

# **BNSSG ICB Board Meeting**

**Date: Thursday 6<sup>th</sup> October 2022**

**Title: Emergency Preparedness Resilience & Response (EPRR) Policy**

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## **1 Purpose**

Civil Contingencies Act 2004 and the NHS England EPRR Framework 2022 require all responders to have an overarching framework identifying resources to aid incident response.

## **2 Background**

BNSSG Integrated Care Board became a Category One responder on 1 July 2022. The CCG previously had been a Category Two responder; NHSE/I delegated Cat One status to the CCG at the beginning of Covid-19 response as system leaders.

### **Duties of a Category One Responder**

- 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

## **3 Key Points/Issues of Concern**

The ICB AEO and EPRR manager have taken on additional roles as co-chairs of the Local Health Resilience Partnership Executive Group (EG) and Business Management Group (BMG) with associated administration tasks.

The Incident Coordination Centre continues to be staffed Monday to Friday 0900-1700 hours responding to

- National declared Level 3 incident for Covid-19
- National declared Level 3 incident for Advanced Adstra cyber attack and

- Concurrent Incidents

## **4 Risk and Mitigations**

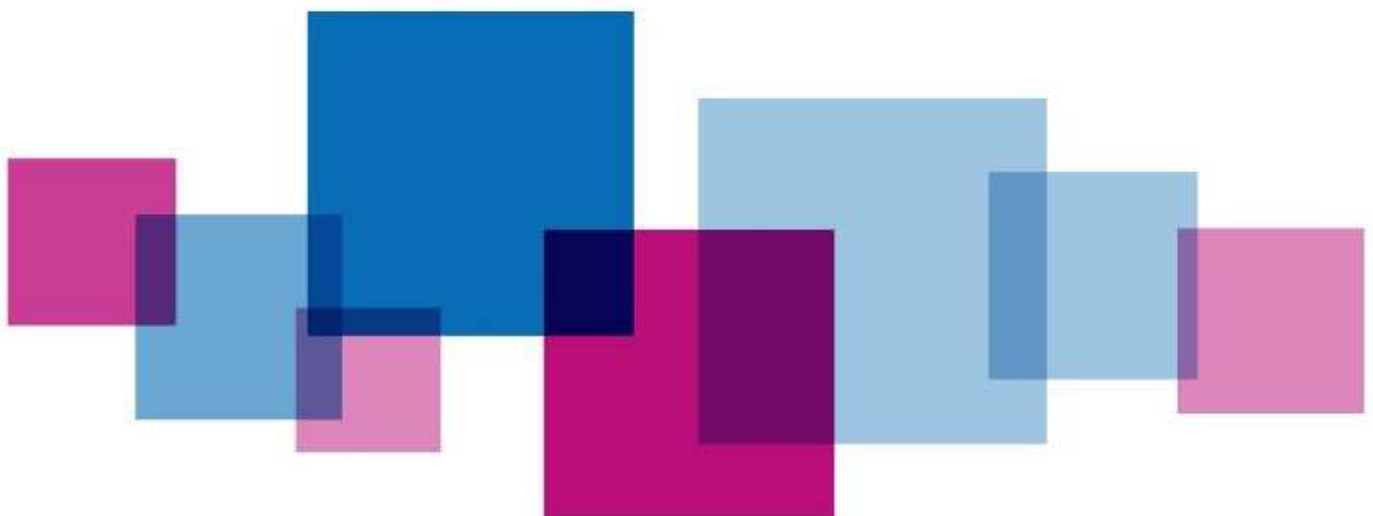
Risks are identified and tabled in the Business Continuity Policy. Risks are reviewed and mitigation considered and updated on a quarterly basis through assessment of

- National Risk Register
- Local Resilience Forum (LRF) Community Risk Register
- Local Health Resilience Partnership (LHRP) Risk Register

## **5 Summary and Recommendations**

For this policy to be approved at board. Associated plans noted within the policy.

# Emergency Preparedness Resilience and Response (EPRR) Policy



***Please complete the table below:***

*To be added by corporate team once policy approved and before placing on website*

<b>Policy ref no:</b>	To be filled in by Corporate Services
<b>Responsible Executive Director:</b>	
<b>Author and Job Title:</b>	
<b>Date Approved:</b>	To be filled in by Corporate Services
<b>Approved by:</b>	To be filled in by Corporate Services
<b>Date of next review:</b>	

### Policy Review Checklist

	<b>Yes/ No/NA</b>	<b>Supporting information</b>
Has an Equality Impact Assessment Screening been completed?	Yes	Appendix
Has the review taken account of latest Guidance/Legislation?	Yes	Civil Contingencies Act 2004 Health & Social Care Act 2006 NHSE EPRR Framework 2022 ISO 22301
Has legal advice been sought?	No	
Has HR been consulted?	Yes	HR are included in the Corporate Policy Review Group
Have training issues been addressed?	Yes	Section 7

	<b>Yes/ No/NA</b>	<b>Supporting information</b>
Are there other HR related issues that need to be considered?	No	
Has the policy been reviewed by Staff Partnership Forum?	No	
Are there financial issues and have they been addressed?	Yes	Budget code linked to incident response spending
What engagement has there been with patients/members of the public in preparing this policy?	None	
Are there linked policies and procedures?	Yes	Incident Response Plan Business Continuity Plan Extreme Weather Plan On-call Policy and associated procedures
Has the lead Executive Director approved the policy?	Yes	
Which Committees have assured the policy?	Executive Committee 2021	
Has an implementation plan been provided?	Yes	
How will the policy be shared with	Through the Voice	
Will an audit trail demonstrating receipt of policy by staff be required; how will this be done?	No	
Has a DPIA been considered in regards to this policy?	No	Not required

	<b>Yes/ No/NA</b>	<b>Supporting information</b>
Have Data Protection implications have been considered?	Yes	Duties under Civil Contingencies Act CCA

<b>Version Control <i>please remove this box once approved and finalised</i></b>		
<b>Version</b>	<b>Date</b>	<b>Consultation</b>
1 Version 1; Janette Midda	08.06.2022	
2 Version 1.1; (Jack Robison formatting)	04.08.2022	Shared with Corporate Policy Review Group
3 Version 1.2	.10.2022	Board

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## 1 Introduction

The NHS needs to plan for, and respond to, a wide range of incidents and emergencies that could affect / impact health or patient care. These could be anything from extreme weather conditions to an outbreak of an infectious disease or a major transport accident.

A critical or major incident or emergency is any event that cannot be managed within routine service arrangements. It requires the implementation of special procedures and involves one or more of the emergency services, the NHS or a Local Authority.

NHS funded organisations must also be able to maintain continuous levels in key services when faced with disruption from identified local risks such as severe weather, fuel or supply shortages or industrial action. This is known as business continuity management (BCM).

NHS Bristol North Somerset South Gloucestershire Integrated Care Board (NHS BNSSG ICB) is required to have policies and plans in place to respond at any time of the day or night.

### 1.1 BNSSG ICB Values

This policy underpins incident response within both the ICB and the Integrated Care System (ICS). The ICB will lead the BNSSG system in Level 1 and 2 response (note figure 1).

As with all response the system partners do act with integrity, support each other, embrace diversity, work better together, strive for excellence for our community and do the right thing.

## 2 Purpose and scope

The scope of the arrangements for the response to emergency incidents covers all levels of incident as described in NHS England Emergency Preparedness, Resilience and Response Framework – See figure 1.

The ICB will be responsible for the coordination of Level 1 and 2 incidents within its role as commissioners and health system leaders. The ICB will provide support to NHS England and NHS Improvement (NHSEI) in the response to Level 3 and 4 incidents.

Figure 1: NHS Incident Response Levels



NHS Incident Response Levels	
Level 1	An incident that can be responded to and managed by a local health provider organisation within their respective business as usual capabilities and business continuity plans in liaison with local commissioners.
Level 2	An incident that requires the response of a number of health providers within a defined health economy and will require NHS coordination by the local commissioner(s) in liaison with the NHS England local office.
Level 3	An incident that requires the response of a number of health organisations across geographical areas within a NHS England region. NHS England to coordinate the NHS response in collaboration with local commissioners at the tactical level.
Level 4	An incident that requires NHS England National Command and Control to support the NHS response. NHS England to coordinate the NHS response in collaboration with local commissioners at the tactical level.

### 3 Duties – legal framework for this policy

This policy identifies requirements to meet the duties of:

- a. **Category One responder under the Civil Contingencies Act, 2004.** These are
  - 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
  - *provide advice and assistance to businesses and voluntary organisations about business continuity management (local authorities only)*
- b. **NHSE EPRR Framework 2015**; updated 2022
- c. **Heath & Care Act 2022**

## 4 Responsibilities and Accountabilities

### ***ICB Chief Executive Officer***

The Chief Executive Officer ICB CEO is responsible for ensuring that EPRR arrangements are in place and fulfilled. These are delegated to the ICB AEO to ensure compliance.

### ***ICB Accountable Emergency Officer; Director of Performance and Delivery***

The Director of Performance and Delivery is the designated Accountable Emergency Officer and is responsible for ensuring that the ICB has appropriate EPRR and BCM policies, plans and procedures in place. This includes arrangements for on call response.

The Accountable Emergency Officer is co-chair of the BNSSG Local Health Resilience Partnership (LHRP).

The Accountable Emergency Officer attends the Executive Group of the Local Resilience Forum; multi-agency (LRF)

### ***ICB Deputy Director of Commissioning, Planning & Performance***

This post is the nominated deputy to Accountable Emergency Officer and line management for the EPRR team

### ***ICB On-Call Director***

The ICB Director on-call is responsible for the management of capacity pressures affecting operational performance across BNSSG.

ICB's have a duty to support NHS England in Level 3 or 4 regional / national incidents. The Director on-call is responsible for the management of capacity and resource due to system escalation and / or major incident.

### ***ICB Emergency Preparedness Resilience & Response Manager***

The EPRR Manager is responsible for:

- Documenting EPRR policies, plans and procedures and ensuring they are appropriately embedded through testing, validation and lessons identified/learned.

- Ensuring that employees are trained to deliver defined roles in major incident and business continuity plans, including the role of loggist. A training programme has been developed and is reviewed annually
- Ensuring that support is provided to ICB staff during and after an incident
- Ensuring that appropriate hot and cold de-briefs are carried out after an incident and the learning is shared with other organisations.
- Updating major incident and business continuity plans following an exercise or incident.
- Managing the ICB's response to NHS England EPRR assurance process.
- Preparing reports to various committees to ensure appropriate governance.

The Emergency Preparedness Manager is chair of Avon and Somerset Local Health Resilience Partnership Business Management Group. And a member of Avon & Somerset Local Resilience Forum Business Management Group.

### ***Head of Communications***

The ICB Head of Communications is responsible for managing the communication strategy during incident response and recovery to staff, patients, and the public. This is through coordination with communication leads in other organisations.

The ICB has established an EPRR text alert system to contact staff should an emergency be required to cascade. This is tested on a bi-annual basis.

### ***Performance and Delivery Administration Team***

The Administration Team supports the EPRR Manager in their responsibility for the maintenance of the Incident Coordination Centre. This includes:

- Developing and monitoring CCG on-call rota
- Maintaining an EPRR training register of all CCG staff.
- Role of Loggist during Incident response supported by corporate administration team.

### ***Employees***

All employees are responsible for ensuring that they are aware of the CCG's EPRR and BCM policies, plans and procedures and that they have sufficient training to be

able to effectively carry out their defined roles in major incident and business continuity plans.

## 5 Definitions / explanations of terms used

Acronym	Explanation
BCM	Business Continuity Management
EPRR	Emergency Preparedness Resilience and Response
ICB	Integrated Care Board
NHSE	NHS England
CCA	Civil Contingencies Act
LRF	Local Resilience Forum
LHRP	Local Health Resilience Partnership

## 6 Co-operation

**The ICB will co-operate with multi-agency Category 1 and Category 2 responders** to support the development of appropriate multi-agency EPRR policies and plans. This will be done through the following arrangements.

### 6.1 Membership and engagement with

- All BNSSG provider organisations as part of the BNSSG Integrated Care System
- NHS BNSSG Local Health Resilience Partnership
- NHS Somerset Local Health Resilience Partnership
- NHS BSW Local Health Resilience Partnership
- Avon and Somerset Local Resilience Forum

### 6.2 Risk Assessment and Management

- National Risks and Threats Register
- LRF Community Risk Register
- BNSSG LHRP Risk Register

### **6.3 Supporting the planning, response, and recovery phases of incidents**

- Participating in EPRR exercises organised at local, regional, and national level.
- Identifying lessons learned through the debrief process to improve planning and response and inform future training needs.

### **6.4 Communication**

The ICB will share information appropriately with partner organisations to support management of and recovery from incidents in accordance with ICB information sharing protocols and or in line with legislation to support urgent response.

### **6.5 Validation of Plans through training and exercising**

The ICB will develop and test its own plans on a rolling annual basis as required by NHS England EPRR Framework, BNSSG LHRP and ICB EPRR work plan, these include:

- Incident Response Plan
- Business Continuity Plans
  - Industrial Action
  - Fuel Disruption
  - Utilities (Gas, electric, water) failure
- Business Impact Analysis and Critical Activities
- On-call Handbook
- Strategic and Tactical 24/7 rota

- Severe weather
- National Power Outage
- Informatics
- Communicable Disease Plans
- BNSSG LHRP Fuel Plan
- SW Psychological Planning Tool (Draft)

NHSE EPRR Framework 2022 states each organisation must annually complete

- 1 x In Hours communication cascade
- 1 x Out of Hours communication cascade
- 1 x Tabletop exercise / workshop
- 1 x Live Exercise (every **three** years)

## 6.6 Validation of Plans through training and exercising

**The ICB will operate a robust Emergency Preparedness Resilience & Response (EPRR) Strategy.** This will include the suite of on-call documents including system leadership and EPRR command and control structures.

**The ICB will work to maintain “Substantial/Full Compliance”** with NHS England Core Standards for EPRR as assessed annually in the NHS England and Improvement assurance process.

**The ICB will seek assurance** that NHS funded services it commissions are delivered by organisations that maintain and give assurance through the EPRR process.

This will be achieved through:

- a. NHS England Core Standards assurance process
- b. NHS Standard Contract and contract monitoring processes.

**The ICB will establish and maintain an Incident Coordination Centre**

- a. Virtual
- b. 360 Bristol

c. Castlewood

Providing the appropriate resource, equipment, and Information Technology to enable the CCG to support the response to an incident.

## 7 Training requirements

Training for key roles within EPRR are as follows:

*Principles of Health Command* has been developed by NHS England (NHSE) for delivery to those required to join the Strategic on-call rota. This has been mandated by NHSE as part of ICB transition. Training is required to be updated on a 3 yearly basis.

- NHS BNSSG ICB have agreed to deliver this training to Tactical on-call colleagues too.
- Colleagues are requested to maintain their personal records, but EPRR maintain registers and a training spreadsheet.
- *Loggist* – NHS BNSSG ICB have several Loggists trained who have supported the Incident Coordination Centre (ICC) throughout Covid-19 response. Some have agreed to support out of hours and details are available in the on-call pack.
- *NHS BNSSG ICB workshops* – these form an additional internal requirement for on-call staff to attend one per year regarding updates.

As any situation develops ad-hoc training will be delivered according to the incident and response.

## 8 Equality Impact Assessment

An Equality Impact Assessment screening has been completed and referenced as an appendix.

## 9 Implementation and Monitoring Compliance and Effectiveness

Monitoring of compliance and effectiveness will be through

- I. ICB EPRR Operational Delivery Group
- II. ICB Health and Care Review Group
- III. ICB Board
- IV. NHSE EPRR Core Standards assessment
- V. Lessons Identified and recommendations through the debrief process

## 10 Countering Fraud

The ICB is committed to reducing fraud in the NHS to a minimum, keeping it at that level and putting funds stolen through fraud back into patient care. Therefore, we have considered fraud and corruption that may occur in this area and our responses to these acts during the development of this policy document.

## 11 References, acknowledgements, and associated documents

- a. The Civil Contingencies Act 2004  
[www.legislation.gov.uk/ukpga/2004/36/contents](http://www.legislation.gov.uk/ukpga/2004/36/contents)
- b. The Health and Social Care Act 2012  
[www.legislation.gov.uk/ukpga/2012/7/contents/enacted](http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted)
- c. NHSEI EPRR Guidance and Framework  
[www.england.nhs.uk/ourwork/epr/gf/](http://www.england.nhs.uk/ourwork/epr/gf/)
- d. NHS standard contract  
[www.england.nhs.uk/nhs-standard-contract/](http://www.england.nhs.uk/nhs-standard-contract/)
- e. National Occupational Standards (NOS) for Civil Contingencies – Skills for Justice 22  
[www.effectivecommand.org/Content/docs/Civil Contingencies Act National Occupational Standards.pdf](http://www.effectivecommand.org/Content/docs/Civil%20Contingencies%20Act%20National%20Occupational%20Standards.pdf)
- f. BSI PAS 2015 – Framework for Health Services Resilience  
[shop.bsigroup.com/ProductDetail/?pid=000000000030201297](http://shop.bsigroup.com/ProductDetail/?pid=000000000030201297)
- g. ISO 22301 Societal Security - Business Continuity Management Systems Requirements  
[www.iso.org/standard/50038.html](http://www.iso.org/standard/50038.html)
- h. NHSEI Core Standards For EPRR  
[www.england.nhs.uk/publication/nhs-england-core-standards-for-epr/](http://www.england.nhs.uk/publication/nhs-england-core-standards-for-epr/)
- i. Preparation and planning for emergencies: responsibilities of responder agencies and others [www.gov.uk/guidance/preparation-and-planning-for-emergencies-responsibilities-of-responder-agencies-and-others](http://www.gov.uk/guidance/preparation-and-planning-for-emergencies-responsibilities-of-responder-agencies-and-others)
- j. BNSSG CCG/ICB Incident Response Plan
- k. BNSSG CCG/ICB Business Continuity Plan including Business Impact Assessments (BIAs)
- l. BNSSG CCG/ICB Severe Weather Plan



## Appendices

### 12.1 Equality Impact Assessment

Equality Impact Assessment Screening	
Query	Response
What is the aim of the document?	To set out the ICB responsibilities in relation to Emergency Preparedness Resilience and Response (EPRR); major incident or a business continuity event response
Who is the target audience of the document (which staff groups)?	All responders involved in the incident response. All colleagues involved are documented within EPRR processes.
Who is it likely to impact on and how?	Staff All staff involved in incident response which will differ dependent on the incident and type of response. There are processes in place within the Incident Response Plan (IRP), highlighted in the policy, for staff welfare to be discussed at the end of each shift / day. Hot and Cold debriefs are part of lessons identified and learned and recovery.
	Patients Casualties involved in the incident requiring medical treatment. Patients awaiting elective surgery who may need to be cancelled dependant on numbers and severity of casualties. Recovery processes are in place to support all provider organisations throughout.
	Visitors If family members of casualties. Processes are in place via IRPs.
	Carers If a service user is involved in the incident. Processes are in place via IRPs.
	Other – governors, volunteers etc No

Does the document affect one group more or less favourably than another based on the 'protected characteristics' in the Equality Act 2010:	Age (younger and older people)	No as all casualties, family members, carers will be supported dependent on medical intervention and treatment plans.
	Disability (includes physical and sensory impairments, learning disabilities, mental health)	No, any known disability will be supported. Any new disabilities will be part of treatment, rehabilitation, and recovery plans.
	Gender (men or women)	No
	Pregnancy and maternity	No
	Race (includes ethnicity as well as gypsy travellers)	No
	Sexual Orientation (lesbian, gay and bisexual people)	No
	Transgender people	No
	Groups at risk of stigma or social exclusion (e.g. offenders, homeless people)	No
	Human Rights (particularly rights to privacy, dignity, liberty and non-degrading treatment)	No

12.2 Impl eme ntati on Plan Target Group	Implementati on or Training objective	Method	Lead	Target start date	Target End date	Resources Required
All	Update all staff re EPRR Policy	The Voice with links to intranet site On-call pack Shared s drive	EPRR Manager	July 2022	July- Aug 2022	EPRR
	Exercising	Ensure this links to Incident Response	EPRR Manager	Oct 2022	Ongoi ng	EPRR