NHS
Central East
Integrated Care Board

ICB Emergency Preparedness Resilience and Response Framework V1.0

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Chief Executive Officer Statement

This ICB EPRR Framework sets out the process by which the Cambridgeshire & Peterborough Integrated Care Board (ICB) will respond to, manage, commit resources to and recover from a incidents as well as set out the approach to deliver on the organisations objectives, to ensure compliance with our legal and statutory duties appropriately and ensure population safety as much as possible.

As Chief Executive Officer, I am accountable for the overall preparedness for incidents of NHS Central East ICB.

The Accountable Emergency Officer is the Sponsor of the EPRR Framework and Incident Response Plan. This role is supported by the Head of EPRR and EPRR Resilience Team. Routine responsibility for ensuring all Plans and Frameworks are up to date and fit for purpose rests with the ICB's Emergency Preparedness, Resilience & Response Steering Group which reports to the Audit and Risk Committee.

Theses have been approved by and will continue to be reviewed by, the ICB Emergency Preparedness, Resilience & Response Steering Group on an annual basis or the identification of amendments following a Major Incident, a test/exercise of the plan or national, regional, or local guidance.

Signed: *Jan Thomas*

Chief Executive Officer

Signed: *Karen Barker*

Accountable Emergency Officer

1. Purpose

1.1 This document sets out the framework for NHS Central East Integrated Care Board activities in Emergency Preparedness, Resilience and Response (EPRR). It aims to ensure a consistent and effective approach that supports the organisation's objectives, complies with statutory and regulatory requirements and promotes best practice.

1.2 Central East Integrated Care Board is formally established on 01 April 2026. The Integrated Care Boards are the statutory NHS Body and will comply with legislative framework for Emergency Preparedness Resilience and Response. The ICB are responsible for improving the health of its local community by assessing health needs and providing or developing services that respond to those needs.

2. Aims and Objectives

2.1 The purpose of this Framework is to ensure safe, consistent and effective management of EPRR activities.

2.2 This document focuses on the requirements to fulfil its EPRR response role as a Category 1 responder and to support the appropriate NHS and Local Resilience Forums.

2.3 Emergency preparedness, resilience and response support the ICB to prioritise learning from incidents, exercises and training.

2.4 This Framework with achieve its aim by.

- Setting out the strategy and compliance approach, ensuing adherence to NHS England Core Standards and statutory requirements and how the ICB will deliver the NHS England EPRR Framework locally.
- Ensuring appropriate processes and resources in place to ensure capability in responding to emergencies.
- Documenting the approach to development and approach to embedding resilience across the organisation.
- Documenting the process for ensuring appropriate planning and preparedness is in place and how this will be accomplished.
- Documenting the approach to Training and Exercise to ensure continuous organisational learning and development to improve response capability and to test preparedness.
- Documenting the approach to system and multi-agency collaboration to deliver integrated planning and response.

This Framework applies to all Central East ICB staff, Board members, contractors, and others involved in emergency preparedness, resilience and response activities.

3. Definitions

CBRN	Chemical, Biological, Radiological and Nuclear
CCA (2004)	Civil Contingencies Act (2004)
DHSC	Department of Health and Social Care
DSPT	Data Security and Protection Toolkit *(online self assessment tool that allows organisations to measure their performance against the National Data Guardian's data security standards)*
EEAST	East of England Ambulance Service NHS Trust
EoE	East of England
EPRR	Emergency Preparedness, Resilience & Response
GDPR	General Data Protection Regulation *(legislation that mandates strict rules for protecting personal data).*
HAZMAT	Hazardous materials
ICB	Integrated Care Board
ICC	Incident Coordination Centre
ICS	Integrated Care System
IMT	Incident Management Team
IRP	Incident Response Plan
JDM	Joint Decision Model *(a framework designed to enhance decision making among multi agency services during incidents and is part of the JESIP – see below – methodology)*
JESIP	Joint Emergency Services Interoperability Programme *(sets out standard approach to multi-agency working to provide structure, situational awareness and common understanding of risk across different organisations.)*
LHRP	Local Health Resilience Partnership
LRF	Local Resilience Forum / Fora
MOD	Ministry of Defence
NHS	National Health Service
NHSE	NHS England

OCC	On Call Commander
RAAC	Reinforced aerated autoclaved concrete *(significant risk within East of England – NWAngliaFT) has Hinchingbrooke Hospital and Stamford Hospital impacted).*
SBAR	A structured reporting tool to be used to provide situational awareness internally and externally across agencies/organisations. S – Situation / B – Background / A – Assessment / R - Recommendations
UKHSA	UK Health Security Agency

4. Policy Statement

4.1 Central East ICB is committed to ensuring compliance with all relevant legislation and best practice in EPRR including statutory requirements as a Category 1 responder and in line with NHS England NHS EPRR Core Standards.

All staff are expected to adhere to the requirements set out in this Framework.

4.2 Statutory Requirement of Category 1 Response

(Civil Contingencies Act 2004)

The purpose of the Civil Contingencies Act 2004 (CCA 2004) is to deliver a single framework for Civil Protection in the UK to meet the challenges of the twenty-first century. All NHS funded organisations must ensure robust and well tested arrangements are in place to respond and recover.

The CCA 2004, divides responders into two categories – Category 1 and Category 2. The ICB is designated as a Category 1 Responder.

The ICB adheres to 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.

4.3 NHS England's Core Standards for Emergency Preparedness, Resilience and Response

The main aim is to clearly set out the minimum EPRR standards expected of each NHS funded organisation.

The ICB will complete the annual assurance process and self-assessment and provide evidence of the ICB compliance rating to Audit & Risk Committee. The Accountable Emergency Officer is responsible for making sure these standards are met.

The ICB will ensure that trusts within the Central East geography submit Core Standard assurance and compliance through key lines of enquiry and confirm and challenge sessions and receipt of a Statement of EPRR conformity from their Board.

The ICB will support the Local Health Resilience Partnerships (LHRPs) to review, scrutinise and endorse compliance levels for Bedfordshire, Luton & Milton Keynes, Cambridgeshire & Peterborough, and Hertfordshire.

4.4 Equality

This framework will link with the appropriate ICB equality and diversity documents.

Emergency plans developed by the ICB should give due regard to the to the impact on health inequalities and consider equality impact assessment.

Activation of Emergency plans in the ICB should consider impact on health inequalities as a result.

The following have specific responsibilities in relation to this policy:

5. Roles and Responsibilities

5.1 ICB Responsibilities/Duties as Category 1 Responders

- Fulfil the relevant duties of a Category 1 responder under the CCA 2004. Ensure the ICB is properly prepared and resourced to deal with an incident.

- Ensure that contracts and any sub-contractors are compliant with the EPRR requirements. Including robust business continuity arrangements in place that align to ISO 22301.

- Liaise and support NHSE Regional EPRR Team in respect of monitoring compliance, information sharing, and situational awareness to ensure wider NHS response.

- Ensure effective process for the identification, recording, implementation and sharing of lessons identified, through incident response, exercise, debriefs. This will be through the ICB Debrief & Lessons Framework, LHRP and LRF engagement.

- Ensure appropriate representation from within ICB structures will Co-chair the LHRP and the LHRP working group with attendance at the appropriate level. Terms of Reference for all meetings in place to ensure partner engagement and support and available on Resilience Direct.

- Provide a route of escalation for resilience planning issues to LHRPs in respect of commissioned provider EPRR preparedness. Ensure robust escalation procedures are in place to respond to disruption to delivery of patient services.

- Co-ordinate the Health System response to incidents at a local system level. The ICB will be the route of communication cascade in the event of an incident and the ICB will inform NHSE Regional Team. The reporting methodology of an "SBAR" will be used as a structured method of communicating critical information that requires attention and action.

- The Central East ICB will represent the NHS Health System/Trusts (apart from Ambulance) at the respective Local Resilience Fora (LRF), to ensure multi-agency planning and exercise. The ICB will contribute and engage with emergency planning activity through the LRFs with attendance from the EPRR Team. The ICB will ensure that Health system partners that are represented are fully briefed. For LRF Fora and information, link to the public facing LRF websites can be found below including information/detail on local risks, public and personal resilience, support for local communities and about the work of the LRF

Home | Cambridgeshire and Peterborough Prepared (cpprepared.org.uk)

https://www.centralbedfordshire.gov.uk/blrf

https://www.thamesvalleylrf.org.uk/

https://www.hertfordshire.gov.uk/services/fire-and-rescue/resilience/be-ready-for-anything.aspx

- Will develop command, control and coordination structures for a Category 1 responder at Strategic, Tactical and operational levels as required. The ICB will align with the Joint Emergency Services Interoperability Principles (JESIP). The Joint Decision Model (JDM) is to be used as a supportive tool in the decision-making process.

5.2 ICB Responsibilities link to Category 2 Responders

As a Category 1 Responder the ICB will establish links with Category 2 Responders, through the LRF, 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.

5.3 ICB Responsibilities with Acute, Community & Mental Health Providers

In line with its Commissioning Responsibilities, the ICB is required to ensure that contracts with provider organisations contain relevant emergency preparedness, resilience (including business continuity) and response elements to sufficient depth and detail.

Joint working and joint plans aid in the successful response to incidents and mutual aid arrangements between NHS-funded and partner organisations.

5.4 ICB Internal Roles

5.4.1 Chief Executive Officer

The ICB's Chief Executive Officer is accountable for ensuring that the organisation fulfils our EPRR duties and has in place plans that are built on the principles of risk assessment, co-operation with partners, emergency planning, communicating with the public and information sharing. The Chief Executive Officer can delegate the responsibility to a named board-level director and discharge duties to an Accountable Emergency Officer (AEO).

5.4.2 Accountable Emergency Officer

The ICB is required to appoint and identify an Accountable Emergency Officer who is a board voting level director. The Executive Director of Corporate Services and ICB Development is the organisations Accountable Emergency Officer and will ensure that Audit and Risk Committee receives regular reports regarding emergency preparedness including reports on exercises, training and testing undertaken by the organisation and that appropriate resources are made available to allow discharge of these responsibilities. The AEO has executive authority and responsibility to ensure the ICB complies with legal requirements.

5.4.3 EPRR Team

The EPRR Team are responsible for ensuring implementation of the ICBs EPRR Framework and linked emergency response plans.

The EPRR Team will provide emergency planning and resilience subject matter expert advice and support. The EPRR team will be responsible for the following to ensure we fulfil the responsibilities of a Category 1 Responder (this list is not exhaustive):

- Develop and maintain the EPRR Annual Work Plan
- Complete the annual self-assessment assurance NHSE EPRR Core Standards and report to the ICB Board and NHSE Regional team.

- Maintain Incident Coordination Centres, in line with Command, Control and Coordination structure.
- Ensure two-tier, Tactical and Strategic 24/7 on Call Commander in place, to ensure high level of response and preparedness.
- Develop and maintain emergency plans, including testing and exercise in line with National policy and guidance and adapting them to local context.
- Ensuring that plans reflect own estate, facilities and systems through Business Continuity management and plans.
- Ensure Business Continuity plans include redeployment of staff to ensure maintain critical services and functions.
- Support in Training needs and audit, to ensure staff are competent to respond.
- Provide link to NHSE East of England Regional EPRR Team
- Maintain appropriate links and leadership with LHRP
- Establish and maintain relationships with other emergency services and multi-agencies through the Local Resilience Fora and attend appropriate meetings and working groups.
- Support Tactical and Strategic On Call commanders with advice and support, to ensure escalation is appropriate and response is appropriate at the right level.
- Liaise and work closely with System Operation Centre (SOC)/ System Coordination Centre (SCC) colleagues and provide subject matter expert advice.
- Ensure plans are linked to Equality Agenda.

The EPRR Team will support the On Call Rota with subject matter expert advice within usual business as usual hours, with any additional out of hours response being pre-agreed for specific incidents as required.

5.4.4 Communications Team

The Communication and Engagement Team will ensure strategies and procedures are in place in terms of communication and a Communication Incident Response Plan is in place.

The ICB Communications Team will support the EPRR function by ensuring that there is a clear communication / media management approach in place for the response to an incident. The team will attend appropriate communications cells during an incident and liaise with system partners and NHSE during an incident to ensure that appropriate messaging is issued across the ICS and to the general public.

The Communication and Engagement Team will support the On Call Commander rota as communication and engagement subject matter expert.

5.4.5 Clinical Leads

Clinical Leads will support any incident response as subject matter experts as part of their usual business role.

5.4.6 System Operations Centre/System Coordination Centre

The System Operations Centre (SOC) supports the operational system flow and capacity and On Call Commander (OCC), 7 days week, in hours. Appropriate handover will take place between SOC and OCC to ensure out of hours is managed by On Call.

5.4.7 ICB On Call

Members of the Executive Team and Senior Members of the ICB are required to participate in the On Call Commander Strategic and Tactical Rota. The On Call Guidance document outlines the responsibilities for On Call commanders, the below list is not exhaustive.

- Attend On call briefings, shared learning events, participate in exercise.
- Attend training in line with the Training Needs Analysis (TNA).
- Lead the ICB response in an incident.
- Maintain personal Training portfolio.
- Activate incident response plans as required. A decision to declare an incident must be clear on what the declaration will achieve.

The purpose of the on-call function is to;

- Provide leadership across the local health economy
- Provide local leadership and support to NHSE during times of major incident or emergency situations
- Support oversight outside of the System Operational Centre/System Coordination Centre core operational hours, to provide strategic leadership, local decision making and coordinate system actions as required.
- Escalate unmitigated system risk to NHSE Regional Urgent and Emergency Care (UEC) and EPRR on call and prepare to work in tandem to formulate a plan that is endorsed by NHSE.
- Act as an escalation point for the Local Resilience Fora, as required

In addition to alerting NHSE EPRR On Call, it is the ICB’s duty to ensure its partners and supporting organisations (for example community services, commissioners, acute providers, specialist trusts et al) are alerted to the declaration of any incidents.

5.4.7.1 Strategic On Call Rota

VSM and senior leaders/executive (B9s and VSMs) are asked to participate in the On Call Commander Strategic Rota.

5.4.7.2 Tactical On Call Rota

Band 8c and Band 8d staff are asked to participate in the On Call Commander Tactical Rota.

5.4.8 All Staff

As a Category 1 responder it is essential to embed emergency preparedness across the organisation and develop a culture of resilience within the ICB. All ICB employees on

appointment, and periodically thereafter, should familiarise themselves with the general outline of Business Continuity and Emergency response, including who they report to when an emergency is declared and the emergency roles and responsibilities where relevant and undertake training as appropriate.

Individual members of staff are responsible for reporting any changes in their home address or telephone number to their manager and link with Business Continuity Champion leads, to enable out of hours contact lists to be maintained within Team Business Continuity Plans and Resilience details.

5.5 Mutual Aid (regional)

NHSE EoE EPRR will support in circumstances where one or more of the health system's partners require mutual aid support from one or more of the other trusts within East of England, or Partnerships, during a declared Major Incident.

There is also National Supply Disruption Guidance which provides some direction in periods where supplies mutual aid may be required.

6. Processes and Procedures

The following processes must be followed to comply;

6.1 Emergency Response

6.1.1 Principles

The ICB notes that that at times the terms incident and emergency are used interchangeably. It should also be noted that the term emergency is defined by the Civil Contingencies Act 2004 as:

An event or situation which threatens serious damage to human welfare in a place in the UK

An event or situation which threatens serious damage to the environment of a place in the UK.

War, or terrorism, which threatens serious damage to the security of the UK.

The NHS Act 2006 requires NHS England and the ICB to ensure that the NHS is properly prepared to deal with an emergency. A relevant emergency is defined as:

Any emergency which might affect NHS England or the ICB (whether increasing the need for the services that it may arrange or in any other way).

6.1.2 NHS Incident Definitions

For the NHS, incidents are classed as either:

Business Continuity Incident - An event or occurrence that disrupts, or might disrupt, an organisation's normal service delivery, to below acceptable pre-defined levels. This would require special arrangements to be put in place until services can return to an acceptable level. Examples include surge in demand requiring temporary re-deployment of resources within the organisation, breakdown of utilities, significant 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 the 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 escalation response to increased system pressures/disruption to services.

Major Incident – The Cabinet Office and the Joint Emergency Services Interoperability Principles (JESIP) define a Major Incident **as an event or situation with a range of serious consequences that require special arrangements to be implemented by one of more emergency responder agency**.

In the NHS this will cover any occurrence that presents serious threat to the health of the community or causes such numbers or types of casualties, as to require special arrangements to be implemented.

6.1.3 Types of Incident / Levels of incident response

The ICB recognises that significant incidents may manifest in a number of different ways, including but not restricted to:

- **Rapid Onset (Big Bang):** Develops quickly, and with immediate effects. Limited time to consider response options. e.g., Transport accident, explosion.
- **Rising Tide:** A developing infectious disease epidemic or outbreak, capacity/staffing crisis or industrial action. e.g., Pandemic Flu / Pandemic Disease such as Covid-19.
- **Cloud on the Horizon:** A serious threat such as a significant chemical or nuclear release developing elsewhere and needing preparatory action.
- **Headline News:** Public or media alarm about an impending situation, significant reputation management issues. e.g., unpopular patient treatment plan which gathers publicity.
- **Chemical, biological, radiological, nuclear and explosives (CBRNe):** CBRNe terrorism is the actual or threatened dispersal of CBRNe materials. With deliberate criminal, malicious or murderous intent.
- **Hazardous materials (HAZMAT):** Accidental incident involving hazardous materials.
- **Cyber security**: a breach of a system's security policy to disrupt its integrity or availability or the unauthorised access or attempted access to a system.
- **Mass Casualty:** an incident (or series of incidents) causing casualties on a a scale that is beyond the normal resource of the emergency and healthcare services ability to manage.

Incidents are described in terms of the level of response required. The level may change during an incident as it evolves. The incident level declared will give clarity of the coordination in place.

These are NHS levels only and are NOT interchangeable with other organisations and response levels.

UK Central Government response arrangements will be Level 4 incidents.

The Incident Levels support command, control and co-ordination structures and support NHS England Regional team from a local response level. To maintain resilience across the NHS, NHS England will be made aware of any declaration and incident. It is the organisational duty to ensure partners, and supporting organisations are alerted to declaration of any level of incident.

The criteria for the incident levels below are outlined in more detail in the **NHS EPRR Framework, Appendix: Escalation.**

Incident Levels	
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.**

6.1.4 Command, Control and Coordination

As a Category 1 Responder the ICB will ensure robust command and control. With Strategic and Tactical Commanders On call rota in place 24/7. The ICB Incident Response Plan and Business Continuity Plan outlines the C3 structures and the process to activate and escalate when activated. The ICB command, control and coordination structure will interface with the LRF Command and Control Plans to ensure multi-agency response when Strategic Co-ordinating Groups (SCGs) and Tactical Co-ordination (TCG) groups are established in response to an incident.

6.1.5 Information

Information Sharing will be in line with the Civil Contingencies Act 2004.

The ICB needs to ensure any data held is appropriate and logged on the ICT information asset registers and complies with Subject Access and Access to Health Records Act requests if held independent of where it originated thus ICB processes must be followed to comply with UK General Data Protection Regulation (GDPR) and the NHS Data Security and Protection Toolkit (DSPT).

If there is a need for information sharing, including Personal/Patient Identifiable Data (PID) within an incident / event, a Data Protection Impact Assessment (DPIA) would be required. The DPIA needs to clearly establish why the ICB requires the data, the proposed processing activity and data flow journey as well as data controllers and clearly defined data sets.

The ICB does not support the use of Artificial Intelligence (AI) – e.g., CoPilot, ChatGPT et al – for on call commanders, subject matter experts or any individuals in the use of EPRR decision making and request that staff do not upload EPRR documents to external programmes. All staff should ensure that they are aware of document sensitivity markings and the implications of these in dictating handling, storage and sharing requirements.

Although the ICB has limited legal reasons to hold patient data (including PID), in cases of an emergency, if the lack of data is impacting the response the organisation(s) is able to provide, data sharing should be allowed to negate patient/person harm.

For further information contact the ICB Information Governance Team.

6.2 Business Continuity

6.2.1 As part of the Business Continuity process, Business Impact Analyses are required to be carried out. The Business Impact Analyses, conducted within each team, are a method of identifying key or critical functions, assessing the impacts that might result from an incident and the levels of resources and time required for recovery. Subsequently, critical activities and priorities for recovery are identified.

6.2.2 Critical activities are those functions that underpin the ability of directorates or services to:

- provide an appropriate response to an emergency
- fulfil any statutory functions
- impact on the credibility and public perception of the organisation if not provided.

6.2.3 Key risks to the critical activities which would result in the loss of function, are identified and documented on the appropriate risk register.

6.2.4 The development of alternative service delivery strategies and plans prior to an incident occurring, will inform the ICB's response and actions to be taken to maintain appropriate levels of service should the risk materialise. Staff should refer to the ICB Business Continuity Plan for further information about the business continuity management process.

6.3 ICB Governance – EPRR Reporting

The Emergency Preparedness, Resilience & Response (EPRR) Steering Group oversees the EPRR agenda and annual work plan. The Steering Group will ensure and be responsible for the review, testing and updating of all emergency plans and frameworks including the Incident Response Plan. This includes development of a training programme that meets national requirements, ensuring that mechanisms are in place to review outcomes from exercises and incidents, and that appropriate Debrief reports are produced for the Executive Team, Audit and Risk Committee and ICB Board. Terms of Reference (including membership) for EPRR Steering Group in place and reviewed regularly.

6.4 Emergency Plans

6.4.1 Emergency plans will be developed to enable CE ICB to respond to the identified risks contained within the risk register. Incident response plans should contain a framework for response. There should be sufficient background information so that responders can make informed decisions.

6.4.2 Multi agency plans will also be developed through the Local Resilience Fora and health related plans coordinated on their behalf, through the Local Health Resilience Partnerships. The ICB will work in partnership with the Local Health Resilience Partnerships to ensure its actions, responsibilities and capabilities are detailed within multi-agency plans and clearly understood.

6.4.3 The ICB is required to be able to respond to, manage and recover from a Major Incident and establish an appropriate incident management structure. This is set out in the ICB's Incident Response Plan which is an OFFICIAL – SENSITIVE document and has a restricted circulation. Incident Response and Business Continuity Plans are intended to complement each other and when activated they integrate and align.

6.4.4 In prolonged incidents or events, consideration should be given to whether the incident / event would benefit from the instigation and implementation of a Response Framework which details how the Command, Control, Coordination and Communication will be structured within the ICB and ICS, interaction and collaboration

with other key teams and HR aspects. This should include the health and wellbeing of staff during planning, response and recovery, to support a cohesive and managed approach overall.

6.4.5 The Business Continuity Management System (BCMS) helps to anticipate, prepare for, prevent respond to and recover from disruptions. All organisations are to align with ISO 22301:2019. The ICB is required to manage and recover from a Business Continuity incident and establish an appropriate Business Continuity Management Team. This is set out in the overarching ICB's Business Continuity Plan and underlying Team Business Continuity plans, which are OFFICIAL – SENSITIVE documents and have a restricted circulation.

6.4.6 This Framework is linked to EPRR plans, policies and frameworks and Standard Operating Procedures. The underpinning principles for NHS EPRR should be applied from the NHS EPRR Framework, V3; Preparedness and anticipation; Continuity; Subsidiarity; Communication; Cooperation and Integration; Direction.

6.4.7 The ICB, LHRPs and LRF have a suite of plans, frameworks and SOPs in place to respond to incidents these are available electronically through the ICB staff intranet, ICB SharePoint filing and on Resilience Direct with some available in hard copy in the Incident Coordination Centre. To embed ICB emergency plans a training and exercise programme will be followed through the Training and Exercise Framework.

6.4.8 The ICB will follow the guidance on record keeping and logging when dealing with an incident and plans are activated. In respect of document retention for EPRR this is included in the ICB Incident Response Plan and within this Framework and is in line with national NHSE response and NHSE EPRR Framework.

6.4.9 The ICB will review, update, and amend emergency plans as per the mandate for each specific plan and include any lessons identified following any incident or exercise debriefs or elsewhere, however should there be limited additions or amendments to make consideration should be given as to whether only a light refresh is suitable, with a more in-depth review undertaken the following year.

6.4.10 In extremis or unusual situations, where review is unable or it would be inappropriate, to take place, agreement can be sought by ICB EPRR Steering Group to extend the life of a document until review can take place. The EPRR Risk Register should also be

updated to reflect the risk, controls, assurance and mitigations. This should all be clearly documented with agreed date of re-schedule and overseen via the EPRR Work Plan.

6.4.11 The below table sets the conventions framework of how the CE ICB will conduct its business and fulfilling its statutory duties, to support a considered and consistent approach to documents and terminology.

Document Type (Name)		AKA	Examples for use
Plan (what to do) *(access available for wider staff)*	• Incident Response Plan for "how to" manage, oversee and respond to incidents. • Would be formally activated alongside the appropriate annex to support ICB response. • Including role & action cards (responsibilities in incident) if needed	Role cards in C&P currently known as Action Cards	• Incident Response Plan • No Power Incident Response Plan • Communications Incident Response Plan • Business Continuity Plan • Severe and Adverse Weather
Annex (detail) *(permissions based)*	• The detailed information that would be useful to support specific incidents, that would be too much to detail in the Plan. • Would be formally activated alongside the appropriate annex to support ICB response. • Pick 'n' Mix/ Toolkit approach with the ability to pick up whichever Annex is appropriate for the incident.		Including but not limited to; • ICC • CBRN/Hazmat • COMAH • RAAC • Cyber • Mass Vaccination • Move to Critical • Mass Casualty • Operation Bridges • Recovery
Framework (how to do) *(access available for wider staff)*	• Details how the organisation/EPPR manages its approach business in general regarding specific elements but does not	Policy Strategy	• ICB EPRR (General) • Training and Exercise • Learning and debrief

	include specific incident response. • Mirrors the NHSE EPRR Framework but localises • Includes Policy and Strategy statements • Can be used alongside appropriate SOP to support ICB general business.		
Standard Operating Procedure - SOP (detail) *(permissions based)*	• The detailed information/process of how to practically deliver the ask of the function. • Audience can be Commanders, all staff or EPRR dependant on contents. • Can be used alongside appropriate Framework/Plan. • how to deliver function rather than role based (like Role Cards)	Procedure Cards (HWE) Action Cards (BLMK)	• Delivery of Debrief • Access to LRF Notifications • Tactical Operational Cell Set Up • Critical Incident Declaration and SBAR • Access to medications

6.5 Risk Management

6.5.1 Legal Duties

As a Category 1 Responder the ICB has a legal duty to risk assess and ensure plans are in place to mitigate and respond to the identified risks.

The ICB risk management process is outlined in the ICB risk management policies. Emergency Preparedness, Resilience and Response ensure the relevant risks are included in the EPRR Risk Register.

6.5.2 Community Risk Register

The ICB contributes to the relevant Local Resilience Fora's Community Risk Registers and focuses on local hazards that may present risks that could impact emergency planning priorities and activities now and in the future. Risks will be reviewed and linked to the National Risk Register and using the National Security Risk Assessment (NSRA) methodology.

The NSRA Risk Assessment Method includes the following steps:

Assessing the likelihood; Impact score, using the impact indicator; weighted scores; assigning of the confidence score and plot the risk on the risk matrix using impact and likelihood scores. Red - very high. Amber - high, Yellow - medium and Green - low.

The ICB works with partners through the Local Health Resilience Partnerships working groups (LHRPs) to map our capabilities against the Risks. The outputs of this work will continue to inform the LHRPs' and ICB's EPRR Work plan.

The ICB will work with partners to develop plans and/or frameworks for any future identified risks, hazards, and threats. These risks can be found via the appropriate LRF website.

6.6 Record Retention

In line with the NHSE EPRR Framework (2022), the ICB's record management policies retention of EPRR documents is set out in the below table.

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	30 years	Review, archive or destroy under confidential conditions
EPRR	Information sharing protocols,	10 years	Review, archive or destroy under

	memorandum of understanding, service-level agreements.		confidential conditions
EPRR	LHRP and sub-group minutes, papers, action logs. Risk Registers. Electronic records.	30 years	Review, archive or destroy under confidential conditions

More information about incident record management and retention can be found in ICB Incident Response Plan.

More information can be found within the NHSE EPRR Framework (2022) regarding general management and record keeping.

6.7 Training and Exercising

The ICB meets the requirements as stated below and within the NHS EPRR Framework. The ICB is an active participant at the Local Resilience Fora's Training and Exercise programmes.

The Training and Exercise Framework aligns with the Minimum Occupational Standards for EPRR.

As a Category 1 responder the EPRR team will ensure training and exercising responsibilities of the On Call Commanders are reviewed with a Training Needs Analysis and support On call staff to train and exercise appropriately.

6.7.1 Training and Exercising Responsibilities

In accordance with

- the CCA 2004
- the NHS Emergency Planning Guidance 2005
- NHS EPRR Framework V3, July 2022
- Minimum Occupational Standards for EPRR V1.0, June 2022
- NHS EPRR Core Standards
- NHS England Business Continuity Management Toolkit V2 (April 2023)
- National Occupational Standards for Strategic and Tactical Commanders.

The ICB's Training and Exercise Framework has been developed to reflect the requirements of the organisation and aligns to the various documents set out above. Outcomes of Training and Exercise are recorded and follow the EPRR Debrief and Lessons Framework.

The Training Needs Analysis will be reviewed on an annual basis.

6.7.2 Exercising

The NHS Emergency Planning Guidance 2005 and NHS EPRR Framework require NHS organisations to undertake:

- A test of communications cascades every 6 months.
- A table top exercise every year.
- A 'live' exercise every 3 years.

6.7.3 NHS England EPRR Exercise Programme 2024 – 2030

NHS England has set 7 exercise themes of NHS organisations to exercise in turn on a yearly basis. These include, Casualty and Mass Casualty, HAZMAT and CBRNe, Business Continuity, Cyber and Digital, Infectious Disease and Pandemics, Adverse Weather and Security, Shelter and Evacuation. The ICB works together with NHSE EoE Regional Team to plan, exercise and report on capabilities within each theme with consideration of risk profiles and exercise requirements. This programme runs from October 2024 to 2030. The EPRR Annual Work Plan is used to coordinate this.

6.8 Financial

6.8.1 Contribution to the Local Resilience Forum varies across the CE geographical footprint.

6.8.2 On Call Commanders receive an additional payment.

6.8.3 To ensure On call resilient telecommunications a financial commitment has been made to support the 24/7 On call priority.

6.8.4 Incident response costs should be retained should this be required for any claim back from NHSE and for audit purposes.

7. Statutory and National Guidance including Supporting Local Plans

7.1 This framework has been developed with reference to the following statutory and national guidance:

- Civil Contingencies Act 2004
- NHS Act 2006
- NHS England EPRR Framework (Version 3, July 2022)
- NHS England Core Standards for Emergency Preparedness, Resilience and Response (EPRR)
- Health and Social Care Act 2022
- ISO 22301:2019 Security and resilience – Business Continuity management systems
- DSPT National Data Guardian Standard (www.dsptoolkit.nhs.uk)

- UK Resilience Academy – Organisational Resilience Guidance or UK Government Departments, Agencies and Arm's Length Bodies (ALBs) (August 2024)

8. Audit and Review Process

8.1 Guidance and Legislation

In accordance with national guidance and legislation, all Incident Response Plans are to:

- Meet the requirement of necessary legislation and guidance particularly the CCA 2004.
- Be fit for purpose and appropriate for the organisation preparing the plan and the locality covered.
- Incorporate in its entirety a complete response to a Major Incident and incorporate the principles of Integrated Emergency Management (Assessment, Prevention, Preparation, Response, Recovery).
- Demonstrate multi-agency working, external links to police, fire, military, local authorities, voluntary organisations (VOs) and Local Resilience Fora (LRF) and links to the media.
- Demonstrate where specialist advice could be obtained.
- Describe local Command, Control and Co-ordination processes.
- Demonstrate Service Continuity Planning has been developed and is in place.
- Compile risk and threat assessments to underpin the planning process.
- Be compatible with neighbours and provide support in the event of the need for mutual aid.
- Be regularly tested, reviewed, and presented to the ICB Board.

8.2 Local arrangements for Audit & Review

The ICB Response Plans are subject to audit in the following ways:

- Internally and annually via the Emergency Preparedness Resilience and Response Steering Group, reporting to the Audit & Risk Committee
- Independently and annually with NHS England via the EPRR Core Standards.
- Post Incident and following debrief and any lessons identified, a review of the Plan or national, regional, or local guidance.
- Internal Audit.

8.3 Routine Responsibility

Routine responsibility for ensuring all EPRR plans are up to date and fit for purpose rests with the Emergency Preparedness, Resilience & Response (EPRR) Steering Group, on behalf of the Accountable Emergency Officer and Executive Team. An audit trail of amendments to emergency plans will be maintained by the EPRR Team. The EPRR team maintain an EPRR work plan and report on the progress to the Steering Group.

8.4 Reporting arrangements

The Emergency Preparedness, Resilience & Response (EPRR) Steering Group reports to the Audit & Risk Committee on a quarterly basis, and annually to the ICB Board, which will include the outcomes of any audit or review process.

8.5 EPRR Framework

The ICB EPRR Framework, will be subject to audit in the following ways:

- Internally and annually via the ICB's Emergency Preparedness Resilience and Response Steering Group.
- Independently and annually via NHS EPRR Core Standards.
- Post Major Incident, a review of the plan or national, regional, or local guidance.

9. Document Responsibility

Routine responsibility for ensuring this Framework is up to date and fit for purpose rests with the CE ICB Emergency Preparedness, Resilience & Response (EPRR) Steering Group, on behalf of the Accountable Emergency Officer.

The CE ICB Emergency Preparedness, Resilience & Response (EPRR) Steering Group will report to the Risk and Audit Committee on a quarterly basis, and annually to the Board.

This is in line with the CE ICB EPRR Framework.

10. Stakeholder Engagement Record

10.1 The following stakeholders were engaged in the development of this policy:

Role/Group	Date of Engagement	Summary of Feedback
EPRR Teams across BLMK, C&P, HWE.	Consultation: 02.02.2026 – 11.02.2026	Review and comments incorporated into plan.
EPRR Steering Group Membership	EPRR Steering Group in common, 27.02.2026	Approved

Accessibility Statement

This policy is available in alternative formats upon request, including large print, Braille and translated versions, to ensure accessibility for all staff and stakeholders.

Implementation Plan

Development and Consultation: This document was developed and underwent consultation with the three ICB EPRR Teams (NHS Bedfordshire, Luton and Milton Keynes, NHS

Cambridgeshire and Peterborough, and NHS Hertfordshire and West Essex ICBs) between 02 and 11 February 2026, prior to submission to EPRR Steering Group in Common for approval for use with NHS Central East ICB.
Dissemination: This Framework will be available to access via EPRR SharePoint files for Commanders, EPRR and those who have a role in incident response and recovery, and hard copies available within the ICB Incident Coordination Centres.
Training: As per section 6
Monitoring: As per section 8.5 and ICB EPRR Work Plan
Review: As per section 8.5
Equality, Diversity, and Privacy: See Appendices
Associated Documents: As per section 7

Appendix 1: Equality Impact Assessment

Please answer the questions against each of the protected characteristic and inclusion health groups. If there are significant impacts and issues identified a full Equality / Quality Impact Assessment (EQIA) must be undertaken. It is against the law to discriminate against someone because of these protected characteristics. For support and advice on undertaking EQIAs please contact: agcsu.equalities@nhs.net

Name of Policy:	EPRR Framework Policy
Date of assessment:	26/02/2026
Screening undertaken by:	EPRR Steering Group in common

Protected characteristic and inclusion health groups. **Find out more about the Equality Act 2010, which provides the legal framework to tackle disadvantage and discrimination:** **https://www.equalityhumanrights.com/en/equality-act/protected-characteristics**	**Could the policy create a disadvantage for some groups in application or access?** **(Give brief summary)**	**If Yes - are there any mechanisms already in place to mitigate the potential adverse impacts identified?** **If not, please detail additional actions that could help.** **If this is not possible, please explain why**
Age A person belonging to a particular age (for example 32 year olds) or range of ages (for example 18 to 30 year olds).	No	
Disability A person has a disability if she or he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.	No	
Gender reassignment		

The process of transitioning from one gender to another.	
Marriage and civil partnership Marriage is a union between a man and a woman or between a same-sex couple. Same-sex couples can also have their relationships legally recognised as 'civil partnerships'.	No
Pregnancy and maternity Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.	No
Race Refers to the protected characteristic of race. It refers to a group of people defined by their race, colour and nationality (including citizenship) ethnic or national origins.	No
Religion or belief Religion refers to any religion, including a lack of religion. Belief refers to any religious or philosophical belief and includes a lack of belief. Generally, a belief should affect your life choices or the way you live for it to be included in the definition.	No
Sex A man or a woman.	No

Sexual orientation Whether a person's sexual attraction is towards their own sex, the opposite sex, to both sexes or none.	No
Carers Individuals within the ICB which may have carer responsibilities.	No

Please summarise the improvements which this policy offers compared to the previous version or position.

Has potential disadvantage for some groups been identified which require mitigation?

Yes - Mechanisms are in place to review impact of an incident should this plan be activated. Nothing in this plan has significant impacts to individuals, plans will assess when incidents do have an impact.

Appendix 2: Data Protection Impact Assessment

Screening questions to determine if a full DPIA is required. Guidance on handling personal and sensitive data.

Data protection is the fair and proper use of information about people. Before completing this form, please refer to the Data Protection Impact Assessment (DPIA) Guidance in the Information Governance (IG) section on the staff Intranet or contact the Data Protection Officer for support via ***(insert email address once confirmed)***

A DPIA is a process to help you identify and minimise the data protection risks. You must do a DPIA for processing that is likely to result in a high risk to individuals. You can use our screening checklist below to help you decide when to do one. If you have answered 'Yes' to any of the 10 screening questions, you must then carry out a full DPIA using the Stage 2 form, which is also available on the Intranet in the IG section.

Name of Policy:	EPRR Framework Policy
Date of assessment:	26/02/2026
Screening undertaken by:	EPRR Steering Group in common

Stage 1 – DPIA form **please answer 'Yes' or 'No'**

Question	Answer
1. Will the policy result in the processing of personal identifiable information / data? This includes information about living or deceased individuals, including their name, address postcode, email address, telephone number, payroll number etc.	No
2. Will the policy result in the processing of sensitive information / data? This includes for living or deceased individuals, including their physical health, mental health, sexuality, sexual orientation, religious belief, National Insurance No., political interest etc.	No
3. Will the policy involve the sharing of identifiers which are unique to an individual or household? e.g., Hospital Number, NHS Number, National Insurance Number, Payroll Number etc.	No
4. Will the policy result in the processing of pseudonymised information by organisations who have the key / ability to reidentify the information? **Pseudonymised data -** where all identifiers have been removed and replaced with alternative identifiers that do not identify any individual. Re-identification can only be achieved with knowledge of the re-identification key. **Anonymised data -** data where all identifiers have been removed and data left does not identify any patients. Re-identification is remotely possible, but very unlikely.	No
5. Will the policy result in organisations or people having access to information they do not currently have access to?	No
6. Will the policy result in an organisation using information it already holds or has access to, but for a different purpose?	No
7. Does the policy result in the use of technology which might be perceived as being privacy intruding? e.g., biometrics, facial recognition, CCTV, audio recording etc.	No
8. Will the policy result in decisions being made or action being taken against individuals in ways which could have a significant impact on them?	No

	Including profiling and automated decision making. (This is automated processing of personal data to evaluate certain things about an individual i.e., diagnosis and then making a decision solely by automated means - without any human involvement)	
9.	**Will the policy result in the collection of additional information about individuals in addition to what is already collected / held?**	No
10.	**Will the policy require individuals to be contacted in ways which they may not be aware of and may find intrusive?** e.g., personal email, text message etc.	No