

Lincolnshire ICB Emergency Preparedness, Resilience and Response (EPRR) Policy and Framework

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Contents

Equality Statement.....	4
1. Introduction	4
2. Policy Statement	5
3. Purpose.....	6
4. Key Roles and Responsibilities	6
5. Governance.....	9
6. Assurance	10
7. Risk Management	11
8. Finance	11
9. Collaborative Planning	11
10. Command and Control Framework.....	12
11. Training, Competency, and Exercising	13
12. Continuous Improvement and Lessons Learned.....	14
13. Plan review, update and compliance	14
14. EPRR work programme.....	14
15. Information Sharing	15
16. Security Classifications.....	15
17. Records Retention and Disposal	15
Appendices	16

Equality Statement

Equality, diversity, and human rights are central to the work of Lincolnshire Integrated Care Board (ICB). This means ensuring local people have access to timely and high-quality care that is provided in an environment which is free from unlawful discrimination. It also means that the ICB will tackle health inequalities and ensure there are no barriers to health and wellbeing.

To deliver this work, ICB staff are encouraged to understand equality, diversity, and human rights issues so they feel able to challenge prejudice and ensure equality is incorporated into their own work areas.

ICB staff also have a right to work in an environment which is free from unlawful discrimination and a range of policies are in place to protect them from discrimination.

The ICB's equality, diversity and human rights work is underpinned by the following:

- NHS Constitution 2015.
- Equality Act 2010
- Human Rights Act 1998.
- Health and Care Act 2022 duties placed on ICBs to reduce health inequalities, promote patient involvement, and involve and consult the public

1. Introduction

ICBs are defined as category 1 responders under the Civil Contingencies Act (2004). This means they are at the core of the response to most emergencies. Category 1 responders are subject to the full set of civil protection duties.

In addition to meeting legislative duties, ICBs are required to comply with guidance and framework documents, including but not limited to:

- Health and Care Act 2022
- NHS Emergency Preparedness Response and Resilience Framework
- Civil Contingencies Act (2004)
- NHS Act (2006)
- ISO 22301:2019 Security and resilience – Business continuity management systems

This is achieved through the collaborative production of plans for incident response, business continuity and recovery in accordance with guidance.

This document outlines the requirements for Emergency Preparedness, Resilience and Response (EPRR) detailing the minimum requirements for planning and responding to declared incidents across the NHS Lincolnshire Health System.

NHS EPRR framework defines three classifications of incident

- **Business Continuity** - an event or occurrence that disrupts, or might disrupt, an organisation's normal service delivery, to below acceptable predefined levels. This would require special arrangements to be put in place until services can return to an acceptable level. Examples include surge in demand requiring temporary re-

deployment of resources within the organisation, breakdown of utilities, significant equipment failure or hospital acquired infections. There may also be impacts from wider issues such as supply chain disruption or provider failure.

- **Critical Incident** - any localised incident where the level of disruption results in an organisation temporarily or permanently losing its ability to deliver critical services; or where patients and staff may be at risk of harm. It could also be down to the environment potentially being unsafe, requiring special measures and support from other agencies, to restore normal operating functions. A Critical Incident is principally an internal escalation response to increased system pressures/disruption to services.
- **Major Incident** - an event or situation with a range of serious consequences that require special arrangements to be implemented by one or more emergency responder.

2. Policy Statement

The ICB accepts their statutory duties as Category 1 Responder under the Civil Contingencies Act 2004 (CCA) and as such will fulfil the associated set of civil protection duties.

The ICB will maintain business continuity plans that provide continuation of its core functions, as far as practicable, and to recover from the additional pressure that an incident may place on the organisation.

The ICB will maintain business continuity plans that outline how a service will continue during an unplanned disruption.

In addition to duties contained within the Civil Contingencies Act, the ICB recognise the EPRR responsibilities as detailed within Section 46 of the Health & Care Act 2022 and will, in partnership with its commissioned services, meet this responsibility through:

- Building upon the existing strengths of current multi-agency coordination and cooperation which includes local NHS Trusts and other category 1&2 responders.
- Ensuring that active membership and engagement of the Local Resilience Forum (LRF) and Local Health Resilience Partnership (LHRP) enhance any response to emergency arrangements, both during the response and recovery phase.
- Fully integrating with NHS partner agencies' emergency arrangements, in supporting the local health economy.
- Ensuring that business continuity plans are in place.
- Cultivating a culture to make emergency preparedness an essential element of management and operations.

The ICB will maintain a constant 24/7 ability to stand up both tactical and strategic command tiers. As per EPRR incident response levels, the ICB will lead any system response.

3. Purpose

The purpose of this document is to ensure the ICB acts in accordance with the Civil Contingencies Act 2004, The Health & Care Act (2022) and the NHS England national policy and guidance, by undertaking the following duties:

- Ensure that incident response and business continuity plans have been developed using the appropriate frameworks whilst considering local and national risks.
- Plans prepare for the common consequences of emergencies
- Plans involve robust arrangements for the operational recovery from all such incidents
- All key stakeholders are consulted and provided opportunity to contribute to plans and that they understand their responsibilities
- Plans will be tested, exercised and regularly reviewed
- Ensure sufficient resource is available to plan for and respond to incidents. This resource will be reviewed annually.
- Ensure staff receive emergency preparedness training that is commensurate with their role and responsibilities
- Comply with the NHS Core Standards for EPRR and associated EPRR assurance processes

4. Key Roles and Responsibilities

4.1 Duties of ICB as Category 1 Responders

Under the Civil Contingencies Act (2004) the ICB has the following duties as a Category 1 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 coordination.
- Cooperate with other local responders to enhance coordination and efficiency.

The ICB is also required to:

- Ensure that contracts with provider organisations contain relevant emergency preparedness, resilience (including business continuity) and response elements.
- Liaise with the NHS England Midlands for wider NHS assistance and mutual aid during Incidents.
- Provide a route of escalation for the LHRP should a provider fail to maintain necessary EPRR capacity and capability.
- Co-chair the LHRP and Health Emergency Planning Ops Group (HEPOG) with attendance at the appropriate level.
- Represent the NHS Lincolnshire Integrated Care Board and Health Providers in multi-agency planning and exercising through the Local Resilience Forum. The ICB EPRR team will contribute and engage with emergency planning activity through the Lincolnshire Local Resilience Forum.
- Follow the command, control, and coordination structures of a Category 1 responder. The ICB will align with the Joint Emergency Services Interoperability Programme (JESIP).

4.2 ICB and Category 2 Responders

As a Category 1 Responder the ICB will establish links with the Category 2 Responders, which are required to:

- Share information with other local responders to enhance co-ordination.
- Co-operate with other local responders to enhance co-ordination and efficiency.

4.3 NHSE Core Standards for Emergency Preparedness, Response and Resilience

ICB's responsibilities in planning for an emergency include:

- Fulfil the requirements as a Category 1 responder under the CCA 2004.
- Co-ordinate a local NHS response to an emergency.
- Co-chair and be an active member of the LHRP.
- Develop a Command-and-Control structure.
- Ensure communications strategies and procedures are in place.
- Implement national policy and guidance in a local context.
- Demonstrate high level of preparedness of Out of Hours care and community services and ensure that they can respond at any time.
- Coordinate mutual aid within the local health system when required
- Ensure that staff are appropriately trained and competent to plan for and to respond to an emergency incident.
- Ensure that escalation plans for dealing with pressures recognise the requirements of a Critical / BC and Major Incident.
- Develop contingency plans for business continuity in the event of a protracted incident
- Ensure the resilience of its own estate, facilities, and systems. Activate internal Business Continuity Plans to make best use of resources available.

- Redeploy available staff to ensure provision of Critical Services, maintain role critical role categorisation under Business Continuity and link with HR.
- Establish and maintain working relationships with other emergency services, local organisations, and other key stakeholders.
- Train and exercise in conjunction with local NHS partners and external multi-agency partners to an agreed schedule with Lincolnshire Local Resilience Forum
- Consider the needs of vulnerable groups of patients. This is particularly important in the event of a sustained Incident.
- Participate in Local and Regional Resilience Emergency Planning Forums.
- Maintain, test, and review internal capacity and emergency plans. Activate the Incident Response Plan as required.

4.4 **Accountable Emergency Officer (AEO)**

4.4.1 The NHS Act (2006) places a duty on relevant service providers to appoint an individual to be responsible for discharging their duties under section 252A. This individual is known as the AEO.

4.4.2 NHS England expects all NHS funded organisations to have an AEO. The AEO will be a voting board member and will have executive authority and responsibility for ensuring that the organisation complies with legal and policy requirements.

4.4.3 Specifically, the AEO will be responsible for:

- Ensuring that the ICB, and any sub-contractors, is 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.
- Ensuring that the ICB is properly prepared and resourced for preparedness and response
- Ensuring that the ICB, any providers they commission, and any sub-contractors have robust business continuity planning arrangements in place which are aligned to ISO 22301 or subsequent guidance which may supersede this.
- Ensuring that the ICB has a robust surge capacity plan that provides an integrated organisational response and that it has been tested with other providers and partner organisations in the local area served.
- Ensuring that the ICB complies with any requirements of NHS England, or agents of NHS England, in respect of monitoring compliance.
- Providing NHS England with such information as it may require for the purpose of discharging its functions.
- Ensuring that the ICB is appropriately represented by director level engagement with, and effectively contributes to any governance meetings, sub-groups or working groups of the LHRP and/or LRF, as appropriate.

4.4.4 The Director for System Delivery will hold responsibility as Deputy AEO and will discharge the duties detailed above on a day-to-day basis.

4.5 **ICB EPRR Team**

4.6 The Chief Executive Officer (CEO) will hold responsibility as AEO.

4.7 The Deputy Director for System Delivery will hold responsibility as Deputy AEO.

- 4.8 The Head of EPRR will report to the Deputy AEO and coordinate the day-to-day activities of the EPRR work programme.
- 4.9 EPRR Managers will lead delivery of EPRR objectives and deliver EPRR advice during response and recovery.
- 4.10 EPRR support managers will support the delivery of EPRR objectives whilst also delivering EPRR advice in response.

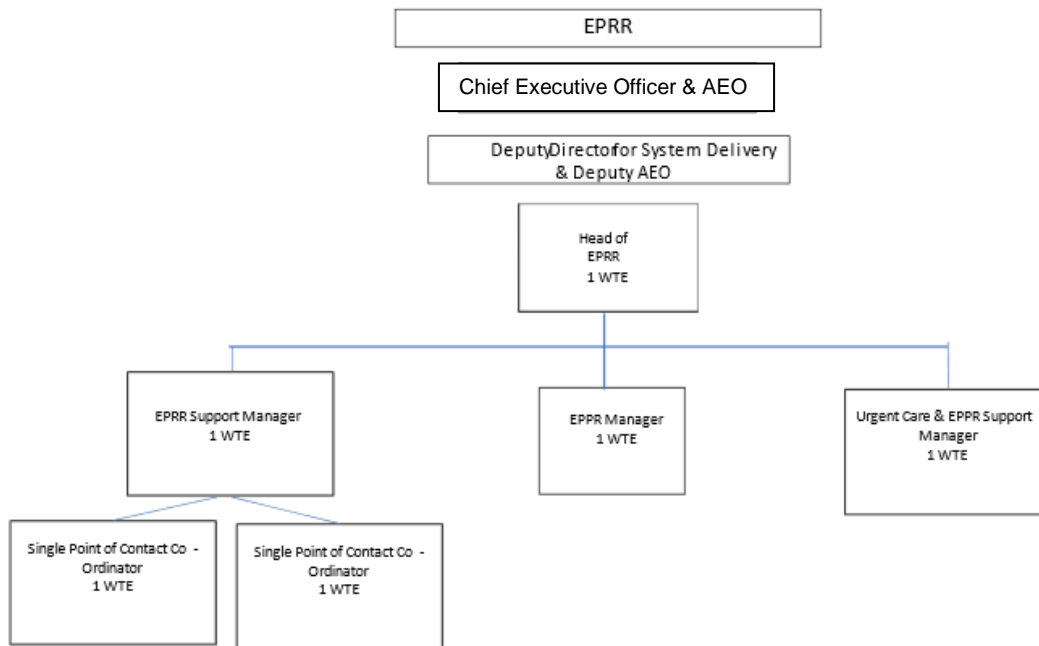


Figure 1 EPRR Team Structure

5. Governance

- 5.1 National EPRR Steering group will be accessed via both MHRP and LHRP. The ICB EPRR team will ensure that the organisation remains agile to respond and prepare for any new threats as advised by the national team.
- 5.2 Midlands Health Resilience Partnership (MHRP) The MHRP will provide a strategic forum for ICB AEOs to facilitate preparedness and planning for health emergencies across the region, share learning and address regional planning risks and opportunities.
- 5.3 Midlands Emergency Preparedness ICB Leads Meeting (EPICBL) The EPICBL will provide a tactical and operational forum for ICB EPLs to facilitate preparedness and planning for health emergencies across the region, share learning and address regional planning risks and opportunities.
- 5.4 Local Health Resilience Partnership (LHRP) The LHRP will provide a strategic forum for local organisations to facilitate health sector preparedness and planning for emergencies at the Lincolnshire LRF level.

- 5.5 Health Emergency Planners Ops Group (HEPOG) The HEPOG will ensure the delivery of the LHRP strategic aims and work to align emergency preparedness across a defined geographical area.
- 5.6 The Senior Leadership Team (SLT) has been established as a formal sub-group of the Lincolnshire ICB's Executive Management Team. SLT will support in those matters delegated to it. The purpose of SLT will be to support the Executive in providing oversight and implementation of operational activities and functions of Lincolnshire ICB on a day-to-day basis.
- 5.7 EPRR Oversight and Assurance. The primary purpose of the Lincolnshire ICB EPRR Oversight & Assurance group is to provide a coordinated approach to the EPRR Core Standards and EPRR statutory requirements of the Lincolnshire Integrated Care Board. It will oversee a standardised quality assurance process, the ICB elements of the Lincolnshire Health Resilience Partnership (LHRP) and Health Emergency Planning Officers Group (HEPOG) workplans. The group will advise the Lincolnshire Integrated Care Board where the workplan is not achieving and resulting in significant risk. The group will also advise upon the initiation and implementation of any new EPRR requirements and monitor any potential impact across the Lincolnshire Integrated Care Board. The EPRR Oversight and Assurance Group will report to the Lincolnshire ICB Senior Managers Operational and Delivery Group by exception.

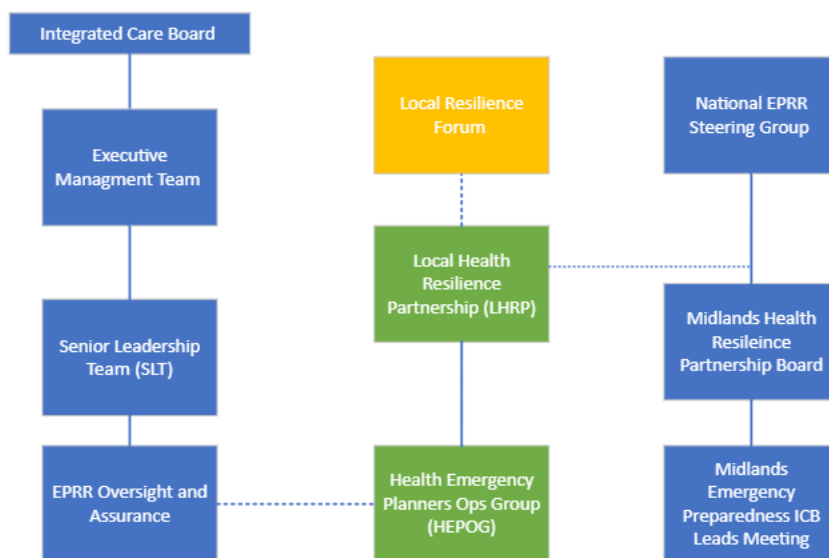


Figure 2 EPRR Governance Structure

6. Assurance

- 6.1 Evidence will be submitted annually to NHS England (Midlands). This evidence will demonstrate the ICB's capability to discharge functions aligned with EPRR core standards.
- 6.2 An assurance statement will be submitted to LHRP. This statement will be composed by NHSE (Midlands) with ICB input.
- 6.3 An annual report will be submitted to the ICB board summarising the readiness to discharge EPRR core standards following submission to NHSE (Midlands).

- 6.4 Monthly EPRR updates will be provided to the ICB Public Board detailing the following
- Training and exercises undertaken
 - Summary of any Business continuity, Critical or major incidents
 - Lessons learned and any learning undertaken
 - The organisations compliance position in relation to the latest NHSE EPRR assurance process
- 6.5 The Head of EPRR will be responsible for the assurance process.

7. Risk Management

- 7.1 The EPRR assurance and oversight group will identify risks and report to SLT for any inclusion on the ICB Risk Register. SLT may escalate risk to the ICB Audit & Risk Committee and/or ICB Executives.
- 7.2 The EPRR Assurance oversight will maintain a log of any EPRR risks along with risk being a standing agenda item at all meetings.
- 7.3 The risk management process aims to contribute to the safe discharge of EPRR duties within the ICB.
- 7.4 The ICB EPRR team will work alongside local authority public health to manage the LHRP risk register. This will be managed by HEPOG, and escalations / recommendations made to LHRP as required. There is an ability to escalate risk from LHRP to the Midlands Health Resilience Partnership if required.
- 7.5 The ICB EPRR programme will assess national and community risk registers to ensure suitable arrangements are in place to respond to the identified risks.

8. Finance

- 8.1 Finance support is available via the ICB EPRR budget to fund all EPRR related activities. This will be reviewed annually.
- 8.2 The request for additional funds in an emergency should be made to the strategic commander. The strategic commander has authority to commit funds if necessary. The strategic commander will liaise with the ICB finance team to discuss the sustainability of any fund commitment.
- 8.3 The NHS is not eligible to make a claim for the Bellwin scheme to be activated although the NHS may be involved within responses where its has been activated by local authority.

9. Collaborative Planning

- 9.1 The ICB has a duty to promote integration to improve quality of services and reduce health inequalities.
- 9.2 The ICB EPRR team will ensure that plans are developed collaboratively and shared as a part of a consultation process. The team will also promote and support local NHS

organisations to plan collaboratively.

- 9.3 The ICB will attend HEPOG planning forums of neighboring ICBs that are not within the Midlands NHSE footprint.
- 9.4 Plans will be subject to a local consultation process whereby all local and regional partners will be included. The ICB EPRR team will be responsible for collating feedback and evidencing the ICB response.
- 9.5 The EPRR policy and plan tracker will ensure corporate memory is maintained and any consultation feedback recorded. The tracker will detail feedback along with any amendments made in response. This should be referred to in any plan or policy development.

10. Command and Control Framework

- 10.1 **Command** - The exercise of vested authority, that is associated with a role or rank within an organisation, to give direction to achieve defined objectives
- 10.2 Command is carried out by those who have been given authority (through role or rank) over others, for a specific operation or incident, to make decisions and give direction to achieve jointly defined and agreed objectives. Personnel who provide subject matter expertise or advice do so in support of commanders.

10.3 Strategic

- **Strategic Commanders must be \geq Band 8d. A command induction must be completed by a member of the EPRR team and authorised by the Head of EPRR**
- Strategic command has overall command of the organisation's resources. They are responsible for liaising with partners to develop strategies and policies and allocate funding for the management of the incident.
- They are also responsible for maintaining the organisation's normal services at an appropriate level during the incident
- They must consider the incident in its wider context and establish the longer-term effects
- They delegate tactical decisions to their tactical Commander, so they are not involved in the direct management of the tactical or operational detail.
- The Accountable Officer remains accountable for the business delivery of their organisation throughout all situations. For major incidents and emergencies this duty will usually be discharged through an On-Call Strategic commander.

10.4 Tactical

- **Tactical Commanders must be \geq Band 8b. A command induction must be completed by a member of the EPRR team and authorised by the Head of EPRR**
- Tactical command is responsible for directly managing the organisation's response to an incident.
- They develop a tactical plan to achieve the objectives set by Strategic Command. Due to incident dynamics, they may develop a tactical plan prior to a strategy being agreed
- They provide a framework and parameters for operational commanders to operate within

- They set response priorities in line with Strategic Command, allocate resources and coordinate
- Tactical Command should oversee and support, but not be directly involved in the operational response to an incident. If an organisation has more than one key site providing an operational response, there may be a Tactical Commander for each site.
- The Tactical On-Call rota ensures 24/7 capability and availability

10.5 Operational

- Operational Command refers to those responsible for managing the main working elements of the incident response.
- They will lead teams carrying out specific tasks within a service, geographical, or functional area. This may include a hospital, ward, area of a community response, or aspect of incident response.
- They will act within the parameters set by tactical command and provide regular updates by briefing
- During a multiagency incident, individual organisations remain in command of their staff and resources, but each must liaise and coordinate with the other agencies involved to provide a coordinated response.

11. Training, Competency, and Exercising

11.1 ICB staff with an EPRR role inc. commanders should be competent according to the NHS EPRR Minimum Occupational Standards.

11.2 Individuals undertaking EPRR roles must record any training or exercise and contribute to a personal EPRR continuing professional development (CPD) portfolio.

11.3 The ICB EPRR team will provide individuals with training and exercising opportunities with accredited facilitators. The EPRR team will also provide ongoing and further development where required.

11.4 The ICB Training policy further outlines requirements and arrangements.

11.5 ICB roles that hold an EPRR responsibility will be advertised and supported with a recruitment process which acknowledges the requirements.

11.6 EPRR plans and arrangements will be exercised, any lessons learned will be shared and managed as per the lessons learned process.

11.7 The ICB will exercise to ensure arrangements and roles are fit for purpose. Exercises will be a mixture of organisational and multi-agency. As a minimum the following exercise frequency will be delivered.

- Communications systems exercise – every six months
- Table-top exercise – every 12 months
- Live play exercise – every three years
- Command post exercise – every three years
- ICC equipment test – every three months

12. Continuous Improvement and Lessons Learned

- 12.1 All ICB staff with an EPRR role, including commanders, should be familiar with the process of logging key points for debrief which may then be identified as a lesson learned.
- 12.2 The ICB will facilitate opportunity for lessons learned to be identified following exercise or incident. Hot and Cold debriefs will take place within the organisation and the wider local health resilience partnership where necessary. Learning and recommendations should be shared to all relevant partners.
- 12.3 Lessons identified or recommendations from other organisations should be reviewed by the ICB to determine if they are applicable to either the ICB as an organisation or to the local health resilience partnership.
- 12.4 The applicable lessons identified / recommendations will be a standing agenda item for the ICB EPRR Assurance and Oversight Group and Local Health Resilience Partnership. It may be necessary to be presented at both.
- 12.5 Lessons learned will be embedded and their progress tracked. Any risk or progress should be escalated through the groups previously mentioned.
- 12.6 The ICB EPRR team will receive NHSE Midlands lessons as part of the regional process and review them for applicability and manage appropriately.

13. Plan review, update and compliance

- 13.1 EPRR plans and arrangements will be reviewed annually by the ICB EPRR team.
- 13.2 ICB plans will be presented to the EPRR Oversight and Assurance group. If approved, the Head of EPRR will present to ICB SLT for final approval and implementation.
- 13.3 Annual plan reviews will be presented in full to EPRR Oversight & Assurance, a subsequent summary report will be sent to SLT highlighting key updates. SLT may request to see the full revision prior to approval.
- 13.4 Corporate memory will be maintained by use of a plan tracker. This will assist in ensuring plans do not revert to their original version without careful consideration of lessons learned and consultation.

14. EPRR work programme

- 14.1 The EPRR work programme will be aligned to enable the ICB to discharge category 1 responder duties and maintain EPRR core standard compliance.
- 14.2 Members of the EPRR team will be allocated workstreams, it may also be appropriate for subject matter experts to lead. E.g., Infectious disease arrangements.
- 14.3 The Head of EPRR will manage the work programme and escalate progress and risk to the Deputy AEO.

15. Information Sharing

- 15.1 As a category 1 responder the ICB has a duty to share information with partner organisations.
- 15.2 Information sharing agreements should support preparedness and response whilst applying UK GDPR and DPA legislative requirements.

16. Security Classifications

- 16.1 Staff operating within an EPRR role should maintain an awareness of security classifications to ensure secure, timely and efficient sharing of information.
- 16.2 The government security classifications policy should be read in conjunction with organisational information governance policy.
- 16.3 EPRR Advisors, AEO and Deputy AEO should be eligible for security check (SC) clearance to discharge their EPRR duties.
- 16.4 Information will be protected to the baseline security controls. The ICB will not hold information for any classification higher than OFFICIAL-SENSITIVE.
- 16.5 OFFICIAL information will be made available to persons on a need-to-know principle balanced with a need-to-share.
- 16.6 Government classification baseline behaviors should be applied to OFFICIAL and OFFICIAL-SENSITIVE information. UK GDPR and DPA 2018 legal obligations should also be applied.

17. Records Retention and Disposal

- 17.1 When discharging EPRR duties, the ICB will be compliant with UK General Data Protection Regulations (the UK GDPR) and Data Protection Act 2018 (DPA18).
- 17.2 The ICB will act in accordance with the NHS Corporate Records retention and Disposal Schedule
- 17.3 The EPRR retention, storage and disposal schedule is a timetable for the planned review of all records to determine their fate, which is either:
 - Long term retention for records having significant value for the organisation, nationally, or historically,
 - Secure destruction of records which the organisation is not obliged to keep for legislative or business reasons
- 17.4 This schedule lists (Appendix A) record types with brief descriptions and their minimum required retention period. Note that retention periods apply to all records regardless of format, including paper, digital and audio records (including meeting minutes recorded using Microsoft Teams). At the end of their retention period, a sample of records from a series should be reviewed before destruction to confirm that they are no longer required.

Appendices

Appendix A – EPRR Information Retention Schedule

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

Figure 3 EPRR Record Retention Requirements