

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

May 2026 - May 2029

**PLEASE NOTE THIS IS A PLANNING DOCUMENT AND NOT A RESPONSE DOCUMENT,  
PLEASE REFER TO THE ICBs' RESPONSE PLANS DURING AN INCIDENT**

## Policy purpose and key messages

The NHS needs to be able to plan for and respond to a wide range of emergencies and business continuity incidents that could affect health or patient safety. The ICBs have a responsibility to ensure that it is properly prepared to respond to and recover from an emergency.

This policy indicates a programme of work pertaining to EPRR during 2026/27 to ensure the resilience of the organisation, and how the ICBs will ensure that partner agencies from across the NHS and wider organisations will provide holistic multi agency planning to protect the health and wellbeing of the community.

<b>CONTROL RECORD</b>	
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<b>Superseded documents</b>	<ul style="list-style-type: none"> <li>• Derby and Derbyshire ICB EPRR and Business Continuity Policy</li> <li>• Lincolnshire ICB EPRR Policy and Framework</li> <li>• Lincolnshire ICB Business Continuity Management Policy</li> <li>• Nottingham and Nottinghamshire ICB EPRR Policy</li> <li>• Nottingham and Nottinghamshire ICB Business Continuity Management System Policy</li> </ul>
<b>Audience</b>	Business Continuity Leads and Business Continuity Approvers ICB approved policies apply to all employees, contractors, volunteers, and others working with the ICB in any capacity.
<b>Consulted with</b>	<ul style="list-style-type: none"> <li>• Internally with all EPRR team staff</li> <li>• Externally, providers of funded care DLN and NHS England Midlands EPRR Team</li> </ul>
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<p><i>This is a controlled document and whilst this policy may be printed, the electronic version available on the ICBs' document management system is the only true copy. As a controlled document, this document should not be saved onto local or network drives.</i></p>	

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## 1. Introduction

- 1.1 This policy is applicable to NHS Derby and Derbyshire Integrated Care Board, NHS Lincolnshire Integrated Care Board and NHS Nottingham and Nottinghamshire Integrated Care Board collectively referred to in this policy as 'the ICBs.'
- 1.2 The NHS needs to be able to plan for and respond to a wide range of emergencies and business continuity incidents that could affect health or patient safety. These can include anything from severe weather to an infectious disease outbreak, pandemic, cyber-attack, or a major transport accident.
- 1.3 The ICBs not only have a responsibility to ensure that the integrated care systems are resilient and prepared to respond to such incidents, but also to ensure its own internal resilience is in place.
- 1.4 This policy indicates the programme of EPRR work for 2026/27 to ensure that the ICBs and health systems are resilient and compliant with associated legislation and guidance.
- 1.5 The ICBs have a responsibility to ensure that it is properly prepared to respond to, and recover from, an emergency as defined by legislation and relevant guidance; this policy ensures compliance against relevant standards, including:
  - a) The Civil Contingencies Act 2004 (CCA 2004), which defines that as an ICB we are a Category 1 responder "an integrated care board established under section 14Z25 of the National Health Service act 2006", and thus that six core duties are required to be fulfilled:
    - Risk Assessment
    - Emergency Planning
    - Business Continuity Management
    - Communicating with the public
    - Co-operation
    - Information sharing
  - b) The Health and Social Care Act 2012, Section 46-47, and as amended 2022, which defines that the ICB must be prepared to deal with relevant emergencies, including monitoring of service arrangements compliance in relation to EPRR. The amendment details new responsibilities placed on the ICB following national changes to NHS structures.
  - c) The EPRR Framework 2022, which contains overarching principles required for the embedding of EPRR across NHS organisations.
  - d) The NHS Core Standards for EPRR, which is an annual self-assessment assurance process undertaken to demonstrate robust EPRR arrangements are in place.

- e) ISO22301:2019, which is the International Standard for Business Continuity that the ICB is committed to ensuring alignment to.
- f) The Minimum National Occupational Standards, which are minimum standards that all in positions of responsibility are expected to be trained upon in relation to EPRR, covered in section 9 (ICB Training Plan).

## 2. Purpose and Aim

### 2.1 Aim

2.1.1 Define the processes by which the ICBs ensure compliance against EPRR legislation, and the steps taken to ensure resilience across the systems, as well as providing the framework for planning for incidents including Business Continuity events.

#### 2.1.2 Strategic Intent for Business Continuity

2.1.3 Our strategic intent is to ensure the uninterrupted delivery of safe, high-quality care across the Integrated Care System by embedding a resilient, proactive, and continually improving approach to business continuity.

2.1.4 We will safeguard critical services, protect our population's wellbeing, and maintain organisational stability by anticipating disruption, strengthening system-wide preparedness, and enabling rapid, coordinated recovery.

2.1.5 Through collaboration, clear governance, and a culture of resilience, we will ensure that essential health and care functions remain reliable and responsive in the face of any challenge.

### 2.2 Objectives

2.2.1 Ensure a planning process is in place with the full engagement of relevant internal/external stakeholders and multi-agency partners.

2.2.2 Indicate the governance arrangements for EPRR and Business Continuity.

2.2.3 Identify roles and responsibilities of individuals involved within the EPRR and Business Continuity planning process.

2.2.4 Indicate relevant risks and associated mitigations pertinent to the ICBs.

2.2.5 Indicate processes for raising risks and issues related to ICBs process.

2.2.6 Indicate the training needs analysis pertaining to ICBs.

2.2.7 Indicate the testing and exercising needs analysis pertaining to ICBs.

2.2.8 Indicate assurance process(es) for ICBs and systems.

2.2.9 Indicate the audit plan for EPRR arrangements within the ICBs.

### 3. Scope

3.1 This policy covers all employees, including Board Members, those appointed by the ICBs, and anyone working within the ICBs on a temporary basis or under a contract for services (either individually or through a third-party supplier), collectively referred to as 'individuals'

#### 3.2 Out of Scope

3.3 This document covers the arrangements and processes that will be followed to ensure effective response processes are implemented at the ICB. This does not constitute a response document in itself, this is covered by the relevant response arrangements.

3.4 Detailed processes for the effective business continuity management at the ICB is covered within the ICB Business Continuity Management System (BCMS).

3.5 Detailed process around on call management is covered within the on-call policy for the ICB.

### 4. Definitions

4.1 Definitions of key terms referenced in this policy are described in Appendix A.

### 5. Roles and Responsibilities

5.1 Key responsibilities for specific roles and staff groups are described in the table below:

Role	Responsibilities
<b>Chief Executive (or deputy)</b>	The Chief Executive (or deputy) has overall responsibility for EPRR inc. Business Continuity and ensuring: <ul style="list-style-type: none"><li>a) The ICBs have required plans and arrangements in place.</li><li>b) The Board receives regular updates on EPRR.</li><li>c) The board ensures sign off of casualty numbers under the casualty regulations.</li><li>d) That appropriate resources are made available to facilitate these responsibilities.</li><li>e) That Board-level responsibility for EPRR is clearly defined and that there are clear lines of accountability throughout the organisation leading back to the Board.</li><li>f) The Chief Executive may designate these responsibilities to an ICB Accountable Emergency Officer (AEO).</li></ul>

Role	Responsibilities
<p><b>Accountable Emergency Officer (AEO) (or Deputy)</b></p>	<p>The NHS Act 2006 places a duty on ICBs to appoint an individual to be responsible for discharging the duties under section 252A (9).</p> <p>This individual is known as the Accountable Emergency Officer (AEO). The Executive Director of Commissioning is assigned as the AEO for all 3 ICBs covered by this policy.</p> <p>The AEO will be a Board-Level Director responsible for EPRR. 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.</p> <p>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 maximize the NHS response.</p> <p>Specifically, the AEO will be responsible for ensuring that their organisation:</p> <ul style="list-style-type: none"> <li>a) Itself and any sub-contractors are compliant with the EPRR requirements as set out in the CCA 2004, the 2005 Regulations, the NHS Act 2006, the Health and Care Act 2022 and the NHS Standard Contract, including this Framework and the Core Standards, as well as Business Continuity aligned to ISO 22301:2019.</li> <li>b) Is properly prepared and resourced to deal with an incident.</li> <li>c) Has robust surge capacity plans that provide an integrated organisational response and has been tested with other providers and partner organisations in the local area served.</li> <li>d) Complies with any requirements of NHS England in respect of monitoring compliance.</li> <li>e) Provides NHS England with such information as it may require for the purpose of discharging its EPRR functions.</li> <li>f) Is appropriately represented by director-level engagement with and effective contribution to any governance meetings, sub-groups or working groups of the LHRP and/or Local Resilience Forums (LRF), Derbyshire Resilience Partnership (DRP), as appropriate.</li> </ul>

Role	Responsibilities
	<p>The AEO also acts as the co-chair for the Local Health Resilience Partnership (LHRP).</p> <p>In the event of the absence of the AEO through sickness, annual leave or competing priorities the Deputy AEO is assigned to Director of Commissioning Nottinghamshire, they will provide the AEO role for the ICBs for any period of absence.</p> <p>The Deputy AEO will also have full designated approval powers for the purposes of deputising for the AEO at LHRP, Local Resilience Forum (LRF) and any other EPRR meetings that the AEO is unable to attend. This includes the power to approve and/or commit resources on behalf of the ICB.</p>
<b>Director of Commissioning Nottinghamshire</b>	<p>The Director of Commissioning Nottinghamshire holds the director level responsibility as designated by the AEO in relation to the effective delivery of EPRR within the DLN cluster, they line manage the EPRR Team and provide have the ability to deputise for the AEO at some meetings.</p>
<b>Non-Executive Director (NED)</b>	<p>The Non-Executive Director will be designated by the Board to have oversight via Audit Committee of all ICB EPRR arrangements and will represent EPRR from a non-executive director perspective assisting, where possible, to ensure that the ICBs are resilient.</p>
<b>EPRR Steering Group</b>	<p>Formal group established to provide steerage for the EPRR programme at the DLN Cluster of ICBs. A TOR is in place for this meeting detailing full roles and responsibilities.</p>
<b>EPRR Team</b>	<p>Responsible for:</p> <ul style="list-style-type: none"> <li>a) Ensuring the ICBs have appropriate response and recovery plans in place that are regularly reviewed, tested, and circulated to partners.</li> <li>b) Providing internal liaison and subject matter expertise in matters pertaining to EPRR and Business Continuity.</li> <li>c) Ensuring horizon scanning is conducted and relevant risks are placed onto relevant risk registers and processes are put in place where possible to mitigate against their effects.</li> <li>d) Ensuring system planning for EPRR is facilitated i.e., evacuation and shelter planning.</li> <li>e) Ensuring a robust training and exercising process is in place ensuring relevant roles are trained to fulfil roles when responding to emergencies.</li> </ul>

Role	Responsibilities
	<ul style="list-style-type: none"> <li>f) Facilitating any assurance processes pertaining to EPRR both for the ICBs and for the ICS' covered by this policy</li> <li>g) Providing recommendations and subject matter expertise to ICBs projects ensuring EPRR is considered within processes.</li> <li>h) Production of briefing document and papers for the relevant meetings i.e. EPRR Steering Group and Audit Committee</li> <li>i) Business Continuity Plans / processes to be checked for Provider organisations as part of the annual EPRR Core Standards assessment.</li> <li>j) Manage the ICB Learning Log</li> </ul>
<b>Directors/Heads of Service</b>	<p>Directors and Heads of Service are responsible for ensuring:</p> <ul style="list-style-type: none"> <li>a) That their departments/divisions have appropriate regularly updated EPRR arrangements (including local Business Continuity Plans and Business Impact Analysis) in place and that these complement the overall ICBs response to emergencies.</li> <li>b) To ensure full engagement/compliance with planning for EPRR processes and training and exercising to ensure preparedness across the ICBs.</li> <li>c) That any new services procured, planned works or critical assets are identified to the EPRR team, to ensure collation and risk assessment as part of the ICBs planning processes via the 3rd party business continuity process.</li> <li>d) That internal disaster/emergency alerts are maintained and tested regularly (six monthly) to communicate actions in the event of an incident.</li> <li>e) To ensure appropriate attendance and engagement with ICBs EPRR preparedness processes.</li> <li>f) That, in the event of local incidents, the departmental debriefs are conducted promptly utilising the ICBs `hot debrief` process and then sent onwards to EPRR to ensure collation in the ICBs Post Incident Debrief (PID) report.</li> </ul>
<b>Business Continuity Authoriser</b>	<p>Executive or Director lead for the service, responsible for oversight and sign off Business Continuity processes for the team, must retain oversight of the associated risks from business continuity processes and ensure mitigations are implemented and local capture of risks where required in local risk registers.</p>

Role	Responsibilities
<b>Business Continuity Lead</b>	<ul style="list-style-type: none"> <li>• Responsible for ensuring service level business continuity is delivered and embedded within own team.</li> <li>• Senior person within the team ensuring holistic oversight of the business continuity process responsible for leading on the writing and updates to service level business continuity planning.</li> <li>• Ensure identification and escalation to EPRR of any new services and/or risks associated with Business Continuity.</li> <li>• Ensure team members and new starters are aware of the requirements for business continuity and the steps to take in the event of an incident occurring and ensuring that the creation of new Business Continuity processes do not create any equality issues</li> </ul>
<b>All Staff</b>	<p>Familiarisation with all relevant EPRR arrangements and plans.</p> <p>Exercise, where possible, `self-resilience` to ensure minimal impacts on the ICBs operation during incident response.</p> <p>They regularly update their service contact lists to ensure they can be contacted in an emergency.</p> <p>Ensure their completion and compliance against all appropriate training.</p> <p>Engage within the ICBs exercising process.</p>
<b>Facilities Management (as per each ICB office location)</b>	<p>All contractors on site have in place robust EPRR and Business Continuity arrangements and that the ICB are informed of this.</p> <p>That these arrangements are created in conjunction with, and complement, the ICBs response to emergencies.</p> <p>That, where required, provide relevant subject matter expertise to the ICBs in relation to planning for, responding, and recovering from emergencies.</p> <p>Engagement and attendance within the ICB EPRR training and exercising processes.</p> <p>That the EPRR Team is informed of any planned works to ensure that EPRR and Business Continuity arrangements are considered</p>
<b>Digital Solutions Provider</b>	<p>That they have in place robust EPRR and Business Continuity arrangements and that the ICB is assured that these are in place.</p> <p>Engagement specifically in relation to the creation and maintenance of a Cyber Resilience Plan for the ICBs</p>

Role	Responsibilities
	<p>These arrangements are created in conjunction with and compliment the ICBs response to emergencies.</p> <p>That, where required, provide relevant subject matter expertise to the ICBs in relation to planning for, responding to, and recovering from emergencies.</p> <p>Engagement and attendance within the ICBs EPRR training and exercising processes.</p>
<b>Other 3<sup>rd</sup> party contractors</b>	<p>They have robust Business Continuity and EPRR response and recovery elements in place and that the ICBs are assured these are in place as part of the contracting process, managed via the contract oversight group.</p> <p>They engage fully with, as required, all EPRR processes as part of the ICBs EPRR arrangements.</p> <p>Where required, subject matter expertise is provided to the ICBs for the purposes of response and recovery.</p> <p>Ensure provision of assurance by circulation to the ICBs of individual Business Continuity Plan.</p> <p>Ensure business continuity is considered in relation to services/works provided to the ICBs and include question within BIA collection process.</p>
<b>On Call Staff (Strategic and Tactical)</b>	<p>These roles have been pre-identified as having key responsibilities in disaster/emergency response and are responsible for the Strategic and Tactical management of the system during a declared or standby incident:</p> <p>Strategic on call: will act as the ICBs Strategic Commander for the ICBs in incidents providing strategic direction and oversight for the Tactical Command Team.</p> <p>Tactical on call: will act as the ICBs Incident Manager for the relevant ICB in incidents providing tactical direction and coordination of front-line services to minimise disruption whilst providing patient care in incidents, and/or coordination of the ICBs, in the event of `internal` incidents.</p> <p>All the roles identified above are contactable 24/7 for the period of their on call for incidents affecting the ICBs, either internal or external</p>
<b>Integrated Care Board (ICB)</b>	<p>The ICBs have a variety of duties under the Civil Contingencies Act 2004 and the Health and Social Care Act 2022. This is supported by key definitions in the EPRR Framework 2022 including:</p> <p>a) Accountable Emergency Officer (AEO) to co-chair the LHRP</p>

Role	Responsibilities
	<ul style="list-style-type: none"> <li>b) Maintain involvement and support of LHRP partners at strategic and tactical level.</li> <li>c) Ensure appropriate director level representation at the LRF.</li> <li>d) 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.</li> <li>e) Support NHS England in discharging their EPRR functions and duties locally, including supporting ICS tactical coordination during incidents (EPRR level 2–4 incidents)</li> <li>f) Ensure robust escalation procedures are in place to respond to disruption to delivery of patient services.</li> <li>g) Provide a route of escalation for resilience planning issues to the LHRP in respect of commissioned provider EPRR preparedness.</li> <li>h) Develop and maintain incident response arrangements in collaboration with all NHS-funded organisations and partner organisations.</li> <li>i) 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.</li> <li>j) 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.</li> <li>k) Ensure contracts with all commissioned providers (including independent and third sector) contain relevant EPRR elements, including business continuity.</li> </ul>

3.6 Where the ICB or LRF covers more than one geographical location then agreement will be made locally in respect of assurance and commissioning management. For the DLN Cluster this includes

Organisation	Implications
University Hospitals Derby and Burton (UHDB)	<p>UHDB will ensure attendance at relevant personnel levels to both Staffordshire and DLN LHRP(s).</p> <p>UHDB will ensure representation at suitable levels to both Staffordshire and Derbyshire LRF (DRP for Derbyshire).</p> <p>The DLN Cluster ICBs will lead on assurance in relation to EPRR Core Standards and other assurance processes as issued by the regulator.</p> <p>Incidents will be reported via the DLN Cluster ICBs who will lead on the response coordination for both the Royal Derby and Queens Hospital Burton sites. UHDB will ensure that information i.e. SBARs are shared with Staffordshire ICB System Coordination Centre (SCC) for coordination purposes.</p>
DHU Healthcare	<p>DHU Healthcare will ensure attendance at relevant personnel levels to all LHRPs covered by their geographical footprint.</p> <p>DLN Cluster ICBs will lead on assurance in relation to EPRR Core Standards and other assurance processes as issued by the regulator.</p>
EMAS	<p>EMAS will ensure attendance at relevant personnel levels to all LHRPs covered by their geographical footprint.</p> <p>DLN Cluster ICBs will lead on assurance in relation to EPRR Core Standards and other assurance processes as issued by the regulator.</p> <p>EMAS will ensure notification during incident response to the lead ICB for which the incident geographically occurs.</p> <p>EMAS will ensure at an appropriate time that DLN Cluster ICB Ambulance Commissioning Team are notified of any incidents that have been responded to as defined by the EPRR Framework 2022.</p>

## 6. EPRR Process and Governance

### 6.1 Underpinning principles for NHS EPRR

6.2 The Cluster ICBs are committed to ensuring that the EPRR processes that it defines and embeds are aligned to best practice, as well as ensuring a holistic approach to the emergency preparedness processes throughout the cycle of preparedness. This shall be done by ensuring that the below aspects are considered within the EPRR cycle:

Principle	ICB Delivery process
<b>Preparedness and anticipation</b>	Ensuring that a complete, holistic, risk assessment process is conducted both locally (ICB) level and system wide (LHRP and Community Risk Register(s)). The ICBs will also ensure a horizon scanning programme is conducted and any identified local, regional, or national risks will be considered within the ICB EPRR work programme.
<b>Continuity</b>	Ensuring that the response to incidents is grounded within the organisational functions; this will be considered within the plans formulated by the ICBs in relation to our role as system coordinator for EPRR incident response.  The ICBs will also ensure system programmes of work are completed to develop joined up plans between partner organisations.
<b>Subsidiarity</b>	The ICBs will ensure that decision making with organisations stays within those organisations. The ICBs will act as a facilitator for system and joined up response to incidents.  The ICBs internally will also ensure that staff are trained and equipped to respond to ensure decision making and response occurs at the correct level to ensure a consolidated response.
<b>Communication</b>	Ensuring effective communication is key during incident response. The ICBs will ensure that it has robust mechanisms for managing communications related to: <ul style="list-style-type: none"> <li>• Public Communications</li> <li>• Communications with Partners</li> <li>• Incident Reporting processes (both to NHSE, regulators and providers within the cluster footprint as well as wider ICBs organisations and systems)</li> </ul>
<b>Cooperation and integration</b>	The ICB will ensure that it cooperates in a variety of mechanisms to ensure joined up consolidated planning as well as transfer of knowledge and best practice learning both from the cluster footprint and wider afield, this will include: <ul style="list-style-type: none"> <li>• Midlands Health Resilience Partnership Board (MHRPB)</li> </ul>

	<ul style="list-style-type: none"> <li>• Local Health Resilience Partnership (LHRP)</li> <li>• Health Emergency Planning Officers Group (HEPOG)</li> <li>• Emergency Preparedness ICB Leads Midlands (EPICBLM)</li> <li>• Local Resilience Forum (Lincolnshire and Nottinghamshire)</li> <li>• Derbyshire Resilience Partnership (DRP)</li> <li>• And other established and associated groups within the field of EPRR</li> </ul> <p>The ICB will also ensure appropriate mutual aid arrangements are in place both within the cluster footprint and with supporting bordering organisations/systems i.e. ICBs, NHSE, LRF/DRP Partners.</p>
<b>Direction</b>	<p>The ICBs will ensure that the aims and objectives of its EPRR Programme are delivered in line with Integrated Emergency Management</p> <p>The ICBs will also ensure work programmes established within the cluster have clear aims and objectives that are set and delivered with assurance via appropriate reporting mechanisms.</p>

### 6.3 Integrated Emergency Management (IEM)

6.4 The ICBs follow Integrated Emergency management (IEM) to ensure that all aspects are considered within ICB Cluster EPRR arrangements:



Section	Detail
<b>Anticipate</b>	Horizon scanning processes are to be established within the ICBs ensuring link up with key departments i.e., System Coordination Centre (SCC) to ensure that potential hazards and risks are identified and assessed.

<b>Assess</b>	ICBs will utilise suitable risk assessment tools to assess the likelihood and impact that a potential or actual risk may have not only on the organisation but also on the DLN Cluster.
<b>Prevent</b>	The ICBs will ensure where possible that mitigations are put in place for identified risks and where possible to present the likelihood of that risk occurring, this will also extend to system preparedness processes.
<b>Prepare</b>	The ICBs will ensure internal planning processes are conducted for identified unmitigable risks, this will again extend to system preparedness, ensuring that the organisation and the cluster can respond effectively to identified risks.
<b>Respond</b>	The ICBs will ensure effective response mechanisms are in place for incidents that may occur within the system or those that affect the cluster. This will include effective command and control principles as well as key considerations during the breadth of identified incident types that may affect the ICBs/Cluster.
<b>Recover</b>	To ensure that all plans and processes consider recovery within their response aims and objectives. These processes will aim to return the organisation and/or cluster to a state of `normality` and to recover that which is affected by any declared incidents within the cluster or affecting it.

- 6.5 This cycle will be deployed in multiple ways but, as a minimum, the ICBs will consider this process annually via its annual refresh of emergency plans and arrangements. This will ensure the embedding of any changes to processes due to new guidance as well as any changes being identified as part of continual improvement processes covered later in this document.
- 6.6 Utilising this process, the EPRR Team will ensure that an EPRR Work Plan is developed detailing the delivery aspects required in relation to EPRR, this will extend into system working via an LHRP Work Plan that will be developed jointly by the Accountable Emergency Officers (AEO) and EPRR Leads for the organisations that comprise the cluster/system.
- 6.7 EPRR Work Planning**
- 6.8 The EPRR Work Plan for the ICBs will be constructed by the EPRR Team upon the identification of key risks to the ICBs, the work plan will also consider the requirements set by the NHS Core Standards process.
- 6.9 The EPRR work plan will be reported on via the established Governance structure (EPRR Steering Group to Audit Committee). The EPRR Team will ensure that to each of these stages of reporting an update on progress of all actions is delivered along with any delayed actions and rationale for delay in delivery, along with any articulation of key risks to the operational delivery of the work plan.

- 6.10 The EPRR Work Plan will be updated as a minimum quarterly via the EPRR steering group and subsequently Audit Committee.
- 6.11 Each action/objective will have a clear delivery aim, scope, action owner and anticipated delivery date. These will be checked by the EPRR Team before to ensure they align with the established principles of EPRR (IEM)
- 6.12 The ICBs work plan will ensure that it considers any open actions/objectives linked to the ICBs contained within the LHRP work plan or wider i.e., MHRPB work plan.
- 6.13 Reporting for these will be via the relevant reporting body i.e., LHRP, MHRPB, the EPRR Team will ensure in line with ICB reporting that these are reported articulating progress made, risks to delivery etc. as detailed above under the ICBs EPRR Work Plan.
- 6.14 ICB EPRR Governance**
- 6.15 DLN Cluster ICBs are committed to ensuring effective governance arrangements are in place for the delivery of its EPRR programme; these bodies will take direct oversight and management of actions pertaining to EPRR within the ICBs.
- 6.16 The EPRR Team will ensure as a minimum a quarterly EPRR Steering Group meeting that will oversee the EPRR work programme ensuring effective delivery, this will subsequently ensure a formal report to the ICB Audit Committee on the progress and any challenges to the EPRR work programme, as well as providing an approval route for BIAs and BCPs where required.
- 6.17 The Committee receives update reports at each meeting on developments in respect of emergency planning and business continuity including, but not limited to, incidents, training and exercising, policy development and progress made towards meeting the NHS Core Standards for EPRR.
- 6.18 The EPRR team conduct a monthly ICB Incident and Exercise Learning Review to evaluate all identified lessons from incidents and exercises. The group monitors the implementation of actions, ensuring continuous improvement in the ICBs EPRR arrangements.
- 6.19 Lessons remain open until fully implemented, at which point they are marked as 'Pending' and reviewed again after six months before their formal closure. Progress updates and assurance reports from this group will be in the highlight report to the Audit Committee, ensuring that learning is embedded across the ICBs.
- 6.20 The Committee ensures rigorous scrutiny and oversight and reports directly to the ICB Board (inc. Public Board), which is an open public meeting. A summary assurance report detailing the work it undertakes is provided to the ICB Board for assurance as part of the Audit Committee report.

- 6.21 As a minimum an annual report will be generated by the EPRR Team that will be presented to the various committees as detailed above before direct presentation to the ICB Board.
- 6.22 As a minimum a statement will also be included in the ICBs annual reports/accounts indicating the compliance of the ICBs against the EPRR core standards and overall statement and commitment to EPRR within the ICBs.



- 6.23 Workstreams external to the ICBs may also need to be factored into the ICBs EPRR workplan, these will be fed in via attendance at the variety of meetings attended (covered in relevant section). The EPRR Team will then ensure that relevant actions are captured onto the ICBs work plan and progressed and updated via the relevant assurance group internal to the ICBs
- 6.24 The EPRR Team/AEO will also ensure that the relevant workstream i.e., Midlands Health Resilience Partnership (MHRPB) etc. are also updated on progress of actions at the relevant meetings.

**6.25 ICB EPRR Resourcing**

- 6.26 The ICBs are committed to the effective resourcing of its EPRR function to ensure not only completion of internal planning but also in relation to cluster and system oversight, planning and assurance processes.
- 6.27 In consideration of the cluster and its unique risk profiles the team has been defined as below:



- 6.28 The Cluster Executive team and Cluster Board are assured and committed to ensuring suitable and effective resourcing of the EPRR Team to deliver the statutory and regulatory responsibilities of the ICB in relation to EPRR functions.
- 6.29 The EPRR Team has a budget assigned that sits within the Commissioning budget, this is assessed as suitable for the team's needs and requirements in line with the work programme that the team delivers. Larger projects are identified, and costs allocated to the relevant department, and/or business cases provided via the identified ICB channels to ensure appropriate funding to the EPRR services provided by the ICBs.
- 6.30 This resourcing also considers the need to provide duties such as the ICB on call functions for which appropriate people will be trained to deliver the function to ensure appropriate resourcing is provided.
- 6.31 The Director of Commissioning for Nottinghamshire oversees this budget (planned EPRR expenditure) and ensures it is effectively managed and where uplifts may be required are escalated to the ICBs Executive for decision on whether this can be done.
- 6.32 Costs are captured and reflected by finance and meet the requirements to ensure EPRR is appropriately funded by the ICBs.

## 7. Anticipate and Assess

### 7.1 Anticipate

- 7.2 The EPRR Team will ensure that it is engaged within relevant warning and informing and horizon scanning groups (please note some of these groups are also planning groups) these are fully defined and how they are engaged with in the LRF Cooperation Agreement.
- 7.3 If a risk is identified, it will be assessed by the EPRR Team using the mechanisms that form the ICBs risk assessment process detailed in the risk assessment section.

### 7.4 Assess

- 7.5 As a risk is identified it is key that the ICBs ensure it relates whether the risk is to the system of Derbyshire, Lincolnshire or Nottinghamshire or the ICBs as organisations, those that directly link to the organisation that pose a significant risk will be managed via the DLN Risk Management Policy (Available on the ICBs Intranet), this will enable risks to be raised onto the corporate risk register for management through the relevant reporting bodies. This also includes the need to continually assess risks to the organisation including the risk of climate change.
- 7.6 System Risks will also be managed via the LHRP Risk Register.

- 7.7 The EPRR Team will ensure that these risks are managed and reflected within the EPRR Work Plan, these will be updated no less than monthly and reported via the corporate risk reporting process as well as via the established EPRR governance reporting lines.
- 7.8 The ICB ensures that the National Risk Assessment for Emergencies and the Community Risk Registers (CRR) are factored into the local ICBs risk assessment process, this will ensure a holistic oversight of those risks identified as having a potential impact on the health and wellbeing of the population of the DLN Cluster footprint.
- 7.9 In additionality the below will be followed in relation to risk management and escalation:

	Very Low (1–3)	Low (4-6)	Medium (8–12)	High (15–20)	Extreme (25)
Level of risk	An acceptable level of risk that can be managed at directorate / team / project level (recorded in Risk Logs)	An acceptable level of risk that can be managed at directorate / team / project level (recorded in Risk Logs).	A generally acceptable level of risk. Corrective action needs to be taken	An unacceptable level of risk which requires senior management attention and immediate corrective action	An unacceptable level of risk which requires urgent Executive and senior management attention and immediate corrective action
Add to ICBs	No	No	Yes, with quarterly progress updates (as a minimum)	Yes, with bi-monthly progress updates (as a minimum)	Yes, with monthly progress updates (as a minimum)
Oversight and scrutiny	Risk Logs to be reviewed in relevant Team/Directorates Meetings	Risk Logs to be reviewed in relevant Team/Directorates Meetings	ICB Operational Risk Registers (full or relevant extracts) to be reviewed by the relevant committee(s) at each meeting.	ICB Operational Risk Registers (full or relevant extracts) to be reviewed by the relevant committee(s) at each meeting. Detail of the high risks to be included in main body of risk report.	ICB Operational Risk Registers (full or relevant extracts) to be reviewed by the relevant committee(s) at each meeting. Detail of the extreme risks to be included in main body of risk report.

- 7.10 The above is taken from the DLN Risk Management Policy and should be referred to when considering ICBs EPRR Risk Management.
- 7.11 Risks within the ICBs are identified and managed via the DLN ICB risk management policy, this is then subsequently fed into the ICB Operational Risk Registers when required.
- 7.12 The EPRR Team ensure alignment to the ICBs' joint risk management policy, this includes the articulation of risk appetite for the ICBs, this is transferable into the DLN ICB Risk Management process

<b>Joint Risk Appetite Statement</b>
The Boards of NHS Derby and Derbyshire, NHS Lincolnshire, and NHS Nottingham and Nottinghamshire Integrated Care Boards (ICBs) recognise that achieving long-term sustainability and improving health outcomes for their populations requires a balanced and considered approach to risk-taking. The ICBs are committed to adopting a mature approach to risk, where potential long-

term benefits justify short-term risks, provided that appropriate and robust controls are in place.

The ICBs seek to minimise risks that could negatively affect patient safety, health outcomes, legal and statutory obligations, or the organisations' ability to demonstrate high standards of probity and accountability. While calculated risks may be accepted to achieve strategic objectives, particularly where innovation or improvement may be realised, such risks will only be taken when the level of control is sufficient to manage potential impacts effectively.

Reputational risks are approached with caution, favouring delivery options that are more predictable and likely to achieve successful outcomes while safeguarding the ICBs' reputation for providing high-quality, cost-effective services.

The ICBs' risk appetite is not static and will be reviewed regularly to ensure it remains appropriate to the changing environment and aligned with the strategic objectives of the organisations. This approach ensures a consistent, transparent, and accountable framework for decision-making across all areas of risk.

- *Good Governance Institute Risk Appetite for NHS Organisations – definition of 'mature' is confident in setting high levels of risk appetite because controls, forward scanning and responsiveness systems are robust.*
- *Good Governance Institute Risk Appetite for NHS Organisations – definition of 'minimal' is preference for ultra-safe delivery options that have a low degree of inherent risk.*

- 7.13 The ICBs ensure this is reflected within the ICB Operational Risk Registers that is accessible via request. Risks are reported to each meeting of the Audit Committee, this ensures that mitigations are current and managed appropriately.
- 7.14 Risks will be closed by agreement that actions have been completed at the EPRR Steering Group, with further seeking of approval from the Accountable Emergency Officer (AEO) these will then be placed on a 6-month review cycle to ensure lessons are suitably embedded.
- 7.15 The EPRR Team will ensure that risks that are identified are suitably escalated via reporting routes and then captured onto the corporate risk register and where required the LHRP and Midlands Health Resilience Preparedness Board (MHRPB).
- 7.16 The LHRP risk register is managed by the LHRP and administered by the ICB. Annually this risk register will be reviewed (Approx. November each year) considering the output from regional discussions and the MHRPB risk register as well as internal risk registers for each organisation and the Community Risk Registers for which the ICB represents health at the Risk Assessment Working Group (RAWG). These will be factored into a holistic risk assessment, ensuring an all-hazards approach to EPRR risks.

7.17 A localised risk assessment of the impacts of civil contingencies risk is managed by the EPRR Steering Group, demonstrating the ICBs capability and capacity against the range of risks identified in the National Security Risk Assessment (NSRA).

## 8. Prevent and Prepare

### 8.1 Prevent

8.2 The ICBs will be committed, where possible, to ensuring that risks identified are mitigated to their lowest level.

8.3 Where possible the ICB EPRR Team, in conjunction with other relevant departments will remove risk causes to reduce the impact of risks occurring, this will be done via:

8.3.1 Physical intervention (where required) i.e. Business Case, Contract variations

8.3.2 Plans, Policies and Procedures aligned to the identified risk profile for the ICB/ICS

8.3.3 Training Plan

8.3.4 Exercising Plan

### 8.4 Prepare

8.5 The ICBs will ensure it is fully prepared for incident response via a robust planning, training, and exercising programme. This will be supported by a system preparedness programme of work managed and maintained by the LHRP and HEPOG.

### 8.6 Emergency Plans

8.7 The ICBs ensure it has plans relevant to risks identified in the ICB risk assessment and/or those identified through assurance processes i.e., Core Standards. The ICBs will maintain plans which are required as identified by the annual and ongoing risk assessment process these include:

Plan/Policy	Review Schedule	Responsible Department
DLN Cluster EPRR and BC Policy	Every 3 years	EPRR Team
DLN Cluster Business Continuity Management System (BCMS)	Every 2 years	EPRR Team
DLN Cluster Incident Response Plan (IRP)	Annually	EPRR Team
DLN Cluster Business Impact Assessments (BIA)	Annually	EPRR Team
DLN Cluster Corporate BC Plan	Annually	EPRR Team

DLN Cluster Cyber Response Plan (ICB)	Annually	EPRR Team/Digital Team
DLN Cluster Emergency Communications Plan	Annually	ICB Communications Team

**8.8** *\*These plans are reviewed in line with these timescales but are also change led as required (i.e. national guidance changes, learning from incidents)*

8.9 Change led: Plans to be updated if changes are required because of audit's (internal and external), updates to partner agency plans and updates to associated legislation and/or guidance, also to include any internal changes to ICB structures and governance.

8.10 Post Exercise: Plans will be updated where lessons have been identified post exercise.

8.11 Post Incident: Plans will be updated where lessons have been identified post incident.

8.12 All changes will be discussed via the HEPOG and LHRP where required to ensure formal acknowledgement of changes to ICB plans.

8.13 These plans will be supported and complemented by relevant EPRR guidance, local plans, and Standard Operating Procedures

8.14 These documents will also be supported by other standing ICB arrangements and processes, and alongside operational arrangements detailed in the plans of providers of funded care.

8.15 Plans/Policies are stored as hard copies within the Incident Control Centres at each ICB Building these are updated as required by the EPRR Team, with an overview compliance tracker kept by the EPRR Team.

### **8.16 Business Continuity and Supplier Planning**

8.17 The ICBs ensures it has in place a Business Continuity Management System (BCMS) which covers the arrangements for assurance of key suppliers and contractors (including audit) who provide services either directly or indirectly to the DLN Cluster ICBs.

8.18 These are identified during the contracting, commissioning, or business impact analysis processes. They are then assessed by the EPRR team to ensure suitable and effective arrangements are in place and then ensuring that internal ICBs plans are also updated and assessed to reflect these arrangements.

### **8.19 Consultation of Plans and Arrangements**

8.20 The ICBs ensures that all its plans are consulted on with key partners to ensure shared learning and establishment of joint aims and objectives for EPRR arrangements.

- 8.21 Plans are shared as a minimum with:
  - 8.21.1 On Call Team (Strategic and Tactical Commanders)
  - 8.21.2 System Coordination Centre and Commanders (Operational Commanders)
- 8.22 System Partners:
  - 8.22.1 Relevant Acute Hospital Trust
  - 8.22.2 Relevant Community Hospital Trusts
  - 8.22.3 Relevant Menal Health Provider Trusts
  - 8.22.4 EMAS
  - 8.22.5 DHU Healthcare
  - 8.22.6 NHS England Midlands
  - 8.22.7 UK Health Security Agency
  - 8.22.8 The 3 Local Resilience Forums (LRF)
- 8.23 Other agencies may be added in dependant on the subject matter expertise.
- 8.24 All organisations will be consulted and given a specific timeframe in which to respond. To ensure full engagement plans / documents will also be placed on the agenda for ICB Board, Audit Committee, HEPOG, and LHRP where required and relevant.
- 8.25 Each set of comments will be considered as part of the wider planning and will be accepted or rejected, rejections will be discussed with the person raising the amendment to ensure understanding, consultation processes will be captured by the ICB Audit tool for amendments and consultation of plans (available via the EPRR Team).
- 8.26 Final Plans will then be shared as per arrangements in this document.

### **8.27 Availability of Plans**

- 8.28 Plans will be made available to ensure full engagement by members of ICBs and/or contractors, as they are updated communication will be sent to identified service leads. As a minimum copy will be made available to:
  - 8.28.1 Relevant responders/staff via email.
  - 8.28.2 Located within the Incident Control Centres
  - 8.28.3 Located on the ICB Microsoft Teams Channels
  - 8.28.4 Locally (Lincolnshire L:// drive, Derbyshire T:// drive, Nottinghamshire G:// drive)
  - 8.28.5 Located on Resilience Direct (Business Continuity location)

8.29 There is then an expectation that these updates will be cascaded down through all layers of staffing to ensure resilience.

8.30 These documents will also be shared with key external partners as required.

### **8.31 ICB and ICS Assurance**

8.32 As the lead for commissioning within Lincolnshire, Nottinghamshire and Derbyshire and in line with the delegated responsibility from NHS England, DLN Clustered ICBs lead on the gathering, confirm, and challenge and submission of system's levels of assurance for the NHS EPRR Core Standards.

8.33 The Cluster ICB will receive a submission from providers monthly in relation to EPRR activity and progress against the previous year's EPRR Core Standards, this will be done via an MS Forms format.

8.34 The ICBs will ensure that confirm and challenge sessions are run as part of the annual process with each provider. This will encompass a check of the evidence and challenge of any areas of concern or requiring further clarity.

8.35 Any providers that are identified as non-compliant will be directly supported by the ICBs ensuring a robust work plan and individual support sessions are calendared to ensure effective management of the standards.

8.36 The ICBs are also responsible for its contracted and commissioned services, as a minimum the ICB EPRR team will work to support the delivery of assurance processes across these fields for example Primary Care services will be supported in relation to ensuring effective Business Continuity arrangements are in place.

## **9. Respond and Recover**

### **9.1 Respond**

#### **9.2 Incident funding**

9.3 In the event of the ICBs being required to respond to an incident, or an event, it is required that financial considerations/charging will not impact on the speed or scale of the response required.

9.4 All incident responses must ensure that the core priority of incident response is always considered as articulated in the incident response strategic aim.

9.5 The ICBs finance team will dedicate a cost code for usage in an incident response allowing the identification, allocation and tracking of expenditure linked to the EPRR Response, this will be created at the time of the incident activation in line with established ICB finance policies and procedures.

9.6 Each organisation has a requirement to commit to meeting the financial requirements of a response. However, the ICBs recognise that where an

incident escalates there may be releases of national or regional funding by the Department of Health and Social Care (DHSC), the ICB is prepared in this eventuality to receive and then allocate funding to its commissioned providers to support in an emergency response.

- 9.7 The ICBs will ensure all costs from incident response are captured (via the finance team) these will be factored into response and recovery considerations to ensure that incident response costs are reimbursed or recouped where required in a sufficient and timely manner, and in line with the incident response.

## **9.8 Mutual Aid**

- 9.9 The ICBs can call on mutual aid as required, this will be coordinated with input from the Regional EPRR Team (L3-4 Incidents, please refer to ICB Incident Response Plan for details). The ICBs are also signed up to an ICB wide mutual aid agreement allowing the sharing of resources for EPRR response should the eventuality be required.

- 9.10 The process for commencement of a mutual aid request will be via the 1st On Call liaising with the 2nd on call for authorisation, contact will then be made with the Regional NHSE team requesting mutual aid, the mutual aid request form is located in the DLN Cluster Incident Response Plan, this must include the detail of:

9.10.1 What is required?

9.10.2 Why is it required?

9.10.3 When is it required?

9.10.4 Funding identification (If necessary)

- 9.11 NHSE will then support in the activation of the mutual aid response with the relevant ICB areas, a template will be within the rear of the IRP for staff to utilise.

- 9.12 Formal authority for mutual aid within the ICBs will sit with the Strategic Commander on call as the executive level responsible for incident response.

## **9.13 Information Sharing**

- 9.14 When an emergency occurs a variety of agencies will respond, and others will support that response remotely. The emergency will place those affected at risk. People who are more vulnerable may be at a higher risk. It is in the interest of those affected people for personal data to be shared amongst emergency responders. Sharing personal data will assist in response and in the identification of those most likely to be adversely affected or vulnerable linked to an emergency response.

- 9.15 The Data to be shared will be dependent upon the nature of the emergency but will generally be limited in scope and volume. Due to the urgent nature of needing to share Data obtaining consent will usually be impractical but the agency holding the primary data will already have satisfied the consent requirements when they gathered the data before the emergency.
- 9.16 The ICBs have a responsibility to share relevant information with other responder agencies, this must be necessary and required for the response, all data requests should consider Information Governance (IG) processes and how that information is to be shared, and no data will be shared without following the information governance process for the ICBs.
- 9.17 The ICBs as a commissioner of the services provided across DLN Cluster have a responsibility to ensure that any information provided to them be that through planning or response is held securely and safely in line with standing IG arrangements.
- 9.18 The ICBs have access to Resilience Direct collaborate page that allows the data storage of key documents and processes in a secure, externally hosted system.
- 9.19 The ICBs also has access to NHS futures whereby EPRR information is stored, and incidents can be coordinated.
- 9.20 The ICBs and ICS within DLN are part of, and a signatory to, the
- 9.20.1 Derby and Derbyshire DRP Information Sharing agreement
  - 9.20.2 Nottingham and Nottinghamshire LRF Information Sharing Agreement(Notts)
  - 9.20.3 Lincolnshire LRF Information Sharing Agreement
- 9.21 In an emergency you should share information if necessary and proportionate. Not every urgent situation is an emergency, examples include:
- 9.21.1 Preventing serious physical harm to a person.
  - 9.21.2 Preventing loss of human life.
  - 9.21.3 Protection of public health.
  - 9.21.4 Safeguarding vulnerable adults or children.
  - 9.21.5 Responding to an emergency.
  - 9.21.6 An immediate need to protect national security.
- 9.22 Further guidance can be obtained from the Cabinet Office Data Sharing Guidance 2019 and is available on the Civil Contingencies Secretariat page of: <https://www.resilience.gov.uk/>

## 10. ICBs Training Plan

10.1 To ensure EPRR is embedded across the ICBs, we are required to engage in training to ensure key roles and those identified by guidance and legislation are appropriately prepared to plan for and respond to an incident within the ICBs, these roles, numbers (these are indicative and do change through the year due to leavers and starters) and the types of training required are identified within the EPRR Training Needs Analysis below:

Role	Average Numbers requiring Training	Principles of Health Command (NHSE)	ICB On Call and EPRR Training	Loggist
CEO	1	Yes	Yes	No
AEO	1	Yes	Yes	No
Strategic Commander	40	Yes	Yes	No
Tactical Commander	75	Yes	Yes	No
Loggist	14	No	No	Yes

10.2 In addition, Cyber Resilience Responsibilities are identified under the Information Governance Training Needs Analysis available via request to the ICB Information Governance team.

### 10.3 National Occupational Standards (NOS):

10.4 National Occupational Standards for EPRR have been identified as a key requirement to ensure effective response. The table below identifies what is expected and against which role:

10.5 Key

M = Mandatory      O = Optional

Skills for Justice NOS	Chief Executive Officer	Accountable Emergency Officer	Strategic Commander on call	Tactical Commander on call	SCC Led (Operational Commander)	EPRR
SFJ CCA A1 Work in cooperation with other organisations	O	O	M	M	M	M
SFJ CCA A2 Share information with other organisations	O	O	M	M	M	M
SFJ CCA A3 Manage information to support civil protection decision making			M	M	M	M
SFJ CCA B1 Anticipate and assess the risk of emergencies		O	M	M	M	M
SFJ CCA C1 Develop, maintain, and evaluate emergency plans and arrangements			O	O		M
SFJ CCA D1 Develop, maintain, and evaluate business continuity plans and arrangements		O	O	O	O	M
SFJ CCA D2 Promote business continuity management		M				M
SFJ CCA E1 Create exercises to practice or validate emergency or business continuity arrangements						M
SFJ CCA E2						M

Direct and facilitate exercises to practice or validate emergency or business continuity arrangements						
SFJ CCA E3 Conduct debriefing after an emergency, exercise or other activity		O	M	M	M	M
SFJ CCA F1 Raise awareness of the risk, potential impact, and arrangements in place for emergencies			O	O		M
SFJ CCA F2 Warn, inform, and advise the community in the event of emergencies	O		M	O	O	M
SFJ CCA G1 Respond to emergencies at the strategic level	O	O	M			M
SFJ CCA G2 Respond to emergencies at the tactical level				M		M
SFJ CCA G3 Respond to emergencies at the operational level					M	M
SFJ CCA G4 Address the needs of individuals during the initial response to emergencies			O	M	O	M
SFJ CCA H1 Provide on-going support to meet the needs of individuals affected by emergencies			M	M	O	M
SFJ CCA H2 Manage community recovery from emergencies	M	O	M	O	O	M

## 10.6 Responsibility for Training

10.7 All training is coordinated by the EPRR Team and is aligned to the National Occupational Standards for EPRR. A range of methods for delivery and a variety of dates will be offered; however others will be coordinated by EPRR some will be the responsibility of the service areas to plan.

10.8 Staff members are responsible for ensuring they attend training and keep up to date on EPRR developments.

10.9 This is monitored through PDP records (for those holding a commander or EPRR role) held on the EPRR online system (Inc. Certifications)

## 10.10 Types of Training

10.11 There are a variety of teaching methods that will be used by the EPRR Team to deliver training across the ICBs, these are:

10.11.1 Face to Face

10.11.2 E-Learning

10.11.3 Self-Learning

10.11.4 Exercise based.

10.12 Training dates can be made available through the EPRR Team at request.

10.13 Alternate training resources available to all staff

- 10.14 [JESIP All staff awareness](#)
- 10.15 [IOR for the wider NHS](#)
- 10.16 [UKHSA E-learning system for EPRR](#)
- 10.17 [ICB EPRR e-learning platform](#) (Derbyshire ICB)

## 11. ICBs Exercising Plan

- 11.1 As a Category 1 responder the ICBs are required to undertake, at a minimum, the following level of exercise:
  - 11.1.1 Six-monthly communications cascade test requires x1 in hours and x1 out of hours test in a rolling 12-month period and will include internal and system-based cascade testing.
  - 11.1.2 Annual tabletop exercise (TTX).
  - 11.1.3 Three-yearly live exercise.
  - 11.1.4 Three-yearly command post exercise (CPX).
  - 11.1.5 Every 3 months, ICC Equipment testing.
- 11.2 Following each exercise, the EPRR Team will produce a post exercise report. This will include a series of recommendations and is shared with the EPRR Steering Group.
- 11.3 The cluster will hold a record of all lessons in a lessons learnt log, this will be managed as per details below.
- 11.4 DLN Cluster ICBs commit as part of its role as system coordinator to ensure that regular system exercises are held to ensure joined up response is assured.
- 11.5 Ad Hoc exercising**
- 11.6 More exercises will be planned throughout the year to test new risks or to exercise new plans/documents/SOPs as required.

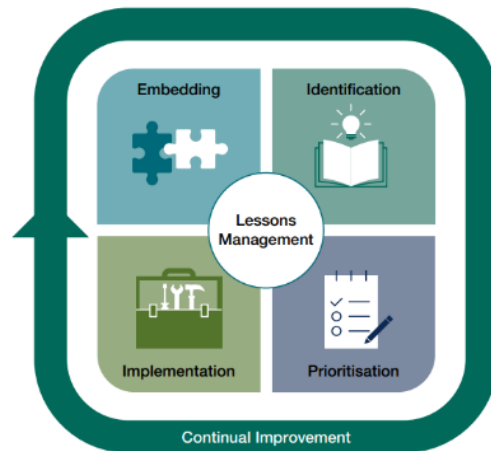
## 12. Continuous Improvement Process

- 12.1 EPRR is a continually evolving field that ensures effective update of processes via learning cycles to embed new and better ways of working, these can be from learning from exercises and/or incidents as well as changes in national, regional or LRF guidance.
- 12.2 The ICBs are committed to three strategic principles in relation to continuous improvement, these are:
  - 12.2.1 Shared and developed understanding of risk

12.2.2 Prevention over cure

12.2.3 Whole NHS endeavour

12.3 The ICBs are committed to embedding the lessons management framework



12.4 Lessons will be identified by the six-step process, ensuring that lessons are SMART (Specific, measurable, achievable, relevant and time bound)



12.5

12.6 As soon as it is practicable following an exercise or incident debriefs will be conducted, this can take two main forms within the ICBs:

**12.7 Hot Debrief:**

12.8 Conducted immediately after the incident or period of duty, but within 48 hours of stand down. This allows responders, within the area for which the debrief is being conducted, to capture their immediate thoughts on areas of good practice and those that require improvement. This will be led by the most senior person within the area at the time and will utilise the ICB `hot debrief forms` within the relevant plans.

**12.9 Structured Debrief:**

12.10 This will be conducted within 28 days post incident, this will be conducted by the EPRR team (trained in performing structured debriefs) this will require representation from key `players` and individuals involved in the response as well as those that lead the hot debriefing process.

12.11 This debrief will ensure that full details of areas of good practice and those that require improvement are captured and then prioritised.

12.12 This includes multi agency debriefing for which the ICB will represent health partners.

**12.13 Post Incident/Post Exercise Reporting:**

- 12.14 These will be completed for any incidents that require the activation of an ICB EPRR plan. This process may also be followed for incidents where key learning is identified but activation of a document was not required. The report and actions will then be presented to the Audit Committee for sign off or LHRP if specific to a system level exercise.
- 12.15 Severe incidents with major impacts on patients/staff safety or the ability of the ICB to discharge its functions (HIGH RISK) will be presented to Audit Committee and the Board.
- 12.16 Incident and exercise learning is captured via a monthly meeting which will review the whole incident and exercise learning log to ensure progress against all actions. This is both for the ICBs and ICS where 2 separate meetings are held once a month led by the ICBs EPRR Team to review these actions.
- 12.17 All actions pertaining to the Post Incident Report (PIR) or Post Exercise Report (PXR) will be captured within the relevant action log that is shared routinely and managed by the EPRR Team. This will also apply to lessons identified by external incident and/or exercises whereby actions will be identified and then captured at the regional level and then fed into the ICBs.
- 12.18 The PIR and PXR will be produced within 4 weeks of the debrief being conducted and shared with relevant parties and on request NHS England.

#### **12.19 Role in Regional Debriefing/Lessons Learnt**

- 12.20 The ICBs have a duty to ensure engagement with and inclusion of lessons within the NHS England Midlands Regional process. This is key to ensuring any specific risks or lessons identified linked to healthcare can be seen by other providers and NHS partners to reduce the risk of similar issues occurring within their area.
- 12.21 The ICBs lessons learnt process will identify key areas of concern and if during this process learning is identified as pertinent or a key risk for the system/region the EPRR Team will ensure that this is raised with the NHS E Midlands EPRR Team, this will only be for those lessons identified as requiring immediate escalation.
- 12.22 The NHS England Midlands Team request quarterly the post incident and post exercise reports from the ICBs, within these are our identified lessons with actions and due dates. These will be submitted as requested for capture on the regional learning log.
- 12.23 The ICBs will also regularly assess this log that is on futures for any lessons that can be considered as part of the Audit Committee for internal risks and the Health Emergency Planning Officers Group (HEPOG) for system risks, both these meetings have a section given to learning and development and within this section would be discussed and then captured any regional lessons escalated for consideration.

- 12.24 Subsequent upward reporting to the LHRP will be conducted via the HEPOG Update report. It is expected then that this will be escalated in MHRPB for oversight and assurance around the regional lessons process.
- 12.25 Any lessons identified as for inclusion will then be captured on the relevant system or internal learning logs.

### 13. Key Performance Indicators

- 13.1 The ICBs have set several internal KPIs in relation to EPRR this ensures ongoing resilience within the ICBs in relation to EPRR matters and serves to support the identification of any risks, each is measured against an annual attainment of 80% unless otherwise indicated.
- 13.2 The year for EPRR is measured from the 1st of September to the 31st of August in line with the national EPRR Assurance process.
- 13.3 Updates against the KPIs will be provided quarterly to the EPRR Steering Group.
- 13.4 The ongoing recording of the KPIs will be captured by the EPRR team

<b>KPI 1- There is an overall framework in place to ensure that appropriate Business Continuity arrangements are developed and maintained. (Min 90% achievement)</b>	<b>Frequency</b>
In date plans (% of total)	Annual
In date BIAs (% of total)	Annual
Tested in the last 3 years (% of total)	Annual
Accessible to all members of staff? (Yes/No)	Annual
Number of depts internally audited (% of total)	Annual
Audit completed of relevant contracts and arrangements	3-year cycle
<b>KPI 2- There are effective reporting arrangements in place to inform the Board of the adequacy of arrangements for EPRR within the ICB. (Yes/No within 12 month period)</b>	
Annual report format to Board at least annually.	Annual
Ensure that an Audit review is carried out within the three-year audit plan	3-year cycle
<b>KPI 3- Ensure effective training is in place across the ICB for roles identified within TNA. (min 80% achievement)</b>	
ICB Incident Response Training	Annual
Loggists	3-year cycle
Principles of Health Command	3-year cycle
Business Continuity Awareness Training	Annual
EPRR Awareness Training	Annual
<b>KPI 4- There is an overall framework in place to ensure that appropriate EPRR arrangements are developed and maintained. (min 80% achievement)</b>	

In date plans (% of total)	Annual
Tested in the last 3 years (% of total)	3-year cycle
Accessible to all members of staff? (Yes/No)	Annual
<b>KPI 5- There is an overall framework in place to ensure that appropriate system EPRR arrangements are developed and maintained. (min 80% achievement)</b>	
In date plans (% of total)	Annual
Tested in the last 3 years (% of total)	3-year cycle
Accessible to all members of system and embedded in their own processes? (Yes/No)	Annual

## 14. Equality and Diversity Statement

- 14.1 The ICBs pay due to the requirements of the Public Sector Equality Duty (PSED) of the Equality Act 2010 in policy development and implementation, as commissioners and providers of services, as well as employers.
- 14.2 The ICBs are committed to ensuring that the way services are provided to the public and the experiences of staff does not discriminate against any individuals or groups based on their age, disability, gender identity (trans, non-binary) marriage or civil partnership status, pregnancy or maternity, race, religion or belief, gender or sexual orientation.
- 14.3 The ICBs are committed to ensuring that activities also consider the disadvantages that some people in the diverse population experience when accessing health services. Such disadvantaged groups include people experiencing economic and social deprivation, carers, refugees and asylum seekers, people who are homeless, workers in stigmatised occupations, people who are geographically isolated, Gypsies, Roma and Travellers.
- 14.4 To help ensure that these commitments are embedded in day-to-day working practices, an Equality Impact Assessment has been completed, and is included within this policy.

## 15. Communication, Monitoring and Review

- 15.1 This policy will be available to all ICB staff via the 3 ICB Intranet pages, there is an expectation that line managers indicate this policy to all staff
- 15.2 It will be reviewed initially annually in alignment with the ICB policy on policies, see version control at start of document.
- 15.3 Staff with an active role to play within this policy will be sent it by the ICB EPRR Team to ensure awareness, it will also be signed off at Public Board to ensure public awareness of the ICB commitment to EPRR.

- 15.4 This document will be overseen by the ICB Audit Committee ensuring compliance to relevant legislation and internal KPIs.
- 15.5 Any individual who has queries regarding the content of this policy, or has difficulty understanding how this policy relates to their role, should contact the ICB EPRR Team.

## 16. Confidentiality

- 16.1 This document can be shared but prior approval must be sought from the ICB EPRR Team before sharing, this document will be subject to ICB EPRR Document retention process as defined in appendix B.
- 16.2 This document should ensure compliance with the Data Protection legislations and also ICB Cluster IG policies and procedures.

## 17. Interaction with other Policies

- 17.1 This document should be read in conjunction with other EPRR document and plans including but not limited to:
- 17.1.1 Incident Response Plan
  - 17.1.2 ICB Business Continuity Arrangements
  - 17.1.3 ICB Business Continuity Management System
  - 17.1.4 ICB Emergency Communications Plan

## 18. References

- 18.1 The following legislation and guidance have been taken into consideration in the development of this procedural document:
- Cabinet Office Civil Contingencies Act 2004
  - Health and Social Care Act 2012
  - The Civil Contingencies Act 2004 (Contingency Planning) Regulations 2005
  - Expectations and Indicators of Good Practice Set for Category 1 and 2 responders
  - NHS EPRR Core Standards
  - ISO 22301 Societal Security – Business Continuity Management Systems – Requirements
  - ISO 22313 Societal Security – Business Continuity Management Systems – Guidance
  - The Route Map to Business Continuity Management Meeting the Requirements of ISO 22301
  - Business Continuity Institute Good Practice Guidelines (GPG) Edition 7.0

- NHS England Emergency Preparedness Framework 2022
- NHS Commissioning Board frequently asked questions (FAQs) on the future arrangements for health Emergency Preparedness, Resilience and Response (EPRR) (Jan2013)
- NHS England Business Continuity Toolkit and guidance
- Preparation and planning for emergencies: responsibilities of responder agencies and others
- Concept of Operations for Mass Casualty Incidents
- CBRN Incidents: A Guide to Clinical Management and Health Protection
- The United Kingdom's Strategy for Countering Chemical, Biological, Radiological and Nuclear (CBRN) Terrorism
- Arrangements for Health Emergency Preparedness, Resilience and Response From April 2013
- Chapters 5 to 7 Revision to Emergency Preparedness
- Minimum National Occupational Standards for EPRR, June 2022
- Management of Surge and Escalation in Critical Care Services Standard Operating Procedure for Adult & Paediatric Burns Care Services in England & Wales (2015)
- National Security Risk Assessment (2025)

## 19. Equality Impact Assessment

<b>Date of assessment:</b>	23 March 2026			
<b>For the policy, and its implementation, please answer the questions against each of the protected characteristic and inclusion health groups:</b>	Has the risk of any potential adverse impact on people in this protected characteristic group been identified, such as barriers to access or inequality of opportunity?	If yes, are there any mechanisms already in place to mitigate the adverse impacts identified?	Are there any remaining adverse impacts that need to be addressed? If so, please state any mitigating actions planned.	Are there any positive impacts identified for people within this protected characteristic group? If yes, please briefly describe.
<b>Age<sup>1</sup></b>	Yes	Emergencies may impact on those with protected characteristics, the principle of ensuring inequality is addressed in all emergency response is considered within each ICB EPRR plan and process. Where required and appropriate further guidance will be sought by the EPRR Team to ensure effective planning and	No	No

<sup>1</sup> A person belonging to a particular age (for example 32 year olds) or range of ages (for example 18 to 30 year olds).

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		consideration of inequality within its processes		
<b>Disability</b> (Including: mental, physical, learning, intellectual and neurodivergent) <sup>2</sup>	Yes	Emergencies may impact on those with protected characteristics, the principle of ensuring inequality is addressed in all emergency response is considered within each ICB EPRR plan and process. Where required and appropriate further guidance will be sought by the EPRR Team to ensure effective planning and	No	No

<sup>2</sup> A person has a disability if she or he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.

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		consideration of inequality within its processes		
<b>Gender</b> (including trans, non-binary and gender reassignment) <sup>3</sup>	Yes	Emergencies may impact on those with protected characteristics, the principle of ensuring inequality is addressed in all emergency response is considered within each ICB EPRR plan and process. Where required and appropriate further guidance will be sought by the EPRR Team to ensure effective planning and	No	No

<sup>3</sup> The process of transitioning from one gender to another.

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		consideration of inequality within its processes		
<b>Marriage and civil partnership<sup>4</sup></b>	Yes	Emergencies may impact on those with protected characteristics, the principle of ensuring inequality is addressed in all emergency response is considered within each ICB EPRR plan and process. Where required and appropriate further guidance will be sought by the EPRR Team to ensure effective	No	No

<sup>4</sup> Marriage is a union between a man and a woman or between a same-sex couple. Same-sex couples can also have their relationships legally recognised as 'civil partnerships'.

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		planning and consideration of inequality within its processes		
<b>Pregnancy and maternity<sup>5</sup></b>	Yes	Emergencies may impact on those with protected characteristics, the principle of ensuring inequality is addressed in all emergency response is considered within each ICB EPRR plan and process. Where required and appropriate further guidance will be sought by the EPRR Team to	No	No

<sup>5</sup> Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.

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		ensure effective planning and consideration of inequality within its processes		
<b>Race<sup>6</sup></b>	Yes	Emergencies may impact on those with protected characteristics, the principle of ensuring inequality is addressed in all emergency response is considered within each ICB EPRR plan and process. Where required and appropriate further guidance will be sought by the EPRR Team to	No	No

<sup>6</sup> Refers to the protected characteristic of race. It refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.

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		ensure effective planning and consideration of inequality within its processes		
<b>Religion or belief<sup>7</sup></b>	Yes	Emergencies may impact on those with protected characteristics, the principle of ensuring inequality is addressed in all emergency response is considered within each ICB EPRR plan and process. Where required and appropriate further guidance will be sought	No	No

<sup>7</sup> Religion refers to any religion, including a lack of religion. Belief refers to any religious or philosophical belief and includes a lack of belief. Generally, a belief should affect your life choices or the way you live for it to be included in the definition.

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		by the EPRR Team to ensure effective planning and consideration of inequality within its processes		
<b>Sex<sup>8</sup></b>	Yes	Emergencies may impact on those with protected characteristics, the principle of ensuring inequality is addressed in all emergency response is considered within each ICB EPRR plan and process. Where required and appropriate further guidance will be sought	No	No

<sup>8</sup> A man or a woman.

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		by the EPRR Team to ensure effective planning and consideration of inequality within its processes		
<b>Sexual orientation<sup>9</sup></b>	Yes	Emergencies may impact on those with protected characteristics, the principle of ensuring inequality is addressed in all emergency response is considered within each ICB EPRR plan and process. Where required and appropriate further guidance will be sought	No	No

<sup>9</sup> Whether a person's sexual attraction is towards their own sex, the opposite sex, to both sexes or none. <https://www.equalityhumanrights.com/en/equality-act/protected-characteristics>

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		by the EPRR Team to ensure effective planning and consideration of inequality within its processes		
<b>Carers<sup>10</sup></b>	Yes	Emergencies may impact on those with protected characteristics, the principle of ensuring inequality is addressed in all emergency response is considered within each ICB EPRR plan and process. Where required and appropriate further guidance will be sought	No	No

<sup>10</sup> Individuals within the ICB which may have carer responsibilities.

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		by the EPRR Team to ensure effective planning and consideration of inequality within its processes		

## Appendix A: Definitions and Glossary of Terms

Definitions of key terms referenced in this policy are described in the table below:

<b>Term</b>	<b>Definition</b>
Business Continuity	The capability of an organisation to continue delivery of its critical services and activities at acceptable pre-defined levels following a disruptive incident.
Business Continuity Incident	A business continuity incident is any event that disrupts an organisation's normal service delivery, to below acceptable pre-defined levels. This would require special arrangements to be put in place until services can return to an acceptable level. Examples include surge in demand requiring temporary re-deployment of resources within the organisation, breakdown of utilities, significant equipment failure or hospital acquired infections. There may also be impacts from wider issues such as supply chain disruption, provider failure or cyber security incidents
Business Continuity Plan	A business continuity plan is documented information that guides an organisation to respond to a disruption and resume, recover and restore the delivery of its critical activities at an acceptable pre-defined level. The plan contains command and control principles for BC incidents to be utilised by command staff.
Business Impact Analysis	The process of analysing the impacts of disruption over time to determine the organisation's response, recovery priorities and resource requirements. This process is used to identify critical areas/functions within the ICB, available in support of this document.
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.
Command	The exercise of vested authority that is associated with a role or rank within an organisation (the NHS), to give direction to achieve defined objectives.
Control	The application of authority, combined with the capability to manage resources, to achieve defined objectives.

Term	Definition
Coordination	Integration of multi-agency efforts/capabilities to achieve pre-defined objectives.
Emergency	<p>Defined by the Civil Contingencies Act 2004 as:  an event or situation which threatens serious damage to human welfare in a place in the United Kingdom.</p> <p>an event or situation which threatens serious damage to the environment of a place in the United Kingdom.</p> <p>war, or terrorism, which threatens serious damage to the security of the United Kingdom.</p>
Emergency Preparedness	The extent to which emergency planning enables the effective and efficient prevention, reduction, control, mitigation of, and response to emergencies.
HEPOG	Health Emergency Planning Officers Group is the operational delivery group for system resilience and EPRR within the NHS, it covers a geographical area and reports to a Local Health Resilience Partnership (LHRP)
LHRP	The strategic oversight and leadership group for resilience and EPRR within a allocated area, this group reports to the relevant NHSE structures as well as providing a link between healthcare resilience and the Local Resilience Forum (LRF)
Major Incident	<p>Defined by The Cabinet Office, and the JESIP, 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.</p> <p>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.</p> <p>For the NHS, this will include any event defined as an emergency. A Major Incident may involve a single agency response, although it is more likely to require a multi-agency response, which may be in the form of multiagency support to a lead responder.</p> <p>The severity of the consequences associated with a Major Incident are likely to constrain or complicate the ability of responders to resource and manage the incident, although a Major Incident is unlikely to affect all responders equally.</p> <p>The decision to declare a Major Incident will always be made in a specific local and operational context.</p> <p>There are no precise, universal thresholds or triggers. Where Local Resilience Forums (LRFs) (Derbyshire Resilience</p>

Term	Definition
	<p>Partnership within Derbyshire) 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. Classifications of types of Major Incident are:</p> <p>Rapid onset: develops quickly, and usually with immediate effects, thereby limiting the time available to consider response options (in contrast to rising tide) e.g., a serious transport accident, explosion, or series of smaller incidents.</p> <p>Rising tide: a developing infectious disease epidemic or a capacity/staffing crisis or industrial action.</p> <p>Cloud on the horizon: a serious threat such as a significant chemical or “Emergency responder agency” includes any category 1 and category 2 responder as defined in the CCA 2004 and associated guidance. nuclear release developing elsewhere and needing preparatory action.</p> <p>Headline news: public or media alarm about an impending situation, significant reputation management issues, e.g., an unpopular patient treatment plan which gathers significant publicity.</p> <p>Chemical, biological, radiological, nuclear and explosives: CBRNe terrorism is the actual or threatened dispersal of CBRNe materials (one or several, or in combination with explosives), with deliberate criminal, malicious or murderous intent.</p> <p>Hazardous materials (HAZMAT): accidental incident involving hazardous materials.</p> <p>Cyber security incident: a breach of a system’s security policy to disrupt its integrity or availability or the unauthorised access or attempted access.</p>
Mass Casualty	<p>An incident (or series of incidents) causing casualties on a scale beyond normal resources of emergency and healthcare services’ ability to manage. It may involve hundreds or thousands of casualties with a range of injuries, the response to which will be beyond the capacity of normal major incident procedures to cope and requires further measures to appropriately deal with these numbers.</p>
Maximum Tolerable Period of Disruption (MTPD)	<p>The maximum amount of time that a service or function can be unavailable or undeliverable after an event that causes disruption.</p>

Term	Definition
Recovery Time Objective (RTO)	The targeted duration of time within which a function must be restored after a disruption to avoid unacceptable consequences associated with a break in provision
Resilience	The ability of the community, services, area, or infrastructure to detect, prevent and, if necessary, withstand, handle and recover from disruptive challenges.
Response	Decisions and actions taken in accordance with the strategic, tactical, and operational objectives defined by emergency responders.
Recovery	The process of rebuilding, restoring, and rehabilitating the community following an emergency
Subsidiarity	Decisions relating to the management of an incident should be taken at the lowest appropriate level, with co-ordination and oversight at the highest necessary level. For the ICB, this means that while the ICB Strategic Commander retains overall responsibility for an incident, the Provider Strategic Commanders will continue command and control of their organisations at their local level.

## Appendix B: EPRR Document Retention Process

In line with Information Governance processes, the Assistant Director of EPRR will ensure archiving of all relevant EPRR documents and processes in line with national NHS guidelines in relation to document retention, they will be stored as necessary in an online account or hard copies will be securely stored by the Assistant Director of EPRR, these are available for view through request via the Assistant Director of EPRR.

<b>Document Type</b>	<b>Examples</b>	<b>Minimum Retention Period</b>	<b>Final Action</b>
Incidents (declared)	Decision logbook, on call logbook, incident related documents including plans and organisational structures, paper and electronic records.	30 years	Review, archive or destroy under confidential conditions
Exercise	Paper and electronic records.	10 years	Review, archive or destroy under confidential conditions
On-call (routine – non-Major Incident)	Decision log, on-call log, handover records Paper and electronic records.	10 years	Review, archive or destroy under confidential conditions
EPRR	Incident response plans, guidance, standard operating procedures, core standards for assurance. Electronic records.	30 years	Review, archive or destroy under confidential conditions
EPRR	Information sharing protocols, memorandum of understanding, service-level agreements. Paper and electronic records.	10 years	Review, archive or destroy under confidential conditions
EPRR	LHRP and sub-group minutes, papers, action logs . ICB EPRR minutes, papers, action logs. Risk registers. Electronic records.	30 years	Review, archive or destroy under confidential conditions