NHS
Coventry and Warwickshire
Integrated Care Board

Emergency Preparedness, Resilience and Response Policy

2023

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VERSION HISTORY

Date	Version	Changes made to previous version	Engaging and Endorsing Stakeholders, Committees / Meetings / Forums etc.
16.06. 2023	2	Complete review and update of EPRR Policy in line with updated guidance and legislation	Chief Transformation Officer, Director of Transformation, Information Governance Team, Finance Team, Communications Team, Policy, Procedure and Strategy Assurance Group (PAG), Audit Committee

Contents

1. Introduction

The NHS needs to be able to plan for and respond to a wide range of incidents and emergencies that could affect health or patient care. These could be anything from extreme weather conditions to an infectious disease outbreak or a major transport accident or a terrorist act. The purpose of this Policy is to outline the Coventry and Warwickshire Integrated Care Board's (CWICB) statutory duties under the Civil Contingencies Act 2004 (CCA), the NHS Act 2006, the Health and Care Act 2022 and the NHS Standard Contract.

This work is referred to in the health service as 'Emergency Preparedness, Resilience and Response' (EPRR).

2. Strategic Context, Legislation and Statutory Duties

ICBs are defined as category 1 responders under the Civil Contingencies Act (2004). This means they are at the core of the response to most emergencies. Category 1 responders are subject to the full set of civil protection duties as listed below.

- Assess the risk of emergencies occurring and use this 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
- Co-operate with other local responders to enhance co-ordination and efficiency.

In addition to its duties under the Civil Contingency Act, the CWICB recognise their EPRR responsibilities as detailed within section 46 of the Health & Social Care Act 2012 (H&SCA) and will, in partnership with their commissioned services, meet this responsibility through:

- Ensuring contracts with provider organisations contain relevant emergency preparedness, resilience (including business continuity) and response elements.
- Supporting NHS England in discharging its emergency preparedness, resilience and response functions and duties locally
- Have in place an EPRR annual work programme, informed by CCA requirements and the NHSE EPRR Cores standards.
- Commit to regular participation in training and exercising both singularly and, in cooperation with partner agencies.
- Providing and offering support with local Category 1 responders, engage with Category 1 responders during any declared incident/s and cooperate and share information and plans for declared Major and Business continuity incidents with all LRF and LHRP partners.
- Fulfilling the responsibilities as a Category 1 Responder under the Civil Contingencies Act 2004 including maintaining business continuity plans for their own organisation
- Maintain the ability to access any required additional funding/s in relation to any incident.
- Have in place a EPRR work programme
- Through the ICB Accountable Emergency Officer (AEO) the ICB will co-chair the Local Health Resilience Partnership in partnership with Director of Public Health (DPH)
- Seek assurance that provider organisations are delivering their EPRR obligation/s.

The ICBs EPRR programme will adhere to the underpinning principles of the NHS EPRR Framework 2022:
- Preparedness and anticipation
- Continuity
- Subsidiarity
- Communication
- Cooperation and integration
- Direction.

The CWICB will ensure its compliance with legislation, guidance and framework documents, including but not limited to:

- Civil Contingencies Act (2004)
- Emergency Preparedness – Statutory guidance (CCA 2004)
- Emergency Response and Recovery – Non statutory guidance (CCA 2004)
- NHS Constitution for England – including the NHS Standard Contract Service Conditions (SC30)
- NHS Act 2006
- NHS England EPRR Framework 2022 and associated guidance
- Health and Care Act 2022
- Health and Social Care Act 2012

- Corporate Manslaughter Act 2007
- Human Rights Act 1998
- Minimum Occupational Standards for NHS Emergency Preparedness, Resilience and Response
- Health and Care Bill: Integrated Care Boards and local health and care systems
- National Risk Register 2020
- Guidance for NHS commissioners on Equality and Health Inequalities legal duties

The minimum requirements that commissioners and NHS-funded organisations must meet are set out in the current NHS EPRR Core Standards. This is achieved through the collaborative production of plans for incident response, business continuity and recover in accordance with guidance. This document outlines the requirements for Emergency Preparedness, Resilience and Response (EPRR) detailing the minimum requirements for planning and responding to incidents across the NHS Coventry and Warwickshire Integrated Care System.

3. Aim and objectives

The aim of the Emergency Preparedness, Resilience and Response (EPRR) Policy is to outline the organisation's requirements and approach to complying with EPRR responsibilities under the CCA, NHS EPRR Framework and other relevant legislation and national guidance.

The policy aims to ensure the following objectives are met:
- Ensure effective arrangements are in place to deliver appropriate care to patients affected by an emergency or incident
- Development and approval of an EPRR framework in line with the CCA (2004)
- EPRR arrangements are communicated and fully embedded in the organisation's culture
- EPRR arrangements and programme are governed and reviewed to ensure compliance.

4. Policy Statement

An integrated approach for EPRR in the Coventry and Warwickshire Integrated Care Board (CWICB) has been adopted and the CWICB EPRR Policy has been developed by and will be used in conjunction with local Provider policies across the Coventry & Warwickshire Integrated Care System (CWICS). Therefore, the CWICB accepts and abides by their statutory duties as a Category 1 responder under the Civil Contingencies Act 2004 (CCA). As a category 1 responder, the ICB will fulfil the associated set of civil protection duties.

5. Roles and responsibilities

5.1. Integrated Care Boards

Under the NHS EPRR Framework 2022 (section 9.3) – The ICB's role and responsibilities are to:

- fulfil the relevant duties under the CCA 2004 and the requirements in respect of emergencies within the NHS Act 2006 and the Health and Care Act 2022
- AEO to co-chair the LHRP and maintain the involvement and support of LHRP partners at strategic and tactical level
- ensure appropriate director level representation at the LRF
- 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)
- ensure robust escalation procedures are in place to respond to disruption to delivery of patient services
- provide a route of escalation for resilience planning issues to the LHRP in respect of commissioned provider EPRR preparedness
- develop and maintain incident response arrangements in collaboration with all NHS-funded organisations and partner organisations
   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

Where the ICB or LRF covers more than one geographical location then agreement will be made locally in respect of representation for planning and response. Please refer to Section 6.2 Planning Structures.

CWICB is responsible for ensuring appropriate leadership relating to the work of EPRR, including responding to incidents which can occur at any time of day or night. The ICB operates a three-tier command and control structure (Strategic – Tactical – Operational). This is a hierarchy system whereby individuals are empowered through their role within the structure and provides them with specific authority over others for the duration of an incident. Further information on the command-and-control arrangements can be found in the ICB's *Command and Control Protocol.

5.1.1. ICB's Board

The Board is responsible for determining the governance arrangements, including effective risk management processes. It is responsible for ensuring that the necessary policies, procedures and guidelines are in place to safeguard and reduce risk to the ICB and ICS. In addition, the Board will require assurance on policies, procedures and guidelines being implemented and monitored for effectiveness and compliance. The Board are responsible with signing off the EPRR policies.

5.1.2. The Chief Executive Officer (CEO)

The Chief Executive Officer (CEO) has overall accountability for ensuring the ICB has EPRR arrangements in place to respond to and recover from incidents as defined by the NHS framework. The implementation of this procedure is the responsibility of the CEO which can be delegated usually to the AEO with oversight from the CEO. The CEO is also responsible with ensuring that funding and resources are available to allow the implementation and maintenance of the ICBs EPRR arrangements. The CEO will ensure that an annual report is presented to the Board by the AEO.

5.1.3. The Accountable Emergency Officer (AEO)

Under the EPRR Framework a ICB must have a named Accountable Emergency Officer (AEO) that is a board-level director (or equivalent). The role will be undertaken by the Chief Transformation Officer. They will have executive authority and responsibility for ensuring that the organisation complies with 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.

AEOs will be aware of their 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.

In the event of a major incident in hours, the CEO or the AEO will be responsible for activating the proportional response arrangements. Out of hours, this will be the responsibility of the Strategic Commander.

Additionally, the AEO is responsible for:

- Ensuring that the organisation is compliant with the Emergency Preparedness Resilience & Response requirements as set out in the NHS England EPRR Framework, the Civil Contingencies Act (2004) and all legislation and guidance referenced in this policy
- Ensuring that the organisation is properly prepared, staffed and resourced for responding to and recovering from incidents as defined by the NHS Framework
- Ensuring the organisation and any providers and sub-contractors in commissions have robust Business Continuity planning arrangements in place which reflect applicable standards
- Ensuring that the organisation complies with any requirements of the NHS England, or agents thereof, in respect of the monitoring of compliance or assurance for EPRR
- Ensuring the ICB completes and submits its annual EPRR self-assessment in line with the NHSE Core standards annual process
- Ensuring that NHS providers complete and submits their annual self-assessment in line with the NHSE Core standards process.
- Providing the NHS England, or agents thereof, with such information as it may require for the purpose of discharging its functions during a declared Major Incident
- Ensuring the ICB maintains and discharges its duties as a designated Cat 1 responder as laid down in the Civil Contingencies Act (2004)
- Ensuring that the organisation is appropriately represented at multi agency Local Resilience Forum (LRF) meetings such as Tactical Command Group (TCG) - Strategic Command Group (SCG)
- Co-Chairs the Local Health Resilience Partnership (LHRP) meetings as per LHRP terms of Reference
- Provides assurance on EPRR arrangements in the form of reports to the Board, which at a minimum must include an overview of:
  - 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.

5.1.4. Strategic & Tactical Commanders (On-Call):

The On-Call is responsible for handling the initial out of hours calls, responding and initiating as necessary any ICB required proportional response, including attending the Incident Coordination Centre (ICC) if required and hold responsibility for the ICBs response and decision making out of hours.

The full set of responsibilities of the Tactical and Strategic Commanders are detailed in the ICB's *On-Call Policy.

5.1.5. ICB EPRR Team

The Head of EPRR is responsible for all aspects of operational implementation of the EPRR Policy and compliance with relevant EPRR documents. The Head of EPRR will progress the EPRR Work Programme and will manage and the activity of the EPRR team; reporting to the AEO any impacts that affect the organisations' ability to plan for, respond to and recover from incidents.

Specific responsibilities include:
- Ensuring that the CWICB jointly plans with Acute Organisations, Community Providers, NHS England sub regional Team, Local Authorities, and other category 1&2 responders as required.
- Developing and continuously maintaining the EPRR arrangements.
- Ensuring that CWICB relevant staff are appropriately trained and have the necessary skills to carry out their role
- Providing regular updates and annual reports to the Emergency Accountable Officer and CWICB board/governing body.
- Overseeing the audit and fit for purpose requirements for both emergency planning and business continuity
- Attend and participate in the Local Health Resilience Partnership (LHRP), Health Emergency Preparedness Officers Group (HEPOG) and Emergency Planning Action Group (EPAG)
- Oversight of the CWICB EPRR & Estates team who support the EPRR function
- Build and maintain a working relationship with local LRF and partners
- Maintaining and monitoring the EPRR lessons register
- Maintain Business Continuity Management System to ensure the continuation of provision of services in line with ISO22301

5.1.6. Executive Directors / ICB Directorate Leads

Executive Directors and ICB Directorate Leads carry accountability before the AOE for their respective department/ directorate and are responsible for:
- Ensuring that the services they provide are compliant with the *Business Continuity Management System engaged by the ICB
- Ensuring their respective services emergency response and business continuity plans are complete, fit for purpose and tested annually
- Ensuring adequate resources from within their service are made available to ensure emergency response and business continuity plans are developed and maintained
- EPRR messages are cascaded to appropriate staff within the department and staff are aware of their role during an incident
- Ensuring that staff under their directorate attend exercises and are adequately trained in their EPRR roles

5.1.7. Chief Finance Officer

The Chief Finance Officer in cooperation with the CEO will ensure that sufficient funds are allocated to ensure that the ICB's EPRR functions can be carried out in line with statutory requirements.

5.1.8. Other roles

All staff that have responsibility for ensuring Emergency Preparedness, Resilience and Response requirements are embedded within the CWICB are described within the associated EPRR documents.

6. Integrated Care Board EPRR Framework

6.1. EPRR Approach

In addition to the EPRR guidance, NHS organisations use the Integrated Emergency Management (IEM) cycle to anticipate, assess, prevent, prepare, respond and recover from disruptive challenges.
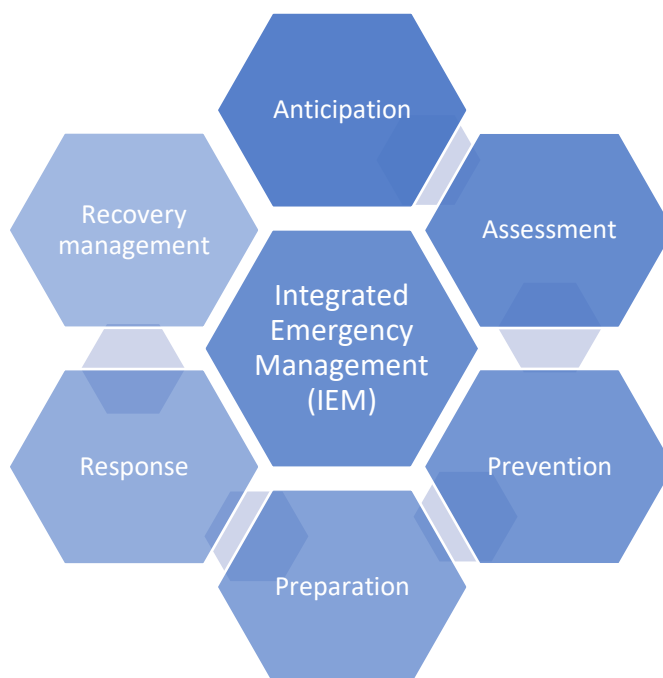
Figure 1 - Integrated Emergency Management (Cabinet Office - Revision of Emergency Preparedness)

The CWICB will discharge its EPRR functions by applying the Integrated Emergency Planning principles as described under the CCA (2004).

IEM is based on following a life cycle of planning, testing, review to drive continual improvements in our emergency preparedness.

Anticipate through horizon scanning, gain an awareness of the hazards that could affect service delivery.

Assess the likely impact of hazards on critical services and identify measures to **prevent** or mitigate the hazards.

Prepare by developing business continuity plans, hazard specific incident response plans and supporting planning arrangement to ensure a respond to disruptions to business continuity.

Respond by adopting tried and tested Major Incident Plan to ensure an effective response to a major incident or disruption to business continuity.

Recover to be able to manage the longer-term consequences of a disruption to business continuity or major incident and to be able to recover normal levels of service delivery as quickly as possible.

6.2. Planning structures

From a national perspective, Figure 2 shows the EPRR planning and reporting structures and the interactions with key partner organisations.
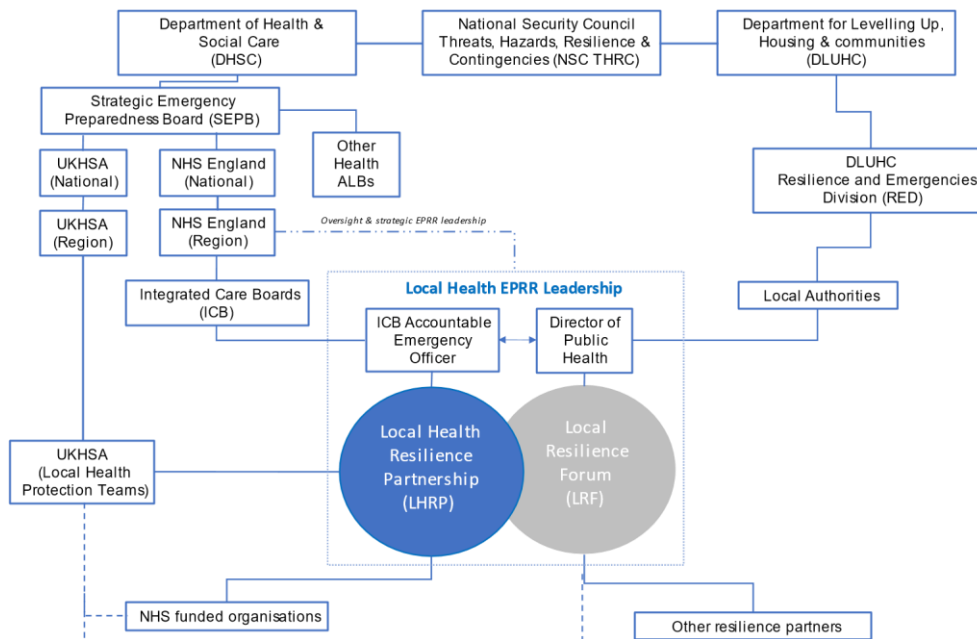
Figure 2 - EPRR Planning Structures for the NHS in England

At regional level, figure 3 shows the regional EPRR planning structures and reporting structures within the NHS Midlands region.
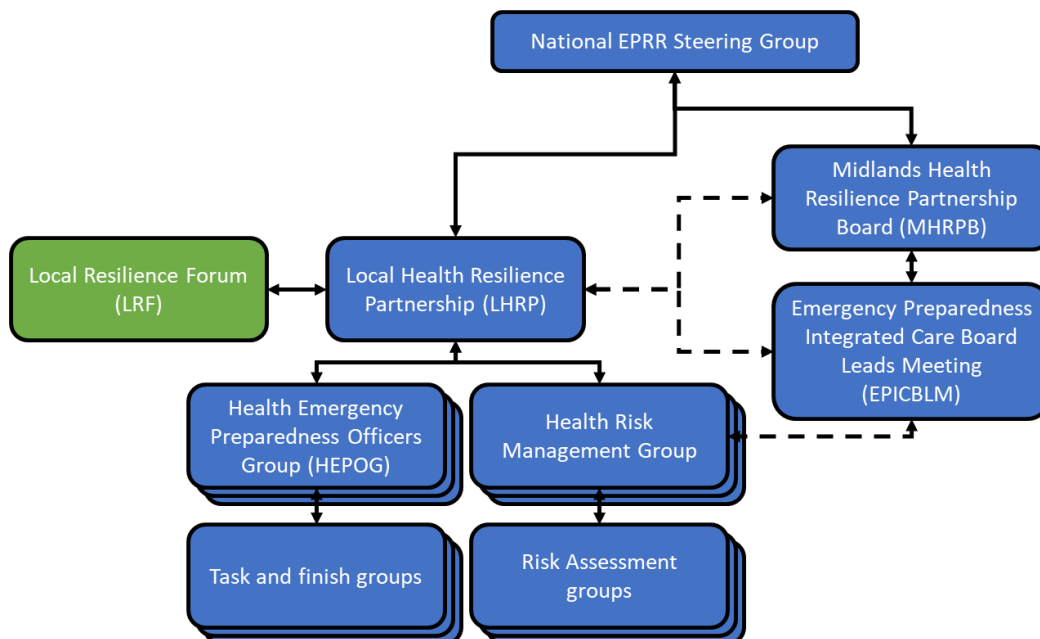
Figure 3 - Midlands Region EPRR Planning Structures

The Coventry and Warwickshire ICB is represented at:

- Midlands Health Resilience Partnership Board (MHRPB)
- Emergency Preparedness Integrated Care Board Leads Meeting (EPICBLM)
- Local Health Resilience Partnership (LHRP) and subgroups as per Figure 3
- Local Resilience Forum (LRF)

6.3. Annual Work Programme

The CWICB's EPRR work programme is structured around the Cycle of Emergency Planning (Figure 4) as described by the Cabinet Office (2017) and aligns to the afore mentioned legislation and statutory requirements for NHS Funded Organisations. The Emergency Planning Cycle represents a systematic and ongoing process, preparing organisations, such as Integrated Care Boards for the response to, and recovery from emergencies.

Figure 5 - Emergency Planning Cycle

The Emergency Planning Team is responsible with the maintenance and progression of the annual work programme and is informed by:

- current guidance and good practice
- lessons identified from incidents and exercises
- identified risks
- outcomes of any assurance and audit processes

The ICB will follow an all-hazards approach in preparation though the development and maintenance of an Incident Response Plan which will provide a framework for response to incidents within the Integrated Care System's footprint and/or the wider NHS geography. Incidents and events affecting the delivery of ICB services and function will be managed under the CWICB Business Continuity Plan (CWICB BCP) as per the ICBs *Business Continuity Management System (ICB BCMS).

Figure 5 - CCA (2004) Statutory Duties (Cabinet Office - Revision of Emergency Preparedness)

Figure 5 represents the "Consult" phase of the Emergency Planning cycle and shows the model of operation where risk assessment sets the foundations of the Emergency Planning and Business Continuity Management functions of the ICB and refers to the relevant sections of this policy and within the ICB EPRR Framework.

6.4. Risk assessment and risk management process

6.4.1. Risk Assessment

National Risk Register and Local Community Risk Register assesses the risk of events occurring within the geographical area of the ICB, or within ICB real estate and inform the ICB's contingency planning.

The ICB's internal corporate risk management process includes identifying risk to provision of ICB services and is monitored on a quarterly basis as per the ICB Risk Policy.

6.4.2. Risk management process

The ICB undertakes risk assessments within the LHRP and the Health Risk Management group structure, informed by the Local Resilience Forums' resilience partners in West Midlands Conurbation LRF and Warwickshire LRF.

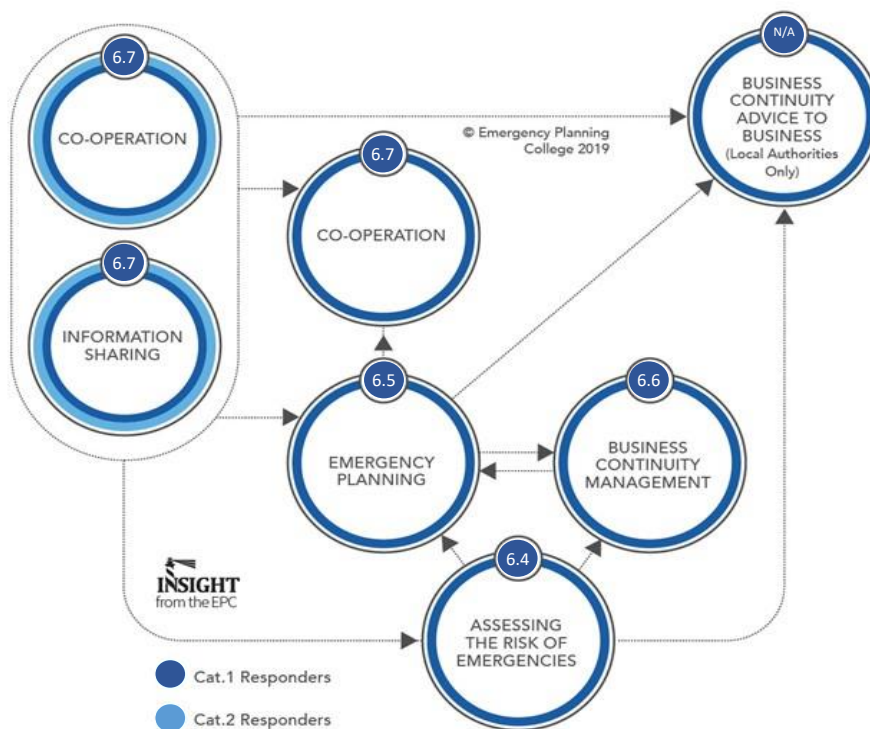The ICB's risk team, including service risk leads, identify any risk to service delivery and regularly review any risks entered into the ICB Corporate and Directorate Risk Registers

Any risk identified is allocated a risk level. This is the likelihood of a risk occurring (on a scale of 1 -5) plotted against its impact (also on a scale of 1 – 5) to give a score out of 25. All risks scoring 12+ will be reported to the Executive Team and relevant committees. All risks scoring 15+ will be reported to the Board and escalated to the regional MHRPB (Midlands Health Resilience Partnership Board) via the appropriate command chain.

The process whereby the Directorates assess, record and implement action plans to mitigate risk is detailed in the ICB Risk Policy.

6.5. Emergency Planning

6.5.1. NHS Incident Classification

The EPRR Framework defines the three types of incidents within the NHS as:

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	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. (NHS EPRR Framework, 2022) 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.

The ICB Incident Response Plan, Business Continuity Plan and associated guidance and actions card ensure that the ICB can implement an effective response to any reasonably predictable incident.

6.5.2. Incident Response

Incident Response Plan & Multi-agency plans
The ICB's Incident Response Plan (IRP) has been developed and is maintained and updated in line with current legislation, guidance and best practice to ensure the organisation has effective arrangements in place to define and respond to Critical and Major incidents as defined within the EPRR Framework.

The IRP is to be used alongside the *Command and Control protocol and relevant ICB Action Cards.

At a minimum, the Incident Response Plan and Action Cards will provide a response framework and guidance to address any hazard classed as:

- Adverse Weather
- Countermeasures
- Mass Casualty
- Evacuation and shelter

- Cyber Incident
- Infectious diseases and new and emerging pandemics

Multi-agency plans will be developed through the LRF, LHRP and HEPOG groups. The ICB will work in partnership with the LHRP to ensure its actions and responsibilities are clearly detailed and trained.

Incident declaration
Any incident will impact on service delivery within the NHS, which may undermine public confidence and require contingency plans to be implemented. When making the decision to declare an incident the person making the decision should be clear on what the declaration of an incident will achieve. NHS organisations and NHS-funded organisations should be confident in judging the severity of an incident and determining if declaration is warranted.

Major Incident Declaration
The decision to declare a Major Incident will always be made in a specific local and operational context. There are no precise, universal thresholds or triggers. Where Local Resilience Forums (LRFs) and responders have explored these criteria in the local context and ahead of time, decision makers will be better informed and more confident in making that judgement.

NHS Incident response levels
Incident response levels describe at which level coordination takes place. These levels are being used by all organisations across the NHS when referring to incidents. They are specific to the NHS in England and are not interchangeable with other organisations' incident response levels.

Incident Levels	
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.

The level of the response may need to be escalated or de-escalated. The process for this needs to be agreed in conjunction with health strategic commanders so it can be coordinated across all organisations. Please refer to Appendix A for the criteria and triggers for escalation.

6.5.3. System Coordination Centre (SCC) and Incident Coordination Centre (ICC)

The EPRR Team is responsible for ensuring the organisation has suitable areas, facilities and equipment for managing incidents, including any appropriate hardware and software necessary to manage those. The Incident Control Centres will be maintained by the Emergency Planning Team, including the Incident Control Centre Plan.

Appropriate ICCs are maintained by the EPRR Team, who also deliver appropriate training for Strategic and Tactical Commanders and ensure Incident Control Centre are available during any incident response, with appropriate communication systems.

For further details on the ICC arrangements please refer to the *System Coordination Centre and Incident Coordination Centre SOP.

6.5.4. Decision Logging

For accurate record keeping and auditing purposes, all staff members that fulfil an incident response associated role are trained in the principles of Defensible Decision Making.

CWICB has access to a pool of trained loggists to support to the decision maker in the accurate recording of decisions during the response to an incident. Further details on the use of loggists are documented in the *Command and Control Protocol.

6.5.5. Mutual Aid

During incident response an organisation's capacity and / or capability to provide safe and effective patient care may be exceeded. Once internal business continuity arrangements have been exhausted, it may be necessary to seek support from other organisations in a formal, documented way. This formalised support is referred to as 'mutual aid'.

Please refer to the Regional Mutual Aid and guidance outlining the response to a significant health related incident or emergency, as well as the associated CWICS Memorandum of Understanding and associated local agreements. The Mutual Aid Agreement and relevant associated processes and documentation are also referenced in the ICB's Incident Response Plan and Business Continuity Plan.

6.5.6. On-call Arrangements

The organisation has a mechanism in place to ensure out of normal operating hours executive cover for the receipt and action of incident notifications from staff and external partners. This ensures that the ICB has a 24/7 provision for executive decision makers that can act on behalf of the ICB. A daily Strategic and Tactical rota is maintained by the EPRR team. The on-call function is also supported 24/7 by the NHS Midlands and Lancashire Commissioning Support Unit.
The *On-call Policy describes the mechanism, training requirements and roles and responsibilities of the On-call Commanders.

6.6.   Business Continuity

The ICB has a *Business Continuity Management System in place to ensure all critical services produce, maintain and validate business continuity plans aligned to ISO 22301. Templates developed by the EPRR Team are used to develop plans to ensure the continuation of provision of services and functions of the ICB to pre-defined levels of service during any reasonably predictable interruptions or incidents.
Key Suppliers and Contractual Arrangements are covered under the ICB's BCMS arrangements.

6.7. Co-operation and Information Sharing

Senior members of the ICB and the EPRR Team represent the ICB at the two Local Resilience Forums (West Midlands Conurbation and Warwickshire) and work closely during LRF exercising events with multi-agency partners and input into local level plans (Pandemic Flu, Heatwave/ Cold Weather etc).

The NHS in England will also have in place strategic forums for joint planning for health incidents: these are known as local health resilience partnerships (LHRP). These partnerships will support the health sector's contribution to multi-agency planning through the LRF. The ICB's AEO also Co-Chairs the NHS LHRP meetings alongside the Director of Public Health to support preparations for emergencies, as shown in Figure 3 - Midlands Region EPRR Planning Structures.

Internal co-operation and information sharing between the EPRR Team, and the ICB services is facilitated via the EPRR Working Group and Audit Committee. The sharing of information with partner agencies and organisations ahead of, during and after incidents is documented within the ICB Information Governance Guidance in line with Freedom of Information Act 2000, General Data Protection Regulation 2016, Caldicott Principles, Safeguarding requirements and the Civil Contingencies Act 2004.

6.7.1. Warning and Informing Staff and the Public

The CWICB maintain arrangements to make information available to the public on emergency preparedness matters and to warn, report and advise the public in the event of an incident. The ICB Communications Team informs the public during incidents via the ICB Internet page and can deliver communications by a variety of routes for specific events if necessary. These arrangements are detailed in the *Incident Communication Plan maintained by the ICB's Communications Team.

6.8. Embedded Emergency Planning

6.8.1. Training

The training of staff who have a response role for incidents is of fundamental importance. NHS organisations are familiar with responding to routine everyday challenges by following usual business practices. Notwithstanding COVID-19, very few staff members will respond to incidents on a frequent basis. If staff are to respond to an incident in a safe and effective manner, they require the knowledge and skills to do so in line with their assigned role.

The EPRR Team will produce an ongoing program of work covering training and exercising of those involved in any incident response to ensure compliance and competence. The driver for this program should be the Training Needs Analysis and informed by the current Risk Register the recommendations from previous incidents and emergencies. Role specific training programmes will be developed and delivered in line with the National Occupational Standards.

Once published it will be the duty of those involved in incident response to ensure that they have attended the appropriate sessions relevant to their role. The AEO will provide the board with regular updates on staff training compliance and attendance numbers.

Training records
The EPRR team will maintain and review the ICB's training records. The overarching document will reflect all staff members' attendance and compliance with training requirements and ensure that their training portfolios align, at least, in line with the Minimum Occupational Standards. As part of the maintenance schedule, the EPRR Team will review the suitability of training and ensure that it meets the needs of those being trained. Training will be evaluated by each participant though a reflection session and feedback form.

EPRR Role Specific Training
To ensure staff are familiar with EPRR plans and their roles and responsibilities within those plans in the event of an incident and the need to activate the plans, the EPRR Team and other appropriately trained staff run specific training including, but not limited to on-call commander training, incident response training, business continuity awareness sessions and loggist training.

Strategic Commander Training
NHSE Midlands provide strategic level training in line with the National Occupational Standards. This training package is called Principles of Health Command. The EPRR Team will ensure that all ICB strategic commanders will have attended the Principles of Health Command training and refresher sessions as required. Additionally, Strategic commanders will be attended internal training and training provided by partners, such as the LRF SCG training.

EPRR Awareness Training for All Staff
EPRR Awareness training is delivered by the EPRR Team during staff induction which is given to all starters. The session raises awareness of the different types of incidents in line with the NHS Incident Classification and provides staff with basic knowledge of escalation routes and the material available to them.

6.8.2. Exercising

Plans developed to allow organisations to respond efficiently and effectively must be tested regularly using a variety of processes, such as table-top and live play exercises. Roles within the plan, not individuals, are exercised to ensure they are fit for purpose and encapsulate all necessary functions and actions to be carried out in an incident.

Exercising Frequency
Learning from exercises is central to developing a method that supports personal and organisational goals and must be part of an annual plan validation and maintenance programme.

Each NHS-funded organisation is required to undertake the following:

Exercise Type	Minimum frequency
SCC/ ICC equipment test	Every 3 months
Communications systems exercise	Every 6 months
Table-top exercise	Every 12 months
Live play exercise	Every 3 years
Command post exercise	Every 3 years

6.9. Continuous Improvement

Each exercise and incident within the ICS should be viewed as an opportunity to review, learn from and improve existing processes.

6.9.1. Post Incident or Exercise Actions

Following each incident or exercise irrespective the size and scope of the event the areas affected should:

Hot Debrief
Carry out a Hot Debrief of those staff members involved to seek opportunities for learning from the event. This should be done by the Managers/Service Leaders of the staff involved before the staff finish their shifts. The notes of these sessions should be retained; recorded and passed through the relevant management chain to ensure the knowledge gained is incorporated into the improvement processes.

Cold Debrief

Carry out a Cold Debrief of those staff members involved together with the interfacing teams including Partner Agencies where relevant. Cold Debriefs should take place within 28 days of the event. Debriefs should be in the form a structured session facilitated by the relevant level of management. The observations of these sessions should be recorded and passed to the relevant working groups and distributed as necessary to ensure the maximisation of learning.

Debrief Report

In those cases where the observations from the debriefs indicate a weakness of the Incident or Business Continuity Planning Response the EPRR Team shall ensure they are recorded in a formal report together with the recommendations for improvements and ensure that they have been carried out in compliance with the report's recommendations. The report should cover the performance of the People, Processes and Resources used. Including any identified deficiencies in the relevant training programs.

All incident and debrief reports are to be filed by the Emergency Planning Team in the Incidents and Events repository, or Exercises repository, where relevant. The reports are to be shared with the ICB Executive Team and actions are to be recorded and tracked on the EPRR Lessons Register. Lessons identified are to be shared with the system via the usual escalation routes to the local ICS, through the LHRP, the wider NHS and with partner organisations in line with the ICBs Data Protection and Confidentiality Policy and associated Data Sharing Protocol.

EPRR Lessons Register

All incident and debrief reports will capture learning and recommendations. These will be recorded in a register held by the EPRR Team who will also monitor their implementation with the support of the AEO. The register will be published internally and will be shared with the ICB Executive Team and the Audit Committee.

7. Resource Commitment

The Chief Executive is responsible for ensuring that funding and resources are available to allow the implementation and maintenance of the Organisation's EPRR arrangements. They will be assured on an annual basis by the Accountable Emergency Officer that the finance and equipment for EPRR is available and appropriate to meet the Organisations statutory responsibilities.

7.1. Access to funds in emergencies

The budget for EPRR is made available from the department's budget and is provided for:

- EPRR training
- EPRR exercising
- EPRR management & administration equipment
- EPRR incident management centres upkeep and maintenance.

Separate additional funding is available for spending necessary to support the organisation's response to an incident. A process is in place for strategic commanders to access funding in any response. The process is documented in the ICBs Scheme of Delegation.

8. EPRR Governance Arrangements

8.1. Assurance

The minimum requirements that NHS-funded organisations must meet are set out in the [Core Standards](). These standards are in accordance with the CCA 2004, the 2005 Regulations the NHS Act 2006, the Health and Care Act 2022 and the Cabinet Office [national resilience standards]().

The ICB will provide evidence of their compliance to their board, at a public board meeting, and by the ICB board issuing a Statement of EPRR Conformity to their commissioners as part of the Annual Board Report. An annual statement of EPRR preparedness activity will be published in the organisation's annual report (public accounts) document. This is the responsibility of the AEO as described in section 5 Roles and Responsibilities. This process will take place annually following the completion and receipt of confirmation of the final agreed position against the core standards provided by the NHSE Midlands team.

8.2. Planning Standards

This policy has been written in line with the NHS Coventry and Warwickshire Integrated Care Board - Policy Guidance. Please see Section 10 References and Supporting Documentation*.

All EPRR Plans and Policies are to be monitored, updated, and reviewed in line with the statutory requirements and as presented in Section 8.8.1 Monitoring Table.

8.3. Schedule of Distribution and Publication

The EPRR Policy will be published on the Coventry and Warwickshire Integrated Care Board public facing website and will be available to all staff via the Document Library.

8.4. Reporting

The EPRR Work Programme is being reviewed on a quarterly basis by the ICB's Audit Committee. Plans and policies, on past the internal consultation process are submitted to the Audit Committee for ratification as per the review timeframes set in section 8.8.1 Monitoring Table and presented in Appendix C - Policy Engagement and Decision Flows. Appendix B - ICB Policy Review/Development Process presents the ICB wide agreed process for the development and review of policies.

Within the organisation, the EPRR function is managed by the Head of EPRR that report directly to the Director of Transformation and the ICB's AEO as detailed in the following section.

8.4.1. EPRR Team - Organisational Chart
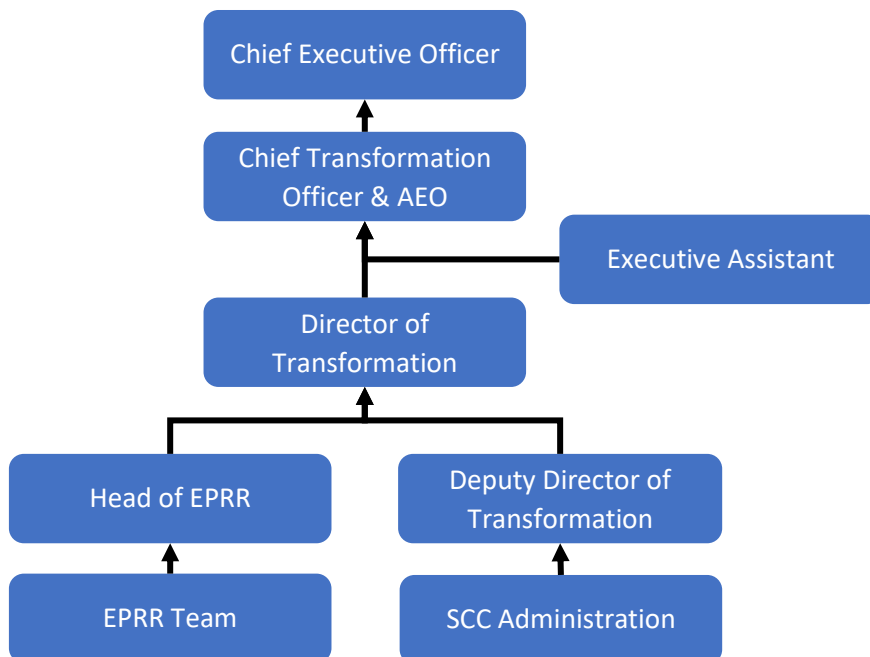
8.5. Staff Compliance Statement

All staff must comply with this ICB-wide policy and failure to do so may be considered a disciplinary matter leading to action being taken under the ICB's Disciplinary Policy. Actions which constitute breach of confidence, fraud, misuse of NHS resources or illegal activity will be treated as serious misconduct and may result in dismissal from employment and may in addition lead to other legal action against the individual/s concerned.

A copy of the ICB's Disciplinary Policy is available on the Intranet and ICB websites.

8.6. Equality & Diversity Statement

In applying this policy, the ICB will have due regard for the need to eliminate unlawful discrimination, promote equality of opportunity, and provide for good relations between people of diverse groups, in particular on the grounds of the following characteristics protected by the Equality Act (2010); age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, and sexual orientation, in addition to offending background, trade union membership, or any other personal characteristic.
A full EQIA in not required for this policy as this is not a policy which affects the delivery of patient services.

8.7. Ethical Considerations

The ICBs recognise their obligations to maintain high ethical standards across the organisations and seek to achieve this by raising awareness of potential or actual ethical issues through the Policy consultation and approval process.

8.8. Review, update and compliance

This section describes how the implementation and effectiveness of the EPRR Plans and Policies will be monitored and provides details of corporate or local procedures to be developed to support this.

The Emergency Planning Lead will ensure that the key processes set out in this document are audited. The results will be fed back via the EPRR governance structure.

Where monitoring has identified deficiencies, recommendations and an action plan will be developed to improve compliance with the document. See table below for specific details

8.8.1. Monitoring Table

Aspect of compliance or effectiveness being monitored	Monitoring method (i.e. regular audits/reviews/once exercised or tested via incident response)	Individual/ department responsible for the monitoring	Frequency of the monitoring activity (i.e. Monthly/ Annually)	Group / committee which will receive the findings / monitoring report	Group / committee / individual responsible for ensuring that the actions are completed
Business Continuity Management System	Yearly review / Once exercised or tested via incident response / Once updated legislation or guidance published (whichever comes soonest)	Head of EPRR/ Chief Executive Officers	Annually	Audit Committee	EPRR Working Group/ Head of EPRR
Emergency Preparedness Response & Resilience - EPRR Work Programme	Quarterly progress review / Once exercised or tested via incident response / Once updated legislation or guidance published (whichever comes soonest)	Head of EPRR	Quarterly	EPRR Working Group & Audit Committee	EPRR Working Group/ Head of EPRR
Emergency Preparedness Response & Resilience - Annual Core Standards compliance	Ongoing monitoring via EPRR Work Programme and Yearly review though NHSE Assurance Process	Head of EPRR	Annually	Audit Committee & Integrated Care Board	Head of EPRR
EPRR Plans	Yearly review / Once exercised or tested via incident response / Once updated legislation or guidance published (whichever comes soonest)	Head of EPRR and co-authors	Yearly	EPRR Working Group	

9. Definitions and lists of acronyms

9.1. Definitions

Term		Definition
EPRR	**Emergency preparedness**	The extent to which emergency planning enables the effective and efficient prevention, reduction, control, mitigation of and response to incidents and emergencies.
	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.
Emergency		Under section 1(1) of the CCA 2004 an 'emergency' is defined as: (a) an event or situation which threatens serious damage to human welfare in a place in the United Kingdom; (b) an event or situation which threatens serious damage to the environment of a place in the United Kingdom; or (c) war, or terrorism, which threatens serious damage to the security of the United Kingdom".
Incident	**Business Continuity Incident**	An event or occurrence that disrupts, or might disrupt, an organisation's normal service delivery, to below acceptable predefined 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.
	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.
	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.** A classification of the types of Major Incidents including rapid onset; rising tide; cloud of the horizon; headline news; chemical, biological, radiological, nuclear and explosives (CBRNe); hazardous materials (HAZMAT); cyber security; mass casualty incidents can be found in the CWICB Incident Response Plan.
Category 1 responder		Organisation listed in Part 1 Schedule 1 of the CCA. They are likely to be at the core of the response to most emergencies. As such, they are subject to the full range of civil protection duties in the Act.
Category 2 responder		Organisation listed in Part 3 of Schedule 1 of the Civil Contingencies Act. Category 2 responders such as utility providers and transport providers, are critical partners in EPRR that are required to co-operate with and support other Category 1 and Category 2 responders.
Incident Response Plan		A document or collection of documents that sets out the overall framework for the initiation, management, co-ordination and control of personnel and assets to reduce, control or mitigate the effects of an emergency.
Multi-agency plan		A plan for the coordination and integration of the response to an emergency by a number of organisations, usually but not exclusively under the LRF umbrella.

9.2. Acronyms

Term	Definition
AEO	Accountable Emergency Officer
CBRNe	Chemical, Biological, Radiological, Nuclear and Explosives (type of Major Incident)
CCA	Civil Contingencies Act
DPH	Director of Public Health
EPAG	Emergency Planners Advisory Group
EPICBLM	Emergency Planners Integrated Care Board Leads Meeting
EPRR	Emergency Preparedness, Resilience and Response
HAZMAT	Hazardous Materials (type of Major Incident)
HEPOG	Health Emergency Preparedness Officers Group
HPA	Health Protection Agency
ICB	Integrated Care Board
ICS	Integrated Care System
IRP	Incident Response Plan
LHRP	Local Health Resilience Partnership
LRF	Local Resilience Forum
MHRPB	Midlands Health Resilience Partnership Board
NHSE	NHS England
UKHSA	United Kingdom Health & Security Agency

10.   References and Supporting Documentation

10.1. Legislation and Guidance

The following legislation and guidance have been taken into consideration in the development of this document:

- Civil Contingencies Act 2004
  https://www.legislation.gov.uk/ukpga/2004/36/contents
- Emergency Preparedness – Statutory guidance (CCA 2004)
  https://www.gov.uk/government/publications/emergency-preparedness
- Emergency Response and Recovery – Non statutory guidance (CCA 2004)
  https://www.gov.uk/government/publications/emergency-response-and-recovery
- NHS Constitution for England
  https://www.gov.uk/government/publications/the-nhs-constitution-for-england/
- NHS England EPRR Framework & Guidance
  https://www.england.nhs.uk/ourwork/eprr/gf/#eprr
- Health and Care Act 2022
  https://www.legislation.gov.uk/ukpga/2022/31/contents
- Health and Social Care Act 2012
  https://www.legislation.gov.uk/ukpga/2012/7/contents
- The role of Local Resilience Forums: A reference document
  https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attach
  ment_data/file/62277/The_role_of_Local_Resilience_Forums-_A_reference_document_v2_July_2013.pdf
- Corporate Manslaughter Act 2007
  https://www.hse.gov.uk/corpmanslaughter/index.htm
- Human Rights Act 1998
  https://www.legislation.gov.uk/ukpga/1998/42/contents
- Minimum Occupational Standards for NHS Emergency Preparedness, Resilience and Response (MOS)
  https://www.england.nhs.uk/wp-content/uploads/2022/07/B1568_minimum-occupational-standards-for-emergency-preparedness-resilience-and-response.pdf
- Health and Care Bill: Integrated Care Boards and local health and care systems
  https://www.gov.uk/government/publications/health-and-care-bill-factsheets/health-and-care-bill-integrated-care-boards-and-local-health-and-care-systems
- National Risk Register 2020
  https://www.gov.uk/government/publications/national-risk-register-2020
- Guidance for NHS commissioners on Equality and Health Inequalities legal duties
  https://www.england.nhs.uk/wp-content/uploads/2015/12/hlth-inqual-guid-comms-dec15.pdf

10.2. CWICB Associated Documents

- Business Continuity Management System
- *On-call Policy
- Command and Control protocol
- Incident Response Plan
- Business Continuity Plan
- *System Coordination Centre and Incident Coordination Centre SOP
- Mutual Aid Agreement
- *Incident Communication Plan
- Risk Policy
- Coventry and Warwickshire Integrated Care Board - Policy Guidance
- Disciplinary Policy
- CWICB Organisational Chart

The most up to date version of all ICB documents referenced in this policy can be accessed via the ICB Document Library
https://www.happyhealthylives.uk/document-library/

*these plans/ policies are currently under development – full compliance will be achieved once these become available
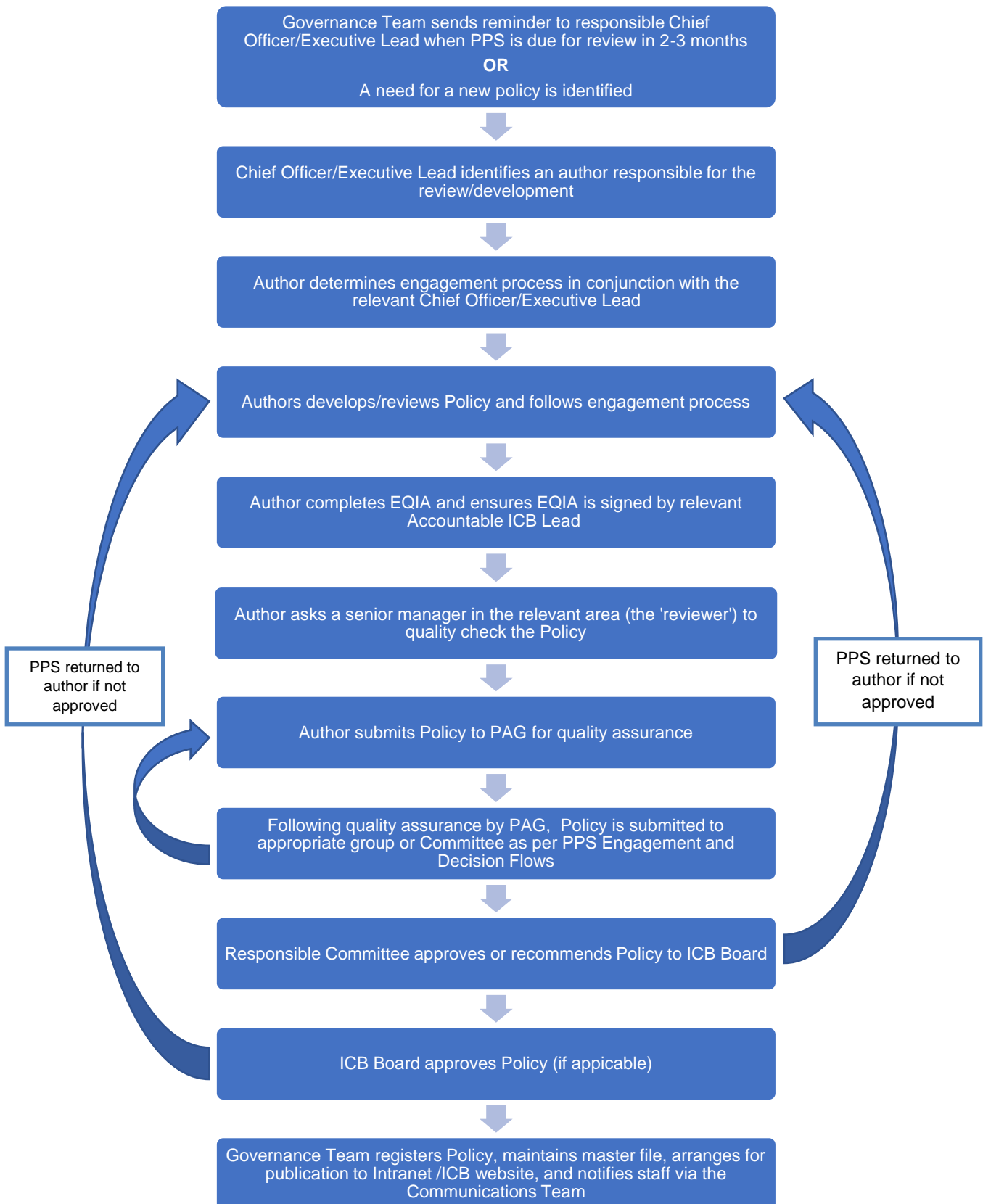
11. Appendices

Appendix A - NHS EPRR Framework Incident Levels Escalation Criteria

The below criteria set out the point at which an issue could be escalated to the next level of incident response. In turn, if the measures are no longer required, the incident response level can be de-escalated.

Level 1 – Organisation level response **Coordinating organisation: NHS-funded organisation**
If the following applies the incident may need to be escalated to Level 2: • Capacity and demand reaches, or threatens to surpass, a level that requires wider resources that cannot be accessed by the provider • A Business Continuity Incident that threatens the delivery of patient services (in line with ISO 22301) • Responding to a declared Major Incident or Major Incident standby • A media or public confidence issue that may result in local, regional or national interest • A significant operational issue that may have implications wider than the organisation e.g. public health outbreak, suspected high consequence infectious disease (HCID), security incident, Hazmat incident

Level 2 – Local level response **Coordinating organisation: ICB with NHS England (Region)**
If the following applies the incident may need to be escalated to Level 3: • Capacity and demand reaches, or threatens to surpass, a level that requires wider resources that cannot be accessed by the ICB • A Critical Incident that threatens the delivery of critical services or presents a risk of harm to patients and/or staff • Responding to a declared Major Incident or Major Incident standby • A media or public confidence issue that may result in local, regional or national interest • A significant operational issue that may have implications wider than the local ICS e.g. public health outbreak, suspected HCID, security incident, Hazmat/CBRN incident

Level 3 – Regional level response **Coordinating organisation: NHS England (Region)**
If the following applies the incident may need to be escalated to Level 4: • Capacity and demand reaches, or threatens to surpass, a level that requires national coordination or NHS mutual aid e.g. need for ECMO, HCID, burns treatment or other specialist functions • A Business Continuity Incident that threatens the delivery of an **essential** NHS England function or a protracted incident effecting one or more NHS England site • A Critical Incident with the potential to impact on more than one ICB • A declared Major Incident which may have a significant NHS impact and/or the establishment of an NHS England Incident Coordination Centre • A media or public confidence issue that may result in regional, national or international interest • A significant operational issue that may have implications wider than the remit of one NHS England region e.g. flooding, security incident, Hazmat/CBRN incident, Critical National Infrastructure, collapse of a commissioned supplier that provides services to more than one region • An incident that may require the request and activation of Military Aid to the Civil Authorities (**MACA**)

Level 4 – National level response **Coordinating organisation: NHS England National Team (with DHSC where appropriate)**
If any of the following apply or are required, DHSC should be informed: • Capacity and demand reaches, or threatens to surpass, a level that requires international coordination e.g. need for ECMO, HCID, burns treatment or other specialist function • Invocation of central government emergency response arrangements • Issues that may require **invocation of** 'Emergency Powers' to be invoked under the A 2004 or measures under sections 252A or 253 of the NHS Act 2006 • A Business Continuity Incident with the potential to impact on significant aspects of the NHS e.g. NHS Supply Chain, NHS Blood and Transplant • A declared Major Incident which may have national and/or international implications e.g. CBRN, MTA • A media or public confidence issue that may result in national or international interest • A significant operational issue that may have implications wider than the remit of the NHS e.g. Critical National Infrastructure • An incident that may require the request and activation of MACA

Appendix B - ICB Policy Review/Development Process

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│ Governance Team sends reminder to responsible    │
│ Chief Officer/Executive Lead when PPS is due for │
│ review in 2-3 months                             │
│                      OR                          │
│ A need for a new policy is identified            │
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┌─────────────────────────────────────────────────┐
│ Chief Officer/Executive Lead identifies an       │
│ author responsible for the review/development    │
└─────────────────────────────────────────────────┘
                        ↓
┌─────────────────────────────────────────────────┐
│ Author determines engagement process in          │
│ conjunction with the relevant Chief              │
│ Officer/Executive Lead                           │
└─────────────────────────────────────────────────┘
                        ↓
┌─────────────────────────────────────────────────┐
│ Authors develops/reviews Policy and follows      │
│ engagement process                               │
└─────────────────────────────────────────────────┘
                        ↓
┌─────────────────────────────────────────────────┐
│ Author completes EQIA and ensures EQIA is signed │
│ by relevant Accountable ICB Lead                 │
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┌─────────────────────────────────────────────────┐
│ Author asks a senior manager in the relevant     │
│ area (the 'reviewer') to quality check the Policy│
└─────────────────────────────────────────────────┘
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┌─────────────────────────────────────────────────┐
│ Author submits Policy to PAG for quality         │
│ assurance                                        │
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┌─────────────────────────────────────────────────┐
│ Following quality assurance by PAG, Policy is    │
│ submitted to appropriate group or Committee as   │
│ per PPS Engagement and Decision Flows            │
└─────────────────────────────────────────────────┘
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┌─────────────────────────────────────────────────┐
│ Responsible Committee approves or recommends     │
│ Policy to ICB Board                              │
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┌─────────────────────────────────────────────────┐
│ ICB Board approves Policy (if appicable)         │
└─────────────────────────────────────────────────┘
                        ↓
┌─────────────────────────────────────────────────┐
│ Governance Team registers Policy, maintains      │
│ master file, arranges for publication to Intranet│
│ /ICB website, and notifies staff via the         │
│ Communications Team                              │
└─────────────────────────────────────────────────┘
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PPS returned to author if not approved

PPS returned to author if not approved

Appendix C - Policy Engagement and Decision Flows (see CWICB Policies Guidance)

	Information Governance Steering Group	Senior Management Team	Staff Consultation	Policy Development Group	Policy, Procedure and Strategy Assurance Group (PAG)	Quality Safety and Experience Committee	Finance and Performance Committee	Audit Committee	Commissioning, Planning and Population Health Committee	People Committee	Integrated Care Board
HR Policies		✓ Exec Engagement	✓ Staff engagement		✓ Quality Assurance					✓ Approve (where considered appropriate)	✓ Approve)
Prime Financial Policies, Strategies and Plans					✓ Quality Assurance			✓ Recommend			✓ Approve
Policies to minimise clinical risk, maximise patient safety and to secure continuous improvement in quality and patient outcomes.					✓ Quality Assurance	✓ Approve (where considered appropriate)					✓ Approve
Communication and engagement related strategies and policies.					✓ Quality Assurance			✓ Recommend			✓ Approve
Commissioning Policies				✓ Clinical engagement	✓ Quality Assurance	✓ Approve (where considered appropriate)					✓ Approve
Governance Policies	Review where appropriate	✓ Exec Engagement			✓ Quality Assurance			✓ Approve (where considered appropriate)			✓ Approve
EPRR and Business Continuity Strategies, Policies					✓ Quality Assurance			✓ Approve (delegated by Board)			
Counter Fraud and Security related Strategies and Policies					✓ Quality Assurance			✓ Approve			