and the system is accomplished.

3.2 Staffing and Resources

The EPRR team is comprised of one full-time equivalent (1 WTE) Head of Emergency Preparedness, Resilience and Response. The Head of EPRR is supported by one full-time equivalent EPRR and Estates Manager and one full-time equivalent EPRR Administrator.

4. Internal EPRR Governance

4.1 Emergency Preparedness, Resilience and Response (EPRR) Working Group

The group was established in August 23 and has met once in the NHS EPRR Assurance year of September 2023-24. The role of the EPRR Working Group is to provide a forum that maintains oversight and supports the maintenance of the Integrated Care Board's overall readiness to respond to and recover from incidents and emergencies. The Working Group contributes to the overall delivery of the ICB objectives and EPRR Work Programme by providing management oversight and assurance to the AEO and the Audit Committee and the Board on the progress made against the Core Standards and the EPRR Work Programme. This is based both on performance and an assessment of the risks, mitigations, and effectiveness of controls in place.

4.2 Risk Committee

All EPRR risks are considered in line with CWICB's Risk Policy via a robust method of reporting, recording, monitoring, communicating, and escalating EPRR risks to System Risk Group, the Audit Committee and the ICB Board.

4.3 External EPRR Governance

The organisation is represented on various multi-agency forums, working with partners across the health economy and the region to ensure plans and responses to incidents are integrated, these include;

- Warwickshire and West Midlands Conurbation Local Resilience Forums (LRF)
- Midlands Health Resilience Partnership Board (MHRPB)
- Emergency Preparedness Integrated Care Board Leads Meeting (EPICBLM)
- Warwickshire and West Midlands Local Health Resilience Partnerships (LHRP)
- Health Emergency Planners Operational Group (HEPOG)
- Coventry and Warwickshire Integrated Care System (ICS) EPRR Leads Meetings

Feedback from all the above forums is disseminated via the ICB EPRR governance processes.

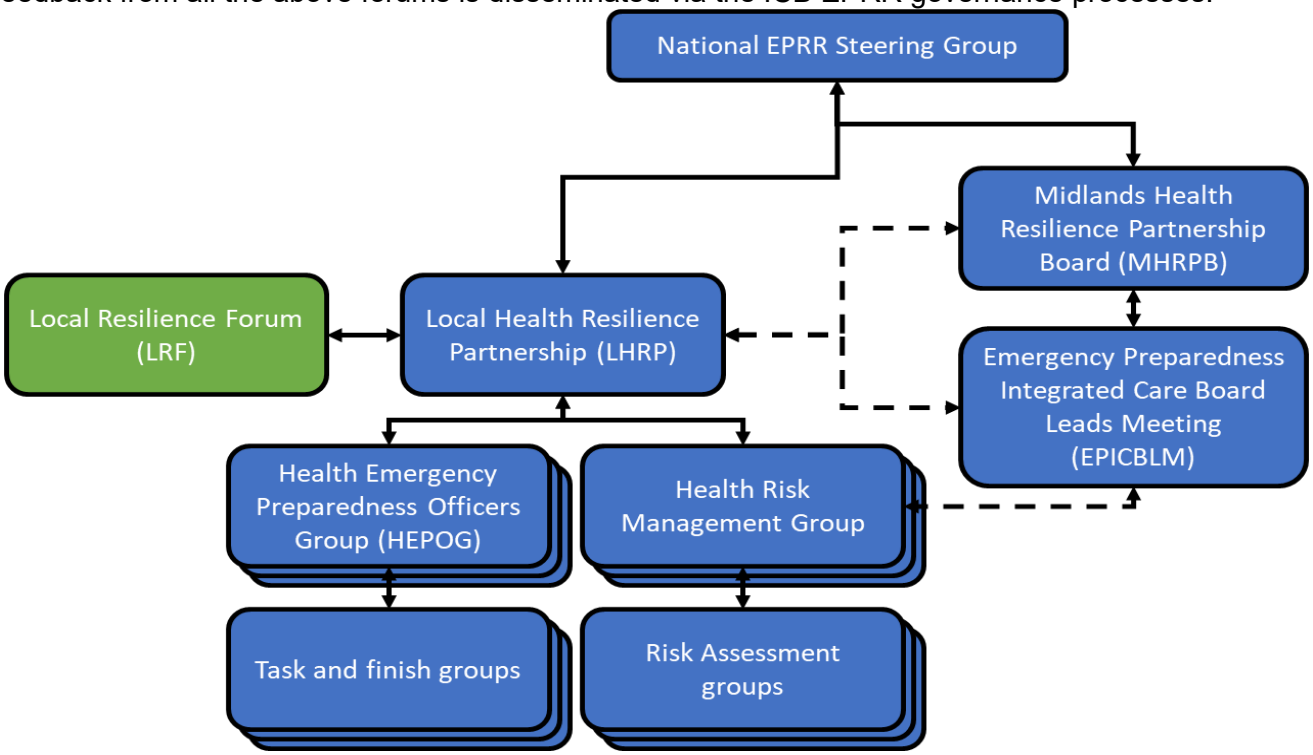


Figure 1 - Midlands Region EPRR Planning Structures

5. Compliance with NHS England's Core Standards for EPRR

The EPRR Core Standards for EPRR facilitate nationwide coordination of Emergency Preparedness, Resilience, and Response (EPRR) activities based on organisational size and scope. They offer a cohesive framework for self-assessment, peer review, and assurance processes. The EPRR assurance process aligns with NHS England Core Standards

The assurance process for the 2023/34 financial year has followed the national requirements, with original submissions due from all organisations by the 31 August 2023. Once evidence was reviewed, confirm and challenge session took place between NHS England, the ICB and the respective provider with feedback issued to each organisation by the ICB (for ICBs this was completed by NHS England). A final position was required for each organisation by the 15 November, which was used to complete this report.

As a system, CWICS has assessed as being Substantially Complaint with the Core Standards for 2023. Out of a total of 6 organisation that form part of our system, x3 have assessed as being Substantially compliant, x2 as partially complaint and x1 as non-compliant. The following section highlights the standards that have been assessed as partially compliant across the system. In most cases, these standards have been assessed as being partially compliant due to technical issues which form part of each of the respective organisation's work plan. As a system, plans are being developed to address the standards collectively.

Overall, there have been no core standards identified as being non-compliant across our system.

The Core Standards include an annual deep dive focus area; this year, the area was focused on Training and Exercising. The deep dive identifies good practice and areas for development by NHS England (NHSE). Deep dive questions did not contribute to the overall compliance rating as they were there to guide organisations in enhancing the national chosen focus area (Training and Exercising) for improvements. The number of applicable core standards varies yearly, and for 2022-2023, there was 73 standards, with 57 applicable to the ICB. The EPRR assurance rating is based on the percentage of core standards the organisation considers 'fully compliant.' As described in the following table.

Outcome	Criteria
Fully compliant	The organisation is fully compliant against 100% of the relevant standards
Substantially compliant	The organisation is fully compliant against 89-99% of the relevant standards
Partially compliant	The organisation is fully compliant against 77-88% of the relevant standards
Non-compliant	The organisation is fully compliant up to 76% of the relevant standards

CWICB submitted its self-assessment against Core Standards on August 31, 2023, with an approved score and an accompanying annual Work Programme to address any compliance gaps, and regulatory requirements. The Midlands regional NHSE EPRR team reviewed the submission, seeking additional evidence where necessary.

The CWICB was recognised as achieving 'Partially Compliant' in its annual Core Standards assessment. This achievement reflects the significant progress made over the past 12 months following the 2022-2023 Non-Compliance status. This represents an increase in compliance for the ICB by +36% in comparison to the previous assurance year with an overall compliance of 79%, up from 43%.

The CWICB received acknowledgments for good practices, which will contribute to future regional and national best practice guidance in specific areas, listed below:

- EPRR Policy
- EPRR Work Programme
- Business Continuity Management System including
    - Policy
    - Business Impact Analysis
    - GP Business Continuity Plan template

Summary of the final position was reported at the LHRP on 6th December 2023, to ensure an overall statement of compliance for the LHRP can be put forward. A final overall position for the region will be presented to the Regional Health Resilience Partnership Board before submission is made to the national EPRR team in December 2023 and thereafter to the NHSE Board. NHSE Midlands will share a formalised report with the ICB regarding the levels of preparedness across the region in early 2024.

A breakdown of the 2023 Core Standard assessment is detailed below.

Overview	Count	%	Overall
Fully compliant standards	37	**79%**	79%
Partially compliant standards	10	**21%**	
Non-compliant standards	0	**0%**	
Not applicable	26		
Total standards	73		
Applicable Standards	47		
Outcome	Partially Compliant		

Due to the non-compliance rating attained last year, recovery of this position has been a priority in terms of focus following the newly revised standards, and a change of review style, with more rigorous analysis of evidence.

A number of standards have been identified as being partially compliant. These form part of the organisation's EPRR work programme and are being prioritised to ensure progress is made against next year's assurance submission. Further details on the compliance status can be found in the LHRP EPRR Assurance Report.

6. EPRR Work Programme

CWICB has an annual EPRR work programme, informed by:

- Current guidance and best practice
- Lessons identified from incidents and exercises
- Identified risks
- Outcomes of any assurance and audit processes

The work programme progress is reported via the EPRR Working Group and the Audit Committee and is shared with partners where appropriate. The 2023-24 work programme aims to address all areas of partial compliance identified through the NHSE Core Standards for EPRR as well as maintain the areas of compliance.

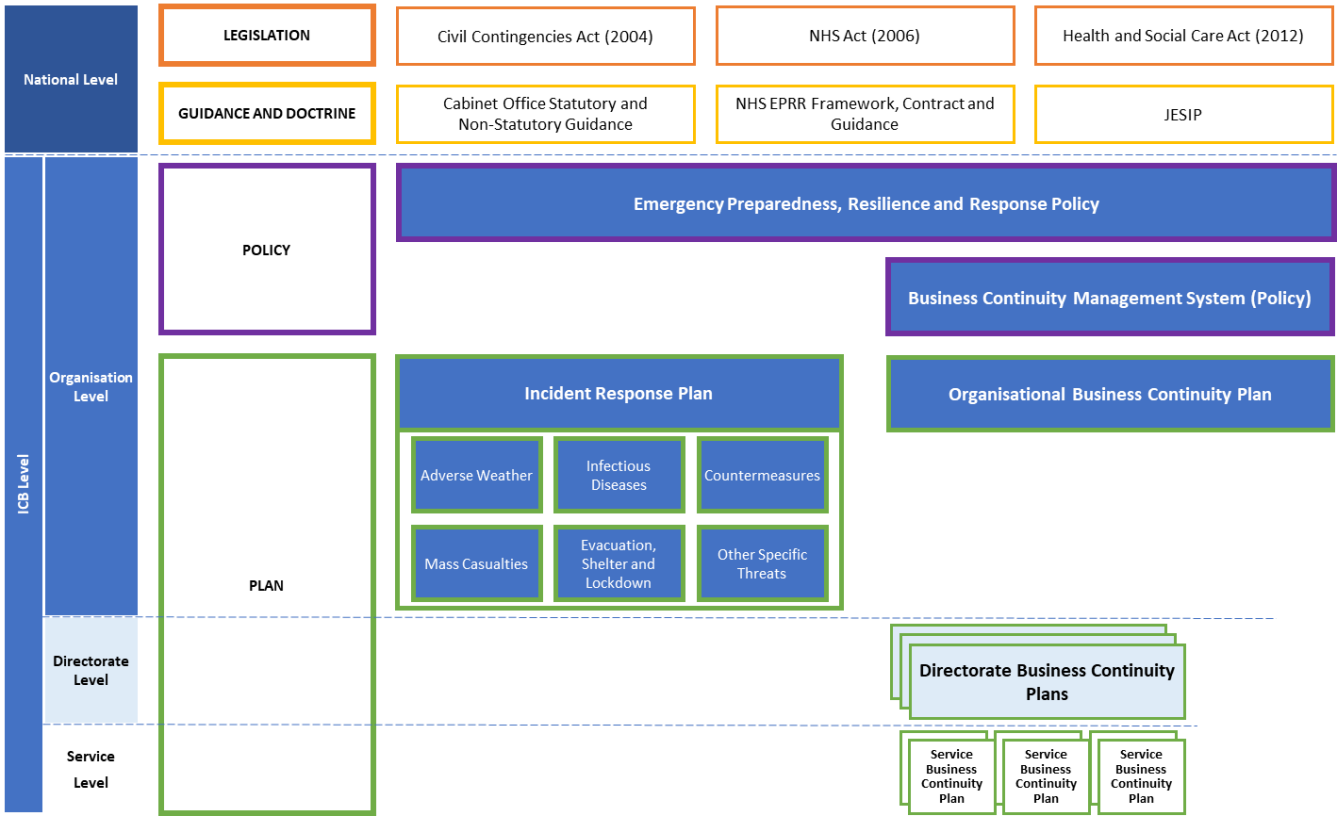
The focus areas of this year's work programme, based on the compliance rating, include:

- **Governance**: EPRR board reports
- **Plans**: Infectious diseases
- **Plans**: New and emerging pandemics
- **Response**: Incident Co-ordination Centre
- **Response**: Decision Logging
- **Business Continuity**: Testing and Exercising
- **Business Continuity**: BC audit
- **Training and Exercising**: EPRR Training
- **Training and Exercising**: EPRR exercising and testing programme
- **Training and Exercising**: Responder training

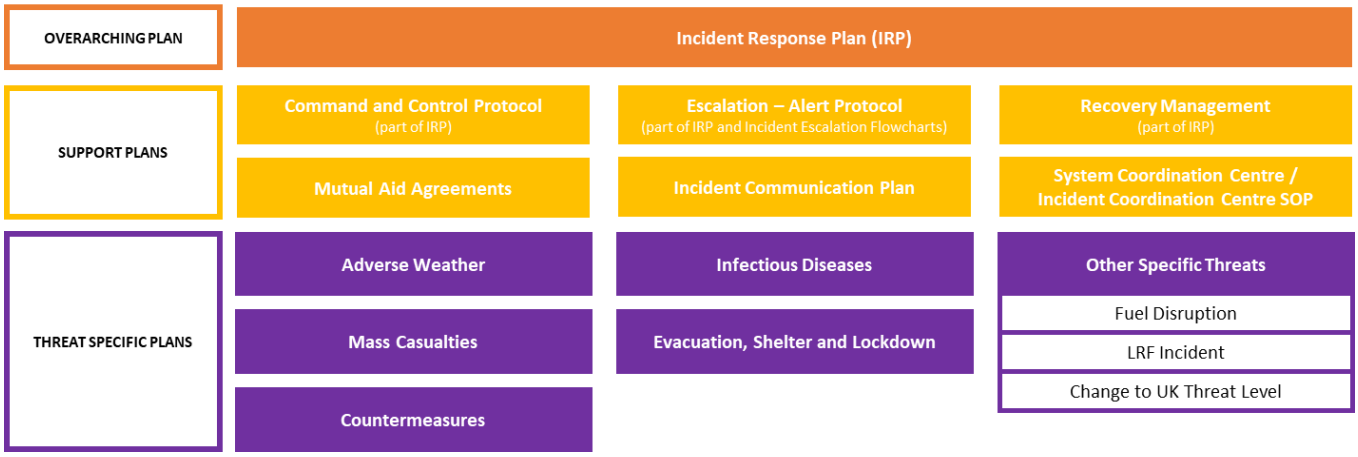
7. EPRR policies and plans

In accordance with legislation and guidance all policies and plans must be current (in date), aligned with the latest guidance and legislation, and validated through incidents or exercises to meet EPRR Core Standards. NHSE mandates a 3-year policy review and annual plan review under the EPRR framework. This year, the ICB has overhauled their EPRR approach, by designing a new overarching EPRR policy and hierarchy of plans. Please see figures below for an overview of the new EPRR Planning arrangements.

Hierarchy of EPRR Legislation, Guidance and Organisational Plans and Policies



Incident Response Plan (IRP) Overview



7.1 Duty to Maintain Plans

CWICB plans are developed to allow staff to respond efficiently and effectively to any type of incident and are developed in collaboration with both internal and external stakeholders to ensure that planning addresses all response areas.

7.2 Corporate Plans

All plans are within the 2023-24 EPRR Work Programme and will be reviewed, and, or validated by July 2024 where possible. CWICB remains compliant with current planning requirements and addresses specific threats though the ICB Incident Response.

7.3 Business Continuity Plans

The ICB Business Continuity System has been updated to align with the newly released NHSE Business Continuity Toolkit which has been developed to encompass learning from incidents and best practice identified throughout the system and the wider NHS. Business continuity plans (BCPs) are crucial for CWICB to maintain the operational running of the organisation during emergencies.

During the 2019 Corona Virus pandemic, there was a focus on BCP development, but changes in national guidance introduced new compliance requirements. An overarching organisational plan is now in place and Business Impact Analysis reports have been produced for every directorate and service that sits within it. Several Directorate and Service level plans are still being developed. Out a total of 103 services identified within the Business Impact Analysis reports, 72% of these are at the time of writing in date, fully reviewed and complete. A programme is underway to enhance compliance, monitored through the EPRR Working Group.

8. EPRR Training & Exercising

8.1 Training

In accordance with EPRR Core Standards, individuals involved in incident planning or response must undergo appropriate training every three years. In light of the updated policy and accompanying plans, only a limited number of training sessions took place over the year once the plans have been signed off.

In accordance with the EPRR Core Standards all organisations should have organisational wide EPRR awareness training in place. All-staff EPRR training has been provided via the all staff briefing and has been delivered to 40% of all ICB staff this year. Plans are in place to include this training into all staff induction in the future. Further training has been delivered via the Local Resilience Forum.
Staff members that are part of the On-Call rota, including On-Call Executives and On-Call Managers, must also complete external training with NHSE called "Principles of Health Command." This program enhances knowledge and competencies for effective strategic leadership in various environments, such as Multi-Agency, Regional, System and Organisational groups and Incident Management Teams. Over 50% of those on call have completed this training, with the goal of achieving 100% compliance.

8.2 Exercising

The ICB has a rolling exercise programme consisting of live, table-top, command post and communications exercises. The exercises are designed to test and develop our plans, as well as reinforce learning.

The ICB is required to hold the following:

- Communications exercise – minimum frequency – every 6 months
- Table-top exercise – minimum frequency – every 12 months
- Live play exercise – minimum frequency – every 3 years
- Command post exercise – minimum frequency – every 3 years*

*If the Incident Coordination Centre is activated in response to a live incident, this replaces the need to run an exercise, providing lessons are identified, logged and an action plan developed.

The ICB participated in 2 Local Resilience Forum-organised exercises, with a focus on the multi-agency Flooding response plan and a scenario focusing on an explosion that would have taken place at a local hotel.

The ICB, in conjunction with NHSE, also organised and delivered a system-wide Cyber Crisis Simulation for the health providers and multi-agency partners.

9. Incident Response

There have been no incidents that led to an incident declaration directly affecting any of the service provided by the ICB this year.

9.1 Major incidents

There have been no activations of the Major Incident Plan within the last 12 months, however the Head of Emergency Planning and Operational Resilience, and Operational Team have supported in a number of business continuity, and critical incidents to minimise the impact to the organisation as listed below.

9.2 Critical Incidents & Business Continuity Incidents

Several incident declarations took place (see below) across the wider system, to which, where required, the ICB stood up arrangements to support the response and recovery of the system.

The Head of Emergency Planning generates incident reports, outlining the response and participant experiences through structured debriefs to extract lessons. Reports include identified lessons and an action plan with timescales, shared and monitored through the EPRR WG and the external Health Emergency Planners Operational Group to update plans and training requirements.

Organisation	Incident type	Date(s) of incident
University Hospitals Coventry and Warwickshire NHS Trust	Critical Incident – Hot water system failure	09-Sep-2022
George Eliot Hospitals NHS Trust	Business continuity – Loss of Lorenzo system	16-Sep-2022
South Warwickshire University Hospital NHS Foundation Trust	Critical Incident – Generator Causing IT failure	16-Sep-2022
South Warwickshire University Hospital NHS Foundation Trust	Critical Incident – Gas main damaged	18-Nov-2022
Coventry and Warwickshire ICB	Business continuity – GP Telecommunications failure	02-Dec-2022
University Hospitals Coventry and Warwickshire NHS Trust	Critical Incident - Power failure affecting ED access	05-Jan-2023
Corby UTC (One Medical Group)	Business continuity – IT /Phone failure	16-Jan-2023
South Warwickshire NHS FT	Business continuity – Flood in ED/ Paeds resus	22-Jan-2023
George Eliot Hospitals NHS Trust	Critical Incident – Power loss with generator failure	28-Mar-2023
George Eliot Hospitals NHS Trust	Business Continuity – IT system outage	05-Jul-2023

10. Summary conclusion

CWICB continues to deliver against the requirements of the CCA (2004) and the NHS EPRR Framework. The self-assessment position of 'Partially Compliant' reflects the significant work that has been undertaken over the past 12 months to improve last year's position of non-compliance and there remains an opportunity for ongoing improvement.

The agreed work programme over the next 12 months will focus heavily on business continuity arrangements and training within all groups and services, alongside core services with the aim to ensure an improvement on the compliance status to the annually reviewed core standards and provide robust business continuity for the organisation.

11. Recommendation

Members are requested to be ASSURED that the EPRR work programme is being followed and progress has been made towards achieving full compliance with the NHSE Core Standards for EPRR, leading to a more resilient system and better partnership working.

Members are requested to RECOMMEND this report to the Board and ENDORSE this report in line with the NHSE requirements to publicly state the organisation's readiness and preparedness activities in the format of an annual reports.

12. Annexes

12.1 Annex 1 – Core standards rating and actions

Domain	Standard name	Standard Detail	Supporting Information	RAG	Action to be taken
Governance	EPRR board reports	The Chief Executive Officer ensures that the Accountable Emergency Officer discharges their responsibilities to provide EPRR reports to the Board, no less than annually. The organisation publicly states its readiness and preparedness activities in annual reports within the organisation's own regulatory reporting requirements	These reports should be taken to a public board, and as a minimum, include an overview on: • training and exercises undertaken by the organisation • summary of any business continuity, critical incidents and major incidents experienced by the organisation • lessons identified and learning undertaken from incidents and exercises • the organisation's compliance position in relation to the latest NHS England EPRR assurance process. <u>Evidence</u> • Public Board meeting minutes • Evidence of presenting the results of the annual EPRR assurance process to the Public Board • For those organisations that do not have a public board, a public statement of readiness and preparedness activitites.	Partially compliant	The ICB notes that reporting to the Board is via the Audit Committee. The ICB needs to ensure that the Board receives, at least once a year, a full report on EPRR activity including incidents, training & exercising, lessons, updating of plans and policies, and business continuity.

Duty to maintain plans	**Infectious disease**	In line with current guidance and legislation, the organisation has arrangements in place to respond to an infectious disease outbreak within the organisation or the community it serves, covering a range of diseases including High Consequence Infectious Diseases.	Arrangements should be: • current • in line with current national guidance • in line with risk assessment • tested regularly • signed off by the appropriate mechanism • shared appropriately with those required to use them • outline any equipment requirements • outline any staff training required Acute providers should ensure their arrangements reflect the guidance issued by DHSC in relation to FFP3 Resilience in Acute setting incorporating the FFP3 resilience principles. https://www.england.nhs.uk/coronavirus/secondary-care/infection-control/ppe/ffp3-fit-testing/ffp3-resilience-principles-in-acute-settings/	Partially compliant	On call arrangements for the management of High Consequence Infectious Disease (HCID) escalations are not evident in the plan, although this has been provided in the On Call Pack (recommend you also include in your plan). The ICB plans should detail an understanding of the services commissioned for response to infectious diseases (including HCID).
Duty to maintain plans	**New and emerging pandemics**	In line with current guidance and legislation and reflecting recent lessons identified, the organisation has arrangements in place to respond to a new and emerging pandemic	Arrangements should be: • current • in line with current national guidance • in line with risk assessment • tested regularly • signed off by the appropriate mechanism • shared appropriately with those required to use them • outline any equipment requirements • outline any staff training required	Partially compliant	The ICB should ensure they have a SOP in place for swabbing services or prophylaxis service. Where there is a lead providers model, this needs to be detailed within plans. They should also include stock monitoring process within their plans.

Training and exercising	**EPRR Training**	The organisation carries out training in line with a training needs analysis to ensure staff are current in their response role.	<u>Evidence</u> • Process explicitly described within the EPRR policy or statement of intent • Evidence of a training needs analysis • Training records for all staff on call and those performing a role within the ICC • Training materials • Evidence of personal training and exercising portfolios for key staff	Partially compliant	The ICB will carry out training as per TNA and workplan
Training and exercising	**EPRR exercising and testing programme**	In accordance with the minimum requirements, in line with current guidance, the organisation has an exercising and testing programme to safely* test incident response arrangements, (*no undue risk to exercise players or participants, or those patients in your care)	Organisations should meet the following exercising and testing requirements: • a six-monthly communications test • annual table top exercise • live exercise at least once every three years • command post exercise every three years. The exercising programme must: • identify exercises relevant to local risks • meet the needs of the organisation type and stakeholders • ensure warning and informing arrangements are effective. Lessons identified must be captured, recorded and acted upon as part of continuous improvement. <u>Evidence</u> • Exercising Schedule which includes as a minimum one Business Continuity exercise • Post exercise reports and embedding learning	Partially compliant	The ICB is committed to meet the exercising and testing requirements which will be included the workplan

Training and exercising	**Responder training**	The organisation has the ability to maintain training records and exercise attendance of all staff with key roles for response in accordance with the Minimum Occupational Standards. Individual responders and key decision makers should be supported to maintain a continuous personal development portfolio including involvement in exercising and incident response as well as any training undertaken to fulfil their role	<u>Evidence</u> • Training records • Evidence of personal training and exercising portfolios for key staff	Partially compliant	Implementation of CPDme

Response	**Incident Co-ordination Centre (ICC)**	The organisation has in place suitable and sufficient arrangements to effectively coordinate the response to an incident in line with national guidance. ICC arrangements need to be flexible and scalable to cope with a range of incidents and hours of operation required. An ICC must have dedicated business continuity arrangements in place and must be resilient to loss of utilities, including telecommunications, and to external hazards. ICC equipment should be tested in line with national guidance or after a major infrastructure change to ensure functionality and in a state of organisational readiness. Arrangements should be supported with access to documentation for its activation and operation.	• Documented processes for identifying the location and establishing an ICC • Maps and diagrams • A testing schedule • A training schedule • Pre identified roles and responsibilities, with action cards • Demonstration ICC location is resilient to loss of utilities, including telecommunications, and external hazards • Arrangements might include virtual arrangements in addition to physical facilities but must be resilient with alternative contingency solutions.	Partially compliant	Further work required on SCC/ICC SOP to include all EPRR elements

Response	**Decision Logging**	To ensure decisions are recorded during business continuity, critical and major incidents, the organisation must ensure: 1. Key response staff are aware of the need for creating their own personal records and decision logs to the required standards and storing them in accordance with the organisations' records management policy. 2. has 24 hour access to a trained loggist(s) to ensure support to the decision maker	• Documented processes for accessing and utilising loggists • Training records	Partially compliant	IRP to document how to activate a loggist.
Business Continuity	**Testing and Exercising**	The organisation has in place a procedure whereby testing and exercising of Business Continuity plans is undertaken on a yearly basis as a minimum, following organisational change or as a result of learning from other business continuity incidents.	Confirm the type of exercise the organisation has undertaken to meet this substandard: • Discussion based exercise • Scenario Exercises • Simulation Exercises • Live exercise • Test • Undertake a debrief <u>Evidence</u> Post exercise/ testing reports and action plans	Partially compliant	The ICB is committed to meet the exercising and testing requirements which will be included the workplan

Business Continuity	**BC audit**	The organisation has a process for internal audit, and outcomes are included in the report to the board. The organisation has conducted audits at planned intervals to confirm they are conforming with its own business continuity programme.	• process documented in EPRR policy/Business continuity policy or BCMS aligned to the audit programme for the organisation • Board papers • Audit reports • Remedial action plan that is agreed by top management. • An independent business continuity management audit report. • Internal audits should be undertaken as agreed by the organisation's audit planning schedule on a rolling cycle. • External audits should be undertaken in alignment with the organisations audit programme	Partially compliant	ICB needs to move to a rolling cycle of reporting and assessment / audit with Board oversight.

End of Report