



Emergency Preparedness, Resilience and Response (EPRR) Policy

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AMENDMENTS

Amendments to the policy may be issued from time to time. A new amendment history will be issued with each change.

New Version Number	Issued by	Nature of Amendment	Approving body	Approval date	Date published on website
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1.0 Introduction / Aim

The NHS needs to be able to plan for and respond to a wide range of incidents and emergencies that could affect the local populations health or delivery of patient care. This requirement is underpinned by legislation contained in the Civil Contingencies Act 2004 (CCA) and the NHS Act 2006 (as amended).

This policy aims to provide an overview of how NHS Humber and North Yorkshire Integrated Care Board (ICB) will respond with regard to Emergency Preparedness, Resilience and Response (EPRR) principles in order to ensure effective arrangements are in place to support the delivery of care to patients in the event of a declared incident occurring through delivery of this policy and reflecting the principles outlined within the North East and Yorkshire regional EPRR strategy, see Appendix 1, which is being used as a basis for the development of an ICB focussed EPRR strategy.

2.0 Objectives

This policy details the proactive arrangements in place to deliver EPRR in Humber and North Yorkshire and aims to:

- Describe the operating model of the Humber and North Yorkshire ICB Team to deliver the statutory responsibilities of a Category One responder, and provide a supporting and assurance function to ensure the robust delivery of EPRR across the ICB
- Describe the “Preparedness and Prevention” functions which are undertaken to mitigate risks and effectively plan for the common consequences of a declared incident
- Describe the “Response and Recovery” functions which are undertaken in the event of an incident or emergency which are flexible, scalable, and adaptable
- Describe the role of the ICB EPRR Team in undertaking the annual EPRR Core Standards Assurance process for both the ICB as an organisation and the agreed commissioned the providers. Interfacing with the regional EPRR team in their role of undertaking their own regional assurance programme
- Provide a single source of accompanying documents which support the wider EPRR agenda within the Humber and North Yorkshire, which should be read in conjunction with this policy.

3.0 Scope of the Policy

This policy provides an overview of the EPRR Portfolio, its ways of working within the Humber and North Yorkshire ICB team, and the processes by which the ICB engages with NHS North East and Yorkshire EPRR Team and local health partners (Health Providers).

Each of these organisations are required to have their own EPRR Policy as set out in the NHS England EPRR Standards but may refer back to this policy.

Whilst this policy refers to a number of other areas such as Training and Exercising, on call and Incident Response, it should not be used as an operational document. Links to the relevant operational plans are included within this document and should be referred to for responding to any incidents or events as part of a response.

4.0 Regional Structures

The responsibilities of NHS England as a Category One responder remain unchanged by the Health and Care Bill (2021) and the introduction of Integrated Care Boards (ICB's) as Statutory bodies in the summer of 2022.

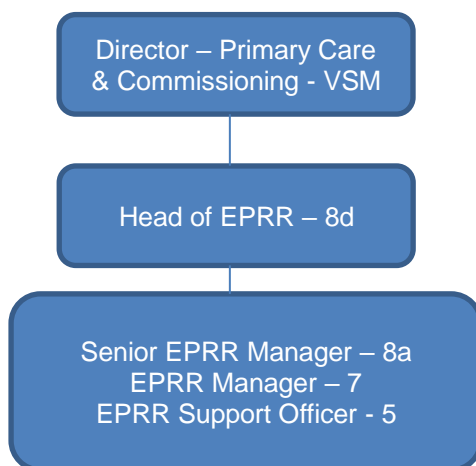
Both NHS England and the ICB's will be subject to the full range of civil protection duties, pending the CCA 2004 amendment which will formally legislate ICB's as Category One responders, and the ICB will be required to –

- assess the risk of emergencies occurring and use this to inform contingency planning
- put in place emergency plans
- put in place business continuity management arrangements
- put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency
- share information with other local responders to enhance co-ordination
- co-operate with other local responders to enhance co-ordination and efficiency

In order to maintain these statutory requirements, the Humber and North Yorkshire team will work with both health and multi-agency partners to facilitate the coordinated delivery of health resilience in the region.

The Humber and North Yorkshire ICB EPRR team

The Humber and North Yorkshire ICB EPRR Team reports to the ICB Chief Operating Officer, who is the organisational Accountable Emergency Officer. and consists of a single team of managers, with experience in the field of EPRR / BCM who will coordinate the ICB's approach and response to EPRR planning and operational delivery. The team will act as a focal point for contacts with partner organisations and for internal contacts.



Roles and Responsibilities of the Humber and North Yorkshire ICB EPRR team

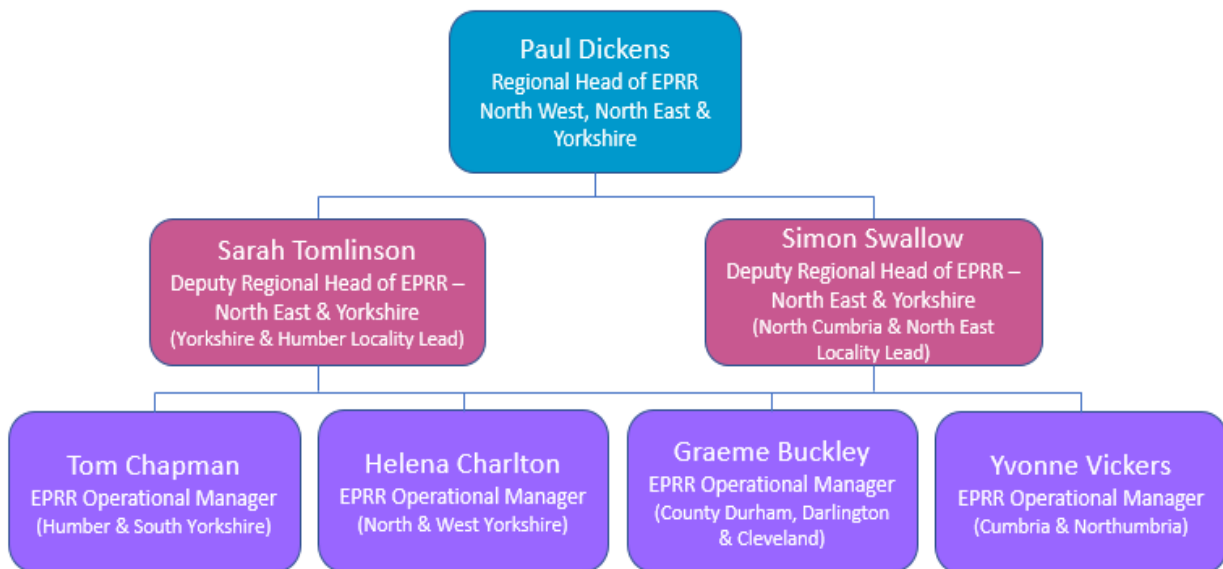
As a category 1 responder the ICB has a number of identified roles and responsibilities including the following minimum EPRR requirements to:

- Determine a risk-based strategy for the NHS within the region utilising an “all hazards” approach
- Ensure that there is a robust and comprehensive EPRR system across health organisations within their region, and to undertake assurance of this through an annual assurance process

- Lead the mobilisation of the NHS in the event of an incident or emergency (as outlined in the NHS Incident Response Levels see page 13)
- Continually work with partners to develop joint preparedness and response arrangements.

The Regional EPRR team

- The North East & Yorkshire regional EPRR team consists of a number of subject matter experts covering a range of Strategic, Tactical and Operational roles across the region. Each member of the team has both a topical and geographical portfolio which best meets the needs of the unique nature of the region.



Regional specific requirements

- To ensure Strategic representation at both Local Resilience and Local Health Partnerships working with partners within these fora to deliver joint planning and response agendas
- To support the integration of plans across the region to deliver a unified NHS response, including the provision of surge capacity and mutual aid arrangements
- To maintain the capacity to coordinate the regional NHS response to an incident 24/7 (as outlined in the on-call arrangements see page 14)
- To discharge their statutory responsibilities as a Category One responder under the CCA 2004.

Regional EPRR Team Supporting role for Integrated Care Boards

The regional EPRR team will continue to work with designated ICB Accountable Emergency Officers (AEO's) and their EPRR leads to support the development of ICB's as Category One organisations whilst continuing to focus on delivering key areas of work identified within the region, and those aligned to national work programmes.

As such this policy reflects an initial joint strategy between Humber and North Yorkshire ICB, NHS England and the 4 partner North East & Yorkshire ICB's to fully support the transitional arrangements.

In reflecting this position and given that ICB's will have responsibilities and requirements which largely align with those detailed above, the regional team, and the ICB, will continue to work with

the principles which have been embedded within the region over recent years and in ensuring that collaboration and interoperability remain at the heart of the EPRR agenda.

5.0 Principles for Collaborative Working in Humber and North Yorkshire

The following principles have been agreed within the North East & Yorkshire to deliver the region's EPRR Strategy (see Appendix 1):

- *Equality Diversity & Inclusion* – To embed the core principles of **“People, Patients & Partnerships”** across the EPRR portfolio and to ensure that across all aspects of the planning, preparation, response and recovery work delivers **fair treatment and equality for all** in the event of an incident or an emergency. This will include considering the needs of the individual as well as the collective needs of staff, patients, and their families.
- *Preparedness and Anticipation* – All individuals and organisations that might have to respond to incidents should be properly prepared, including having clarity of roles and responsibilities, specific and generic plans, and rehearsing arrangements periodically. All organisations should be able to demonstrate clear training and exercising schedules that deliver against this principle and which are based on a risk centred methodology
- *Continuity of care* – response arrangements should be grounded within organisations' existing functions and familiar ways of working, albeit reflecting that the pace, scale, and level of challenge will vary substantially during a response
- *Subsidiarity* – decisions should be taken at the lowest appropriate level, with coordination at the highest necessary level. Local responders should be the building block of response for an incident of any scale
- *Communication* – communication is critical to an effective response. Reliable information must be passed correctly and without delay between those who need to know and consider the requirements to warn and inform the public
- *Cooperation and Integration* – positive engagement based on mutual trust and understanding, information sharing, effective and open relationships will remain a corner stone supporting integrated ways of working
- *Our Strategy* – the ICB's strategic aim and supporting objectives should be agreed and collectively understood by all involved in health resilience supported by a strong capacity in Humber and North Yorkshire to oversee and facilitate joint health service working
- *Developing the ICB* - A core focus will be to further develop and enhance the function of the ICB. This will include two key areas:
 - Functionality and role: Transitioning into Category One organisations and the associated additional civil protection duties and integrating ICB EPRR leads/teams into new ways of working and the associated wider programme of work
 - Future Readiness: Exploring the integration with Local Authority partners (across both social care and public health) to deliver a future ready integrated resilience function across the breadth of health and care provision – recognising that the transitional model for EPRR will likely evolve over the next 5 years.
- *Collaboration* – Workstreams will be jointly agreed to prevent duplication and support delivery: e.g. where a piece of work is ICB level specific or affects organisations solely within an ICB boundary this will be led by the ICB team, where a piece of work has an impact on multiple ICB's or there is a regional coordination role, the regional EPRR team will lead on the work programme supported by ICB colleagues.

- **Risk based approach** - All workstreams will be based on a risk based methodology to ensure that we are focusing on those areas of work where there is the greatest risk or likelihood and in recognising the ongoing National Incident response to COVID-19 and its associated recovery demands on the resilience community
- **Lessons identified** - Capturing learning from COVID-19, and other incidents, will form an integral part of ways of working and response structures moving forwards, but recognising that arrangements need to be adaptable and dynamic depending on the nature and type of incident that may be responded to.
- **Adaptability** - The work programme will need to be adaptable and dynamic to meet the requirements of local structural changes and to respond to the current National Resilience review and associated changes to Civil Protection Legislations and other resilience consultations
- **Continuous Improvement** – As part of the ICB strategy, and outlined in the principles agreed above, a programme of continual improvement will be embedded in every engagement and programme of work, this will also include the embedding of lessons and learning, as well as ensuring a proactive and adaptive response to meeting the needs of the local populations.

The wider health EPRR Network

The NHS in England is required to have a Strategic forum for joint planning for health, which will in turn support the health sectors contribution to Local Resilience Fora (LRF) and provide assurance that the regional strategy and resilience principles are being upheld, this will be delivered at both a regional and local level and will need to adapt to the changing NHS structures as we move through the next year.

Engagement with health partners within the region is well established (both formally and informally) and will continue to build on existing ways of working and the strong relationships established over recent years.

In meeting statutory requirements, delivering the requirement to have a strategic forum for health specific planning and adapting to this structural change the formal arrangements for EPRR planning in the region have been changed – these details are outlined in the Prevention & Preparedness section of this document.

6.0 Prevention and Preparedness

A core component of the ICB’s EPRR strategy, and associated resilience methodology, is the prevention of and preparation for risks (known, unknown, direct, indirect and those emerging) which is delivered through a mixture of principles outlined in the Joint Emergency Services Interoperability Programme (JESIP):



Joint Understanding of Risk

Risks to health are identified through a variety of sources including the National Risk Register, local Community Risk Registers (held by LRF's) and through specific intelligence around locations, premises, events or delivery of critical services which may affect population health or delivery of patient care.

The risks which have been identified for the Humber and North Yorkshire will be collated and will integrate with the North East & Yorkshire central risk register, which details:

- **Outline risk** – an outline of the risk and the potential impacts on either population health or delivery of patient care
- **Likelihood** – the likelihood of the incident occurring, whether regionally, nationally or within one of the ICB or LRF footprints
- **Impact** – the impact this would have on population health or delivery of patient care if the risk was to occur
- **Unmitigated Score** – the combined likelihood and impact scores prior to any mitigation
- **Mitigating actions** – what actions can be taken to mitigate the risk or reduce the impacts should it occur
- **Post Mitigation Score** – the effect the mitigating actions have had on either the likelihood or the impact of the identified risk

The ICB specific and the North East & Yorkshire risk registers are used to prioritise the ICB and regional work programmes on an annual basis and will direct the prevention and preparedness work with the multi-agency partners.

The Humber and North Yorkshire ICB will be reviewed as part of continual improvement principles and in conjunction with updates to both national, regional, and local risk registers.

Due to the content of the risk register it will be held at OFFICIAL-SENSITIVE under Government Security Classifications (GSC) and access to the document will be managed by the ICB and/or Regional EPRR team.

Shared Situational Awareness – Health Partners

Strategic fora for delivering joint health planning are known as Health Resilience Partnerships (HRPs). In the North East & Yorkshire there are two types of health resilience partnerships which undertake this function at a strategic level:

- ***Regional Health Resilience Partnership (RHRP)***

The Regional Health Resilience Partnership (RHRP) is coterminous with the NHS England Regional teams' boundaries and covers North Cumbria, the North East, Yorkshire, and the Humber.

The RHRP acts as the Strategic Forum across the four North East & Yorkshire ICS footprints and provides a single collaborative forum between National EPRR work programmes and work and planning undertaken at a locality level.

- ***Local Health Resilience Partnerships (LHRPs)***

The Local Health Resilience Partnerships (LHRPs) are coterminous with the four ICB boundaries –

- Humber & North Yorkshire
- North Cumbria & North East
- South Yorkshire, and
- West Yorkshire

LHRP's chaired by the ICB AEO act as a Strategic forum across health and care (NHS Health, Public Health and Social Care) to deliver the ICB's EPRR Strategy and effect the coordination of National, Regional and ICB level workstreams.

The Terms of Reference and Agendas for both the RHRP and the LHRP are included as Appendix 2 and 3 to this policy respectively.

Tactical and Operational Delivery of the Strategic Aim

The Strategic Groups previously mentioned will focus on the strategic aim and objectives for EPRR at an ICB and regional level, however the collaboration and responsibility for delivering them sit at a Tactical and Operational level.

The ICB will have a "Health Resilience Sub-Group" which feeds jointly into their LHRP and their LRF whereby the local health organisations will come together to collaborate and deliver the strategic aim and objectives. This group will be chaired by the lead EPRR professional for the ICB.

Shared Situational Awareness – Multiagency Partners

In delivering the Strategic aim and meeting the statutory responsibility to work collaboratively with partners in order for plan for and respond to incidents and events, two of the most critical relationships within Humber and North Yorkshire are with the 2 Local Resilience Fora (LRF) –

- Humber LRF
- North Yorkshire and York LRF

As with the approach to the Local Health Resilience Partnerships (LHRPs) the ICB will collaborative and engage with the LRF partners with a Health triumvirate representation from –

- Ambulance Services – as a Category One responder and blue light service
- ICB's – as Category One responders to represent health in their ICB,
- Regional EPRR – as a Category One responder and existing LRF member

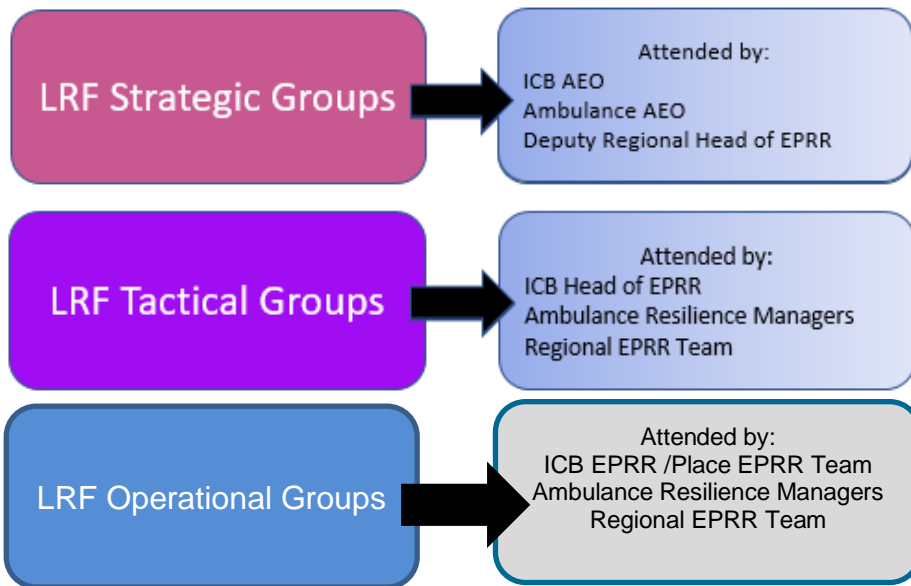
Each LRF has a number of meetings and fora whereby the triumvirate partnership will attend and engage in planning, preparing, training, exercising, and responding.

These are split into three distinct levels of authority –

- Strategic Groups – Each LRF has a Strategic meeting (Executive/Board) which meets to agree the strategic aim and objectives of the LRF and to drive the resilience agenda within the LRF
- Tactical Groups – Each LRF has a Tactical meeting (Coordination/Working group) who meet to determine how to deliver the aim and objectives set by the LRF and to ensure and assure on the delivery of the LRF work programme
- Operational Groups – Each LRF has a number of operational groups which undertake the delivery of key workstreams (for example Business Continuity, Training & Exercising, Warning & Informing) who report into the tactical groups

Within Humber and North Yorkshire there will be robust engagement with the LRF partners, whilst providing consistent attendance and engagement from the Health Triumvirate with the LRF workstreams.

Representation at the LRF's



It is critical that as part of the Health Resilience and Local Resilience Forum partnerships that a consistent and interoperable engagement is maintained which fosters sharing of information and joint working.

By combining the above model with the revised health resilience structures, we have a continual feedback mechanism between both health and multi-agency partners which ensures:

- **Autonomy** - ensuring the right representation at the right meetings (clear delineation between Strategic, Tactical and Operational to ensure that all aspects of the health and LRF agendas are delivered)
- **Subsidiarity** – ensuring better alignment with local planning and ensuring decisions and actions are taken at the appropriate level and are the building blocks to the local response
- **Interoperability** – ensuring consistency for health planning and response to deliver a coordinated response to health EPRR when incidents or events will cross multiple ICB/LRF footprints

Appendix 4 demonstrates how the RHRP/LHRP model, alongside the revised attendance at Local Resilience Fora will provide continuous improvement and ensure health engagement.

7.0 Response and Recovery

In addition to its responsibility to anticipate, assess, prepare, and plan for incidents and events as a Category one responder the NHS is required to have arrangements in place to respond to and recover from such incidents should they occur.

Whilst each NHS organisation has its own statutory responsibility to have arrangements in place to respond to an incident, the coordination of that response will vary dependent on the nature, type, and scale of the incident.

This means that the incident could be managed by an organisation alone, with system coordination, regional coordination or even national coordination as seen in the COVID-19 pandemic. This hierarchy of coordination is described by the NHS England Incident Response Levels:

Incident Levels

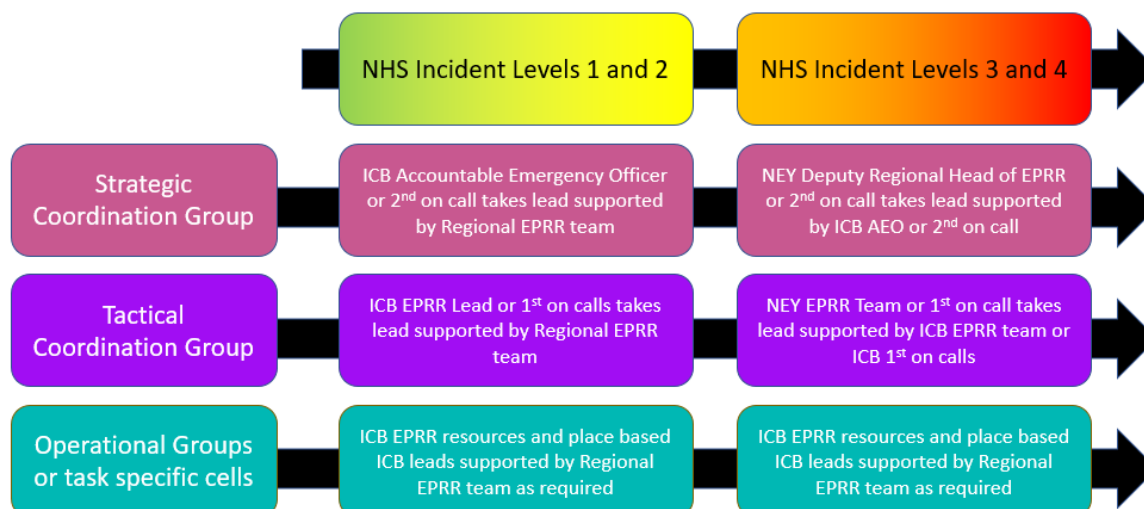
Incident Level	Description	Coordinating Organisation
1	An incident or event which impacts on a single provider and which can be managed within place or with ICB support	Led by affected provider organisation with support from their ICB (place)
2	An incident or event which impacts multiple providers within an ICB footprint or requires mutual aid between providers within a single ICB. Managed by the ICB with Regional EPRR support	Led by ICB with support from the regional EPRR team
3	An incident or event affecting multiple providers across ICB footprints or of such a magnitude/ specialism that it requires regional coordination. May require national support.	Led by NHS England North East & Yorkshire regional team
4	An incident or event affecting multiple regions or of such a magnitude that it requires national involvement in order to lead the NHS response.	Led by NHS England national team

The full description of incident levels, including some scenario examples is included in Appendix 5 of this policy.

Further detail on how the NHS responds to an incident, the definitions and actions available for ICB staff and relevant support documents which should be utilised in responding to an incident are detailed in the Humber and North Yorkshire Incident Response Framework. This document should be used as guidance and direction for all staff within the ICB team when responding to an incident or event which requires support or coordination at an ICB level.

Incident Response Arrangements with Multi-agency partners

In responding to a health specific incident which requires support from multi-agency partners, or where an incident or event is one that automatically triggers a multiagency response the coordination and leadership of the NHS will vary depending on what level of NHS Incident Level the incident falls into. The table on the next page details at what level the leadership and coordination responsibility sit when responding to an incident where either a Strategic Coordination Group (SCG) or Tactical Coordination Group (TCG) is called.



8.0 On-Call Arrangements

The ICB is responsible for ensuring appropriate leadership during emergencies and other times of pressure. Incidents, emergencies, and peaks in demand can occur at any time of day or night, so each organisation must have an appropriate out of hours on-call system with the ability to represent and lead the NHS at both Strategic and Tactical levels.

Details of the ICB on call arrangements can be found in the Humber & North Yorkshire ICB On-Call Policy.

9.0 Training and Exercising

Training and Exercising is a critical component of delivering the ICB's statutory responsibilities as well as the EPRR Strategy and further information on training and exercising arrangements can be found in the North East & Yorkshire EPRR Principles of Health Command Programme Roll out 2022-2025.

Training

It is everyone's responsibility to support the effective identification of a potential or actual incident/emergency, to respond and deliver appropriate actions on behalf of the organisation. To support this there is a need to provide general training for all staff so that they understand their potential roles and responsibility in the event of an incident

Alongside this broader training there will be specific technical training for those staff who have a specific response role for incidents is fundamental. Whilst familiar to responding to routine everyday challenges by following usual business practices, very few respond to incidents on a frequent basis.

These individuals who have been identified as having a role to play in either response (commanders) or planning for incidents are required to undertake an ongoing programme of training which is aligned to the level of responsibility –

- Strategic
- Tactical
- Operational

Training should be focussed on the specific roles and requirements assigned to the individual, and the wider organisational and multi-agency response structures they may be called to work within in order to ensure that they hold current qualifications and competence to effectively fulfil that role.

Within NHS England the training requirements of commanders, and those involved in delivering the wider EPRR Portfolio are detailed in the NEY Principles of Health Command Programme Roll Out document, and further detailed in the Regional EPRR Assurance Framework. This demonstrates a national driven Training Needs Analysis (TNA) and aligns with the Skills for Justice National Occupational Standards (NOS) framework.

As part of the North East & Yorkshire regions coordinated programme of training, each individual is required to assess their needs on an on-going basis to ensure their skills are current and their competence is maintained; this is a fundamental element of embedding resilience within organisations as part of the cycle of emergency planning.

Within the ICB this is demonstrated through Personal Development Portfolios (PDPs) containing evidence of Continuous Professional Development (CPD) and which must be maintained and assessed on an ongoing basis by the ICB and Regional EPRR team.

Exercising

In supporting the competence and capability of those individuals who have a role to play in both planning for and responding to a wide range of EPRR scenarios, we must supplement training with exercising.

Roles, alongside the individuals identified to fulfil them should be exercised regularly in order to determine the effectiveness of the role/function, and to support individuals to test and play their roles within a safe environment.

Through the exercising process individuals have the opportunity to practice their skills and increase their confidence, knowledge and skill base in preparation for responding in a live incident and it must be evident that the exercise is an opportunity to develop their skills and to test the “role” rather than the individual.

Additionally plans which are developed to allow organisations to respond efficiently and effectively should be exercised to ensure they are fit for purpose and encapsulate all necessary functions and actions to be carried out in an incident as part of continuous improvement principles and should ensure wider health engagement and the inclusion of multi-agency partners on a regular basis in order to ensure a collaborative and interoperable response.

Training & Exercising Requirements of NHS Organisations

Each NHS funded organisation has a set of minimum requirements identified in regard to training and exercising (detailed in the NHS England EPRR Framework and EPRR Core Standards).

As a minimum, organisations are required to undertake the following:

Type of exercise	Minimum frequency	Overview
Communications exercise	every six months	To test the ability of the organisation to contact key staff, other NHS, and partner organisations. This should include any communications methods or technology used as part of their response and be conducted both in-hours out-of-hours on a rotational basis and should be unannounced
Table-top exercise	every 12 months	The table-top exercise brings together relevant staff, and partners as required, to discuss the response, or specific element of a response, to an incident. They work through a particular scenario and can provide validation to a new or revised plan. Participants are able to interact and gain knowledge of their own, and partner organisations’ roles and responsibilities
Command post exercise	every 3 years	The command post exercise (CPX) tests the operational element of command and control and requires the setting up of the Incident Coordination Centre (ICC). This provides a practical test of equipment, facilities and processes and provides familiarity to those undertaking roles within the ICC. It can be incorporated into other types of exercise, such as the communications or live play exercises

Type of exercise	Minimum frequency	Overview
Live play exercise	every three years	The live play exercise is a live test of arrangements and includes the operational and practical elements of an incident response. For example: simulated casualties being brought to an emergency department or the setting up of a mass countermeasure centre, or mass evacuation.

If an organisation activates its plan for response to a live incident or activates their ICC this replaces the need to run an exercise, providing lessons are identified and logged and an action plan developed.

As part of the Humber and North Yorkshire EPRR Principles there is an expectation to enhance and maintain interoperability between health organisations and multi-agency partners, including the LRF. Wherever possible, opportunities to engage wider partners in training and exercising opportunities should also be explored including opportunities to exercise with partner Integrated Care Boards and their local health partners (this should also include testing communication arrangements and information flows).

Lessons identified from training and exercising

Lessons identified from both training and exercising within the ICB, and wider where appropriate, will be shared through EPRR Health Partnership arrangements as part of continual improvement process.

Details of logging the learning from the exercise, the actions taken to implement or address that learning and what has changed as a result is detailed in the regional training strategy.

10.0 Financial Requirements

Within the North East & Yorkshire region there is no additional funding for EPRR outside of staffing the Regional EPRR team. Therefore any additional requirements will be agreed in discussion between the ICB AEO, the Head of EPRR, and the ICB Director of Finance.

This section of the policy details the current and proposed funding arrangements for the EPRR portfolio with Humber and North Yorkshire between 2022 and 2025.

Financing Incidents

In the event of responding to an incident or event it is expected that financial considerations should not impact on the speed or scale of the response required.

Each organisation has a requirement to commit to meeting the financial requirements of a response and will work with the Integrated Care Board to determine these arrangements. Where an incident moves to a Level 4 response there is the potential for additional funding to be made available through the Department of Health & Social Care. This will be coordinated by the regional finance team.

Humber and North Yorkshire ICB are responsible for financing the response to incidents affecting the health service in their geography alongside the relevant local authority. Health protection incidents are also financed alongside NHS England (see below).

Financing Local Resilience Forum contributions

The 2 Local Resilience Fora within the Humber and North Yorkshire require contributions from each Category One responder to resource the secretariat functions and wider programmes of training, exercising or work programme requirements.

The ICB will finance these contributions on behalf of the wider health (excluding Ambulance Services who pay independently as a blue-light organisation) organisations within their footprint.

This agreement should be discussed and recorded annually through the Local Health Resilience Partnership.

Financing Health Protection Incidents

Outside of the agreements outlined for responding to generic incidents, the North East & Yorkshire has an existing agreement for the funding of health protection incidents and outbreaks, which ICB's are expected to adopt when they become statutory responsibilities in order to safeguard the response to outbreaks within the ICB (or the wider region).

Health Protection Incidents historically have been agreed to be covered three ways by:

- The local CCG in which the outbreak occurs,
- The Local Authority in which the outbreak occurs and
- The NHS England Locality in which the outbreak occurs.

Whilst the full range of civil protection duties has now transferred to Integrated Care Boards, the financial responsibility for responding to outbreaks/health protection remains unchanged as NHS England continues to have direct commissioning responsibility for vaccination and immunisation.

This agreement should be signed off by the ICB Executive as part of its readiness to operate principles and be discussed and recorded annually as part of their annual assurance process, and reviewed should the responsibility for vaccination and immunisation transfer to ICB's.

Business Continuity

Within NHS England the responsibility for Business Continuity Planning sits with the National EPRR team and is delivered at a regional level by their Business Continuity leads outside of EPRR.

Within Humber and North Yorkshire Business Continuity sits within the Corporate Directorate, separate from EPRR.

As such the responsibility for Business Continuity for the Humber and North Yorkshire falls into four categories split across 2 teams but ultimately the AEO needs to be involved across all 4 categories to comply with the minimum standards outlined within the National NHS EPRR Core Standards.

Corporate Team:

- Team Business Continuity – the Business Impact Analysis and Business Continuity Plan for the team itself and its wider programme of work
- Business Continuity Incidents – to support the response to business continuity incidents as per the NHS Incident response levels, and
- Business Continuity Risks – to support the mitigation of or reduce the likelihood of incidents by including business continuity risks within its EPRR work programme

EPRR Team

- Business Continuity Assurance – as identified in the EPRR standards and undertaken through the annual EPRR assurance process

11.0 Public Sector Equality Duty

Humber and North Yorkshire ICB aims to design and implement services, policies and measures that meet the diverse needs of local services, populations and workforce, ensuring that none are placed at a disadvantage over others.

Potential adverse impact on any protected group identified through the QEIA will be monitored as part of the routine work to monitor compliance with the policy.

12.0 Arrangements for Review

This policy will be reviewed annually or sooner where appropriate. The ICB Board is responsible for approving this policy.

13.0 Associated Documentation

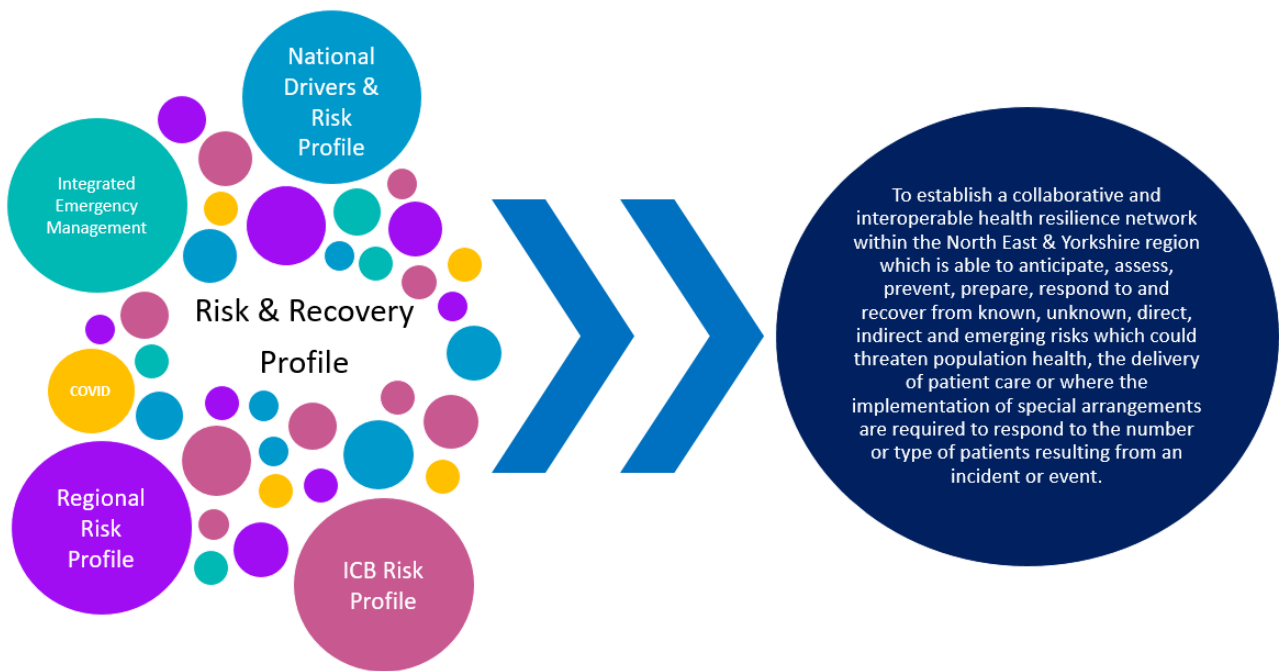
The following organisational policies / related procedural documents should be read in conjunction with this policy:

- EPRR Command and Control Framework
- EPRR On-Call Arrangements
- HNY ICB Records Management requirements

14.0 Appendices

1	North East & Yorkshire Regional EPRR Strategy
2	Regional Health Resilience Partnership Terms of Reference
3	Local Health Resilience Partnership Terms of Reference
4	Local Resilience Forum & Health Resilience Partnership Engagement
5	NHS England Incident Response Levels
6	NHS England Incident Response Levels

Appendix 1 – North East & Yorkshire Regional EPRR Strategy



Appendix 2 – Regional Health Resilience Partnership Terms of Reference

Overview

The North East and Yorkshire (NEY) Regional Health Resilience Partnership (RHRP) is responsible for overseeing the health Emergency Preparedness, Resilience and Response (EPRR) arrangements across the NHS England NEY geographical footprint.

The RHRP is a strategic forum which bring together the senior decision makers responsible for EPRR within our 4 ICB's and partner agencies to support the delivery of the NHS wide objectives for EPRR.

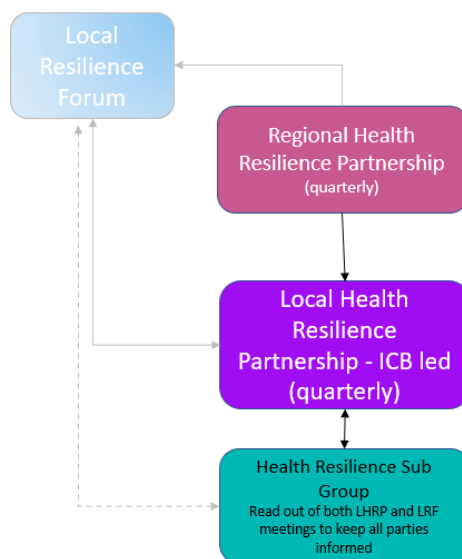
The RHRP serves a planning and preparedness function and does not have responsibility to respond to an emergency or incident. Unlike LRF's they have no collective role in the delivery of an emergency response. Within the partnership each organisation remains responsible and accountable for its effective response in line with its statutory duties and obligations.

Context

The North East & Yorkshire region has 4 separate Integrated Care Boards areas:

- Humber & North Yorkshire
- North Cumbria & North East
- South Yorkshire and
- West Yorkshire

Each ICB is required to have a Local Health Resilience Partnership which feeds up into the Regional Health Resilience Partnership:



Strategic Aim

“To ensure that the NHS within the North East & Yorkshire region is capable of responding to significant incidents or emergencies of any scale in a way that delivers optimum care and assistance to the victims, that minimises the consequential disruption to healthcare services and that brings about a speedy return to normal levels of functioning; it will do this by enhancing its capability to work as part of a multi-agency response across organisational boundaries”

Key Objectives

The RHRP will provide strategic leadership on EPRR for the health leaders across our Integrated Care Boards and provide guidance on delivering their duties under the Civil Contingencies Act (CCA) 2004, National policy and Regional level guidance.

The RHRP will work with the ICB Strategic Leaders to:

- Deliver the Strategic aim and objectives as outlined in the NHS England North East & Yorkshire EPRR Policy
- Share situational awareness and a joint understanding of risk in regards to EPRR at National, Regional and Local levels
- Direct the EPRR Portfolio across the region and facilitate the production of sector-wide health plans to respond to emergencies which require regional coordination and to contribute to multi-agency emergency planning
- Provide a regional forum to assess and assure the ability of the health sector to respond in partnership to emergencies at an LRF level
- Provide a Strategic forum to raise and address concerns relating to health Emergency Preparedness, Resilience and Response (EPRR)
- Provide a Strategic forum for shared learning from events, exercises and incidents
- Delegate Tactical and Operational tasks to be delivered at an ICB level with nominated representatives from health organisations via the Local Health Resilience Sub-Groups
- Undertake tasks which will impact across multiple LHRP/ICB footprints to be coordinated and led by the Regional EPRR team, working collaboratively with ICB and provider EPRR leads

Membership

The North East & Yorkshire Regional Health Resilience Partnership will be chaired by the Regional Head of EPRR has the delegated accountability and authority for delivery of the regional EPRR portfolio on behalf of the NHS England Board.

The RHRP members will have a core membership, which represents the wider spectrum of NHS health, Public Health & Social Care.

Additionally the RHRP may decide to invite Subject Matter Experts (SME's) from within health, and from our multi-agency partners where they have a special interest in the agenda, have been invited to present to the group or are felt to be a partner who should be directly engaged in health resilience planning.

Members of the RHRP will comprise of Strategic Health Leaders from across the region, in the event that the designated representative is unable to attend the meeting the expectation is that any deputy must have:

- the authority to take decisions on behalf of their organisation
- the authority to approve plans and policies and
- the authority to commit resources on behalf of their organisations/systems

The RHRP membership will be as follows:

- NHS England:
 - Regional Head of EPRR (Chair)
 - Locality Directors
 - Deputy Heads of EPRR
- Partner organisations:
 - OHID Regional Director
 - UKHSA Regional Director(s)
- ICB Accountable Emergency Officers (AEO)
 - Humber & North Yorkshire
 - North Cumbria & North East
 - South Yorkshire
 - West Yorkshire
- Ambulance Services Accountable Emergency Officer:
 - North East Ambulance Service
 - Yorkshire Ambulance Service
 - East Midlands Ambulance Service – Primarily represented in Midlands
- Association of Directors of Adult Social Services

Format & Frequency of meetings

The North East & Yorkshire RHRP will meet as a minimum, quarterly. These meetings will take place virtually via Teams, with an annual face to face session once per year to undertake a formal governance review and complete the EPRR Annual Assurance Process.

All meetings will be formally documented, and minutes shared with members and appear as an agenda item on each of the four Local Health Resilience Partnerships. These minutes will be publicly available on request, subject to appropriate consideration of any restricted/sensitive items.

Any reports or items to be tabled must be submitted a minimum of ten working days prior to the next RHRP meeting and subsequent papers and minutes will be circulated to RHRP members a minimum of seven working days before the next meeting.

Regional Health Resilience Partnership Finance

RHRP meetings will be held virtually or within NHS or partner facilities, with any costs associated with the meetings met by the hosting organisation.

Additional costs work allocated to Local Health Resilience Partnerships and/or Local Health Resilience Sub Groups will be borne by the member organisations “where they fall” (i.e. there is no expectation for cross charging of organisations for time spent attending meetings, travel expenses or hosting meetings).

In the event a planned activity indicates a specific spending need, members will discuss and agree any expected costs and avenues of funding during the planning phase, and prior, to establishing a formal working group.

Local Health and Resilience Partnership (LHRP) Terms of Reference

Authorship:	Chief Operating Officer
Board / Committee Approved:	ICB Board
Approved date:	July 2022
Review Date:	Month / Year
Equality Impact Assessment:	N/A
Target Audience:	ICB and its Committees and Sub-Committees, ICB Staff, agency and temporary staff & third parties under contract
Policy Number:	
Version Number:	1.0

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1.0 Overview

Local Health Resilience Partnerships (LHRP's) are responsible for overseeing the health Emergency Preparedness, Resilience and Response (EPRR) arrangements across a geographical footprint, which is traditional coterminous with an Integrated Care Board (ICB).

LHRP's are strategic fora which bring together the senior decision makers responsible for EPRR within each organisation in order to support the delivery of the NHS wide objectives for EPRR.

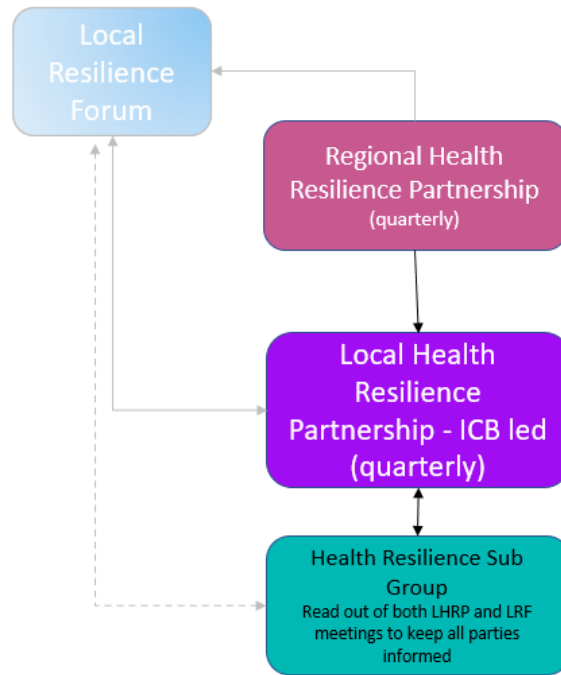
LHRP's serve a planning and preparedness function and do not have a responsibility to respond to an emergency or incident. Unlike LRF's they have no collective role in the delivery of an emergency response. Within the partnership each organisation remains responsible and accountable for its effective response in line with its statutory duties and obligations.

2.0 Context

The North East & Yorkshire region is divided into 4 separate ICB areas each with its own Local Health Resilience Partnership –

- Humber & North Yorkshire
- North Cumbria & North East
- South Yorkshire and
- West Yorkshire

The 4 LHRP's will feed up into the North East & Yorkshire Regional Health Resilience Partnership:



3.0 Strategic Aim

“To ensure that the NHS within each Integrated Care Board footprint is capable of responding to significant incidents or emergencies of any scale in a way that delivers:

- optimum care and assistance to the victims and their families,
- that minimises the consequential disruption to healthcare services and
- that brings about a speedy return to normal levels of functioning;
- it will do this by enhancing its capability to work as part of a multi-agency response across organisational boundaries”

4.0 Responsibilities of the LHRP’s

The key responsibilities of each of the Humber and North Yorkshire LHRP is to:

- Facilitate the production of local sector-wide health plans to respond to emergencies and contribute to multi-agency emergency planning
- Provide support to the NHS, UKHSA, OHID and the Directors of Public Health on the LRF in their role to represent health sector EPRR matters
- Provide support to NHS England North (North East & Yorkshire) and UKHSA in assessing and assuring the ability of the health sector to respond in partnership to emergencies at an LRF level
- Provide support to the 8 Local Resilience Forum’s (LRF’s) across the North East & Yorkshire delivering multiagency working, shared learning and resilience standards across the region

5.0 Key Objectives

The LHRP will give strategic leadership on EPRR for the health organisations and communities of their LRF area(s), providing guidance on delivering their duties under the Civil Contingencies Act (CCA) 2004, National policy and Regional level guidance. Specifically, the LHRP will work in conjunction with the LRFs to

- Regularly assess the local health risks and identify the priorities, taking into consideration the different needs of local communities to ensure that preparedness arrangements reflect current and emerging threats
- Set an annual EPRR work plan, based on information from the Regional Health Resilience Partnership, national planning assumptions, lessons learnt from previous incidents and emergencies, advice from the health communities and specific local health needs.
- Facilitate the production and authorisation of both local sector-wide and support the development of ICB health plans to respond to emergencies and contribute to multi-agency emergency planning.
- Ensure these plans include provision for mutual aid between organisations within the ICB area and liaise with regional colleagues and neighbouring ICB's where mutual aid is required on a wider geographical footprint (intra or inter regional)
- Provide a Strategic forum to raise and address concerns relating to health Emergency Preparedness, Resilience and Response (EPRR)
- Provide a Strategic forum for shared learning from events, exercises and incidents
- Provide Strategic leadership to plan the health response to incidents likely to involve the wider health and social care economies (more than one organisation)
- Ensure that health is represented cohesively on the LRF and similar EPRR planning groups in order to foster and support regional resilience and multi-agency working
- Delegate Tactical and Operational tasks to be delivered at an ICB level with nominated representatives via the Local Health Resilience Sub-Groups
- Notify the RHRP of work which will impact across multiple LHRP/ICB footprints and which should be coordinated and led by the Regional EPRR team, working collaboratively with ICB and provider EPRR leads
- Provide support to NHS England in ensuring that member organisations develop and maintain effective health planning arrangements for incidents and events.

Specifically, to ensure:

- That the plans reflect the strategic leadership referenced and thus will ensure robust service and local level response to emergencies
- Coordination between health organisations is included within the plans
- That there is opportunity for co-ordinated exercising of local and service level plans in accordance with Department of Health (DH) policy and the CCA 2004
- That the health sector is integrated into appropriate wider EPRR plans and structures of civil resilience partner organisations within the ICB

- That co-ordination and understanding between the LRF and local health providers is reviewed and continually improved, including arrangements to facilitate mutual aid between neighbouring LHRP's/LRF's where appropriate
- That arrangements (including trigger mechanisms for activation and escalation are in place for providing and maintaining health representation at any multi-agency meetings during actual or threatened emergencies (including representation at TCG's and SCG's)
- That there is a mechanism to ensure all local parties in EPRR keep the LHRP informed of any potential or actual incidents, so that planned handling, leadership and any escalation process can be followed effectively.

6.0 Membership

The LHRP covering Humber and North Yorkshire remains a Strategic Forum for local organisations to facilitate Health emergency preparedness and planning at an LRF level and will be jointly chaired by the ICB Accountable Emergency Officer.

In continuing the collaborative working in place prior to the formation of ICB's the Humber and North Yorkshire LHRP will continue co-chairing agreements with a lead Director of Public Health. Given the health and care responsibilities of ICB's, attendance by an ADASS representative or lead Director of Adult Social Care in order to maintain the ICB Triumvirate for chairing arrangements will be encouraged.

The LHRP may decide to invite Subject Matter Experts (SME's) from within health, and from our multi-agency partners where they have a special interest in the agenda, have been invited to present to the group or are felt to be a partner who should be directly engaged in health resilience planning.

Members of the LHRP will comprise of Strategic Health Leaders from across the region, in the event that the designated representative is unable to attend the meeting the expectation is that any deputy must have:

- the authority to take decisions on behalf of their organisation
- the authority to approve plans and policies and
- the authority to commit resources on behalf of their organisations/systems

LHRP membership will be as follows:

- Integrated Care Board
 - Accountable Emergency Officer (chair)
 - EPRR Lead
- NHS England
 - Locality Director
 - Regional EPRR team (as required)
- Health Organisations
 - Accountable Emergency Officers of all health organisations
- Local Authorities
 - Directors of Public Health

- Directors of Adult Social Care
- UKHSA (local health protection team)
- Ambulance Services
 - Head of EPRR from the relevant Ambulance Trust
- LRF Chair/Manager (optional)

7.0 Format & Frequency of meetings

The North East & Yorkshire LHRP's will meet, as a minimum, quarterly and align their meeting schedule with the Regional Health Resilience Partnership. Meeting structures can vary to meet the needs of the locality and will be directed by the Accountable Emergency Officer.

All meetings will be formally documented, and minutes shared with all relevant health organisations within the LHRP area and will be brought to the LRF by the co-chairs. These minutes will be publicly available on request, subject to appropriate consideration of any restricted/sensitive items.

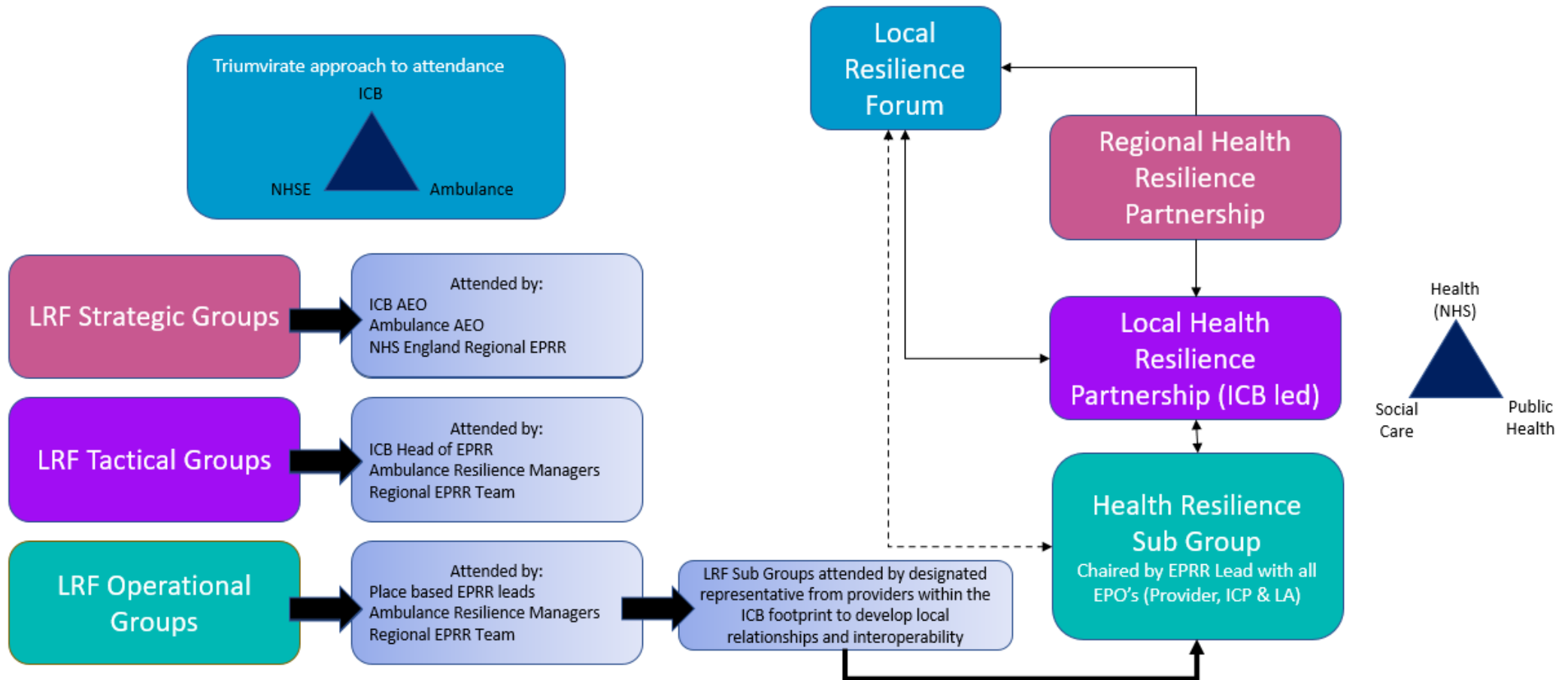
Any reports or items to be tabled must be submitted a minimum of ten working days prior to the next LHRP meeting and subsequent papers and minutes will be circulated to LHRP members a minimum of seven working days before the next meeting.

8.0 Local Health Resilience Partnership Finance

LHRP meetings will be held within NHS or Public Health facilities. Costs associated with the meetings will be met by the hosting organisation. Additional costs for task and finish groups or identified pieces of work will be borne by the member organisations "where they fall" (i.e. there is no expectation for cross charging of organisations for time spent attending meetings, travel expenses or hosting meetings).


In the event a planned activity indicates a specific spending need, members will discuss and agree any expected costs and avenues of funding during the planning phase, and prior, to establishing a formal working group.

Appendix 4 – Local Resilience Forum & Health Resilience Partnership Engagement



Appendix 5 – NHS England Incident Response Levels

Incident Level	Description	Coordinating Organisation
1	An incident or event which impacts on a single provider and which can be managed within place or with ICB support	Led by affected provider organisation with support from their ICB (place)
2	An incident or event which impacts multiple providers within an ICB footprint or requires mutual aid between providers within a single ICB. Managed by the ICB with Regional EPRR support	Led by ICB with support from the regional EPRR team
3	An incident or event affecting multiple providers across ICB footprints or of such a magnitude/ specialism that it requires regional coordination. May require national support.	Led by NHS England North East & Yorkshire regional team
4	An incident or event affecting multiple regions or of such a magnitude that it requires national involvement in order to lead the NHS response.	Led by NHS England national team



Appendix 6 – 2022/23 Work Programme Overview

The ICB's main work plan will be informed by the action plan generated following the self-assessment against the core standards. A copy of this action plan for 2022/23 is below. Other actions stemming from the H&NY LHRP and any working groups will also be stored on the action plan which can be found here:

[EPRR Actions and Workplan 2022-23.xlsx](#)

Standard name	Action to be taken	Lead	Timescale	Comments
EPRR work programme	Work plan to be expanded to include not only the overall 22/23 workplan in the EPRR policy but also to allow room for actions stemming from incidents/exercises to form part of it.	LCP	31/12/2022	The outline work programme is included in the ICB EPRR Policy however the actions from this annual assurance process, and those stemming from any incidents or training sessions, will also form part of the ICB's eventual work plan.

Standard name	Action to be taken	Lead	Timescale	Comments
Risk assessment	<p>ICB to ensure continued work with NHSE Regional on the NEY Risk Register and it's subsequent workstreams.</p> <p>ICB to ensure that process for escalating new EPRR Risks is captured in key policies and procedures on EPRR.</p>	KE	Ongoing	<p>Risks that were previously on CCG risk registers will be transferred to the ICB risk register. The NHSE Regional Team have also started work on a NEY Risk Register which the ICB has access to. This includes all EPRR risks in NEY and can be filtered to LHRP level. The ICB will continue to work alongside NHSE Regional on these identified risks, and will escalate any new risks via the ICB's Senior Leadership Team for consideration. Risks that need to be on the NEY Risk Register will be escalated to NHSE as required, and others can sit on the ICB Risk Register where this is appropriate. The ICB is also in the process of firming up it's Risk Management Strategy.</p>
Risk Management	<p>EPRR Team to work with executive team to ensure that as risk arrangements transition from place to ICB level; that there is a robust method of reporting, recording, monitoring, communicating and escalating EPRR risks and that this is captured in key policies and procedures. This should include when it is appropriate for a risk to be held on the ICB risk register, and when a risk needs to sit on the NEY EPRR Risk Register kept by NHS England.</p>	KE / KEI, / MN	30/06/2023	<p>ICB Place Directors continue to be supported on risk management at place ensuring robust systems are continually maintained and managed through current arrangements to ensure continuity. So in essence the ICB is still maintaining previous CCG risk management arrangements until such time the ICB risk management framework/strategy is available. Report arrangements are currently at place (Senior Management Team). ICB Policy of Policies adopted all risk related policies from previous CCG's until such a time that the Risk Strategy is finalised.</p>
Collaborative planning	<p>ICB to consider the most appropriate way to continue networking, collaboration and planning with stakeholders; whether this is through the LHRP and working groups or another mechanism.</p>	KE / LCP	31/12/2022	<p>The 6 CCG's in what is now the HNY ICB all participated in local planning with stakeholders and providers and attended multiagency exercises. Those existing relationships and networks will be maintained until new networks can be developed.</p>

Standard name	Action to be taken	Lead	Timescale	Comments
Adverse Weather	ICB EPRR team to review existing plans for severe weather and refresh these to form one ICB plan. ICB EPRR team to refresh and strengthen working relationships as part of organisational development. To incorporate national adverse weather plan once formalised.	KE	30/06/2023	Plans in place at CCG/Place level, being utilised as an interim as up to date and effective. Need to refresh plans and working relationships as part of organisational development. Previously the CCG's relied on the national hot and cold weather plans to integrate into system plans, however we understand this is under review with a view to creating one adverse weather plan.
Infectious disease	ICB EPRR team to review existing plans for infectious disease and refresh these to form one ICB plan. ICB EPRR team to refresh and strengthen working relationships as part of organisational development.	KE	30/06/2023	Plans in place at CCG/Place level, being utilised as an interim as up to date and effective. Need to refresh plans and working relationships as part of organisational development
New and emerging pandemics	ICB EPRR team to review existing plans for new and emerging pandemics and refresh these to form one ICB plan. ICB EPRR team to refresh and strengthen working relationships as part of organisational development.	KE	30/06/2023	Plans in place at CCG/Place level, being utilised as an interim as up to date and effective. Need to refresh plans and working relationships as part of organisational development
Countermeasures	ICB EPRR team to review existing plans for arrangements for deployment of countermeasures and refresh these to form one ICB plan. ICB EPRR team to refresh and strengthen working relationships as part of organisational development.	KE	30/06/2023	Plans in place at CCG/Place level, being utilised as an interim as up to date and effective. Need to refresh plans and working relationships as part of organisational development

Standard name	Action to be taken	Lead	Timescale	Comments
Mass Casualty	ICB EPRR team to review existing plans mass casualty and refresh these to form one ICB plan. ICB EPRR team to refresh and strengthen working relationships as part of organisational development.	KE	30/06/2023	Plans in place at CCG/Place level, being utilised as an interim as up to date and effective. Need to refresh plans and working relationships as part of organisational development
Evacuation and shelter	ICB EPRR team to review existing plans for evacuation and shelter and refresh these to form one ICB plan. ICB EPRR team to refresh and strengthen working relationships as part of organisational development.	KE	30/06/2023	Plans in place at CCG/Place level, being utilised as an interim as up to date and effective. Need to refresh plans and working relationships as part of organisational development
Trained on-call staff	Training needs analysis to be further developed and systemised training to be developed across the ICB for all staff that would be involved in responding to an incident.	KE	31/03/2023	On-call staff are all completing the NHS England Developed Command and Control programme and a training log is being kept. Further work needs to be done to ensure a robust TNA is completed for the ICB and training systemised across the organisation.
EPRR Training	Training needs analysis to be further developed and systemised training to be developed across the ICB for all staff including those not directly involved in incident management	KE	31/03/2023	On-call staff are all completing the NHS England Developed Command and Control programme and a training log is being kept. Further work needs to be done to ensure a robust TNA is completed for the ICB and training systemised across the organisation with consideration of whom might require tactical training, loggist training etc.
EPRR exercising and testing programme	The EPRR team will continue to ensure exercising and testing is carried out - some work is required to ensure that responsibilities are clear on this within the new EPRR team and timescales are appropriately budgeted for. EPRR team to ensure that exercising is added to TNA/Training spreadsheet	LCP	31/03/2023	Covid-19 is classed as a live exercise/command and post, and all CCG's actively participated in exercising and testing prior to transition to an ICB.

Standard name	Action to be taken	Lead	Timescale	Comments
Staff Awareness & Training	EPRR Team to ensure that training for all staff is rolled out as part of mandatory training on the role of an ICB staff member in an incident, key staff members in the response and where to find plans relevant to them.	KE	30/06/2023	Mechanisms are in place via business continuity processes to cascade information across each Place, with supporting BCPs. Work underway to review these as part of the business continuity arrangements for the ICB.
Incident Communication Plan	EPRR Team to liaise with Communications Team and review current communication plans that were developed as CCG's and revise as required.	KE / SL	30/06/2023	Specific reference to communications and media in Command and Control Framework to ensure communications lead is determined for ICB response, however there is no action card for media/communications leads at present. This might be required going forward or mention of incident management in the ICB Communications Strategy. The previous incident management/business continuity plans for communicating during an incident still apply until such a time as ICB specific documents can be developed.
Communication with partners and stakeholders	EPRR Team to consider the approaches across the 6 previous CCG's in contacting staff/partners/the public in an emergency, and decide whether any further work is required to streamline these processes or tweak them.	KE / SL	30/06/2023	Prior to formation of the ICB the 6 CCG's had their own means of communicating with staff in the event of an emergency and these procedures still stand, however a joint approach might need to be agreed (e.g. communication tree/WhatsApp) across the ICB and incorporated into action cards. All staff email operational and ICB social media. On-call contact process in place and functional, place level cascades/contact lists still operational and being retained.
Media strategy	EPRR Team discuss with Communications Team the options for rapid communication via media and social media and whether incident management needs to be specifically referenced in any communications policies/comms plans.	KE / SL	30/06/2023	Specific reference to communications and media in Command and Control Framework to ensure communications lead is determined for ICB response. Consideration needs to be made of incident plan for communications specifically and around use of social media. ICB social media channels established along with place level accounts which are actively managed and can be used during an incident.

Standard name	Action to be taken	Lead	Timescale	Comments
Mutual aid arrangements	EPRR team to consider whether mutual aid request action card is required or whether existing protocols and procedures are enough.	KE	31/03/2023	EPRR and Command and Control Policy both reference levels of NHS incident including points at which mutual aid might be requested. On-call handbook references the national MACA policy and details where this can be found. Mutual aid can also be requested by stakeholders and partners on system calls through well established shared intelligence daily meetings. Consideration needs to be given to whether documentation needs to be more detailed or action cards need to be included on requesting mutual aid from other organisations outside of MACA.
Information sharing	ICB EPRR Team to discuss with LHRP attendees whether further documentation is required on information sharing protocols, then lead on this work as required.	KE	31/03/2023	ICB is a signatory to the cross border mutual aid and escalation process.
BC policy statement	Central ICB Governance to ensure that place level BCP's contain the statement of intent as required, and that this is also included in any subsequently formed BCP documentation. ICB Governance Team to discuss with auditors result of this year's audit plan in relation to ISO standard 22301.	MN / KEI	30/06/2023	EPRR Policy acknowledges the ICB's responsibility to plan for responding to business continuity incidents and each place level BCP also carries the same commitment. A piece of work needs to be undertaken by the central ICB team to review the place level business continuity plans, update as required and consider the development of an overarching business continuity framework - any document created should contain the same statement of intent.

Standard name	Action to be taken	Lead	Timescale	Comments
Business Continuity Management Systems (BCMS) scope and objectives	Central ICB Governance to ensure that place level BCP's contain the risk management process, scope and objectives of the BCM and that this is also included in any subsequently formed BCP documentation.	MN / K EI	30/06/2023	There are business continuity plans at place from the former CCG's which meet this standard, however this will also need to be duplicated and reflected in the ICB BCP once finalised.
Business Impact Analysis/Assessment (BIA)	Business impact assessments within place level BCP's to be reviewed as part of the piece of work to review all place level BCP's and create overarching framework	MN / K EI	30/06/2023	Place level BCP's contain BIA's, and place level BIA's must be the starting point for the overarching ICB business continuity framework. These will need to be reviewed as outlined above.
Business Continuity Plans (BCP)	Place level BCP's to be reviewed to ensure that they effectively outline response/recovery of services to disruptions to people, information and data, premises, suppliers and contractors, and IT & infrastructure	MN / K EI	30/06/2023	There are business continuity plans at place from the former CCG's which meet this standard, however place level plans also need to be duplicated and reflected in the ICB BCP once finalised.

Standard name	Action to be taken	Lead	Timescale	Comments
Testing and Exercising	EPRR Team to work with Governance Directorate to ensure that the ICB BCP is tested annually and that this is added to the EPRR training and exercising plan for the year/training monitoring spreadsheet.	LCP	30/06/2023	TNA completed and training and exercising spreadsheet developed, however EPRR team will need to discuss with the Governance Directorate the timescales for finalisation of the ICB BCP, and ensure that testing of the policy once complete is scheduled annually.
BCMS monitoring and evaluation	EPRR Team to ensure that following the completion of the other actions on the ICB BCMS, that any tests of the system are evaluated and included in the annual board report on EPRR and the self-assessment	LCP	Ongoing	The ICB BCP will be tested annually, and the outcome of those tests/exercises included in the ICB EPRR annual report to the Board
BC audit	BCM is on the ICB's audit programme for 2023/24, once completed outcomes will be reported in the annual EPRR report for 23/24.	MN / K EI	30/06/2024	BCM is on the ICB's audit programme for 2023/24.

Standard name	Action to be taken	Lead	Timescale	Comments
Assurance of commissioned providers / suppliers BCPs	<p>EPRR Team to develop plan to onboard all other providers to submit the core standards annually including primary care, patient transport, and any other NHS funded providers of care.</p> <p>H&NY LHRP to determine membership of an ICB level subgroup of the LHRP made up of operational staff from stakeholders and commissioned providers; one functionality of which will be to provide mutual assurance of BCP arrangements.</p>	<p>KE / LCP</p> <p>LCP</p>	<p>30/06/2023</p> <p>31/03/2023</p>	The ICB requests copies of submissions of the EPRR core standards self-assessment from its Category 1 providers and undertakes peer reviews as required by NHS England Regional annually. This currently does not include non-category 1 responders and the process will need to be extended for the 2023/24 process as per the direction from NHS England.
Up to date plans	EPRR Team to consider whether formal Evacuation and Shelter plan is required or whether actions for this can be bolted onto another policy or action card created	KE	30/06/2023	The ICB does not currently have an evacuation and shelter plan and would link in with stakeholders if they were required to activate theirs in a co-ordinating role.
Activation	EPRR Team to consider whether formal Evacuation and Shelter plan is required or whether actions for this can be bolted onto another policy or action card created	KE	30/06/2023	The ICB does not currently have an evacuation and shelter plan and would link in with stakeholders if they were required to activate theirs in a co-ordinating role.
Incremental planning	EPRR Team to consider whether formal Evacuation and Shelter plan is required or whether actions for this can be bolted onto another policy or action card created	KE	30/06/2023	The ICB does not currently have an evacuation and shelter plan and would link in with stakeholders if they were required to activate theirs in a co-ordinating role.

Standard name	Action to be taken	Lead	Timescale	Comments
Equality and Health Inequalities	EHIA to be completed if an Evacuation and Shelter plan is required for the ICB.	KE	30/06/2023	The ICB does not currently have an evacuation and shelter plan and would link in with stakeholders if they were required to activate theirs in a co-ordinating role.