NHS
Lancashire and South Cumbria
Integrated Care Board

Emergency Preparedness, Resilience and Response (EPRR) Policy

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Version:	Version 5
Purpose	This Policy describes NHS Lancashire and South Cumbria Integrated Care Boards commitment to Emergency Preparedness, Resilience and Response, including the preparation for, testing, and response to business continuity and major incidents.
Supersedes:	Version 4
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Ratified by: (Name of responsible Committee)	Lancashire and South Cumbria ICB Board
Cross reference to other Policies/Guidance	• NHS England Emergency Preparedness Resilience and Response Framework Version 3 July 2022 • The Civil Contingencies Act 2004 and associated formal Cabinet Office Guidance • The Health and Social Care Act 2022 • NHS England Business Continuity Framework • The requirements for Emergency Preparedness, Resilience & Response as set out in the applicable NHS standard contract • ISO 22301 Societal Security - Business Continuity Management Systems – Requirements
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Target audience:	NHS L&SC staff

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Document control:		
Date:	**Version Number:**	**Section and Description of Change**
24/8/2022	0.1	Initial draft
13/9/2022	0.1	Update following feedback from neighbouring ICB, following Major Incident. Changes to section 6.3, 6.5
27/9/2022	0.2	Removal of 6.3 Non Executive Member.
01/4/2023	0.3	Review of EPRR Policy V2
28/8/2023	0.4	Annual review prior to formal review in 2024 (delayed due to industrial action)
28/3/2024	0.5	Re-write of Policy / formal review in line with the EPRR core standards

Contents

1 Introduction and Background

1.1 NHS Lancashire and South Cumbria Integrated Care Board (NHS L&SC) has a duty to plan for and respond to a wide range of incidents, emergencies or disruptions that could affect the health of the community or the delivery of patient care.

1.2 The Civil Contingencies Act 2004 (CCA) and the NHS Act 2006 as amended by the Health and Care Act 2022 requires NHS organisations to have plans in place to respond to such incidents while maintaining services to patients. This programme of work is referred to in the health community as Emergency Preparedness, Resilience, and Response (EPRR).

1.3 NHS Lancashire and South Cumbria ICB is a Category 1 Responder under the CCA and therefore subject to the full set of civil protection duties as detailed in Section 2.

1.4 NHS England EPRR Core Standards require NHS organisations and providers of NHS funded care to have a strategic level EPRR Policy which clearly defines roles and responsibilities, governance processes and structures.

2 EPRR Policy Statement

2.1 NHS L&SC accepts its statutory duties as a Category 1 responder under the CCA and NHS Health and Care Act and as such will:

- 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
- Cooperate with other local responders to enhance co-ordination and efficiency

NHS L&SC will ensure that adequate resources are available to meet the objectives of this Policy.

2.2 In addition to meeting legislative duties, the ICB is required to comply with guidance and framework documents including, but not limited to:

- NHS Emergency Preparedness Resilience and Response Framework (2022)

- NHS England Core Standards for Emergency Preparedness Resilience and Response
- ISO 22301 – Societal Security – Business Continuity Management Systems – Requirements
- NHS England Business Continuity Framework

2.3 NHS Lancashire and South Cumbria:

- will develop and maintain an Incident Response Plan detailing how it will carry out its obligations when responding to major incidents or during emergency situations.
- will develop and maintain a Business Continuity Plan which ensures it can continue to provide its core functions during a major incident, so far as is practicable, and to recover from additional pressure that an incident may place on the ICB.
- will ensure that adequate funding is in place to meet its obligations, ensure that its staff are trained and exercised to respond accordingly and maintain systems that enable a robust response to business continuity and major / critical Incidents.
- is committed to the promotion and protection of the health and wellbeing of all service users, staff and visitors throughout the organisation.
- recognises that Emergency Preparedness, Resilience and Response requires collaboration with partners from other NHS and non-NHS organisations; the sharing of experience, knowledge, skills and resources; and a commitment to work as part of a broader system of mutual aid and support.

3 Aims and Objectives

3.1 The aim of this policy is to outline how NHS L&SC will meet the statutory and regulatory requirements in relation to EPRR; CCA, Health and Social Care Act (2022) and the NHS England EPRR Framework (2022).

3.2 The objectives of this Policy are to:

- Outline the roles and responsibilities of persons, committees and other groups with regard to the management of EPRR
- Ensure that incident response and recovery arrangements are in place, which address the consequences of all situations that might feasibly occur (business continuity, critical incident, major incident) and that these are regularly tested and reviewed
- Ensure that all key stakeholders (internally and externally) are consulted and collaborated with concerning their role in the plan and that they understand those responsibilities

- Ensure that funding and resources are available to respond effectively to major incidents.
- Ensure that staff with functional roles (including commanders) receive emergency preparedness training that is commensurate with their role and responsibilities in line with training needs analysis
- Develop an EPRR risk register, aligned to the corporate risk management policy, (ensuring a consistent approach to the identification, assessment, mitigation and escalation of EPRR risks) and regularly review community and national risk registers as part of horizon scanning activities
- Implement suitable governance arrangements both internally and externally through the EPRR Committee, NHS L&SC Board, Local Health Resilience Partnerships (LHRPs) and Local Resilience Forums (LRFs)
- Monitor and implement lessons identified, notable practice and recommendations from debriefs to improve EPRR preparedness and response
- Ensure a robust process is in place to annually undertake the EPRR Core Standards process both internally and system wide with local NHS providers
- Support the health and well-being of staff involved in or affected by an incident or emergency

4 Scope of the Policy

4.1 This Policy relates to all NHS L&SC EPRR activities / functions, all employees, and appointees of the ICB, and others working within the organisation in a temporary capacity. This Policy applies to all ICB staff who are identified as having a potential role to play in the organisations planning for, and response to, a relevant emergency e.g. a critical incident or major incident.

5 ICB - Duties and Responsibilities

5.1 NHS L&SC became a Category 1 Responder under the Civil Contingencies Act (2004) from 1st July, 2022.

5.2 NHS L&SC is subject to the full set of civil protections duties under the CCA:

- Risk Assessment – develop an accurate and shared understanding of risk that is publicly available (Community Risk Register)
- Emergency Planning – maintain plans to prevent and/or mitigate the impacts of an emergency based on the risk assessment
- Business Continuity Management – maintain plans to ensure that critical functions can continue in the event of an emergency

- Warning and informing the public – to be prepared for an emergency and to provide advice on actions in the event of an emergency
- Information Sharing – requirement to share information with partners for planning and response purposes
- Co-operation – work with other partners to prepare for emergencies, such as through the Local Resilience Forum (LRF)

5.3 NHS L&SC responsibilities outlined under the EPRR Framework 2022 require the ICB to:

- Appoint a Board level Chief Office to act as the Accountable Emergency Officer (AEO)
- Chair Local Health Resilience Partnership(s) (LHRP) via the AEO
- Have suitable director level representation at both Cumbria and Lancashire Local Resilience Forums (LRF)
- Establish a mechanism to provide NHS strategic and tactical leadership and support structures to effectively manage and coordinate the NHS response to, and recovery from, incidents and emergencies, 24/7. This will include representing the NHS at Strategic Coordinating Groups and Tactical Coordinating Groups
- Support NHS England in discharging their EPRR functions and duties locally, including supporting ICS tactical coordination during incidents (level 2–4 incidents)
- Have escalation procedures in place to respond to disruption to delivery of patient services
- Ensure that there is an effective process for the identification, recording, implementation and sharing of lessons identified through response to incidents and emergencies and participation in exercises and debrief events
- Provide annual assurance against the NHS EPRR Core Standards, including by monitoring each commissioned provider's compliance with their contractual obligations in respect of EPRR and with applicable Core Standards
- Develop an annual EPRR workplan that identifies organisational priorities for emergency preparedness, driven by applicable risk assessments
- Present a comprehensive EPRR annual report to the Trust Board at least annually, including training and exercising, incidents experienced, lessons and learning, compliance with the core standards assurance process and statement of readiness
- Develop and maintain arrangements for mutual aid
- Ensure contracts with all commissioned providers (including independent and third sector) contain relevant EPRR elements, including business continuity

6 ICB - Roles and Responsibilities

6.1 The ICBs AEO will be supported by an EPRR Team which will hold the relevant skills and dedicated roles to ensure the ICB is delivering its responsibilities as outlined in this policy. The team will be part of the Strategy, Commissioning and Integration Directorate.

6.2. The EPRR Team will ensure that NHS L&SC meets its EPRR obligations as outlined in Section 2.

Role	Responsibilities
Chief Executive Officer	The Chief Executive Officer has overall responsibility for the strategic direction and operational management within EPRR, including ensuring that NHS L&SC process documents comply with all legal, statutory and good practice guidance requirements. The CEO will appoint a board Level member of staff to fulfil the role of the Accountable Emergency Officer (AEO)
Executive Lead and nominated Accountable Emergency Officer (AEO)	The role of AEO has been delegated to the Chief Operating Officer who is responsible for EPRR and has the executive authority and responsibility for ensuring that NHS L&SC complies with legal and policy requirements. The AEO will ensure that the organisation, and any sub-contractors, are compliant with the EPRR requirements as set out in the CCA 2004, the NHS Act 2006 (as amended) and the NHS Standard Contract, including the NHS England Emergency Preparedness, Resilience and Response Framework and the NHS England Core Standards for EPRR The AEO will ensure that the organisation is properly prepared and resourced for responding to and recovering from an incident The AEO will provide assurance to the Board on its EPRR arrangements
Head of EPRR	The Head of EPRR is the ICB's senior management lead for EPRR and is responsible for ensuring that NHS L&SC discharge its statutory duties as a Category 1 responder under the CCA (2004) The Head of EPRR is responsible for ensuring that NHS L&SC has plans, policies and procedures in place, including a workplan, to ensure compliance with the NHS England Core Standards The Head of EPRR will ensure that NHS L&SC and all directorates within it have resilient business continuity plans in place, which are regularly audited. The business continuity management system will work towards ISO 22301 The Head of EPRR will produce a training and exercising programme to test / validate EPRR plans and polices, and to ensure that those individuals with functional roles can test /

	enhance their knowledge and skills (via a training needs analysis (TNA) / continuous development portfolio (CPD)) The Head of EPRR will request debriefs post incident / exercise to capture learning and will ensure that all lessons identified are monitored to ensure they become actions learned The Head of EPRR will provide specialist advice to the AEO, health commanders and governance processes / meetings regarding EPRR The Head of EPRR will undertake the annual EPRR core standards assurance process on behalf of NHS L&SC, meeting with providers as necessary depending on their compliance levels The Head of EPRR will ensure that relevant networks and partnerships are built on in relation to planning and response. They are also responsible for developing the EPRR work programme and deputising for the AEO at LHRP meetings and LRF meetings. The role is responsible for ensuring that effective on-call, training and exercising, incident response and business continuity management arrangements are in place.
EPRR Team	The EPRR Team is responsible for providing advice and support on EPRR matters The Team will be responsible for all aspects of operational implementation of the aims contained within this policy, including ensuring plans and arrangements are regularly reviewed and tested; the delivery of a 24 / 7 tactical and strategic on call function and for EPRR training and exercising in line with training needs analysis and aligned to the minimal occupational standards and review. The EPRR Team will also support with incident management and debriefing, ensuring lessons learned are acted upon to improve EPRR functions The Team will also be responsible for reviewing and testing the ICB's incident response plan and business continuity plan, and will support colleagues in the development and testing of local business continuity plans The EPRR Team will ensure that the ICB plans and exercises jointly with NHS England (North West), NHS organisations, Local Authorities and other Category 1 and 2 responders as required.
NHS L&SC Health Commanders (Tactical and Strategic On-Call Staff)	NHS L&SC operates a two-tier system, with a tactical on-call commander and a strategic on-call commander. On call staff will be contactable throughout their period of on call both in and out of hours and on-call duty runs 24 hours a day, 7 days a week. Health Commanders are responsible for: Co-ordinating the local NHS response to an incident, making appropriate decisions to the agreed level of incident management Attending tactical co-ordinating groups (TCGs) / strategic co-ordinating groups (STGs) as required

	Responding to any NHS England (North West) resource requests the provision of incident situation reports to NHS England (North West) Attending the relevant on-call training / exercising as per the TNA / CPD Chairing any incident management team meetings and maintaining decision logbooks throughout an incident response Familiarising themselves with EPRR policies and procedures as well as the Incident Co-ordination Centre resources
Directors / Deputy / Associate Directors	The Directors and Deputy / Associate Directors are responsible for ensuring that their departments provide all the necessary support as requested during NHS L&SC's responses to an incident. They will: • Respond to any requests for information from the AEO and Head of EPRR • Ensure a Business Continuity Business Impact Analysis has been completed for their directorate and teams • Support the Strategic On Call, AEO and Head of EPRR in the response to a business continuity disruption or major incident. • Oversee their department's response to a disruption to service provision in line with NHS L&SCs Business Continuity Plan.
All employees	All employees, including temporary and agency employees are responsible for: • Compliance with relevant EPRR process documents. • Cooperating with the development and implementation of EPRR policies and procedures and as part of their normal duties and responsibilities • Identifying the need for a change in EPRR policy or procedure as a result of becoming aware of changes in practice, changes to statutory requirements, revised professional or clinical standards and local / national directives, and advising their line manager accordingly • Identifying training needs in respect of EPRR policies and procedures and bringing them to the attention of their line manager • Attending EPRR training / awareness sessions as required

7 On Call Arrangements

7.1 Internal Arrangements

7.1.1 NHS L&SC operates and maintains a 24/7, 365 days on-call structure. The rota usually runs on a three / four day basis from Monday 09:00 to Friday 08:59, Friday 09:00 to Monday 08:49. At any one time, there is tactical health commander and a strategic health commander, supported by a clinical on-call member of staff.

7.1.2 Tactical On-Call

- Is the nominated first point of contact
- Will participate in applicable EPRR training and exercising
- Will maintain a portfolio of involvement in EPRR e.g. training, exercising, debriefs

7.1.3 Strategic On-Call

- Is the nominated point of contact for all Critical and Major Incident notification, via the first on-call
- Will initially assume the role of Incident Director
- Will participate in applicable EPRR training and exercising
- Will maintain a portfolio of involvement in EPRR e.g. training, exercising, debriefs

7.1.4 Clinical On-Call

- Supports the System Control Centre (NHS England 'System Control Centres' PR2084) out of hours (18:00 – 08:00)
- Provides senior clinical leadership and co-ordinates clinical input to key issues
- Is the nominated point of contact for all clinical queries, via the tactical on-call
- Will participate in applicable EPRR training and exercising
- Will maintain a portfolio of involvement in EPRR e.g. training, exercising, debriefs

7.1.5 On-call personal will:

- Be available to answer their phone throughout their period of on call (all calls are diverted through *mybusinesscontinuity* software, with a dedicated 0300 number for each on call group of staff) to respond to a business continuity, critical or major incident.
- Attend the Tactical Coordination Group (TCG) and Strategic Co-ordinating Groups (SCG) as required to provide NHS leadership, support, information, relative to the Local Health Economy
- Be familiar with the multi-agency response requirements to a major incident
- Be familiar with the location and functions of the Tactical and Strategic Coordination Groups for incident response
- Have access to on-call resources (via Teams / SharePoint) including response information and key contacts
- Maintain and submit a decision log (from any incident occurring during their on call shift)
- Complete the incident report form and submit it to the EPRR Team for audit / record retention purposes

7.2 On Call Administration / Management

7.2.1 On Call administration will be undertaken by the EPRR Team. ICB on call representatives will provide availability to populate (as a minimum) a quarterly on call rota. The rota will be circulated to all on call managers and will be maintained in the on-call folder on MS Teams / Sharepoint.

7.2.2 Once published, if a health commander needs to make a change to their on-call rota, they must arrange the change themselves and notify Lscicb.eprroncall@nhs.net of any changes.

7.2.3 The EPRR Team will log and retain all submitted decision logs and incident forms and will maintain the on-call information folders in the Teams / SharePoint folders with up to date, relevant information.

8 Training and Exercising

8.1 Those individuals undertaking roles and responsibilities within EPRR must undertake appropriate training for their function, including in line with the competencies for their role/function provided in NHS England *'Model Competencies for Members of Emergency On-call Rotas'* and *National Occupational Standards.*

8.2 L&SC ICB will maintain a training plan which is based on a training needs analysis to focus the training delivered within the organisation. The AEO will ensure that staff attend the required training and that training records are maintained by the EPRR Team. All on-call staff will be required to maintain a personal development portfolio that demonstrates their competencies and compliance with this requirement will be monitored at least annually via the Executive Team.

8.3 EPRR plans and procedures will be tested on a regular basis, no less than annually or following significant changes to the organisation.

8.4 Plans and procedures will also be exercised in line with the requirements of the NHS England Emergency Preparedness Framework (2022) and will involve:

- An Incident Co-ordination Centre equipment test (every 3 months)
- a communication exercise every six months (in and out of hours)
- a desktop exercise once a year
- a Command Post exercise every 3 years and
- a major live exercise every three years

8.5 Organisational and individual learning will be assessed via Training Needs Analysis using exercise / incident feedback, individual staff requests, evaluation and monitoring and partner agency feedback.

8.6 ICB staff undertaking an on-call function will also be required to participate in wider NHS and local resilience forum (LRF) multi agency exercises to ensure they are familiar with multi agency incident response plans. Exercising also allows staff to consolidate their learning with an opportunity to develop their competencies and practice in a safe learning environment.

8.7 The EPRR Team will maintain live training and exercising records and will submit an annual report to the Trust Board as part of the EPRR Core Standards Assurance Process detailing health commander compliance with the required training and exercising.

9 Debrief and Continuous Improvement

9.1 NHS L&SC will be responsible for debriefing and providing support to staff where required following an incident or emergency. This is the responsibility of individual line managers, coordinated by the Accountable Emergency Officer (AEO) supported by the Head of EPRR. Structured debriefs will be facilitated by a trained and competent member of staff.

9.2 NHS L&SC will develop and maintain arrangements for capturing learning from incidents and exercises to inform the development of future EPRR arrangements.

9.3 Debriefs may take place internally or on a multi-agency footprint. Any lessons learnt will be documented, monitored and embedded into practice as part of the continuous improvement cycle.

9.4 Where wider health lessons or multi agency lessons are identified, these will be reported through the appropriate governance arrangements e.g. Local Health Resilience Partnerships, Local Resilience Forums, and monitored accordingly

9.5 Continuous improvement will be identified through participating in debriefs post incident and exercise, as well as reviewing relevant incident logs, reports and public inquiry outcomes.

9.6 The EPRR team will maintain an internal lessons identified tracker, capturing actions, responsible owners and agreed timescales to ensure lessons identified become lessons learned in practice to ensure continual improvement.

9.7 The lessons identified tracker will be monitored through EPRR governance processes and will be reported on in the annual EPRR report to Board. The tracker will be used to determine if any amendments or inclusions are required within existing plans and procedures. The tracker will also be shared through LHRP arrangements.

10 Governance, Reporting and Assurance

10.1 All Chief Executives of NHS funded organisations must have an Accountable Emergency Officer (AEO) to whom they designate the responsibility of EPRR as a core part of the organisation's governance and its operational delivery programme. For NHS L&SC, this portfolio sits with the Chief Operating Officer, who will ensure that an annual report is presented to Board around EPRR compliance with: the core standards, its statutory functions and other relevant requirements and obligations.

10.2 NHS L&SC governance arrangements for EPRR are as follows:

10.2.1 Executive Team

The ICB Executive Team promote and oversee the implementation of the EPRR framework, plans, policies and guidance. This involves:

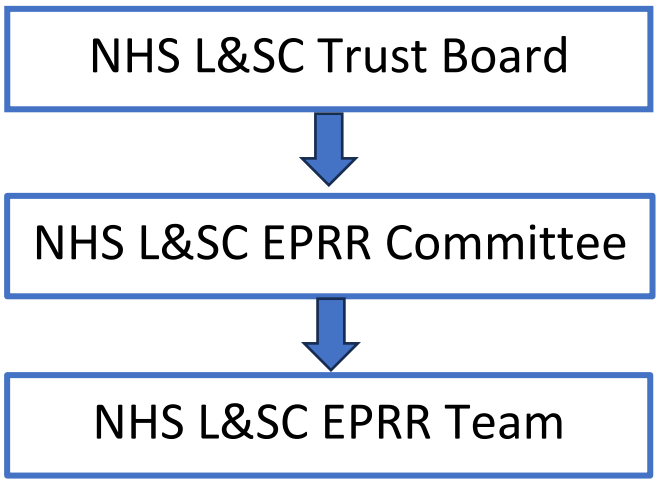
- Ensuring they are aware of their role and responsibilities as detailed in both the ICB Incident Response Plan and business continuity arrangements;
- Supporting the development and implementation of EPRR capabilities in preparation for an incident or emergency;
- Ensuring that departments and services under their portfolio all have suitable and up to date procedures and plans in order to comply with this policy;

The Executive team is responsible for the scrutiny and endorsement of the EPRR framework and all associated EPRR plans, guidance and will receive appropriate papers and reports in relation to EPRR.

Furthermore, the Executive Team has the responsibility of reviewing and agreeing the compliance levels in relation to the annual NHS England EPRR self-assessment / peer review process against the national NHS England EPRR core standards and framework.

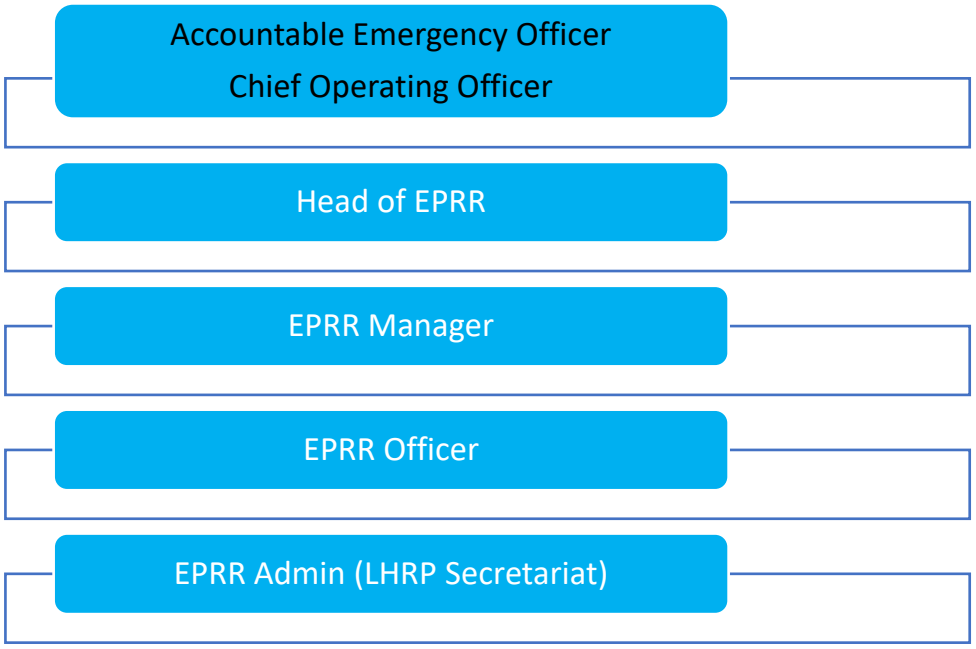
10.2.2 EPRR Committee

Chaired by the Head of EPRR, this group will receive verbal and / or written reports on a regular basis with regards to progress against the EPRR work programme / workstreams and business continuity matters including compliance with the EPRR core standards, approval of policies, reviewing risks to operational services, new initiatives, regional and national updates etc. and any training and exercising undertaken, including lessons identified and learned.



10.2.3 EPRR Team

The EPRR Team has a designated resource, consisting of EPRR specialists who are responsible for the implementation of the NHS England EPRR framework and for maintaining compliance with the CCA and other relevant legislation, statutory and non- statutory guidance.



10.3 The minimum standards / requirements to which NHS funded organisations must meet are set out in the NHS EPRR core standards. NHS L&SC will undertake an annual self-assessment / peer review in relation to these, declaring a level of compliance which is then reported to the Trust Board and in the Annual Report.

10.4 An action plan will be developed to improve compliance and progress towards this action plan will be monitored at the EPRR Committee meeting.

10.5 NHS L&SC will also oversee system wide compliance with providers of NHS funded services within Lancashire and South Cumbria in relation to the EPRR core standards. This will involve reviewing the submitted evidence to gain assurance of compliance, highlighting any gaps and areas for collaborative work going forwards.

10.6 Collaborative Working

10.6.1 Local Health Resilience Partnerships (LHRP)

These meetings are held quarterly, and the AEO and Director of Public Health co-chair, providing local strategic leadership on EPRR matters to all NHS-funded organisations and maintains engagement across the local health and social care system to ensure resilience is commissioned effectively, reflecting local risks.

The LHRP should consider, and contribute to, the Community Risk Register (CRR) developed by the LRF. These assessments should inform the planning and strategy set by the LHRP.

The LHRP provides a strategic forum for joint planning and preparedness for incidents, supporting the health sector's contribution to multi-agency planning and preparation through LRFs (Local Resilience Forum).

LHRPs are not statutory organisations and accountability for EPRR remains with individual organisations.

The LHRP Terms of Reference, including membership, can be found in Appendix 3.

10.6.2 Regional Health Resilience Partnerships (RHRP)

The RHRP acts as the strategic forum across the Lancashire and South Cumbria footprint, providing a single collaborative forum between national EPRR work programmes and work and planning undertaken at a locality level. The AEO will attend the RHRP on behalf of the ICB.

10.7 Local Resilience Forum (LRF)

NHS L&SC is represented at both Lancashire LRF and Cumbria LRF and provides a financial contribution to both as a Category 1 responder to resource the secretariat and work programmes. These contributions are made on behalf of health organisations across Lancashire and South Cumbria (excluding North-West Ambulance Service).

The local resilience forums are multi agency partnerships (formed within a police area) made up of representatives from local public services, including the emergency services, local authorities, the NHS, the Environment Agency and other Category 1 responders.

The LRF aims to plan and prepare for localised incidents and catastrophic emergencies, working together to identify potential risks and produce plans to prevent or mitigate the impact of any incident on the local community.

During incident response and recovery, NHS L&SC will represent NHS Trusts at both tactical and strategic co-ordinating groups (usually via its on-call function). The response and cascade of information will be managed by NHS L&SC tactical commander. NHS Trust commanders will be responsible for providing situation reports at intervals determined at the time of the incident which will be used to aide decision making and reporting to multi-agency partners.

10.8 Information sharing

Under the CCA 2004, responders have a duty to share information with partner organisations to enhance co-ordination in the event of an emergency.

In line with guidance issued by the Information Commissioner's Office (*Data sharing code of practice, 2022, p.66*), NHS L&SC will follow information sharing protocols applicable to urgent and emergency situations by adopting the principle that "in an emergency you should go ahead and share data as is necessary and proportionate".

As has been illustrated by major incidents over recent years (e.g. Grenfell Tower fire, major terrorist attacks in London and Manchester, and the crisis arising from the Covid-19 pandemic), joined-up public services responses where urgent or rapid data sharing takes place can make a real difference to public health and safety.

The ICO *Data sharing code of practice* states, "The key point is that the UK GDPR [General Data Protection Regulation] and the DPA [Data Protection Act] 2018 do not prevent you from sharing personal data where it is appropriate to do so."

10.9 Mutual Aid

Mutual aid can be defined as an arrangement between Category 1 and 2 responders, and with other organisations not covered by the CCA 2004, to aid with additional resource during an incident that may overwhelm the resources of a single organisation.
NHS L&SC will develop and maintain arrangements for mutual aid that are applicable to the organisation's involvement in an incident.
Mutual aid arrangements are outlined in the Incident Response Plan.
NHS England (NW) will be responsible for the co-ordination and implementation of mutual aid requests if a disruptive incident occurs across several counties / regional footprint.

10.10 Document Retention

NHS L&SC staff will be required to follow document retention procedures as detailed in the NHS L&SC Information Governance Data Security and Protection Policies (Records Management Policy) LSC ICB Corp19.

NHS L&SC will ensure that archived copies of superseded policy documents are retained in accordance with Records Management: Code of Practice for Health and Social Care 2016.

Note: hard copies of EPRR plans and policies are available in the Incident Co-ordination Centre and online via the EPRR Teams / Sharepoint areas.

10.11 Monitoring and Review

KPI	Method	Frequency	Lead	Reporting
Adherence of Policy to NHS EPRR Core Standards guidance	Monitor EPRR Core Standards guidance	Annually	Head of EPRR	EPRR Committee
NHS L&SC compliance with EPRR Core Standards	Assurance Report	Annually	Head of EPRR AEO	Board
EPRR risk assessments informed by local risk registers	Risk registers from LRFs (Lancashire and Cumbria)	Annually	Head of EPRR EPRR Manager	EPRR Committee
EPRR policies and plans – consultation and review	Policies and plans shared with key stakeholders internally and externally as appropriate.	As per the policy / plan statement but no less than every three years	Head of EPRR	EPRR Committee

11 Consultation

This policy was distributed for consultation to internal stakeholders as follows:

Date Policy Circulated	Name of Individual or Group	Were Comments Received?	Were Comments incorporated into Policy?	If no, why not?
25th April 2024	AEO	No	N/A	N/A
7th May 2024	Executive Team	No	N/A	N/A

Appendix 1 References

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

- NHS England Emergency Preparedness Resilience and Response Framework Version 3 July 2022
- The Civil Contingencies Act 2004 and associated formal Cabinet Office Guidance
- The Health and Social Care Act 2022
- NHS England Business Continuity Framework
- The requirements for Emergency Preparedness, Resilience & Response as set out in the applicable NHS standard contract
- ISO 22301 Societal Security - Business Continuity Management Systems – Requirements

Appendix 2 Acronyms and Definitions

Reference acronyms included in the document:

Acronym	Full Description
EPRR	Emergency Preparedness, Resilience and Response
L&SC	Lancashire and South Cumbria
ICB	Integrated Care Board
CCA	Civil Contingency Act
LRF	Local Resilience Forums
LHRP	Local Health Resilience Partnership(s)
RHRP	Regional Health Resilience Partnership(s)
AEO	Accountable Emergency Officer
COO	Chief Operating Officer
IRP	Incident Response Plan
BCP	Business Continuity Plan

NHS L&SC has adopted the following definitions from the NHS England EPRR Framework 2022, CCA 2004 and ISO 22301:

Term	Definition
Business Continuity	The capability of the organisation to continue delivery of products or services at acceptable pre-defined levels following a disruptive incident.
Business Continuity Incident	A Business Continuity Incident is an event or occurrence that disrupts, or might disrupt, an organisation's normal service delivery, below acceptable predefined levels, where special arrangements are required to be implemented until services can return to an acceptable level. (This could be a surge in demand requiring resources to be temporarily redeployed).
Business Continuity Management System	Part of the overall management system that establishes, implements, operates, monitors, reviews, maintains and improves business continuity.
Business Impact Analysis	The process of analysing activities and the effect that a business disruption might have upon them.
Business Continuity Plan	Documents the procedures that guide the organisation to respond, recover, resume, and restore to a pre-defined level of operation following a disruption to business continuity.
Critical Incident	A critical incident is any localised incident where the level of disruption results in the organisation temporarily or permanently losing its ability to deliver critical services, patients may have been harmed or the environment is not safe requiring special measures and support from other agencies, to restore normal operating functions. Any localised incident where the level of disruption results in the organisation temporarily or permanently losing its ability to deliver critical service.
Major Incident	Is any occurrence that presents serious threat to the health of the community or causes such numbers or types of casualties, as to require special measures to be implemented.

Emergency	Means: a) An event or situation which threatens serious damage to human welfare in a place in the United Kingdom. b) An event or situation which threatens serious damage to the environment of a place in the United Kingdom. c) War, or terrorism, which threatens serious damage to the security of the United Kingdom.
Incident Response Plan	Outlines how an organisation will respond to a critical or major incident.
Emergency Preparedness	The extent to which emergency planning enables the effective and efficient prevention, reduction, control, mitigation of and response to incidents and emergencies.
Resilience	Ability of the community, services, area, or infrastructure to detect, prevent and, if necessary, withstand, manage, and recover from incidents and emergencies.
Response	Decisions and actions taken in accordance with the strategic, tactical, and operational objectives defined by emergency responders, including those associated with recovery.
Tactical and Strategic Co-ordination	Tactical – undertaken at locality level, within L&SC Strategic – undertaken at L&SC level, with partners (regional and / or national)

The Lexicon of UK Civil protection terminology can be found here.

NHS Incident Response Levels: As an event evolves it may be described in terms of its level as shown below. For clarity these levels must be used by all organisations across the NHS when referring to incidents.

Level 1	An incident that can be responded to and managed by an NHS-funded organisation within its respective business as usual capabilities and business continuity plans
Level 2	An incident that requires the response of a number of NHS-funded organisations within an ICS and NHS coordination by the ICB in liaison with the relevant NHS England region
Level 3	An incident that requires a number of NHS-funded organisations within an NHS England region to respond. NHS England to coordinate the NHS response in collaboration with the ICB. Support **may** be provided by the NHS England Incident Management Team (National).
Level 4	An incident that requires NHS England national command and control to lead the NHS response. NHS England Incident Management Team (National) to coordinate the NHS response at the strategic level. NHS England (Region) to coordinate the NHS response, in collaboration with the ICB, at the tactical level.

Figure 1: NHS incident response levels

Appendix 3 Local Health Resilience Partnership Terms of Reference

Lancashire and South Cumbria

Local Health Resilience Partnership (LHRP).

Membership and Terms of Reference (agreed on 23rd November 2022).

Context.

1. These are the Terms of Reference for the Local Health Resilience Partnership (LHRP) that covers the geographical area of the Lancashire and South Cumbria Local Resilience Forum (LRF).
2. The LHRP will provide a strategic forum for local organisations to facilitate health sector preparedness and planning for emergencies at LRF level.
3. Members of the LHRP will be Executive Representatives who are able to authorise plans and commit resources on behalf of their organisations. They will be able to provide strategic direction for health emergency planning, resilience and response (EPRR) in their area.
4. The nominated lead Director of Public Health (DPH) and the NHS Integrated Care Board (ICB) Accountable Emergency Officer (AEO) for EPRR will co-chair all meetings.

Purpose of this forum.

The key responsibilities of the LHRP are to:

5. Facilitate the production of local sector-wide health plans to respond to emergencies and contribute to multi agency emergency planning.
6. Provide support to the NHS, UK Health Security Agency (UKHSA) and DPH representatives on the LRF in their role to represent health sector EPRR matters.
7. Provide support to NHS ICB and UKHSA in assessing and assuring the ability of the health sector to respond in partnership to emergencies at an LRF level.
8. Each constituent organisation remains responsible and accountable for their effective response to emergencies in line with their statutory duties and obligations. As with LRFs, the LHRP has no collective role in the delivery of emergency response.

Terms of Reference.

9. The LHRP will give strategic leadership on EPRR for the health organisations and communities of the LRF area, delivering some of their duties under the Civil Contingencies Act (CCA) 2004, National policy and Regional level guidance. Specifically the LHRP will:
    a. Regularly assess the local health risks and priorities taking into consideration the different needs of local communities to ensure preparedness arrangements reflect current and emerging threats.
    b. Set an annual EPRR work plan, based on information from the national and local risk registers (including the National Risk Assessment and Community Risk Registers), national planning assumptions, lessons learnt from previous incidents and emergencies, advice from the health communities and specific local health needs.
    c. Facilitate the production and authorisation of local sector-wide health plans to respond to emergencies and contribute to multi-agency emergency planning, ensuring that these plans include provision for mutual aid between organisations within the LRF area.
    d. Provide a forum to raise and address concerns relating to health emergency planning, resilience and response.
    e. Provide strategic leadership to the planning of responses to incidents likely to involve wider health economies (more than one organisation), for example winter capacity issues.
    f. Ensure that health is represented cohesively on the LRF and similar EPRR planning groups.
    g. The LHRP may delegate practical tasks to operational representatives from member organisations (such as planning and testing). Where this is the case, Terms of Reference for the work will be established and made available to all members. The Terms of Reference for these groups will be included as Appendices to this document. (See Paragraph 14).
10. The LHRP will provide support to the NHS ICB, Local Government and UKHSA in ensuring that member organisations develop and maintain effective health planning arrangements for major emergencies and major incidents. Specifically, it will ensure:
    a. That the plans describe strategic leadership referenced and thus ensure robust service and local level response to emergencies.
    b. That coordination between health organisations is included within the plans.

c. That there is opportunity for co-ordinated exercising of local and service level plans in accordance with Department of Health (DH) policy and the Civil Contingencies Act 2004.

d. That the health sector is integrated into appropriate wider EPRR plans and structures of civil resilience partner organisations within the LRF area(s) covered by the LHRP.

e. That co-ordination and understanding between the LRF and local health providers is reviewed and continually improved.

f. That provision is in place to coordinate with neighbouring LHRPs and regional arrangements are in place to develop and maintain mutual aid and integrated health response arrangements.

g. That arrangements (including trigger mechanisms and activation and escalation arrangements) are in place for providing and maintaining health representation at multi-agency controls (Gold/Silver commands) during actual or threatened emergencies.

h. That there is a mechanism to ensure all local parties in EPRR keep their colleagues and the Chairs of the LHRP informed of any potential or actual incidents, so that planned handling, leadership and any escalation process can be followed effectively.

11. The LHRP may also undertake tasks on behalf of the NHS ICB and/or UKHSA, for example:

    a. Providing a framework for local assurance, including maintaining a quantifiable and accurate assessment of the effectiveness of the resilience capability and capacity across all member organisations.

    b. Recommending training and exercising requirements and developing a programme to meet these.

    c. Providing an overview of the effectiveness of member organisations business continuity arrangements.

    d. Identifying any gaps in current preparedness across the health sector.

    e. Providing a network to share and promote best practice and learning.

12. All work undertaken by the LHRP, on behalf of public sector organisations must pay due regard to equality and diversity in line with the Public Sector Equality Duty.

13. Accountability cannot be delegated, and should the LHRP undertake these or any other delegated tasks, Terms of Reference must be prepared delineating the responsibility and clearly stating the accountable organisation(s).

Format and frequency of meetings.

14. The LHRP will meet, as a minimum, quarterly.

15. Meetings will be held within existing estate and infrastructure with costs for meetings (e.g. refreshments, stationery etc. falling to the organisation “owning” the building).

16. Costs for task and finish groups will be borne by the member organisations “where they fall”. (I.e. there is no expectation of cross charging for time spent attending meetings, working on specific projects, travel, hosting meetings etc.).

17. In the event that a planning activity indicates specific spending need (e.g. a warning and informing campaign) and this is agreed, the member organisations are expected to contribute to the costs.

18. All meetings will be formally documented and minutes shared with all relevant health organisations within the LHRP area. These minutes will be publicly available upon request, subject to appropriate consideration of any restricted/sensitive items.
19. All meeting and event organisation will take account of individual members' equality and diversity needs e.g. mobility issues.
20. Reports will be submitted 5 working days prior to meetings and minutes circulated a maximum of 14-day post meetings.
21. The secretariat will be provided by the NHS ICB.

Membership.

22. The membership of the LHRP will comprise:
    - NHS ICB AEO responsible for EPRR **(co-chair)**
    - Director of Public Health of each upper tier local authority (one of whom shall be **co-chair)**
    - North West Ambulance Lead
    - UK Health Security Agency EPRR Lead
    - Executive representative of each NHS Trust or Foundation Trust – AEO or deputy

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