

NHS Derby and Derbyshire Integrated Care Board

Emergency Preparedness, Resilience & Response inc. Business Continuity Policy 2024-2026

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

| KEY POLICY MESSAGES | |
|---------------------|---|
| 1. | 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. |
| 2. | The ICB has a responsibility to ensure that it is properly prepared to respond to and recover from an emergency. |
| 3. | This policy indicates a programme of work pertaining to EPRR during 2024/26 to ensure the resilience of the organisation, and how the ICB 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 of Derby and Derbyshire. |

VERSION CONTROL

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| Title: | NHS Derby and Derbyshire Integrated Care Board Emergency Preparedness, Resilience & Response inc. Business Continuity Policy |
| Supersedes: | NHS Derby and Derbyshire Integrated Care Board Emergency Preparedness, Resilience & Response Policy Statement |
| Description of Amendment(s): | <p>Versions 0.1 and 0.2 – initial drafts</p> <p>Version 1.0 – final (approved)</p> <p>Version 2.0- Update to Training Needs Analysis and Team structures</p> <p>Version 3.0- Annual Update</p> <p>Version 3.1- Inclusion of EPRR Appraisal Document</p> <p>Version 4- Annual Update (2 Yearly Review set)</p> <p>Version 4.1- updates to reflect changes to Deputy AEO</p> |
| Financial Implications: | N/A |
| Policy Area: | Corporate Delivery |
| Version No: | Version 4.1 |
| Author: | Assistant Director of Emergency Preparedness, Resilience & Response |
| Approved by: | |
| Effective Date: | October 2024 |
| Review Date: | September 2026 |
| List of Referenced Policies: | <p>Incident Response Plan</p> <p>Business Continuity Management System (BCMS)</p> |
| Key Words section (metadata for search facility online): | <p>Continuity</p> <p>Emergency</p> <p>Preparedness</p> <p>Resilience</p> <p>Response</p> <p>Incident</p> |
| Reference Number: | CD35 |
| Target Audience: | <p>Business Continuity Leads</p> <p>Business Continuity Approvers</p> <p>ICB approved policies apply to all employees, contractors, volunteers, and others working with the ICB in any capacity. Compliance with ICB policy is a formal contractual requirement and failure to comply with the policy, including any arrangements which are put in place under it, will be investigated and may lead to disciplinary action being taken.</p> |

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1. INTRODUCTION

- 1.1 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.
- 1.2 NHS Derby and Derbyshire Integrated Care Board (the "ICB") not only have a responsibility to ensure that the integrated care system of Derby and Derbyshire is resilient and prepared to respond to such incidents, but also to ensure its own internal resilience is in place.
- 1.3 This policy indicates the programme of EPRR work for 2024/26 to ensure that the ICB and the Derby and Derbyshire health system is resilient and compliant with associated legislation and guidance.
- 1.4 The ICB has 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)
 - (i) 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:
 1. Risk Assessment
 2. Emergency Planning
 3. Business Continuity Management
 4. Communicating with the public
 5. Co-operation
 6. Information sharing
 - (b) The Health and Social Care Act 2012, Section 46-47, and as amended 2022.
 - (i) 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
 - (i) Framework containing overarching principles required for the embedding of EPRR across NHS organisations.
 - (ii) The NHS Core Standards for EPRR

- (iii) Annual self-assessment assurance process undertaken to demonstrate robust EPRR arrangements are in place.
- (d) ISO22301:2019
 - (i) International Standard for Business Continuity that the ICB is committed to ensuring alignment to.
- (e) The Minimum National Occupational Standards
 - (i) 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. STATEMENT OF INTENT/PURPOSE

2.1 Aim

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

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 ICB.
- 2.2.5 Indicate processes for raising risks and issues related to ICB process.
- 2.2.6 Indicate the training needs analysis pertaining to ICB.
- 2.2.7 Indicate the testing and exercising needs analysis pertaining to ICB.
- 2.2.8 Indicate assurance process(es) for ICB and Derby and Derbyshire system.
- 2.2.9 Indicate the audit plan for EPRR arrangements within the ICB.

2.3 Out of Scope

- 2.3.1 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.
- 2.3.2 Detailed processes for the effective business continuity management at the ICB is covered within the ICB Business Continuity Management System (BCMS) Manual.

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

2.4 Integrated Care System Aims and Objectives and EPRR alignment.

2.4.1 The EPRR programme of work also considers the impact of its work on the ICS aims and objectives and how it interacts, each of these is considered within the annual work programme issued by the ICB.

| Corporate Aim/Objective | EPRR Context |
|---|--|
| Improve outcomes in population health and healthcare | To ensure that local provider organisations and the ICB are prepared to respond to any type of incident that may impact on the health and welfare of the population of Derbyshire. |
| Tackle inequalities in outcomes, experience and access | EPRR will remain a holistic process and will ensure that the system ensures preparedness planning is done in an all-inclusive manner to ensure appropriate preparedness processes are embedded. |
| Enhance productivity and value for money | Ensure that relevant processes are in place to safeguard the ICB and the system to continue to provide, as far as is reasonably practicable, ongoing services. This can be achieved through several ICB programmes for EPRR including Business Continuity processes. |
| Help the NHS support broader social and economic development | EPRR will ensure awareness at all levels within all teams to ensure that development opportunities are resilient and, where required, 'horizon scanning' is considered within programmes of work i.e. sustainability programmes of work. |

3. DEFINITIONS AND ABBREVIATIONS

| Wording | Definition |
|------------------------------|---|
| 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 |

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| | 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. |
| Coordination | Integration of multi-agency efforts/capabilities to achieve pre-defined objectives. |
| Emergency | Defined by the Civil Contingencies Act 2004 as: <ul style="list-style-type: none"> 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. c) war, or terrorism, which threatens serious damage to the security of the United Kingdom. |
| Emergency Preparedness | The extent to which emergency planning enables the effective and efficient prevention, reduction, control, mitigation of, and response to emergencies. |
| Major Incident | 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. In the NHS this will cover any occurrence that presents serious threat to the health of the community or causes such numbers or types of casualties as to require special arrangements to be implemented. For the NHS, this will include any event defined as an emergency. 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. 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. The decision to declare a Major Incident will always be made in a specific local and operational context. |

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| | <p>There are no precise, universal thresholds or triggers. Where Local Resilience Forums (LRFs) (Derbyshire Resilience 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> <ul style="list-style-type: none"> a) 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. b) Rising tide: a developing infectious disease epidemic or a capacity/staffing crisis or industrial action. c) 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. d) 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. e) 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. f) Hazardous materials (HAZMAT): accidental incident involving hazardous materials. g) 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> | <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> |
| <p>Maximum Tolerable Period of Disruption (MTPD)</p> | <p>The maximum amount of time that a service or function can be unavailable or undeliverable after an event that causes disruption.</p> |
| <p>Recovery Time Objective (RTO)</p> | <p>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</p> |
| <p>Resilience</p> | <p>The ability of the community, services, area, or infrastructure to detect, prevent and, if necessary, withstand, handle and recover from disruptive challenges.</p> |
| <p>Response</p> | <p>Decisions and actions taken in accordance with the strategic, tactical, and operational objectives defined by emergency responders.</p> |

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| 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. |

4. DUTIES (RESPONSIBILITIES)

4.1 Chief Executive (or deputy)

4.1.1 The Chief Executive (or deputy) has overall responsibility for EPRR inc. Business Continuity and ensuring:

- (a) The ICB has required plans and arrangements in place.
- (b) The Board receives regular updates on EPRR.
- (c) The board ensures sign off of casualty numbers under the casualty regulations.
- (d) That appropriate resources are made available to facilitate these responsibilities.
- (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.
- (f) The Chief Executive may designate these responsibilities to an ICB Accountable Emergency Officer (AEO).

4.2 Accountable Emergency Officer (AEO) (or deputy)

4.2.1 The NHS Act 2006 places a duty on ICBs to appoint an individual to be responsible for discharging the duties under section 252A (9). This individual is known as the Accountable Emergency Officer (AEO). Dr Chris Weiner, Chief Medical Officer (CMO) is assigned as the Derby and Derbyshire ICB AEO.

4.2.2 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.

4.2.3 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.

4.2.4 Specifically, the AEO will be responsible for ensuring that their organisation:

- (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.
- (b) Is properly prepared and resourced to deal with an incident.
- (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.
- (d) Complies with any requirements of NHS England in respect of monitoring compliance.
- (e) Provides NHS England with such information as it may require for the purpose of discharging its EPRR functions.
- (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 Derbyshire Resilience Partnership (DRP), as appropriate.

4.2.5 The Derbyshire AEO also acts as the co-chair for the Derby and Derbyshire Local Health Resilience Partnership (LHRP).

4.2.6 In the event of the absence of the AEO through sickness, annual leave or competing priorities the Deputy AEO is assigned to Assistant Chief Medical Officer (Tim Taylor), he will provide the AEO role for the ICB with full support from the Assistant Director EPRR for that period of absence.

4.2.7 The Deputy AEO will also have full designated approval powers for the purposes of deputising for the AEO at LHRP, Derbyshire Resilience Partnership 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.

4.2.8 **Non-Executive Director**

4.2.9 The Non-Executive Director will be designated by the Board to have oversight via Audit and Governance Committee of all ICB EPRR arrangements and will represent EPRR from a non-executive director perspective assisting, where possible, to ensure that the ICB is resilient.

4.3 **Assistant Director EPRR (inc. EPRR Team Responsibilities)**

4.3.1 The Assistant Director EPRR is responsible for:

- (a) Ensuring the ICB has appropriate response and recovery plans in place that are regularly reviewed, tested, and circulated to partners.
- (b) Providing internal liaison and subject matter expertise in matters pertaining to EPRR and Business Continuity.

- (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.
- (d) Ensuring system planning for EPRR is facilitated i.e., evacuation and shelter planning.
- (e) Ensuring a robust training and exercising process is in place ensuring relevant roles are trained to fulfil roles when responding to emergencies.
- (f) Facilitating any assurance processes pertaining to EPRR.
- (g) Providing recommendations and subject matter expertise to ICB projects ensuring EPRR is considered within processes.

4.4 Directors and Heads of Service

- 4.4.1 Directors and Heads of Service are responsible for ensuring:
- 4.4.2 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 ICB response to emergencies.
- 4.4.3 To ensure full engagement/compliance with planning for EPRR processes and training and exercising to ensure preparedness across the ICB.
- 4.4.4 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 ICB planning processes via the 3rd party business continuity process.
- 4.4.5 That internal disaster/emergency alerts are maintained and tested regularly (six monthly) to communicate actions in the event of an incident.
- 4.4.6 To ensure appropriate attendance and engagement with ICB EPRR preparedness processes (Corporate Resilience Assurance Group (CRAG)).
- 4.4.7 That, in the event of local incidents, the departmental debriefs are conducted promptly utilising the ICB 'hot debrief' process and then sent onwards to EPRR to ensure collation in the ICB Post Incident Debrief (PID) report.

4.5 Business Continuity Authoriser

- 4.5.1 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.

4.6 Business Continuity Lead

- 4.6.1 Responsible for ensuring service level business continuity is delivered and embedded within own team.

- 4.6.2 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.
- 4.6.3 Ensure identification and escalation to EPRR of any new services and/or risks associated with Business Continuity.
- 4.6.4 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.
- 4.7 All staff**
 - 4.7.1 Familiarisation with all relevant EPRR arrangements and plans.
 - 4.7.2 Exercise, where possible, `self-resilience` to ensure minimal impacts on the ICB operation during incident response.
 - 4.7.3 They regularly update their service contact lists to ensure they can be contacted in an emergency.
 - 4.7.4 Ensure their completion and compliance against all appropriate training.
 - 4.7.5 Engage within the ICB exercising process.
- 4.8 Hard and Soft Facilities Management/Security at ICB sites (including NHS Property Services)**
 - 4.8.1 All contractors on site have in place robust EPRR and Business Continuity arrangements and that the ICB are informed of this.
 - 4.8.2 That these arrangements are created in conjunction with, and complement, the ICB response to emergencies.
 - 4.8.3 That, where required, provide relevant subject matter expertise to the ICB in relation to planning for, responding, and recovering from emergencies.
 - 4.8.4 Engagement and attendance within the ICB EPRR training and exercising processes.
 - 4.8.5 That the Assistant Director EPRR is informed of any planned works to ensure that EPRR and Business Continuity arrangements are considered
- 4.9 North of England Commissioning Support Unit (IT Solutions)**
 - 4.9.1 That they have in place robust EPRR and Business Continuity arrangements and that the ICB is assured that these are in place.
 - 4.9.2 These arrangements are created in conjunction with and compliment the ICB response to emergencies.

4.9.3 That, where required, provide relevant subject matter expertise to the ICB in relation to planning for, responding to, and recovering from emergencies.

4.9.4 Engagement and attendance within the ICB EPRR training and exercising processes.

4.10 Other 3rd Party Contractors

4.10.1 They have robust Business Continuity and EPRR response and recovery elements in place and that the ICB are assured these are in place as part of the contracting process, managed via the contract oversight group.

4.10.2 They engage fully with, as required, all EPRR processes as part of the ICB EPRR arrangements.

4.10.3 Where required, subject matter expertise is provided to the ICB for the purposes of response and recovery.

4.10.4 Ensure provision of assurance by circulation to the ICB of individual Business Continuity Plan.

4.10.5 Ensure business continuity is considered in relation to services/works provided to the ICB and include question within BIA collection process.

4.10.6 Business Continuity Plans / processes to be checked for Provider organisations as part of the annual EPRR Core Standards assessment.

4.11 On Call (1st and 2nd On Call)

4.11.1 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:

4.11.2 2nd on call: will act as the ICB Strategic Commander for the ICB in incidents providing strategic direction and oversight for the Tactical Command Team.

4.11.3 1st on call: will act as the ICB Incident Manager for the 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 ICB, in the event of `internal` incidents.

4.11.4 All the roles identified above are contactable 24/7 for the period of there on call for incidents affecting the ICB, either internal or external They are alerted via the Alert Cascade service.

4.11.5 Full details on resources and remuneration are contained within the ICB On Call Policy.

4.12 Integrated Care Boards

4.12.1 The ICB has 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:

- (a) Accountable Emergency Officer (AEO) to co-chair the Derby and Derbyshire LHRP
- (b) Maintain involvement and support of LHRP partners at strategic and tactical level.
- (c) Ensure appropriate director level representation at the Derbyshire Resilience Partnership (DRP).
- (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.
- (e) Support NHS England in discharging their EPRR functions and duties locally, including supporting ICS tactical coordination during incidents (EPRR level 2–4 incidents)
- (f) Ensure robust escalation procedures are in place to respond to disruption to delivery of patient services.
- (g) Provide a route of escalation for resilience planning issues to the LHRP in respect of commissioned provider EPRR preparedness.
- (h) Develop and maintain incident response arrangements in collaboration with all NHS-funded organisations and partner organisations.
- (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.
- (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.
- (k) Ensure contracts with all commissioned providers (including independent and third sector) contain relevant EPRR elements, including business continuity.

4.12.2 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 Derbyshire this includes:

| Organisation | Implications |
|---|---|
| University Hospitals Derby and Burton (UHDB) | UHDB will ensure attendance at relevant personnel levels to both Staffordshire and Derbyshire LHRP. UHDB will ensure representation at suitable levels to both Staffordshire and Derbyshire LRF (DRP for Derbyshire) . |

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| | <p>Derby and Derbyshire ICB 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 Derby and Derbyshire ICB 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>Derby and Derbyshire ICB 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>Derby and Derbyshire ICB 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 Derbyshire ICB Ambulance Commissioning Team are notified of any incidents that have been responded to as defined by the EPRR Framework 2022.</p> |

5. EPRR PROCESS AND GOVERNANCE

5.1 Underpinning Principles for NHS EPRR

- 5.2 The ICB is 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 emergency preparedness processes throughout the cycle of preparedness. We shall do this by ensuring that the below aspects are considered within the EPRR cycle:

| Principle | ICB Delivery process |
|--------------------------------------|---|
| Preparedness and anticipation | Ensuring that a complete, holistic, risk assessment process is conducted both locally (ICB) level and system wide (LHRP and DRP Risk Register). The ICB 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. |
| Continuity | Ensuring that the response to incidents is grounded within the organisational functions; this will be considered within the plans |

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| | <p>formulated by the ICB in relation to our role as system coordinator for EPRR incident response.</p> <p>The ICB will also ensure system programmes of work are completed to develop joined up plans between partner organisations.</p> |
| Subsidiarity | <p>The ICB will ensure that decision making with organisations stays within those organisations. The ICB will act as a facilitator for system and joined up response to incidents.</p> <p>The ICB 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.</p> |
| Communication | <p>Ensuring effective communication is key during incident response. The ICB will ensure that it has robust mechanisms for managing communications related to:</p> <ul style="list-style-type: none"> • Public Communications • Communications with Partners • Incident Reporting processes (both to NHSE, regulators and providers within the system of Derbyshire as well as wider ICB organisations and systems) |
| Cooperation and integration | <p>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 Derbyshire and wider afield, this will include:</p> <ul style="list-style-type: none"> • Midlands Health Resilience Partnership Board (MHRPB) • Local Health Resilience Partnership (LHRP) • Health Emergency Planning Officers Group (HEPOG) • Emergency Preparedness ICB Leads Midlands (EPICBLM) • Derbyshire Resilience Partnership (DRP) (LRF) • And other established and associated groups within the field of EPRR <p>The ICB will also ensure appropriate mutual aid arrangements are in place both within the system of Derby and Derbyshire and with supporting bordering organisations/systems i.e. ICBs, NHSE, DRP Partners.</p> |
| Direction | <p>The ICB will ensure that the aims and objectives of its EPRR Programme are delivered in line with Integrated Emergency Management (section 5.3).</p> |

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| | The ICB will also ensure work programmes established within the system of Derby and Derbyshire have clear aims and objectives that are set and delivered with assurance via appropriate reporting mechanisms. |
|--|---|

5.3 Integrated Emergency Management (IEM)

5.3.1 The ICB follows Integrated Emergency management (IEM) to ensure that all aspects are considered within ICB EPRR arrangements:



| Section | Detail |
|-------------------|---|
| Anticipate | Horizon scanning processes are to be established within the ICB ensuring link up with key departments i.e., System Coordination Centre (SCC) to ensure that potential hazards and risks are identified and assessed. |
| Assess | ICB 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 system of Derby and Derbyshire. |
| Prevent | The ICB 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. |
| Prepare | The ICB will ensure internal planning processes are conducted for identified unmitigable risks, this will again extend to system preparedness, ensuring that the organisation and the system of Derby and Derbyshire can respond effectively to identified risks. |
| Respond | The ICB will ensure effective response mechanisms are in place for incidents that may occur within the system or those that affect the system of Derbyshire. This will include effective command and control principles as well as key considerations during the breadth of identified incident types that may affect the ICB/System of Derbyshire. |
| Recover | 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 system of Derbyshire to a state of `normality` and to recover that which is affected by any declared incidents within Derbyshire or affecting it. |

- 5.3.2 This cycle will be deployed in multiple ways but, as a minimum, the ICB 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.
- 5.3.3 Utilising this process, the ICB Assistant Director EPRR 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 system of Derby and Derbyshire.

5.4 EPRR Work Planning

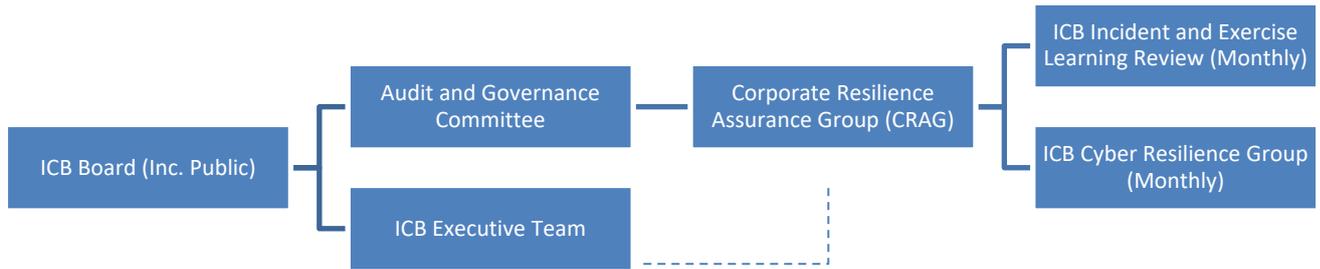
- 5.4.1 The EPRR Work Plan ([Planner - EPRR Workplan](#)) for the ICB will be constructed by the Assistant Director EPRR upon the identification of key risks to the ICB, the work plan will also consider that which is under the Core Standards for EPRR process.
- 5.4.2 The EPRR work plan will be reported on via the established EPRR Governance structure covered in section 5.5, The Assistant Director EPRR 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.
- 5.4.3 The EPRR Work Plan will be updated as a minimum monthly via the internal EPRR team meetings and subsequently quarterly via the EPRR governance arrangements in section 5.5.
- 5.4.4 Each action/objective will have a clear delivery aim, scope, action owner and anticipated delivery date. These will be checked by the Assistant Director EPRR before upload to ensure they align with the established principles of EPRR as detailed in section 5.2.
- 5.4.5 The ICB work plan will ensure that it considers any open actions/objectives linked to the ICB contained within the LHRP work plan or wider i.e., MHRPB work plan.
- 5.4.6 Reporting for these will be via the relevant reporting body i.e., LHRP, MHRPB, the Assistant Director EPRR will ensure in line with ICB reporting that these are reported articulating progress made, risks to delivery etc. as detailed above under the ICB EPRR Work Plan.

5.5 ICB EPRR Governance

- 5.5.1 Derby and Derbyshire ICB 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 ICB.
- 5.5.2 Emergency Preparedness Resilience & Response (EPRR) reports firstly into the Corporate Resilience Assurance Group (CRAG), this is co-chaired by the Assistant

Director EPRR and the Director of Corporate Governance and Assurance. The group meets quarterly as a minimum.

- 5.5.3 The CRAG will ensure it is updated on the progress of the work plan, training delivery, exercising delivery and any incidents that have occurred that have or may have impacted on the ICB.
- 5.5.4 The co-chairs then ensure updates and briefing into the ICB Audit & Governance Committee which meets quarterly (in relation to EPRR) and is chaired by a non-Executive Director.
- 5.5.5 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.
- 5.5.6 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 ICB's EPRR arrangements.
- 5.5.7 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 are submitted to the CRAG, ensuring that learning is embedded across the ICB.
- 5.5.8 The ICB Cyber Resilience Group, co-chaired by EPRR and Digital, meets monthly to progress the ICB's Cyber Resilience work programme, ensuring alignment with the NHS EPRR Core Standards and the Data Security and Protection Toolkit (DSPT). Key updates and progress are reported to the CRAG via the EPRR briefing report, produced by the EPRR Team.
- 5.5.9 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 A&G report.
- 5.5.10 As a minimum an annual report (template in Appendix 2) will be generated by the Assistant Director EPRR that will be presented to the various committees as detailed above before direct presentation to the ICB Board.
- 5.5.11 As a minimum a statement will also be included in the ICB annual report/accounts indicating the compliance of the ICB against the EPRR core standards and overall statement and commitment to EPRR within the ICB.



5.5.12 Workstreams external to the ICB may also need to be factored into the ICB EPRR workplan, these will be fed in via attendance at the variety of meetings attended (covered in relevant section). The Assistant Director of EPRR will then ensure that relevant actions are captured onto the ICB work plan and progressed and updated via the relevant assurance group internal to the ICB

5.5.13 The Assistant Director of EPRR 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.

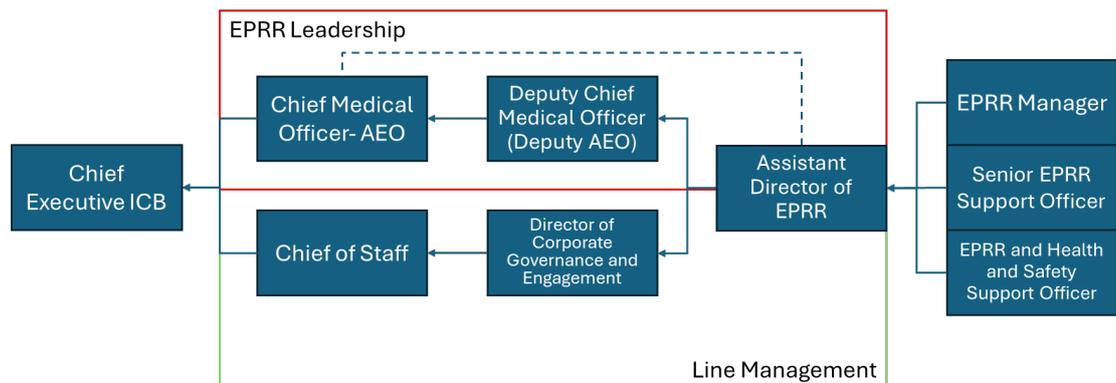
5.6 ICB EPRR Resourcing

5.6.1 Derby and Derbyshire ICB are committed to the effective resourcing of its EPRR function to ensure not only completion of internal planning but also in relation to system oversight, planning and assurance processes.

5.6.2 In consideration of the Derby and Derbyshire system and its unique risk profiles the team has been defined as below:

5.6.3 The Assistant Director EPRR is managed by the Director for Corporate Delivery but has direct reporting lines to the Chief Medical Officer (Accountable Emergency Officer) and the Chief of Staff in their role as Deputy Accountable Emergency Officer in any absence of the ICB AEO.

5.6.4 EPRR functionally sits under Corporate Delivery



5.6.5

5.6.6 The ICB Executive team and 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.

- 5.6.7 The EPRR Team has a budget assigned that sits within the Corporate Delivery 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 ICB.
- 5.6.8 The Assistant Director EPRR and Director of Corporate Delivery oversee this budget (planned EPRR expenditure) and ensure it is effectively managed and where uplifts may be required are escalated to the ICB Executive for decision on whether this can be done.
- 5.6.9 Costs are captured and reflected by finance and meet the requirements to ensure EPRR is appropriately funded by the ICB.

6. ANTICIPATE AND ASSESS

6.1 Anticipate

- 6.1.1 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 include but are not limited to the below:

| Domain | Group | Attendee (ICB) C denotes chair | Deputy |
|-----------------|--------------------------------------|--|---|
| Health (NHS) | Midlands Health Partnership Board | AEO | Deputy AEO |
| | EPICBLM | Assistant Director EPRR | EPRR Manager |
| | ICB Workstream-Debriefing | Assistant Director EPRR (C) | EPRR Manager |
| | Derby and Derbyshire LHRP | AEO (C) Director of Public Health City (C) | Deputy AEO |
| | Derby and Derbyshire HEPOG | Assistant Director EPRR (C) | EPRR Manager |
| | Derbyshire Health Risk Working Group | Senior EPRR Support Officer (C) | EPRR Manager |
| | ICB Cyber Resilience Group | Senior EPRR Support Officer (C) | Assistant Director EPRR |
| | ICS Cyber Resilience Group | Assistant Director EPRR (C) | Senior EPRR Support Officer |
| DRP (LRF) | DRP Strategic | AEO | Deputy AEO |
| | Programme Management Board | Assistant Director EPRR | Director of Corporate Governance and Engagement |
| | Risk Assessment Working Group (RAWG) | Senior EPRR Support Officer | Assistant Director EPRR |
| | Warning and Informing Group | Deputy Director of Communications and Engagement | Communications Manager |
| | CBRN Working Group | EPRR Manager | Assistant Director EPRR |

| | | | |
|--|-------------------------|-----------------------------|-------------------------|
| | Cyber Working Group | Senior EPRR Support Officer | EPRR Manager |
| | Excess Deaths | EPRR Manager | Assistant Director EPRR |
| | Flooding | EPRR Manager | Assistant Director EPRR |
| | Human Aspects | EPRR Manager | Assistant Director EPRR |
| | Telecommunications | Senior EPRR Support Officer | EPRR Manager |
| | Training and exercising | EPRR Manager | Assistant Director EPRR |
| | Voluntary Agencies | Senior EPRR Support Officer | EPRR Manager |

6.1.2 If a risk is identified, it will be assessed by the EPRR Team using the mechanisms that form the ICB risk assessment process detailed in section 6.2.

6.1.3 UKHSA regional teams work closely with directors of public health, integrated care boards (ICBs), local resilience forums (LRFs), to integrate health protection measures into wider emergency response strategies. Their role ensures local healthcare systems can withstand adverse weather events. They also contribute to the assessment of **adverse weather** risks as part of the development of community risk registers.

Integrated Care Boards (ICBs) – ICBs have statutory remits that require protection of public health and service delivery in the event of adverse weathers events. As a Category 1 responder, the ICB must lead on the development of local resilience plans to ensure delivery affecting one or multiple areas within their footprint and creating strategies and approaches to ensure health and wellbeing of the public, patients and staff.

NHS England and ICBs will co-ordinate health services at the LRF level, and ICBs will ensure co-ordination across local ICSs. ICBs and ICPs will support, advise, and help to coordinate these arrangements as required, and will need to consider the effects of adverse weather events on the broader population groups in their footprints.

NHS England Regional Teams and ICBs should work collaboratively to ensure that between them they have cascade mechanism for Heat-Health Alerts to all providers of NHS funded services both in business-as-usual hours and the out of hours period in their area.

Health Alert is issued and cascaded to:

- the public via news and social media
- the Cabinet Office, DHSC and other government departments and agencies
- NHS England
- UKHSA and regional teams

- local authorities
- prisons

The NHS England national team cascades the alert to NHS England regional teams. The NHS England regional teams then cascade the alert to the Integrated Care Boards (ICBs). The ICBs and local authorities work closely within the Integrated Care Partnerships (ICPs). ICBs cascade the alert to the NHS funded organisations.

NHS England regional teams and ICBs should work collaboratively to ensure that between them they have a cascade mechanism for weather and health alerts to all providers of NHS funded services both in business-as-usual hours and the out of hours period in their areas.

6.2 Assess

- 6.2.1 As a risk is identified it is key that the ICB ensures it relates whether the risk is to the system of Derbyshire or the ICB as an organisation, those that directly link to the organisation that pose a significant risk will be managed via the ICB risk policy (Available on the ICB Intranet), this will enable risks to be raised onto the corporate risk register for management through the relevant reporting bodies.
- 6.2.2 The Assistant Director EPRR will ensure that these risks are managed and reflected within the EPRR Work Programme that is accessible via the EPRR Dashboard, 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.
- 6.2.3 The ICB ensures that the National Risk Assessment for Emergencies and the Derby and Derbyshire Community Risk Register are factored into the local ICB 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 Derby and Derbyshire.
- 6.2.4 In additionality the below will be followed in relation to risk management and escalation:

| | Low (1–5) | Moderate (4–10) | High (8–15) | Very 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). <i>*A risk could score 8-10 and be 'Low' if the 'Impact' score is low.</i> | A generally acceptable level of risk but corrective action needs to be taken (e.g. new risk at score 6+ or escalated from Risk Log(s) to ICB Corporate Risk Register). <i>*A risk could score 8-10 and be 'Medium' if the 'Impact' score is high.</i> | An unacceptable level of risk which requires senior management attention and corrective action | An unacceptable level of risk which requires urgent Executive and senior management attention and immediate corrective action |
| Add to ICB Corporate Risk | No | No | Yes, with monthly 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 or Place Based or System Transformation Groups | Risk Logs to be reviewed in relevant Team/Directorates Meetings or Place Based or System Transformation Groups | ICB Corporate Risk Register (full or relevant extracts) to be reviewed by the relevant committee(s) at each meeting | ICB Corporate Risk Register (full or relevant extracts) to be reviewed by the relevant committee(s) at each meeting | All red/high risks on the ICB Corporate Risk Register to be highlighted to the ICS Board |
|-------------------------------|--|--|---|---|--|

- 6.2.5 The above is taken from the ICB Risk Management Process and should be referred to when considering ICB EPRR Risk Management.
- 6.2.6 Risks within the ICB are identified and managed via the ICB risk policy, this is then subsequently fed into the ICB Corporate Risk Register when required.
- 6.2.7 Derby and Derbyshire ICB EPRR Team ensure alignment to the ICB risk management policy, this includes the articulation of risk appetite for the ICB, this is transferable into the ICB EPRR Risk Management process <https://intranet.ddicb-nhs.uk/download/risk-management-strategy-and-governing-body-assurance-framework-gbaf/>

Derby and Derbyshire ICB Board Risk Appetite Statement

The Board of NHS Derby and Derbyshire Integrated Care Board (ICB) recognises that long-term sustainability and the ability to improve quality and health outcomes for our population, depends on the achievement of our strategic objectives and that this will involve a willingness to take and accept risks. It may also involve taking risks with our strategic partners to ensure successful integration and better health services for the people of Derby and Derbyshire.

The ICB will strive to adopt a mature approach to risk-taking where the long-term benefits could outweigh any short-term losses, particularly when working with strategic partners across the Derby and Derbyshire system. Such risks will be considered in the context of the current environment in line with the ICB’s risk tolerance and where assurance is provided that appropriate controls are in place, and these are robust and defensible.

The ICB will seek to minimise risks that could impact negatively on the health outcomes and safety of patients or in meeting the legal requirements and statutory obligations of the ICB. We will also seek to minimise any undue risk of adverse publicity, risk of damage to the ICB’s reputation and any risks that may impact on our ability to demonstrate high standards of probity and accountability.

In view of the changing landscape, the ICB’s risk appetite will not necessarily remain static. The ICB Board will have the freedom to vary the amount of risk it is prepared to take, depending on the circumstances at the time. It is expected that the levels of risk the ICB is willing to accept are subject to regular review.

- 6.2.8 Derby and Derbyshire ICB ensure this is reflected within the ICB Corporate Risk Register that is accessible via request to the Corporate Assurance Team.

- 6.2.9 Risks are reported quarterly to the Corporate Resilience Assurance Group (CRAG), this ensures that mitigations are current and managed appropriately.
- 6.2.10 Risks will be closed by agreement that actions have been completed at the Corporate Resilience Assurance Group (CRAG), 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.
- 6.2.11 The ICB Assistant Director EPRR 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).
- 6.2.12 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 Derbyshire DRP Risk Register 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.
- 6.2.13 A localised risk assessment of the impacts of civil contingencies risk is contained in the rear of this document, demonstrating the ICBs capability and capacity against the range of risks identified in the National Security Risk Assessment (NSRA).

7. PREVENT AND PREPARE

7.1 Prevent

- 7.1.1 The ICB will be committed, where possible, to ensuring that risks identified are mitigated to their lowest level.
- 7.1.2 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:
 - (a) Physical intervention (where required) i.e. Business Case, Contract variations
 - (b) Plans, Policies and Procedures aligned to the identified risk profile for the ICB/ICS
 - (c) Training Plan
 - (d) Exercising Plan

7.2 Prepare

- 7.2.1 The ICB 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.

7.2.2 **Emergency Plans**

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

| Plan/Policy | Review Schedule | Responsible Department |
|---|-----------------|--------------------------|
| DDICB EPRR Policy | Every 2 years | EPRR Team |
| DDICB Business Continuity Management System (BCMS) | Every 2 years | EPRR Team |
| DDICB Incident Response Plan (IRP) | Annually | EPRR Team |
| DDICB Health and Safety Policy | Every 2 years | EPRR Team |
| DDICB Fire Safety Policy (inc. Evacuation and Shelter) | Every 2 years | EPRR Team |
| DDICB Business Impact Assessments (BIA) | Annually | EPRR Team |
| DDICB Service Level Business Continuity Plans | Annually | EPRR Team |
| DDICB Cyber Response Plan (ICB) | Annually | EPRR Team & Digital Team |
| NECS Cyber Response Process | Every 2 years | EPRR Team |
| DDICB Emergency Communications Plan | Annually | ICB Communications Team |

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

- (a) 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.
- (b) Post Exercise: Plans will be updated where lessons have been identified post exercise.

- (c) Post Incident: Plans will be updated where lessons have been identified post incident.
- 7.2.4 All changes will be discussed via the HEPOG and LHRP where required to ensure formal acknowledgement of changes to ICB plans.
- 7.2.5 These plans will be supported and complemented by relevant EPRR guidance, local plans, and Standard Operating Procedures e.g.
- (a) Derby and Derbyshire Local Health Protection Agreement
 - (b) Derby and Derbyshire ICS Mass Casualty Concept of Operations (CONOPS)
 - (c) Derby and Derbyshire ICS Evacuation and Shelter CONOPS
 - (d) Derby and Derbyshire ICS Cyber Response Plan
 - (e) Derbyshire Local Outbreak Agreement (Contract Variation)
 - (f) Major Incident Clinical Guidelines
 - (g) NHSE Regional and National EPRR arrangements
 - (h) UKHSA CBRN and HAZMAT Guidelines
- 7.2.6 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.
- 7.2.7 Plans/Policies are stored as hard copies within the Incident Control Centres at Scarsdale and Council House, these are updated as required by the EPRR Team, with an overview compliance tracker kept by the EPRR Team on MS Teams.
- 7.2.8 **Business Continuity and Supplier Planning**
- 7.2.9 The ICB ensures it has in place a Business Continuity Management System (BCMS) Manual which covers the arrangements for assurance of key suppliers and contractors (including audit) who provide services either directly or indirectly to the Derby and Derbyshire ICB.
- 7.2.10 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 ICB plans are also updated and assessed to reflect these arrangements, as an example the NECS cyber security plan is shared with the ICB and the ICB Incident Response Plan (Contains BC Response) is shared with NECs to ensure a joint understanding and alignment for incident response.
- 7.2.11 **Consultation of Plans and Arrangements**
- 7.2.12 The ICB 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.

- 7.2.13 Plans are shared as a minimum with:
- (a) On Call Team (Strategic and Tactical Commanders)
 - (b) System Coordination Centre and Commanders (Operational Commanders)
- 7.2.14 System Partners:
- (a) Derbyshire Healthcare
 - (b) Derbyshire Community Healthcare Services
 - (c) University Hospitals of Derby and Burton
 - (d) Chesterfield Royal Hospital
 - (e) EMAS
 - (f) DHU Healthcare
 - (g) NHS England Midlands
 - (h) UK Health Security Agency
 - (i) Derbyshire Resilience Partnership (DRP) (via the Local Authority)
- 7.2.15 Other agencies may be added in dependant on the subject matter expertise.
- 7.2.16 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 & Governance Committee, HEPOG and where required LHRP.
- 7.2.17 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 Assistant Director of EPRR).
- 7.2.18 Final Plans will then be shared as per arrangements in this document.
- 7.2.19 **Availability of plans**
- 7.2.20 Plans will be made available to ensure full engagement by members of ICB and/or contractors, as they are updated communication will be sent to identified service leads. As a minimum copy will be made available to:
- (a) Relevant responders/staff via email.
 - (b) Located within the Incident Control Centres (Council House and Scarsdale)
 - (c) Located on the ICB Incident Management System (IMS) via Microsoft Teams
 - (d) Located on Resilience Direct (Business Continuity location)

- 7.2.21 There is then an expectation that these updates will be cascaded down through all layers of staffing to ensure resilience.
- 7.2.22 These documents will also be shared with key external partners as required and indicated in the final sections of this document.
- 7.2.23 **ICB and ICS Assurance**
- 7.2.24 As the lead for commissioning within Derbyshire and in line with the delegated responsibility from NHS England, Derby and Derbyshire ICB lead on the gathering, confirm, and challenge and submission of system level assurance for the NHS EPRR Core Standards.
- 7.2.25 The 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.
- 7.2.26 This will then be relayed via the requested form to NHS England Midlands for their assurance processes.
- 7.2.27 The ICB 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.
- 7.2.28 Any providers that are identified as non-compliant will be directly supported by the ICB ensuring a robust work plan and individual support sessions are calendared to ensure effective management of the standards.
- 7.2.29 The ICB is 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 in Derby and Derbyshire will be supported in relation to ensuring effective Business Continuity arrangements are in place.

8. RESPOND AND RECOVER

8.1 Respond

8.1.1 Incident funding

8.1.2 In the event of the ICB 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.

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

8.1.4 Derby and Derbyshire ICB 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.

- 8.1.5 Each organisation (including Derby and Derbyshire ICB) has a requirement to commit to meeting the financial requirements of a response. However, the ICB recognises 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.
- 8.1.6 The ICB 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.
- 8.1.7 **Mutual Aid**
- 8.1.8 The ICB 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 Derbyshire ICB is also signed up to an ICB wide mutual aid agreement allowing the sharing of resources for EPRR response should the eventuality be required.
- 8.1.9 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 DDICB Incident Response Plan, this must include the detail of:
- (a) What is required?
 - (b) Why is it required?
 - (c) When is it required?
 - (d) Funding identification (If necessary)
- 8.1.10 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.
- 8.1.11 Formal authority for mutual aid within the ICB will sit with the 2nd on call as the executive level responsible for incident response.
- 8.1.12 **Information Sharing**
- 8.1.13 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.
- 8.1.14 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.

- 8.1.15 The ICB has 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 ICB.
- 8.1.16 The ICB as a commissioner of the services provided across Derby and Derbyshire 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 detailed through the link above.
- 8.1.17 The ICB has access to Resilience Direct collaborate page that allows the data storage of key documents and processes in a secure, externally hosted system.
- 8.1.18 The ICB also has access to NHS futures whereby EPRR information is stored, and incidents can be coordinated.
- 8.1.19 The ICB and ICS within Derbyshire are part of, and a signatory to, the Derby and Derbyshire DRP Information Sharing agreement specifically for civil emergencies.
- 8.1.20 In an emergency you should share information if necessary and proportionate. Not every urgent situation is an emergency, examples include:
 - (a) Preventing serious physical harm to a person.
 - (b) Preventing loss of human life.
 - (c) Protection of public health.
 - (d) Safeguarding vulnerable adults or children.
 - (e) Responding to an emergency.
 - (f) An immediate need to protect national security.
- 8.1.21 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/>

9. ICB TRAINING PLAN

9.1.1 To ensure EPRR is embedded across the ICB, 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 ICB, 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) | JESIP | ICB On Call and EPRR Training | ICB Loggist Training | All Staff Awareness | HMIMMS | Media Training | Business Continuity Leads Training | Multi Agency Strategic Incident Command | Multi-Agency Tactical Incident Command |
|--|------------------------------------|-------------------------------------|------------------|-------------------------------|----------------------|---------------------|------------------|------------------|------------------------------------|---|--|
| CEO (and deputy) | 2 | M- Every 3 years | O- Every 3 years | M- Annually | O- Every 3 years | O- Every 3 years | O- Every 3 years | M- Every 3 years | O- Every 3 years | O- Every 3 years | N/A |
| AEO (and deputy) | 2 | M- Every 3 years | O- Every 3 years | M- Annually | O- Every 3 years | O- Every 3 years | O- Every 3 years | M- Every 3 years | M- Annually | O- Every 3 years | N/A |
| 1st on call | 25 | M- Every 3 years | O- Every 3 years | M- Annually | O- Every 3 years | O- Every 3 years | O- Every 3 years | O- Every 3 years | N/A | N/A | O- Every 3 years |
| 2nd on call | 15 | M- Every 3 years | O- Every 3 years | M- Annually | O- Every 3 years | O- Every 3 years | O- Every 3 years | M- Every 3 years | N/A | O- Every 3 years | N/A |
| EPRR Staff | 4 | M- Every 3 years | M- Every 3 years | M- Annually | O- Every 3 years | M- Every 3 years | M- Every 3 years | N/A | N/A | N/A | N/A |
| Operational Commander (SCC Commanders) | 3 | N/A | N/A | M- Annually | O- Every 3 years | O- Every 3 years | O- Every 3 years | N/A | N/A | N/A | N/A |
| Loggist | 15 | N/A | N/A | N/A | M- Every 3 years | M- Every 3 years | N/A | N/A | N/A | N/A | N/A |
| All ICB staff (inc. Contractors) | 500 | N/A | N/A | N/A | N/A | M- Every 3 years | N/A | N/A | N/A | N/A | N/A |
| Business Continuity Leads | 20 | N/A | N/A | N/A | N/A | N/A | N/A | N/A | M- Annually | N/A | N/A |

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

9.1.3 **National Occupational Standards (NOS):**

9.1.4 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:

Key

M = Mandatory **O** = Optional

| Skills for Justice NOS | Chief Executive Officer | Accountable Emergency Officer | 2 nd On call (Strategic Commander) | 1 st On call (Tactical Commander) | SCC Commander (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 Direct and facilitate exercises to practice or validate emergency or business continuity arrangements | | | | | | M |
| 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 |

9.1.5 **Training forecast 2024-2025**

9.1.6 Below is the anticipated 1 year forecast for training at the ICB (2026 will be written at the end of 2025), it must be noted this is subject to change either due to risk profile changes and/or live incident response, updates can be sought from ddicb.eprinbox@nhs.net

| Type of Training | Role(s) required | Date |
|-----------------------------------|-----------------------------------|------------|
| DDICB On Call Training | 1st and 2nd On Calls | 16/04/2025 |
| DDICB SCC Training | SCC Commanders | 23/04/2025 |
| DDICB On Call Training | 1st and 2nd On Calls | 15/05/2025 |
| Business Continuity Lead Training | Business Continuity Leads | 27/05/2025 |
| Loggist Training | Loggist (refresher non mandatory) | 05/06/2025 |
| DDICB On Call Training | 1st and 2nd On Calls | 18/06/2025 |
| DDICB On Call Training | 1st and 2nd On Calls | 15/07/2025 |
| SCC Training | SCC | 28/07/2025 |
| Loggist Training | Loggist (refresher non mandatory) | 07/08/2025 |
| DDICB On Call Training | 1st and 2nd On Calls | 21/08/2025 |

****New first, second on calls and Loggists will be given a one-to-one training session.***

9.1.7 **Responsibility for training**

9.1.8 All training is coordinated by the EPRR Manager aligned to the National Occupational Standards for EPRR, a range of methods for delivery with a variety of dates can be offered, some will be coordinated by EPRR some will be the responsibility of the service areas to plan.

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

9.1.10 This is monitored through PDP records held on the EPRR online system.

9.1.11 **Types of training**

9.1.12 There are a variety of teaching methods that will be used by EPRR Manager to deliver training cross ICB, these are:

- (a) Face to Face
- (b) E-Learning
- (c) Self-Learning
- (d) Exercise based.

9.1.13 **Training Records/Lesson Plans**

9.1.14 Can be made available through the Assistant Director of EPRR at request.

9.1.15 Alternate training resources available to all staff

- [JESIP All staff awareness](#)
- [IOR for the wider NHS](#)
- [UKHSA E-learning system for EPRR](#)

10. ICB EXERCISING PLAN

10.1.1 As a Category 1 responder the ICB is required to undertake, at a minimum, the following level of exercising:

- (a) Six-monthly communications cascade test (Exercise Hermes), this 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.
- (b) Annual tabletop exercise (TTX).
- (c) Three-yearly live exercise.
- (d) Three-yearly command post exercise (CPX).
- (e) Every 3 months, ICC Equipment testing.

10.1.2 Following each exercise, the EPRR Team will produce a post exercise report for presentation at CRAG. This will include a series of recommendations.

10.1.3 Derby and Derbyshire ICB commit as part of its role as system coordinator to ensure that regular system exercises are held to ensure joined up response is assured.

10.1.4 **Ad Hoc exercising**

10.1.5 More exercises will be planned throughout the year to test new threats or to exercise new plans/documents/SOPs as required.

10.1.6 **2-year Forecast**

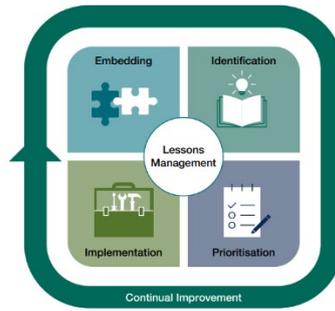
10.1.7 Below is the anticipated 2 year forecast for exercising at the ICB, it must be noted this is subject to change either due to risk profile changes and/or live incident response, updates can be sought from ddicb.eprinbox@nhs.net

| Exercise Name | Subject | Date | Plan Tested | Type |
|-----------------|------------------------|--------|--|-------------|
| Hermes (OOH) | Communications | Apr-25 | Emergency Communications | Comms |
| TBC | Adverse Weather | May-25 | Incident Response Plan (Hot Weather) | TTX |
| TBC | Evacuation and shelter | Aug-25 | Incident Response Plan (Evacuation and Shelter, C2) | TTX and CPX |
| Hermes (In hrs) | Communications | Oct-25 | Emergency Communications | Comms |
| Uneri | Winter preparedness | Oct-25 | Winter Plan and Incident Response Plan (Critical and Adverse Weather elements) | TTX |
| Hermes (OOH) | Communications | Apr-26 | Emergency Communications | Comms |
| Apollo II | ICB Live Exercise | Sep-26 | Incident Response Plan (Incident Discharge) | Live/CPX |
| Domino | Business Continuity | Oct-26 | Service level BCP | TTX |

****This is just a forecast there will be multiple other exercises that will be held during this 2-year cycle that will be arranged by the Derbyshire Resilience Partnership and NHS England as examples, the ICB will ensure full engagement in this exercising.***

11. CONTINUOUS IMPROVEMENT PROCESS

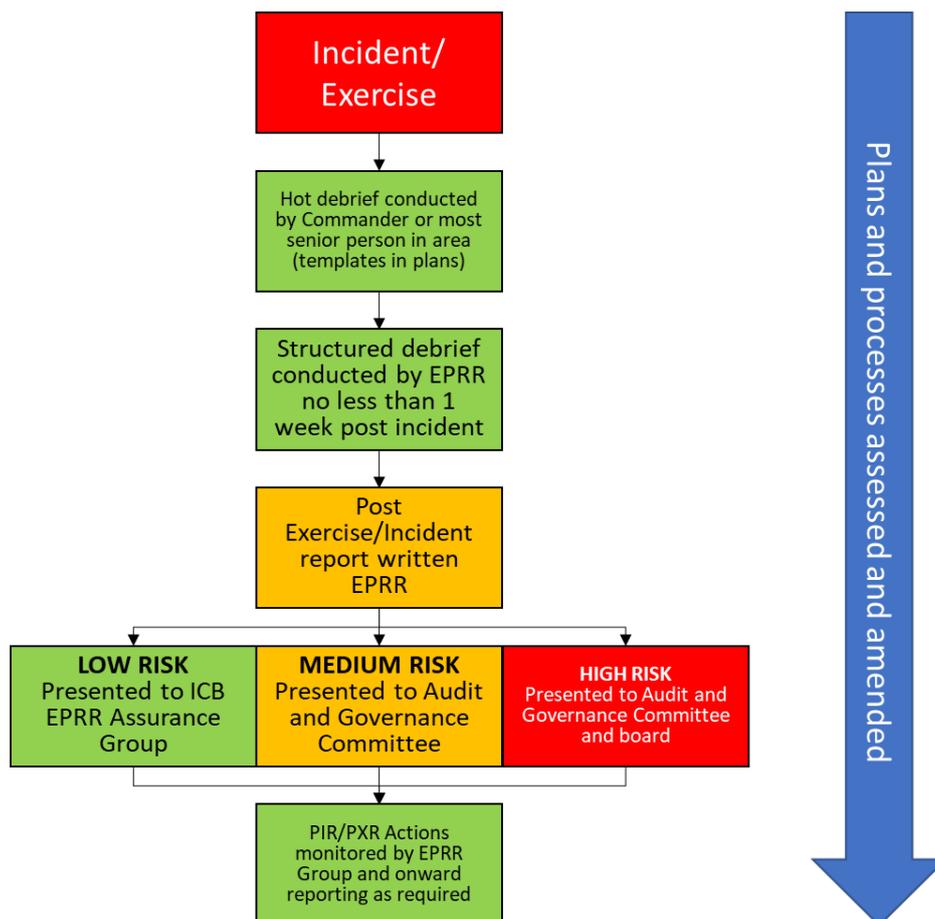
- 11.1.1 EPRR is a continually evolving field that ensures effective update of processes via learning cycles to embed new and better ways of working, these can be from learning from exercises and/or incidents as well as changes in national guidance.
- 11.1.2 The ICB is committed to three strategic principles in relation to continuous improvement, these are:
- (a) Shared and developed understanding of risk
 - (b) Prevention over cure
 - (c) Whole NHS endeavour
- 11.1.3 The ICB is committed to embedding the lessons management framework



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



11.1.4 The diagram below indicates the continuous improvements process in place at Derby and Derbyshire ICB to ensure that learning is identified, and then subsequently embedded within processes, the diagram below also indicates how the ICB assures itself that processes are embedded post any `event`.



11.1.5 As soon as practicable following an exercise or incident debriefs will be conducted this can take two main forms within the ICB:

- 11.1.6 **Hot Debrief:**
- 11.1.7 Conducted immediately 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.
- 11.1.8 **Structured Debrief:**
- 11.1.9 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, this debrief will ensure that full details of areas of good practice and those that require improvement are captured and then prioritised.
- 11.1.10 **Post Incident/Post Exercise Reporting:**
- 11.1.11 These will be completed for any incidents that require the activation of a 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 CRAG and then Audit and Governance Committee for sign off.
- 11.1.12 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 and Governance Committee and the Board.
- 11.1.13 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 ICB and ICS where 2 separate meetings are held once a month led by the ICB EPRR Team to review these actions.
- 11.1.14 All actions pertaining to the Post Incident Report (PIR) or Post Exercise Report (PXR) will be captured within the relevant action log. 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 ICB.
- 11.1.15 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.
- 11.1.16 **Role in Regional Debriefing/Lessons Learnt**
- 11.1.17 The ICB has a duty to ensure engagement with and inclusion of lessons within the NHS England Midlands Regional process. This is key to ensure 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.
- 11.1.18 The ICB lessons learnt process will identify key areas of concern as per section 11.1.0 and if during this process learning is identified that is pertinent or a key risk

for the system/region the Assistant Director of EPRR 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.

- 11.1.19 The NHS England Midlands Team request quarterly the post incident and post exercise reports from the ICB, within these are identified our identified lessons with actions and due dates. These will be submitted as requested for capture on the regional learning log.
- 11.1.20 The ICB will also regularly assess this log that is on futures for any lessons that can be considered as part of the Corporate Resilience Assurance Group (CRAG) 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.
- 11.1.21 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.
- 11.1.22 Any lessons identified as for inclusion will then be captured on the relevant system or internal learning logs.

12. KEY PERFORMANCE INDICATORS (KPI)

- 12.1.1 The ICB has set several internal KPIs in relation to EPRR this ensures ongoing resilience within the ICB 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.
- 12.1.2 The year for EPRR is measured from the 1st of September to the 31st of August in line with the national EPRR Assurance process.
- 12.1.3 Updates against the KPIs will be provided quarterly to the Corporate Resilience Assurance Group (CRAG) and subsequently Audit and Governance as a Committee of the board.
- 12.1.4 The ongoing recording of the KPIs will be captured by the EPRR team and are available on request via ddicb.eprinbox@nhs.net

| KPI 1- There is an overall framework in place to ensure that appropriate Business Continuity arrangements are developed and maintained. (Min 90% achievement) | Frequency |
|--|------------------|
| 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 |

| | |
|--|--------------|
| 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) | |
| Standard report to Audit and Governance Committee at each meeting where EPRR is scheduled | Quarterly |
| Corporate Resilience Assurance Group (CRAG) to meet no less than quarterly | Quarterly |
| 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 |
| KPI 3- Ensure effective training is in place across the ICB for roles identified within TNA. (min 80% achievement) | |
| 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 |
| KPI 4- There is an overall framework in place to ensure that appropriate EPRR arrangements are developed and maintained. (min 80% achievement) | |
| 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 |
| KPI 5- There is an overall framework in place to ensure that appropriate system EPRR arrangements are developed and maintained. (min 80% achievement) | |
| 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 |

13. PROCESS FOR MONITORING OF COMPLIANCE

| | Lead | Tool | Frequency | Reporting arrangements | Acting on recommendations and Lead(s) |
|--|---------|------------------|-------------------|---|---------------------------------------|
| EPRR Policy | AD EPRR | Review | Annually | ICB Board | AD EPRR Leaders, Managers |
| Annual EPRR Report | AD EPRR | Report framework | Annually | Audit and Governance Committee | AD EPRR |
| EPRR Assurance | AD EPRR | NHSE framework | Annually | Audit and Governance Committee | AD EPRR Leaders, Managers |
| Review of EPRR Plans & Procedures | AD EPRR | EPRR agenda | At Least Annually | Corporate Resilience Assurance Group (CRAG) | AD EPRR Leaders, Managers |
| EPRR Training | AD EPRR | EPRR agenda | At Least Annually | Corporate Resilience Assurance Group (CRAG) | AD EPRR Leaders, Managers |
| Live Exercise | AD EPRR | Core Standard | 3 Yearly | Corporate Resilience Assurance Group (CRAG) | AD EPRR Leaders, Managers |
| Command Post Exercise | AD EPRR | Core Standard | 3 Yearly | Corporate Resilience Assurance Group (CRAG) | AD EPRR Leaders, Managers |
| Communications Exercise | AD EPRR | Core Standard | 6 Monthly | Corporate Resilience Assurance Group (CRAG) | AD EPRR Leaders, Managers |

| | Lead | Tool | Frequency | Reporting arrangements | Acting on recommendations and Lead(s) |
|---------------------------------|---------|---------------|-----------|--|---------------------------------------|
| EPRR Work Plan/Programme | AD EPRR | Update Report | Quarterly | Corporate Resilience Assurance Group (CRAG)/ Subs report to Audit and Governance Committee | AD EPRR |

14. EPRR EQUALITY QUALITY IMPACT ASSESSMENT (EQIA)

14.1.1 The ICB is committed to ensuring that its EPRR processes and any interrelated arrangements do not adversely impact on any of the staff or person(s) that may be impacted by its arrangements, the process at Derby and Derbyshire ICB will be to ensure that EPRR arrangements are adequately and appropriately assessed by the application of an EQIA process for all its arrangements.

15. REFERENCES

- 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)

16. APPENDIX 1- 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.

| Document Type | Examples | Minimum Retention Period | Final Action |
|--|--|--------------------------|--|
| 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 |

17. APPENDIX 2- EPRR ANNUAL REPORT TEMPLATE

NHS Derby and Derbyshire ICB

Emergency Preparedness, Resilience and Response (EPRR) Annual Report

XXXX

1. EXECUTIVE SUMMARY

Derby and Derbyshire ICB has the responsibility to ensure it is properly prepared to respond to, and recover from emergencies, as defined by the Civil Contingencies Act 2004, Health and Social Care Act 2022 and associated guidance and frameworks.

This annual report is to assure the ICB Public Board on system and organisational Emergency Preparedness, Resilience, and Response (EPRR) activities during the period 31st August 20XX to 31st August 20XX (this is classed as the reporting `year` for EPRR).

This will include detail on:

- Delivery of the EPRR Work Programme.
- Emergency Plans compliance.
- Training compliance
- Exercising compliance.
- Incidents experienced.
- Lessons and learning from Incidents and Exercises.
- Compliance with the Core Standards assurance process.
- EPRR resource commitment for 20XX-XX.
- EPRR work plan for the ICB and the system of Derby and Derbyshire for 20XX-XX.

2. BACKGROUND

The ICB, is categorised as a Category 1 responder under the Civil Contingencies Act 2004 this entails the delivery of 8 key resilience objectives:

- Assessing the risk of emergencies occurring and use this to inform contingency planning.
- Put in place emergency plans.
- Create business continuity plans to ensure that they can continue to deliver critical functions in the event of an emergency.
- 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 coordination and efficiency.

In the NHS this programme of work is collectively referred to as Emergency Preparedness, Resilience and Response (EPRR). NHS organisations are also expected to comply to associated legislation and guidance in addition to the Civil Contingencies Act 2004 this includes:

- Health and Social Care Act 2022
- NHS EPRR Core Standards (annual assurance process)
- EPRR Framework 2022
- ISO 22301:2019 (Business Continuity), the ICB remains committed to ensuring alignment with ISO 22301 as directed by NHS England Business Continuity Toolkit and EPRR Core Standards.
- Associated EPRR Guidance (i.e., Mass Casualty CONOPS)

The ICB has a legal and regulatory responsibility to ensure EPRR is in place for both the ICB and to support the development of system EPRR processes to ensure the NHS can respond effectively to a range of incident types.

The ICB has an EPRR Team in place to deliver this programme, this report indicates the updated EPRR activities for the year of 20XX-XX reporting (31st August to 31st August to align to the EPRR Core Standards reporting processes)

This report will demonstrate compliance specifically against core standard 3 (EPRR Trust Board Reports) and 5 (EPRR Resource) for the 20XX-XX iteration of the Core Standards process.

3. DELIVERY OF THE EPRR WORK PROGRAMME XXXX

As part of the EPRR Policy for the ICB a high level workplan/objectives were set for delivery in 202X, these are outlined below along with detail on the progress made for these high-level objectives:

| Objective | Detail | Status |
|-----------|--------|--------|
| | | |
| | | |

4. EMERGENCY PLANS COMPLIANCE

During 20XX-XX the EPRR team undertook an overhaul of all EPRR documentation, these were consulted with all partners within the system and wider afield i.e., NHS England, the ICB currently has the below documentation that is in date:

| Plan | Purpose |
|---|---------|
| EPRR Policy | |
| Incident Response Plan | |
| Emergency Communications Plan | |
| Business Continuity Management System | |
| Service level Business Continuity Plans | |

Business Continuity Compliance 20XX-XX

The ICB has XXX. Business Continuity KPIs demonstrate the compliance for ICB Business Continuity as below:

| | |
|---|------------|
| KPI 1 - There is an overall framework in place to ensure that appropriate Business Continuity arrangements are developed and maintained. (Min 80% achievement) | 80% |
| In date plans (% of total) | |
| In date BIAs (% of total) | |
| Tested in the last 3 years (% of total) | |
| Accessible to all members of staff? (Yes/No) | |
| Number of depts internally audited (% of total) | |

5. TRAINING COMPLIANCE

The ICB has run a number of training courses to ensure embedding of key knowledge, this training is aligned to the ICB Training Needs Analysis with training aligned to the National Occupational Standards (NOS) for EPRR, these training course have included:

- ICB Incident Response Training (2nd on call, 1st on call, CEO and AEO)
- Loggist Training
- Principles of Health Command (NHSE Training for on call teams)
- Business Continuity Awareness training
- EPRR Awareness training

The % compliance for training is now graded against KPIs for EPRR Training, using these and assessing last year's delivery and attendance we can confirm the below % compliance:

| | |
|--|------------|
| KPI 3 - Ensure effective training is in place across the ICB for roles identified within TNA. (Min 80% achievement) | 80% |
| ICB Incident Response Training | |
| Loggists | |
| Principles of Health Command | |
| Business Continuity Awareness Training | |
| EPRR Awareness Training | |

This has equated to **XX** staff been trained across the ICB during the past 12 months, the plan for the next 12 months of training is covered within EPRR workplan 20**XX** section of this report.

Insert key challenged areas.

6. EXERCISING COMPLIANCE

The ICB has attended and partaken in a number of exercises to test arrangements and compliance of the ICB in relation to emergencies, these are indicated below:

- **Exercise Name <detail plan tested>**

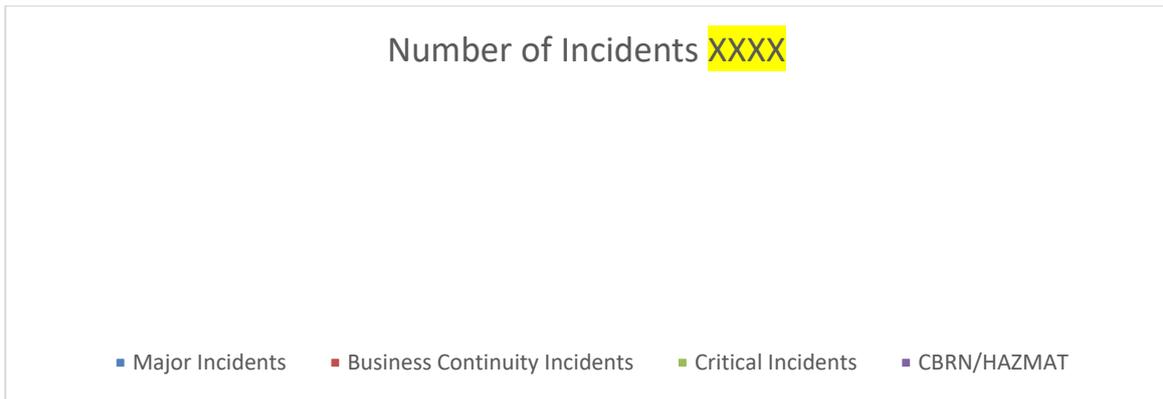
XX staff attended from a range of roles across the ICB.

7. INCIDENTS EXPERIENCED

There have been a number of incidents that the ICB has been alerted to or responded to during the past 12 months, these incidents have included:

- **Insert Incident types**

| Major Incidents | Business Continuity Incident | Critical Incident | CBRN/HAZMAT |
|-----------------|------------------------------|-------------------|-------------|
| X | X | X | X |



***CBRN/HAZMAT= Chemical, Biological, Radiological and Nuclear Incidents and Hazardous Materials Incident**

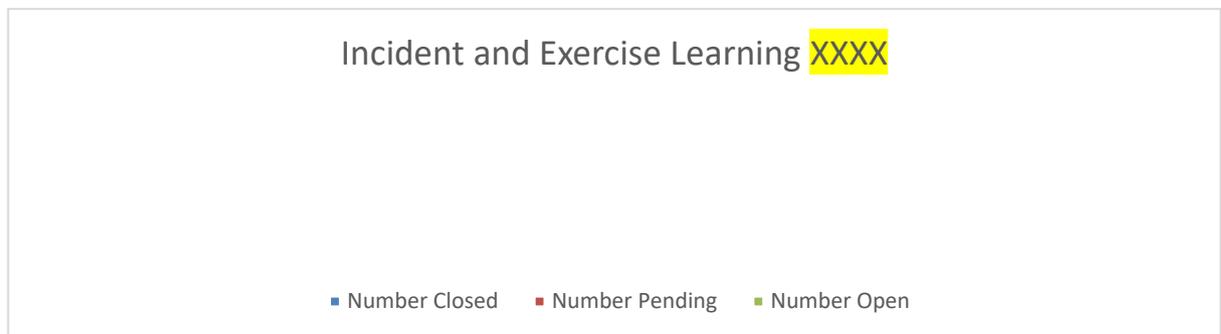
For each incident learning is compiled and then managed by either the Health Emergency Planning Officers Group (HEPOG) or the ICB Corporate Resilience Assurance Group (CRAG).

8. LESSONS AND LEARNING FROM INCIDENTS AND EXERCISES

During the 20XX-XX the ICB continues to learn from incidents and exercises, key themes are identified below along with the number of open actions:

- Incident Type <Learning Theme>

| Total number learning points | Number Closed | Number pending closure (6-month review*) | Number open |
|------------------------------|---------------|--|-------------|
| | | | |



****The ICB will review any actions that a closed after 6 months to ensure ongoing embedding of learning processes, this reduces the risk of actions being opened multiple times whereby learning hasn't been fully embedded.***

9. COMPLIANCE WITH THE EPRR CORE STANDARDS PROCESS

Core Standards have been approved by NHS England and DDICB has attained a status of **XXXXX**, this is achieved by an **XX%** compliance against the Core Standards (previous years was **XX%**), (full submission is attached to this annual report)

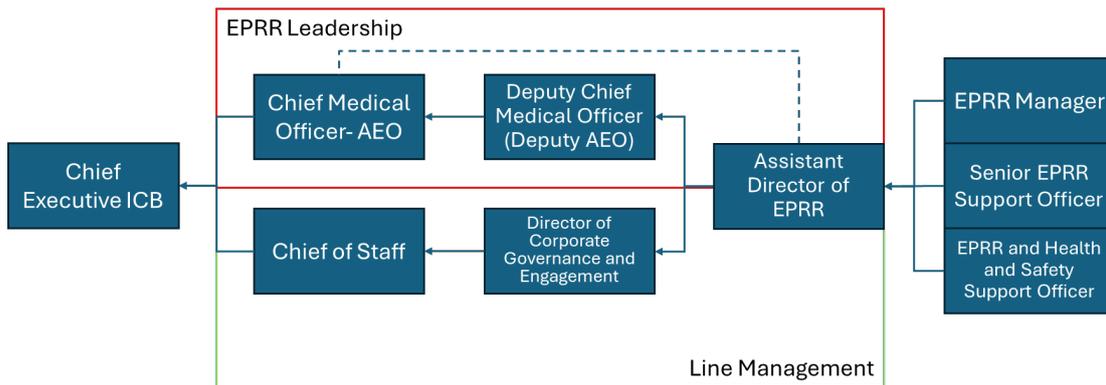
Whilst this is a good achievement for the ICB there are several sections that still require further work to ensure further increases in compliance rating for the **20XX/XX** reporting period, these were identified as:

| Title | Gaps | Action Plan | Due Date |
|-------|------|-------------|----------|
| | | • | • |
| | | • | • |
| | | • | • |
| | | • | • |
| | | • | • |
| | | • | • |
| | | • | • |
| | | • | • |

10. EPRR RESOURCE COMMITTEMENT FOR 20XX-XX

Derby and Derbyshire ICB Executive Team and Board are committed to ensuring sufficient, responsible EPRR arrangements are in place in alignment with its legal responsibilities and duty of care to patients and the community it serves and supports.

In order to do this the ICB has risk assessed the local, regional, and national risks in relation to EPRR and has determined a suitable structure (inc. costs and financial implications) to deliver a safe and sufficient EPRR service. This is detailed below:



EPRR is funded as part of the Corporate Delivery budget, 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 ICB.

This section requests members acknowledgment to this commitment to EPRR resourcing for 20XX-XX.

11. EPRR WORK PLAN FOR THE ICB AND THE SYSTEM OF DERBY AND DERBYSHIRE FOR 20XX-XX.

A work programme has been developed encompassing learning from the previous 12 months and feedback from the EPRR Core Standards Process 20XX-XX, this is holistic ensuring improvement and embedding of the annual integrated emergency management (IEM) cycle.

The work plan identifies key `themes` related to effective EPRR delivery, within these themes will be key tasks assigned to the EPRR Team to deliver the work programme, the identified lead will ensure management and oversight of the key theme with the Assistant Director of EPRR maintaining overall oversight of the successful delivery of the programme.

| Theme | Detail | Lead |
|-------|--------|------|
| | | |

The full work programme can be seen on request via email to ddicb.eprinbox@nhs.net.

18. APPENDIX 3- ON CALL EPRR APPRAISAL



This document supports the established appraisal documentation for staff, it is only to be issued/completed by those performing an `on call` role at the Derby and Derbyshire ICB as defined by the ICB On Call Policy. Further details on this can be gained by email to ddicb.eprinbox@nhs.net

| | |
|---------------------------------------|--------------|
| Your name and job role: | |
| Appraiser Name (Line Manager): | Date: |



Reflection



On Call Compliance

| | |
|--|------------------------|
| <p>TRAINING Please indicate the date you completed your on-call training (this is an annual mandatory requirement) Line Managers dates can be sought from ddicb.eprinbox@nhs.net if support is required:</p> | |
| <p>EXERCISING Please indicate the date you last completed an EPRR exercise (whilst not currently a requirement it is a recommendation to ensure learning is embedded and to allow the practice of skills in a `safe` environment. Line Managers dates can be sought from ddicb.eprinbox@nhs.net if support is required:</p> | |
| <p>Is there anything you wish to raise in relation to your last 12 months on call (successes, challenges etc.)</p> | |
| <p>Signed Appraisee: Signed Appraiser: Please submit to ddicb.eprinbox@nhs.net</p> | <p>Date: Date:</p> |

19. APPENDIX 4- EPRR RISK ASSESSMENT

The ICB EPRR Risk Assessment is based on the risks posed within the National Risk Register 2025 and the Derbyshire LHRP Risk Register, the below shows the indicative risk as well as the ICB mitigations in place against each of the risks identified:

| Number | NSRA Risk Title | Likelihood | Impact | Risk Level | Mitigations DDICB | |
|--------|---|------------|--------|------------|---|--|
| DE3 | Northern Ireland related terrorism | 5 | 2 | Medium | <ul style="list-style-type: none"> • DDICB Incident Response Plan (inc. Mass Casualty section) • DDICS Mass Casualty Plan • ICB Command Training • ICB EPRR Training programme • ICB Exercising programme • ICB Incident Management System • ICB Alert Cascade Alerting system (Major Incident number) | |
| DE4 | Land-based terrorist attack - improvised explosive device | 5 | 3 | High | | |
| DE5 | Land based terrorist attack - vehicle borne improvised explosive device | 5 | 4 | Very High | | |
| DE6 | Land based terrorist attack - marauding attack (low sophistication) | 5 | 3 | High | | |
| DE7 | Land based terrorist attack - marauding terrorist firearms attack | 5 | 3 | High | | |
| DE12 | Malicious rail incident | 5 | 3 | High | | |
| DE13 | Malicious aviation incident | 2 | 3 | Medium | | |
| DE17 | Non-state nuclear attack - urban area | 2 | 5 | Very High | | <ul style="list-style-type: none"> • DDICB Incident Response Plan (CBRN/HAZMAT Section) • ICB Command Training • ICB EPRR Training programme • ICB Exercising programme • ICB Incident Management System • ICB Alert Cascade Alerting system (Major Incident number) |
| DE18 | Anthrax letters | 4 | 3 | High | | |
| DE19 | Biological attack - unenclosed urban area | 4 | 5 | Very High | | |
| DE20 | Radiological dispersal device - unenclosed urban area | 4 | 2 | Medium | | |

| | | | | | |
|-------------|--|---|---|-----------|---|
| DE21 | Chemical attack - unenclosed urban area | 4 | 3 | High | <ul style="list-style-type: none"> Primary Care CBRN Guidance (EMAS and ICB) |
| DE22 | Chemical attack - enclosed urban area | 4 | 3 | High | |
| DE23 | Chemical, Biological or Radiological attack on water supply infrastructure | 3 | 3 | High | |
| DE24 | Malicious contamination of the food chain | 4 | 1 | Low | <ul style="list-style-type: none"> DDICB Incident Response Plan (ID and Pandemic Section) Membership of the Derbyshire Health Protection Board Surveillance into the ICB in relation to outbreaks, contamination etc. |
| DE25 | Malicious attack on chemicals infrastructure | 3 | 4 | Very High | <ul style="list-style-type: none"> DDICB Incident Response Plan (CBRN/HAZMAT Section) ICB Command Training ICB EPRR Training programme ICB Exercising programme ICB Incident Management System ICB Alert Cascade Alerting system (Major Incident number) Primary Care CBRN Guidance (EMAS and ICB) |
| DE34 | Cyber attack - health and social care system | 5 | 3 | High | <ul style="list-style-type: none"> DDICB Business Continuity programme DDICB Cyber Response arrangements NECs DDICB Supplier assurance process (CS53) Registration for surveillance via NHS Digital NSCS support and registration for oversight Financial processes including Business Continuity |
| DE36 | Cyber attack – telecommunications systems | 4 | 4 | Very High | |
| DE38 | Cyber attack - government critical systems loss (public) | 5 | 2 | Medium | |
| DE39 | Cyber attack - government critical systems loss (government) | 5 | 3 | High | |
| DE40 | Cyber attack – Government data breach (citizen data) | 5 | 2 | Medium | |

| | | | | | |
|-------------|---|---|---|-----------|---|
| DE41 | Cyber attack – Government data breach (sensitive information) | 5 | 2 | Medium | |
| DE42 | Malicious Attacks - UK Financial CNI | 5 | 2 | Medium | |
| DE43 | Cyber attack - UK retail bank | 5 | 3 | High | |
| DE44 | Total loss of transatlantic telecommunications cables | 4 | 4 | Very High | |
| DE49 | Major social care provider failure | 4 | 2 | Medium | <ul style="list-style-type: none"> • Business Continuity programme |
| DE50 | Insolvency of supplier(s) of critical services to the public sector | 3 | 2 | Medium | <ul style="list-style-type: none"> • Surge and escalation plans • Evacuation and Shelter Plans |
| DE51 | Insolvency affecting fuel supply | 4 | 1 | Low | |
| DE53 | Rail accident | 2 | 2 | Medium | <ul style="list-style-type: none"> • DDICB Incident Response Plan |
| DE57 | Accident involving high consequence dangerous goods | 3 | 2 | Medium | <ul style="list-style-type: none"> • ICB Command Training • ICB EPRR Training programme |
| DE58 | Aviation collision | 1 | 4 | Medium | <ul style="list-style-type: none"> • ICB Exercising programme • ICB Incident Management System • ICB Alert Cascade Alerting system (Major Incident number) |
| DE60 | Disruption of space based services | 2 | 3 | Medium | <ul style="list-style-type: none"> • DDICB Business Continuity programme |
| DE61 | Loss of Positioning, Navigation and Timing (PNT) services | 2 | 4 | High | <ul style="list-style-type: none"> • DDICB Cyber Response arrangements NECs • DDICB Supplier assurance process (CS53) |
| DE62 | Simultaneous loss of all fixed and mobile forms of communication | 3 | 3 | High | <ul style="list-style-type: none"> • Registration for surveillance via NHS Digital • NSCS support and registration for oversight |
| DE63 | Failure of the National Electricity Transmission System (NETS) | 3 | 5 | Very High | <ul style="list-style-type: none"> • Back up systems i.e. teleconferencing |
| DE64 | Regional failure of the electricity network | 3 | 3 | High | |
| DE65 | Failure of gas supply infrastructure | 3 | 4 | Very High | |
| DE66 | Civil Nuclear Accident | 1 | 5 | High | <ul style="list-style-type: none"> • DDICB Incident Response Plan |

| | | | | | |
|-------------|---|---|---|-----------|--|
| DE67 | Radiation release from overseas nuclear site | 1 | 5 | High | <ul style="list-style-type: none"> ICB Command Training ICB EPRR Training programme |
| DE68 | Radiation exposure from transported, stolen or lost goods | 1 | 2 | Low | <ul style="list-style-type: none"> ICB Exercising programme ICB Incident Management System ICB Alert Cascade Alerting system (Major Incident number) |
| DE69 | Technological Failure of a Systemically Important Retail Bank | 3 | 3 | High | <ul style="list-style-type: none"> DDICB Business Continuity programme DDICB Cyber Response arrangements NECs |
| DE70 | Technological failure of a UK critical Financial Market Infrastructure | 5 | 3 | High | <ul style="list-style-type: none"> DDICB Supplier assurance process (CS53) Registration for surveillance via NHS Digital NSCS support and registration for oversight Financial processes including Business Continuity |
| DE75 | Accidental fire or explosion at an onshore major accident hazard pipeline | 1 | 3 | Medium | <ul style="list-style-type: none"> DDICB Incident Response Plan ICB Command Training |
| DE76 | Accidental work-related (laboratory) release of a hazardous pathogen | 1 | 2 | Low | <ul style="list-style-type: none"> ICB EPRR Training programme ICB Exercising programme ICB Incident Management System ICB Alert Cascade Alerting system (Major Incident number) |
| DE77 | Reservoir/dam collapse | 2 | 4 | High | |
| DE78 | Water infrastructure failure or loss of drinking water | 2 | 1 | Low | <ul style="list-style-type: none"> DDICB Business Continuity programme DDICB Supplier assurance process (CS53) |
| DE79 | Food supply contamination | 4 | 3 | High | <ul style="list-style-type: none"> DDICB Incident Response Plan |
| DE80 | Major fire | 2 | 2 | Medium | <ul style="list-style-type: none"> ICB Command Training |
| DE81 | Wildfire | 2 | 2 | Medium | <ul style="list-style-type: none"> ICB EPRR Training programme |
| DE82 | Volcanic eruption | 4 | 3 | High | <ul style="list-style-type: none"> ICB Exercising programme |
| DE83 | Earthquake | 1 | 1 | Low | <ul style="list-style-type: none"> ICB Incident Management System |
| DE86 | Severe space weather | 4 | 4 | Very High | <ul style="list-style-type: none"> ICB Alert Cascade Alerting system (Major Incident number) |
| DE87 | Storms | 4 | 3 | High | |
| DE88 | High temperatures and heatwaves | 3 | 4 | Very High | |

| | | | | | |
|----------------|--|---|---|-----------|--|
| DE89 | Low Temperatures and Snow | 4 | 4 | Very High | |
| DE91 | Fluvial flooding | 3 | 4 | Very High | |
| DE92 | Surface water flooding | 3 | 4 | Very High | |
| DE93 | Drought | 2 | 3 | Medium | |
| DE94 | Poor air quality | 3 | 3 | High | |
| DE95 | Pandemic | 4 | 5 | Very High | |
| DE96 | Outbreak of an emerging infectious disease | 4 | 4 | Very High | |
| DE103 | Public disorder | 3 | 2 | Medium | |
| DE119 | Waste fire | 2 | 2 | Medium | |
| DE120 | Mining Waste | 2 | 2 | Medium | |
| DE124 | Local accident on motorways and major trunk roads | 4 | 2 | Medium | |
| DE125 | Unexploded Bomb (UXB) or Unexploded Ordnance (UXO) - non terrorist | 2 | 1 | Low | |
| DE129 | Public events incident (illegal/unauthorised) | 3 | 1 | Low | |
| DE131 | Accident involving smaller maritime vessels | 1 | 3 | Medium | |
| DDLHRP2 | Prolonged, severe pressure on healthcare providers | 5 | 3 | High | <ul style="list-style-type: none"> • Surge and Demand planning • SHREWD/OPEL oversight • DDICB Incident Response Plan • System oversight |
| DDLHRP3 | Medications Shortages/Loss | 2 | 2 | Low | <ul style="list-style-type: none"> • DDICB Business Continuity programme • DDICB Supplier assurance process (CS53) |
| DDLHRP6 | Migration due to conflict | 2 | 2 | Medium | <ul style="list-style-type: none"> • DDICB Incident Response Plan |

| | | | | | |
|----------------|--|---|---|--------|--|
| DDLHRP7 | Dangerous Structures/Building Collapse/Bridges | 2 | 2 | Medium | <ul style="list-style-type: none"> • ICB Command Training • ICB EPRR Training programme • ICB Exercising programme • ICB Incident Management System • ICB Alert Cascade Alerting system (Major Incident number) |
| DDLHRP8 | Incidents at COMAH sites in Derbyshire | 1 | 3 | Medium | |

