

ICB Board

Title	Emergency Preparedness, Resilience and Response (EPRR) Core Standards Self-Assessment for NENC ICB		
Author of the Report	ICS EPRR Operational Delivery Manager/Associate Director of Transformation, System Resilience and EPRR		
Name of the person presenting at the meeting	TBC		
Date of the report	November 2022		
Purpose of Paper	The purpose of this paper is to provide the ICB Board with an update with regards to the North East and North Cumbria Integrated Care Board's self-assessment against the NHS England EPRR core standards for 2022-23.		
Is this report confidential?	No		
Summary	<ul style="list-style-type: none"> The NENC ICB has undertaken a self-assessment against the 2022 updated core standards as per the NHS England EPRR Core Standards guidance. An overall assurance rating has been assigned based on the percentage of NHS Core Standards for EPRR which the organisation has assessed itself as being partially compliant. The areas which are currently assessed as partially compliant will be monitored and maintained as part of an action plan and continuously assessed within the Emergency Preparedness, Resilience and Response Steering Group. 		
Recommendation(s)	The ICB Board are asked to approve the NENC ICB EPRR core standards self-assessment declaration prior to submission to NHS England Regional team		
Consultation / Discussion Route <i>Please detail any consultation and other approval routes</i>	Meeting	Date	Outcome
Risks			

**North East and North Cumbria Integrated Care Board
ICB Board****NENC ICB Emergency Preparedness, Resilience and
Response Annual Assurance 2022-23****1. Introduction**

- 1.1. The purpose of this report is to provide the NENC ICB Board with the submission from NENC ICB against the NHS England EPRR core standards annual self-assessment for 2022-23.

2. Executive Summary

- 2.1. The NENC ICB undertook a self-assessment process against the NHS England EPRR core standards for 2022-23. The EPRR Steering Group has overseen this assurance process.
- 2.2. Following completion of this process the ICB then participated in a peer review workshop with other ICB's within North East & Yorkshire. The North East and Yorkshire ICBs met to review their self-assessment against the core standards. All ICBs had identified similar areas as being partially compliant against the standards, however the level of compliance will change as ICBs, including NENC ICB, continually review and develop internal systems, processes and plans.
- 2.3. As NENC ICB matures as an organisation, as well as the EPRR team, the EPRR core standards will form part of the core EPRR work plan to ensure that the organisation is monitoring and maintaining the standards to achieve a higher compliance next year with appropriate action plans and reports feeding into the EPRR steering group and Executive Committee.
- 2.4. It is important to note that whilst the ICB has declared itself as being partially compliant, the organisation has rigorous and robust plans in place to manage any incident in line with its category 1 responsibilities.

3. Areas for Development

- 3.1. Two key areas were identified as requiring further action to move the organisation to its desired position.
- 3.2. ***Business Continuity Management – Overall***
- 3.2.1. A full review of business continuity management arrangements within NE&NC ICB is to take place and the risks that fall out of that as an organisation. The ICB needs to determine what the ICB approach will be and undertake Business Impact Analysis of all services and teams.
- 3.2.2. Whilst the ICB have an incident response plan, governance and support in place, business continuity management and risks identified as a commissioner of healthcare services needs to be reviewed and considered.
- 3.3. ***The organisation carries out training in line with a training needs analysis to ensure staff are current in their response role.***

- 3.3.1. As with provider organisations, the ICB is currently enrolling individuals who participate in the on-call rota in the national programme for principles of health command training. The ICB is also awaiting the receipt of on-call commander portfolio's from NHS England to enable training needs analysis to take place in line with the newly published minimum occupational standards for commanders.
- 3.3.2. This will also include a programme to ensure the organisation has Loggists available and trained to support any incident.

4. Assurances

- 4.1. As per the NHS England EPRR Core Standards guidance, an overall assurance rating has been assigned based on the percentage of NHS Core Standards for EPRR which the organisation has assessed itself as being partially compliant.
- 4.2. The areas which are currently assessed as partially compliant (as well as those fully compliant) will be monitored regularly and enhanced and improved as part of an action plan and continuously overseen within the Emergency Preparedness, Resilience and Response Steering Group.

5. Risks

- 5.1. The following risks have been identified following this process:
- Business Continuity Management

6. Recommendations

- 6.1. Members of the ICB Board are asked to review and note the North East and North Cumbria Integrated Care Board assurance process and ICB compliance rating.
- 6.2. Members of the ICB Board are asked to endorse the submission to NHS England as part of the NHSE EPRR annual assurance process for 2022-23.



Please choose your organisation type

Integrated Care Board

Domain	Total Applicable Standards	Fully Compliant	Partially Compliant	Not Compliant	Not Applicable
Governance	6	5	1	0	0
Duty to risk assess	2	2	0	0	0
Duty to maintain plans	8	8	0	0	3
Command and control	2	2	0	0	0
Training and exercising	4	2	2	0	0
Response	5	5	0	0	2
Warning and informing	4	4	0	0	0
Cooperation	6	6	0	0	1
Business continuity	10	4	6	0	1
CBRN	0	0	0	0	14
Total	47	38	9	0	21

Deep Dive	Total Applicable Standards	Fully Compliant	Partially Compliant	Non Compliant	Not Applicable
Evacuation and Shelter	8	8	0	0	0
Total	8	8	0	0	0

Percentage Compliance

81%

Overall Assessment

Partially Compliant

Assurance Rating Thresholds

- Fully Compliant = 100%
- Substantially Compliant = 99-89%
- Partially Compliant = 88-77%
- Non-Compliant = 76% or less

Calculated using the number of FULLY compliant standards

Notes

Please do not delete rows or columns from any sheet as this will stop the calculations

Please ensure you have the correct Organisation Type selected

The Overall Assessment excludes the Deep Dive questions

Please do not copy and paste into the Self Assessment Column (*Column T*)

Standard Detail	Integrated Care Board	Supporting Information - including examples of evidence	Organisational Evidence	Self assessment RAG Red (not compliant) = Not compliant with the core standard. The organisation's work programme shows compliance will not be reached within the next 12 months. Amber (partially compliant) = Not compliant with core standard. However, the organisation's work programme demonstrates sufficient evidence of progress and an action plan to achieve full compliance within the next 12 months. Green (fully compliant) = Fully compliant with core standard.	Action to be taken	Lead
<p>The organisation has appointed an Accountable Emergency Officer (AEO) responsible for Emergency Preparedness Resilience and Response (EPRR). This individual should be a board level director within their individual organisation, and have the appropriate authority, resources and budget to direct the EPRR portfolio.</p>	<p>Y</p>	<p><u>Evidence</u></p> <ul style="list-style-type: none"> • Name and role of appointed individual • AEO responsibilities included in role/job description 	<p>The Accountable Emergency Officer is the Executive Director of Strategy and System Oversight.</p> <p>Evidence: AEO Job Description</p>	<p>Fully Compliant</p>		

North East & North Cumbria

The organisation has an overarching EPRR policy or statement of intent.

This should take into account the organisation's:

- Business objectives and processes
- Key suppliers and contractual arrangements
- Risk assessment(s)
- Functions and / or organisation, structural and staff changes.

Y

The policy should:

- Have a review schedule and version control
- Use unambiguous terminology
- Identify those responsible for ensuring policies and arrangements are updated, distributed and regularly tested and exercised
- Include references to other sources of information and supporting documentation.

Evidence

Up to date EPRR policy or statement of intent that includes:

- Resourcing commitment
- Access to funds
- Commitment to Emergency Planning, Business Continuity, Training, Exercising etc.

The ICB EPRR Policy sets out the organisations response and roles of individual staff to increase the resilience of the ICBs response to a business continuity, critical or major incident. The document is available via the Surge/Incident Management website which is accessible to all on-call health commanders and key individuals. The ICB dedicates a section of its annual report to EPRR in which a statement of commitment and summary of previous years activity is provided.

The document is refreshed on an annual basis or after any business continuity, critical or major incident to reflect any learning and outcomes with key policies and procedures adapted to ensure resilient response.

Evidence: NENC ICB EPRR Policy

Fully Compliant



North East & North Cumbria

The Chief Executive Officer ensures that the Accountable Emergency Officer discharges their responsibilities to provide EPRR reports to the Board, no less than annually.

The organisation publicly states its readiness and preparedness activities in annual reports within the organisation's own regulatory reporting requirements

Y

These reports should be taken to a public board, and as a minimum, include an overview on:

- training and exercises undertaken by the organisation
- summary of any business continuity, critical incidents and major incidents experienced by the organisation
- lessons identified and learning undertaken from incidents and exercises
- the organisation's compliance position in relation to the latest NHS England EPRR assurance process.

Evidence

- Public Board meeting minutes
- Evidence of presenting the results of the annual EPRR assurance process to the Public Board
- For those organisations that do not have a public board, a public statement of readiness and preparedness activities.

The ICB Emergency Preparedness Resilience & Response (EPRR) Steering Group oversees the implementation of EPRR with reports for key areas taken to the Executive Committee when appropriate. The Accountable Emergency Officer is a standing member of the EPRRSG which takes place on a monthly basis.

The Executive Committee is regularly updated about EPRR, surge management and risks either real or potential to the organisation.

The annual EPRR core standards self-assessment submission is presented to EPRRSG and Executive Committee for approval. The EPRR Core standards will be published via the ICB Public Board in 2022.

Reports on business continuity, critical and major incidents and poor performance/patient outcomes caused by surges and sustained levels of demand are also regularly discussed with appropriate mitigation discussed and put in place.

Evidence: Minutes of EPRRSG

Fully Compliant

The organisation has an annual EPRR work programme, informed by:

- current guidance and good practice
- lessons identified from incidents and exercises
- identified risks
- outcomes of any assurance and audit processes

The work programme should be regularly reported upon and shared with partners where appropriate.

Y

Evidence

- Reporting process explicitly described within the EPRR policy statement
- Annual work plan

Further work is required to develop a work plan which will include regular testing and exercising of plans and individuals.

There is a well established process for reviewing the management and outcomes of any incident. A debrief and report will be produced after each incident - a 'Hot' debrief 24 hours after the event and a 'Cold' debrief 7 days after the event. A report will also be produced and shared with all key staff members following participation in any exercise or scenario testing.

Partially Compliant

EPRR work programme to be established and embedded into the organisation

Strategic Head of EPRR

North East & North Cumbria

<p>The Board / Governing Body is satisfied that the organisation has sufficient and appropriate resource to ensure it can fully discharge its EPRR duties.</p>	<p>Y</p>	<p><u>Evidence</u></p> <ul style="list-style-type: none"> • EPRR Policy identifies resources required to fulfil EPRR function; policy has been signed off by the organisation's Board • Assessment of role / resources • Role description of EPRR Staff/ staff who undertake the EPRR responsibilities • Organisation structure chart • Internal Governance process chart including EPRR group 	<p>An EPRR team structure has been developed and is currently being established from current ICB staff. New roles will also be recruited to including an EPRR lead. This team will be in place to provide strategic direction, oversight, coordination and subject matter expertise to support local systems (Area/Place) in order to ensure whole system integration, collaborative working, operational delivery and resilience. This team is/will be made up of skilled and experienced staff with specific experience in EPRR. The team will not only provide strategic direction and develop the workplan it will also develop ICB policies and plans in line with the CCA, 2004 which would be difficult for single 'Place/Area based' systems to address in isolation. e.g. Mass Casualty Plan</p> <p>Executive Directors have undergone legal training during May 2022 in relation to health strategic command as per the CCA 2004. Directors are booked to complete the Principles of Health Command course throughout 2022.</p> <p>As of 1st July 2022, the ICB has a 1st on call (Tactical) and a 2nd on call (Strategic) rota which is able to receive notifications and effectively respond to surge/escalation and/or critical/major incidents.</p>	<p>Fully Compliant</p>
--	----------	---	---	------------------------

North East & North Cumbria

<p>The organisation has clearly defined processes for capturing learning from incidents and exercises to inform the review and embed into EPRR arrangements.</p>	<p>Y</p>	<p><u>Evidence</u></p> <ul style="list-style-type: none"> • Process explicitly described within the EPRR policy statement • Reporting those lessons to the Board/ governing body and where the improvements to plans were made • participation within a regional process for sharing lessons with partner organisations 	<p>There is a well established process for reviewing the management and outcomes of any incident. A debrief and report will be produced after each incident - a 'Hot' debrief 24 hours after the event and a 'Cold' debrief 7 days after the event. A report will also be produced and shared with all key staff members following participation in any exercise or scenario testing.</p> <p>The ICB EPRR policy is refreshed on an annual basis or after any business continuity, critical or major incident and/or training/exercising to reflect any learning and outcomes with key policies and procedures adapted to ensure resilient response.</p> <p>The NENC ICB participates in region wide exercises in collaboration with LRF partners and share learning to be embedded into processes</p> <p>Evidence: NENC ICB EPRR Policy</p>	<p>Fully Compliant</p>
<p>The organisation has a process in place to regularly assess the risks to the population it serves. This process should consider all relevant risk registers including community and national risk registers.</p>	<p>Y</p>	<ul style="list-style-type: none"> • Evidence that EPRR risks are regularly considered and recorded • Evidence that EPRR risks are represented and recorded on the organisations corporate risk register • Risk assessments to consider community risk registers and as a core component, include reasonable worst-case scenarios and extreme events for adverse weather 	<p>The ICB will be represented at LRF Risk Groups to review and consider community risk registers and identify either real or potential risks against the organisation. The ICB also attends other regional groups such as the LHRP whereby regional and national risk registers are considered and mitigating actions identified.</p>	<p>Fully Compliant</p>

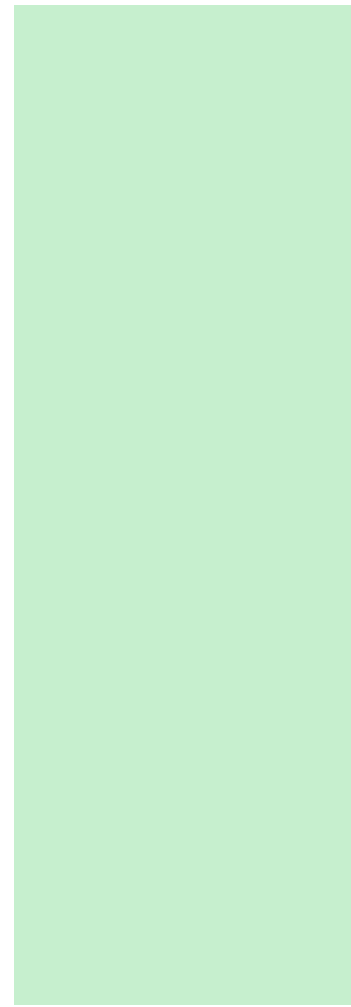
North East & North Cumbria

<p>The organisation has a robust method of reporting, recording, monitoring, communicating, and escalating EPRR risks internally and externally</p>	<p>Y</p>	<p><u>Evidence</u></p> <ul style="list-style-type: none"> • EPRR risks are considered in the organisation's risk management policy • Reference to EPRR risk management in the organisation's EPRR policy document 	<p>The ICB have a EPRR register in place which is monitored as part of the EPRR Steering Group to ensure appropriate mitigation is implemented for each risk identified. The ICB will work together with Local Resilience Forums and their associated community risk registers to ensure any concerns highlighted are reported via the internal risk process and managed accordingly.</p>	<p>Fully Compliant</p>
<p>Plans and arrangements have been developed in collaboration with relevant stakeholders to ensure the whole patient pathway is considered.</p>	<p>Y</p>	<p>Partner organisations collaborated with as part of the planning process are in planning arrangements</p> <p><u>Evidence</u></p> <ul style="list-style-type: none"> • Consultation process in place for plans and arrangements • Changes to arrangements as a result of consultation are recorded 	<p>The ICB Corporate EPRR Team will provide strategic direction, oversight, coordination and subject matter expertise to support local systems (Place/Area) in order to ensure whole system integration and collaborative working. This team will also develop regional policies and plans in line with the CCA, 2004 which would be difficult for single 'Place/Area based' systems to address in isolation. e.g. Mass Casualty Plan.</p> <p>A key function of the EPRR Team is that it works closely across the evolving EPRR landscape to:</p> <ul style="list-style-type: none"> - ensure the delivery of effective EPRR is maintained; - develop, manage and maintain key relationships with stakeholders; - ensure that the ICB EPRR strategy is understood by all stakeholders and is efficiently and effectively delivered ; and - proactively identify and manage key emerging or increasing risks. <p>Workshops have taking place with stakeholders to ensure partners fully understand the roles and responsibilities of the NENCICB.</p> <p>The LHRP is the forum in which partner organisations work and collaborate with the ICB to ensure appropriate plans are in place for any incident/eventuality. These plans will</p>	<p>Fully Compliant</p>



North East & North Cumbria

continue to be reviewed annually as well as post any incident following a rigorous debrief.



North East & North Cumbria

<p>In line with current guidance and legislation, the organisation has effective arrangements in place to define and respond to Critical and Major incidents as defined within the EPRR Framework.</p>	<p>Y</p>	<p>Arrangements should be:</p> <ul style="list-style-type: none"> • current (reviewed in the last 12 months) • in line with current national guidance • in line with risk assessment • tested regularly • signed off by the appropriate mechanism • shared appropriately with those required to use them • outline any equipment requirements • outline any staff training required 	<p>An incident response plan for the NENC ICB has been produced and details the key principles of responding to an incident or emergency. The IRP includes action cards detailing the processes to follow for specific incident i.e. outbreaks, adverse weather etc. It also clearly identify the arrangements, mitigating actions and response that will be implemented should the BCP ever be invoked or implemented by the ICB. This includes the governance structure which details who and how they will integrate into any resilience arrangements including across multiple LRF footprints.</p> <p>Evidence: NENC ICB Incident Response Plan, EPRRSG Papers</p>	<p>Fully Compliant</p>
<p>In line with current guidance and legislation, the organisation has effective arrangements in place for adverse weather events.</p>	<p>Y</p>	<p>Arrangements should be:</p> <ul style="list-style-type: none"> • current • in line with current national UK Health Security Agency (UKHSA) & NHS guidance and Met Office or Environment Agency alerts • in line with risk assessment • tested regularly • signed off by the appropriate mechanism • shared appropriately with those required to use them • outline any equipment requirements • outline any staff training required • reflective of climate change risk assessments • cognisant of extreme events e.g. drought, storms (including dust storms), wildfire. 	<p>An incident response plan for the NENC ICB has been produced and details the key principles of responding to an incident or emergency. The IRP includes action cards detailing the processes to follow for specific incident i.e. outbreaks, adverse weather etc. It also clearly identify the arrangements, mitigating actions and response that will be implemented should the BCP ever be invoked or implemented by the ICB.</p> <p>Evidence: NENC ICB Incident Response Plan</p>	<p>Fully Compliant</p>

North East & North Cumbria

<p>In line with current guidance and legislation, the organisation has arrangements in place to respond to an infectious disease outbreak within the organisation or the community it serves, covering a range of diseases including High Consequence Infectious Diseases.</p>	<p>Y</p>	<p>Arrangements should be:</p> <ul style="list-style-type: none"> • current • in line with current national guidance • in line with risk assessment • tested regularly • signed off by the appropriate mechanism • shared appropriately with those required to use them • outline any equipment requirements • outline any staff training required <p>Acute providers should ensure their arrangements reflect the guidance issued by DHSC in relation to FFP3 Resilience in Acute setting incorporating the FFP3 resilience principles.</p>	<p>Anti-viral and outbreak management pathways are in place and have been reviewed across the North East and North Cumbria to ensure that there is a streamlined process in place in collaboration with UKSHA. UKSHA is a member of the LHRP, whilst ICB staff are a core part of UKSHA incident planning and response arrangements.</p> <p>Evidence: Anti-viral pathways via Surge/Incident Management Website</p>	<p>Fully Compliant</p>
<p>In line with current guidance and legislation and reflecting recent lessons identified, the organisation has arrangements in place to respond to a new and emerging pandemic</p>	<p>Y</p>	<p>Arrangements should be:</p> <ul style="list-style-type: none"> • current • in line with current national guidance • in line with risk assessment • tested regularly • signed off by the appropriate mechanism • shared appropriately with those required to use them • outline any equipment requirements • outline any staff training required 	<p>An incident response plan for the NENC ICB has been produced and details the key principles of responding to an incident or emergency. The IRP includes action cards detailing the processes to follow for specific incident i.e. outbreaks, adverse weather etc. It also clearly identify the arrangements, mitigating actions and response that will be implemented should the BCP ever be invoked or implemented by the ICB</p> <p>Evidence: NENC ICB Incident Response Plan & Action Cards</p>	<p>Fully Compliant</p>

North East & North Cumbria

In line with current guidance and legislation, the organisation has arrangements in place to support an incident requiring countermeasures or a mass countermeasure deployment

Y

Arrangements should be:

- current
- in line with current national guidance
- in line with risk assessment
- tested regularly
- signed off by the appropriate mechanism
- shared appropriately with those required to use them
- outline any equipment requirements
- outline any staff training required

Mass Countermeasure arrangements should include arrangements for administration, reception and distribution of mass prophylaxis and mass vaccination.

There may be a requirement for Specialist providers, Community Service Providers, Mental Health and Primary Care services to develop or support Mass Countermeasure distribution arrangements. Organisations should have plans to support patients in their care during activation of mass countermeasure arrangements.

Commissioners may be required to commission new services to support mass countermeasure distribution locally, this will be dependant on the incident.

The ICB has staff members who are represented on regional steering and planning groups.

The ICB has plans in place to be able to respond to any incident, be part of any incident management team and provide support, resource and staff (where required) to support the roll out of any countermeasures.

Pathways have been agreed for seasonal influenza and avian influenza outbreaks whilst arrangements are in place with local health care providers to provide health care support as and when necessary.

Fully Compliant

North East & North Cumbria

<p>In line with current guidance and legislation, the organisation has effective arrangements in place to respond to incidents with mass casualties.</p>	<p>Y</p>	<p>Arrangements should be:</p> <ul style="list-style-type: none"> • current • in line with current national guidance • in line with risk assessment • tested regularly • signed off by the appropriate mechanism • shared appropriately with those required to use them • outline any equipment requirements • outline any staff training required <p>Receiving organisations should also include a safe identification system for unidentified patients in an emergency/mass casualty incident where necessary.</p>	<p>The NENC ICB will work in line with the Mass Casualty Framework for Cumbria and the North East of England which brings together the work undertaken by both Local Health Resilience Partnerships across Cumbria and the North East and key individuals who have led this imperative work stream. The Mass Casualty Framework will act as an overarching document for health and local authority social care in Cumbria and the North East of England and will support all mass casualty plans across the various health economies.</p> <p>All local stakeholders have plans in place to support any mass casualty incidents (health and care). These plans will be regularly reviewed to ensure suitability/appropriateness.</p>	<p>Fully Compliant</p>
<p>In line with current guidance and legislation, the organisation has arrangements in place to evacuate and shelter patients, staff and visitors.</p>	<p>Y</p>	<p>Arrangements should be:</p> <ul style="list-style-type: none"> • current • in line with current national guidance • in line with risk assessment • tested regularly • signed off by the appropriate mechanism • shared appropriately with those required to use them • outline any equipment requirements • outline any staff training required 	<p>The ICB as part of its incident response plan will provide coordination and support should it be necessary to evacuate patients and visitors from any local health care facilities and/or local buildings (i.e. high rise).</p>	<p>Fully Compliant</p>
<p>In line with current guidance, regulation and legislation, the organisation has arrangements in place to control access and egress for patients, staff and visitors to and from the organisation's premises and key assets in an incident.</p>		<p>Arrangements should be:</p> <ul style="list-style-type: none"> • current • in line with current national guidance • in line with risk assessment • tested regularly • signed off by the appropriate mechanism • shared appropriately with those required to use them • outline any equipment requirements • outline any staff training required 		

North East & North Cumbria

In line with current guidance and legislation, the organisation has arrangements in place to respond and manage 'protected individuals' including Very Important Persons (VIPs), high profile patients and visitors to the site.

Arrangements should be:

- current
- in line with current national guidance
- in line with risk assessment
- tested regularly
- signed off by the appropriate mechanism
- shared appropriately with those required to use them
- outline any equipment requirements
- outline any staff training required

The organisation has contributed to, and understands, its role in the multiagency arrangements for excess deaths and mass fatalities, including mortuary arrangements. This includes arrangements for rising tide and sudden onset events.

Arrangements should be:

- current
- in line with current national guidance
- in line with DVI processes
- in line with risk assessment
- tested regularly
- signed off by the appropriate mechanism
- shared appropriately with those required to use them
- outline any equipment requirements
- outline any staff training required



North East & North Cumbria

The organisation has resilient and dedicated mechanisms and structures to enable 24/7 receipt and action of incident notifications, internal or external. This should provide the facility to respond to or escalate notifications to an executive level.

Y

- Process explicitly described within the EPRR policy statement
- On call Standards and expectations are set out
- Add on call processes/handbook available to staff on call
- Include 24 hour arrangements for alerting managers and other key staff.
- CSUs where they are delivering OOHs business critical services for providers and commissioners

NENC ICB is responsible for leading the mobilisation of the NHS in the event of an incident or emergency in the North East and North Cumbria. In addition, the ICB is responsible for ensuring that it has the capability for NHS command, control, communication and co-ordination of commissioners and providers of NHS funded care, during incidents, emergencies, or periods of significant operational challenge. This is achieved via a two-tier on-call system, consisting of a first and second on-call.

NENC ICB works in partnership with other agencies within North East and North Cumbria Health and Care Partnership and North East Local Resilience Forums: Northumbria, Cleveland, and County Durham and Darlington and the on-call system provides a single point of access for these partners

The NENC ICB has established a 24/7 on-call rota which is able to receive notifications and effectively respond to surge/escalation and/or critical/major incidents. This rota is made up of staff who are experienced and competent and who are able to undertake Strategic and Tactical roles.

- Rota Frequency: 24/7, 1 week, Tuesday 08:00hrs to Tuesday 08:00hrs.

- Incident Mailbox:

ngccg.NENCICBincident@nhs.net

- Contact no: 0191 2697733

The NENC ICB on-call policy sets out the arrangements for individuals on-call for NENC ICB. It confirms the competencies and minimum standards expected of NENC ICB on-call staff, in line with the requirements of the following legislation and statutory duties

Fully Compliant



North East & North Cumbria

Trained and up to date staff are available 24/7 to manage escalations, make decisions and identify key actions

Y

- Process explicitly described within the EPRR policy or statement of intent

The identified individual:

- Should be trained according to the NHS England EPRR competencies (National Minimum Occupational Standards)
- Has a specific process to adopt during the decision making
- Is aware who should be consulted and informed during decision making
- Should ensure appropriate records are maintained throughout.
- Trained in accordance with the TNA identified frequency.

Executive Directors have undergone legal training during May 2022 in relation to health strategic command as per the CCA 2004. Directors are booked to complete the Principles of Health Command course throughout 2022.

As of 1st July 2022, the ICB has a 1st on call (Tactical) and a 2nd on call (Strategic) rota which is able to receive notifications and effectively respond to surge/escalation and/or critical/major incidents. All staff who support this rota are trained and will be able to effectively ensure that the ICBs category 1 requirements are fulfilled.

A structured workplan to monitor and maintain on-call commander competencies is to be established and training needs analysis undertaken as necessary.

Fully Compliant

All remaining Strategic and Tactical Commanders will complete the required mandatory training by the end of 2022 and commanders portfolios produced to monitor and maintain competence

Head of EPRR

North East & North Cumbria

The organisation carries out training in line with a training needs analysis to ensure staff are current in their response role.

Y

Evidence

- Process explicitly described within the EPRR policy or statement of intent
- Evidence of a training needs analysis
- Training records for all staff on call and those performing a role within the ICC
- Training materials
- Evidence of personal training and exercising portfolios for key staff

The ICB will detail all training available internally, externally and via multi-agency partners as well as exercises scheduled for the year in the annual EPRR training and exercise calendar.

This calendar will contain a mixture of formal and informal training session to ensure it remains flexible and able to adapt to the changing risks, priorities and needs of the organisation. Competent individuals will carry out all EPRR training.

The ICB will also provide bespoke training and exercises upon request and advertise all relevant training available to appropriate teams and individuals. The ICB EPRR team will retain records of training and delegates and will ensure that they attend meetings or individual briefings to explain the ICB's EPRR arrangements (compulsory for all new members to the on-call rota

Partially Compliant

Training and Exercise calendar established for the next financial year

EPRR Team



North East & North Cumbria

In accordance with the minimum requirements, in line with current guidance, the organisation has an exercising and testing programme to safely* test incident response arrangements, (*no undue risk to exercise players or participants, or those patients in your care)

Y

Organisations should meet the following exercising and testing requirements:

- a six-monthly communications test
- annual table top exercise
- live exercise at least once every three years
- command post exercise every three years.

The exercising programme must:

- identify exercises relevant to local risks
- meet the needs of the organisation type and stakeholders
- ensure warning and informing arrangements are effective.

Lessons identified must be captured, recorded and acted upon as part of continuous improvement.

Evidence

- Exercising Schedule which includes as a minimum one Business Continuity exercise
- Post exercise reports and embedding learning

Staff who fulfil the on-call rota and/or strategic/tactical commander roles are fully experienced, capable and knowledgeable in the field of EPRR. They have significant experience of managing incidents (major/critical/serious operational difficulties), however as a result of a recent reorganisation and significant sustained operational pressures, participation in training and exercising has been severely limited. This has also been recognised by other agencies/stakeholders within the field of EPRR.

The ICB will develop a plan and detail all training available internally, externally and via multi-agency partners as well as exercises scheduled in the annual EPRR training and exercise calendar which will be developed during the remainder of 2022/23.

This calendar will contain a mixture of formal and informal training session to ensure it remains flexible and able to adapt to the changing risks, priorities and needs of the organisation. Competent individuals will carry out all EPRR training.

The ICB will also provide bespoke training and exercises upon request and advertise all relevant training available to appropriate teams and individuals. The ICB EPRR team will retain records of training and delegates and will ensure that they attend meetings or individual briefings to explain the ICB's EPRR arrangements (compulsory for all new members to the on-call rota

Partially Compliant

Training and Exercise calendar established for the next financial year

EPRR Team

North East & North Cumbria

The organisation has the ability to maintain training records and exercise attendance of all staff with key roles for response in accordance with the Minimum Occupational Standards.

Individual responders and key decision makers should be supported to maintain a continuous personal development portfolio including involvement in exercising and incident response as well as any training undertaken to fulfil their role

There are mechanisms in place to ensure staff are aware of their role in an incident and where to find plans relevant to their area of work or department.

Y

Y

Evidence

- Training records
- Evidence of personal training and exercising portfolios for key staff

As part of mandatory training Exercise and Training attendance records reported to Board

The NENC ICB hold records for on-call commanders training and exercising attendance, we are awaiting guidance with regards to the development of CPD portfolios in line with national expectations. The on-call policy does however set out the competencies and minimum standards expected of NENC ICB on-call staff,

Within the Surge/Incident Management website hosted by NECSU there is a EPRR/Incident Management section which holds information to support commanders in their response to a major incident and provides background information on the civil protection duties for a Category 1 responder and acts as a repository for key information. Workshops have taken place with on-call commanders to provide them with an overview of the website and where documentation can be accessed for their role and responsibilities.

The EPRR steering group has been established by the ICB executive team and is the organisations formal group which oversees EPRR. This board provides regular updates to the ICB executive team.

Fully Compliant

Fully Compliant

Commander CPD Portfolios to be produced to ensure commander competency can be monitored and maintained throughout the ICB

Strategic Head of EPRR

North East & North Cumbria

<p>The organisation has in place suitable and sufficient arrangements to effectively coordinate the response to an incident in line with national guidance. ICC arrangements need to be flexible and scalable to cope with a range of incidents and hours of operation required.</p> <p>An ICC must have dedicated business continuity arrangements in place and must be resilient to loss of utilities, including telecommunications, and to external hazards.</p> <p>ICC equipment should be tested in line with national guidance or after a major infrastructure change to ensure functionality and in a state of organisational readiness.</p> <p>Arrangements should be supported with access to documentation for its activation and operation.</p>	<p>Y</p>	<ul style="list-style-type: none"> • Documented processes for identifying the location and establishing an ICC • Maps and diagrams • A testing schedule • A training schedule • Pre identified roles and responsibilities, with action cards • Demonstration ICC location is resilient to loss of utilities, including telecommunications, and external hazards • Arrangements might include virtual arrangements in addition to physical facilities but must be resilient with alternative contingency solutions. 	<p>The NENC ICB Incident Coordination Centre (ICC) is to provide a place where the ICB can implement and co-ordinate the organisation-wide initial response and recovery operations; to provide a single point of contact for requests for assistance allowing the Incident Management Team an immediate overview of the organisation-wide response and to provide an area for information collation and preparation of any briefings.</p> <p>Depending on the nature of the incident the ICC might be a physical location or virtual. All ICC arrangements and locations are detailed within the Incident Response Plan.</p>	<p>Fully Compliant</p>	<p>Regular reviews of ICC's to take place to ensure fit for purpose.</p>
<p>Version controlled current response documents are available to relevant staff at all times. Staff should be aware of where they are stored and should be easily accessible.</p>	<p>Y</p>	<p>Planning arrangements are easily accessible - both electronically and local copies</p>	<p>Within the Surge/Incident Management website hosted by NECSU there is a EPRR/Incident Management section which holds information to support commanders in their response to a major incident and provides background information on the civil protection duties for a Category 1 responder and acts as a repository for key information. Workshops have taken place with on-call commanders to provide them with an overview of the website and where documentation can be accessed for their role and responsibilities. Physical on-call grab bags have also been produced for on-call commanders with clear guidance provided to commanders that the information held on the website is the current response and they are</p>	<p>Fully Compliant</p>	<p>Head of EPRR</p>



North East & North Cumbria

responsible for ensuring local copies made are kept up to date.

In line with current guidance and legislation, the organisation has effective arrangements in place to respond to a business continuity incident (as defined within the EPRR Framework).

Y

- Business Continuity Response plans
- Arrangements in place that mitigate escalation to business continuity incident
- Escalation processes

Business Continuity Plans (BCP) describes how North East and North Cumbria Integrated Care Board (NENC ICB) will discharge its functions in the event of any incident that might disrupt its normal business or business operations. The plan details the prioritisation of recovery of critical activities together with the resources and technical requirements needed to support recovery. It has been developed to retain the flexibility required by a large multi-faceted organisation whilst also being tailored to meet the specific needs of the NENC ICB area

Fully Compliant

Business impact assessments to be undertaken by all teams and services.

Head of EPRR

North East & North Cumbria

<p>To ensure decisions are recorded during business continuity, critical and major incidents, the organisation must ensure:</p> <ol style="list-style-type: none"> 1. Key response staff are aware of the need for creating their own personal records and decision logs to the required standards and storing them in accordance with the organisations' records management policy. 2. has 24 hour access to a trained loggists to ensure support to the decision maker 	<p>Y</p>	<ul style="list-style-type: none"> • Documented processes for accessing and utilising loggists • Training records 	<p>The NENC ICB incident response plan clearly explains the requirements for recording decisions. Those on-call must keep a log of each time they are contacted or make contact in relation to their on-call activities. A new log must be started for each staff member on-call so that it is clear who is writing the log and what on-call position they hold.</p> <p>In addition to the incident response plan are action cards for the incident management team which include actions for commanders to maintain a log.</p> <p>Whilst there is access to trained loggists who will be able to provide support during any incident, there is work is required to increase the number of trained loggists as well as provide refresher training.</p>	<p>Fully Compliant</p>	<p>Increase number of loggists available and identify availability to ensure there is 24/7 cover</p>
<p>The organisation has processes in place for receiving, completing, authorising and submitting situation reports (SitReps) and briefings during the response to incidents including bespoke or incident dependent formats.</p>	<p>Y</p>	<ul style="list-style-type: none"> • Documented processes for completing, quality assuring, signing off and submitting SitReps • Evidence of testing and exercising • The organisation has access to the standard SitRep Template 	<p>As part of the incident response plan action cards there is a process in place for commanders to complete situation reports as and when required utilising a standard sitrep template.</p>	<p>Fully Compliant</p>	
<p>Key clinical staff (especially emergency department) have access to the 'Clinical Guidelines for Major Incidents and Mass Casualty events' handbook.</p> <p>Clinical staff have access to the 'CBRN incident: Clinical Management and health protection' guidance. (Formerly published by PHE)</p>		<p>Guidance is available to appropriate staff either electronically or hard copies</p> <p>Guidance is available to appropriate staff either electronically or hard copies</p>			<p>Head of EPRR</p>



North East & North Cumbria

The organisation aligns communications planning and activity with the organisation's EPRR planning and activity.

Y

- Awareness within communications team of the organisation's EPRR plan, and how to report potential incidents.
- Measures are in place to ensure incidents are appropriately described and declared in line with the NHS EPRR Framework.
- Out of hours communication system (24/7, year-round) is in place to allow access to trained comms support for senior leaders during an incident. This should include on call arrangements.
- Having a process for being able to log incoming requests, track responses to these requests and to ensure that information related to incidents is stored effectively. This will allow organisations to provide evidence should it be required for an inquiry.

An incident response plan for the NENC ICB has been produced and details the key principles of responding to an incident or emergency. The IRP includes action cards detailing the processes to follow for specific incident i.e. outbreaks, adverse weather etc. It also clearly identify the arrangements, mitigating actions and response that will be implemented should the BCP ever be invoked or implemented by the ICB. This includes the governance structure which details who and how they will integrate into any resilience arrangements including across multiple LRF footprints.

There is a out of hours comms rota in place as well as incident declaration process in place to notify the ICB of an incident.

Fully Compliant

The organisation has a plan in place for communicating during an incident which can be enacted.

Y

- An incident communications plan has been developed and is available to on call communications staff
- The incident communications plan has been tested both in and out of hours
- Action cards have been developed for communications roles
- A requirement for briefing NHS England regional communications team has been established
- The plan has been tested, both in and out of hours as part of an exercise.
- Clarity on sign off for communications is included in the plan, noting the need to ensure communications are signed off by incident leads, as well as NHSE (if appropriate).

The Incident Coordination Centre Coordinator will liaise with the communications lead as needed to ensure effective, on-going communications. Clear and consistent communication is an essential part of incident response. This involves internal ICB and health sector communication as well as with multi-agency partners and the public.

The ICB communications team will be involved in Incident response from the outset. They will work with the Strategic and Tactical Commander(s) to agree communications internally and externally

Fully Compliant

North East & North Cumbria

The organisation has arrangements in place to communicate with patients, staff, partner organisations, stakeholders, and the public before, during and after a major incident, critical incident or business continuity incident.

Y

- Established means of communicating with staff, at both short notice and for the duration of the incident, including out of hours communications
- A developed list of contacts in partner organisations who are key to service delivery (local Council, LRF partners, neighbouring NHS organisations etc) and a means of warning and informing these organisations about an incident as well as sharing communications information with partner organisations to create consistent messages at a local, regional and national level.
- A developed list of key local stakeholders (such as local elected officials, unions etc) and an established a process by which to brief local stakeholders during an incident
- Appropriate channels for communicating with members of the public that can be used 24/7 if required
- Identified sites within the organisation for displaying of important public information (such as main points of access)
- Have in place a means of communicating with patients who have appointments booked or are receiving treatment.
- Have in place a plan to communicate with inpatients and their families or care givers.
- The organisation publicly states its readiness and preparedness activities in annual reports within the organisations own regulatory reporting requirements

The ICB has a well established mechanism and systems in place to communicate effectively internally and externally. NECS provide this support and would liaise with NHSE depending upon the incident and type of response required.

Fully Compliant

North East & North Cumbria

<p>The organisation has arrangements in place to enable rapid and structured communication via the media and social media</p>	<p>Y</p>	<ul style="list-style-type: none"> • Having an agreed media strategy and a plan for how this will be enacted during an incident. This will allow for timely distribution of information to warn and inform the media • Develop a pool of media spokespeople able to represent the organisation to the media at all times. • Social Media policy and monitoring in place to identify and track information on social media relating to incidents. • Setting up protocols for using social media to warn and inform • Specifying advice to senior staff to effectively use social media accounts whilst the organisation is in incident response 	<p>There is an on call agreement in place with NECS to support the ICB 24/7. Previous incidents and exercises - lessons learned - have influenced this strategy and approach. There are a number of staff who have undergone media training and therefore have the skills, capability and confidence to speak and deal with the media.</p>	<p>Fully Compliant</p>
<p>The Accountable Emergency Officer, or a director level representative with delegated authority (to authorise plans and commit resources on behalf of their organisation) attends Local Health Resilience Partnership (LHRP) meetings.</p>	<p>Y</p>	<ul style="list-style-type: none"> • Minutes of meetings • Individual members of the LHRP must be authorised by their employing organisation to act in accordance with their organisational governance arrangements and their statutory status and responsibilities. 	<p>A North East and North Cumbria LHRP has been established to oversee the health Emergency Preparedness, Resilience and Response (EPRR) arrangements across the North East and North Cumbria footprint which is traditional coterminous with an Integrated Care Board (ICB). The LHRP will form a strategic fora to bring together senior decision makers responsible for EPRR within each organisation in order to support the delivery of the NHS wide objectives for EPRR, undertake a planning and preparedness function albeit not the responsibility to respond to an emergency or incident and remain responsible and accountable for its effective response in line with its statutory duties and obligations.</p> <p>A terms of reference is in place with minutes of meetings held and cascaded to members</p>	<p>Fully Compliant</p>
<p>The organisation participates in, contributes to or is adequately represented at Local Resilience Forum (LRF) or Borough Resilience Forum (BRF), demonstrating engagement and co-operation with partner responders.</p>	<p>Y</p>	<ul style="list-style-type: none"> • Minutes of meetings • A governance agreement is in place if the organisation is represented and feeds back across the system 	<p>The NENC ICB is currently formalising arrangements for attendance at each LRF however should there be a major incident the ICB is able to provide appropriate representation at any given time (as evidenced during operation london bridge).</p> <p>The NENC ICB is currently completing briefings for LRF members to enhance</p>	<p>Fully Compliant</p>



North East & North Cumbria

			<p>awareness and knowledge of the ICB arrangements as a category 1 responder</p>	
<p>The organisation has agreed mutual aid arrangements in place outlining the process for requesting, coordinating and maintaining mutual aid resources. These arrangements may include staff, equipment, services and supplies.</p> <p>In line with current NHS guidance, these arrangements may be formal and should include the process for requesting Military Aid to Civil Authorities (MACA) via NHS England.</p>	<p>Y</p>	<ul style="list-style-type: none"> • Detailed documentation on the process for requesting, receiving and managing mutual aid requests • Templates and other required documentation is available in ICC or as appendices to IRP • Signed mutual aid agreements where appropriate 	<p>The NENC ICB has pre-agreed mutual aid between a number of local stakeholders, particularly for the use of buildings, should the ICB offices space become compromised.</p>	<p>Fully Compliant</p>
<p>The organisation has arrangements in place to prepare for and respond to incidents which affect two or more Local Health Resilience Partnership (LHRP) areas or Local Resilience Forum (LRF) areas.</p>	<p>Y</p>	<ul style="list-style-type: none"> • Detailed documentation on the process for coordinating the response to incidents affecting two or more LHRPs • Where an organisation sits across boundaries the reporting route should be clearly identified and known to all 	<p>The ICB strategic and tactical structure x 4 will ensure that all LRF's can be supported during any incident as evidenced by operation london bridge.</p>	<p>Fully Compliant</p>
<p>Arrangements are in place defining how NHS England, the Department of Health and Social Care and UK Health Security Agency (UKHSA) will communicate and work together, including how information relating to national emergencies will be cascaded.</p>		<ul style="list-style-type: none"> • Detailed documentation on the process for managing the national health aspects of an emergency 		



North East & North Cumbria

The organisation has arrangements in place to ensure that the Local Health Resilience Partnership (LHRP) meets at least once every 6 months.

Y

- LHRP terms of reference
- Meeting minutes
- Meeting agendas

A North East and North Cumbria LHRP has been established to oversee the health Emergency Preparedness, Resilience and Response (EPRR) arrangements across the North East and North Cumbria footprint which is traditional coterminous with an Integrated Care Board (ICB). The LHRP will form a strategic fora to bring together senior decision makers responsible for EPRR within each organisation in order to support the delivery of the NHS wide objectives for EPRR, undertake a planning and preparedness function albeit not the responsibility to respond to an emergency or incident and remain responsible and accountable for its effective response in line with its statutory duties and obligations.

A terms of reference is in place with minutes of meetings held and cascaded to members

Fully Compliant

The organisation has an agreed protocol(s) for sharing appropriate information pertinent to the response with stakeholders and partners, during incidents.

Y

- Documented and signed information sharing protocol
- Evidence relevant guidance has been considered, e.g. Freedom of Information Act 2000, General Data Protection Regulation 2016, Caldicott Principles, Safeguarding requirements and the Civil Contingencies Act 2004

The organisation has agreed protocols for sharing information. ResilienceDirect is the platform which will be used by ICB members during any incident as well as the ICB incident coordination centre email. As this is NHS mail, during any incident patient identifiable information may be shared (subject to relevant guidance consideration).

Fully Compliant

The organisation has in place a policy which includes a statement of intent to undertake business continuity. This includes the commitment to a Business Continuity Management System (BCMS) that aligns to the ISO standard 22301.

Y

- The organisation has in place a policy which includes intentions and direction as formally expressed by its top management. The BC Policy should:
- Provide the strategic direction from which the business continuity programme is delivered.
 - Define the way in which the organisation will approach business continuity.
 - Show evidence of being supported, approved and owned by top management.
 - Be reflective of the organisation in terms of size, complexity and type of organisation.
 - Document any standards or guidelines that are used as a

The ICB has a business continuity policy in place. Work will be undertaken with each Director and their teams to undertake business impact assessments in order that up to date plans are developed and in place to ensure that critical services can be maintained.

Fully Compliant

Business impact assessments to be undertaken and/or refreshed and business continuity plan reviewed.

Strategic Head of EPRR

North East & North Cumbria

		<p>benchmark for the BC programme.</p> <ul style="list-style-type: none"> • Consider short term and long term impacts on the organisation including climate change adaption planning 			
<p>The organisation has established the scope and objectives of the BCMS in relation to the organisation, specifying the risk management process and how this will be documented.</p> <p>A definition of the scope of the programme ensures a clear understanding of which areas of the organisation are in and out of scope of the BC programme.</p>	<p>Y</p>	<p>BCMS should detail:</p> <ul style="list-style-type: none"> • Scope e.g. key products and services within the scope and exclusions from the scope • Objectives of the system • The requirement to undertake BC e.g. Statutory, Regulatory and contractual duties • Specific roles within the BCMS including responsibilities, competencies and authorities. • The risk management processes for the organisation i.e. how risk will be assessed and documented (e.g. Risk Register), the acceptable level of risk and risk review and monitoring process • Resource requirements • Communications strategy with all staff to ensure they are aware of their roles • alignment to the organisations strategy, objectives, operating environment and approach to risk. • the outsourced activities and suppliers of products and suppliers. • how the understanding of BC will be increased in the organisation 	<p>NENC ICB needs to be able to plan for and respond to, a wide range of incidents and emergencies that could affect health or patient care. This plan documents a coordinated and managed resumption of the ICB's business operations within acceptable recovery timeframes.</p> <p>The plan details the prioritisation of recovery of critical activities together with the resources and technical requirements needed to support recovery. It has been developed to retain the flexibility required by a large multi-faceted organisation whilst also being tailored to meet the specific needs of the NENC ICB area.</p> <p>This plan will be activated in response to an incident causing significant disruption to normal service delivery, particularly the delivery of key critical services/functions.</p>	<p>Partially Compliant</p>	<p>A full review of business continuity management arrangements within NENC ICB is to take place</p>

North East & North Cumbria

The organisation annually assesses and documents the impact of disruption to its services through Business Impact Analysis(es).

Y

The organisation has identified prioritised activities by undertaking a strategic Business Impact Analysis/Assessments. Business Impact Analysis/Assessment is the key first stage in the development of a BCMS and is therefore critical to a business continuity programme.

Documented process on how BIA will be conducted, including:

- the method to be used
- the frequency of review
- how the information will be used to inform planning
- how RA is used to support.

The organisation should undertake a review of its critical function using a Business Impact

Analysis/assessment. Without a Business Impact Analysis organisations are not able to assess/assure compliance without it. The following points should be considered when undertaking a BIA:

- Determining impacts over time should demonstrate to top management how quickly the organisation needs to respond to a disruption.
- A consistent approach to performing the BIA should be used throughout the organisation.
- BIA method used should be robust enough to ensure the information is collected consistently and impartially.

The ICB has a business continuity policy in place. Work will be undertaken with each Director and their teams to undertake business impact assessments in order that up to date plans are developed and in place to ensure that critical services can be maintained.

Partially Compliant

Business impact assessments to be undertaken and/or refreshed and business continuity plan reviewed.

Strategic Head of EPRR

North East & North Cumbria

The organisation has business continuity plans for the management of incidents. Detailing how it will respond, recover and manage its services during disruptions to:

- people
- information and data
- premises
- suppliers and contractors
- IT and infrastructure

Y

Documented evidence that as a minimum the BCP checklist is covered by the various plans of the organisation.

Ensure BCPS are Developed using the ISO 22301 and the NHS Toolkit. BC Planning is undertaken by an adequately trained person and contain the following:

- Purpose and Scope
- Objectives and assumptions
- Escalation & Response Structure which is specific to your organisation.
- Plan activation criteria, procedures and authorisation.
- Response teams roles and responsibilities.
- Individual responsibilities and authorities of team members.
- Prompts for immediate action and any specific decisions the team may need to make.
- Communication requirements and procedures with relevant interested parties.
- Internal and external interdependencies.
- Summary Information of the organisations prioritised activities.
- Decision support checklists
- Details of meeting locations
- Appendix/Appendices

The ICB has a business continuity plan in place however this needs refreshing and reviewing.

Partially Compliant

BCP to be reviewed.

Strategic Head of EPRR

The organisation has in place a procedure whereby testing and exercising of Business Continuity plans is undertaken on a yearly basis as a minimum, following organisational change or as a result of learning from other business continuity incidents.

Y

Confirm the type of exercise the organisation has undertaken to meet this sub standard:

- Discussion based exercise
- Scenario Exercises
- Simulation Exercises
- Live exercise
- Test
- Undertake a debrief

Evidence

Post exercise/ testing reports and action plans

As part of the support and training for key staff, a series of exercises are being planned to ensure that staff are able to participate and develop competencies whilst also to test the ICB's BCP. Learning from these exercises will inform and enhance/improve the BCP and action cards and roles.

The ICB has already participated in several exercises which has informed incident response plan and business continuity plan.

Fully Compliant

a range of scenarios and exercises will be undertaken throughout 2022-23. This includes participation in LRF/LHRP organised events.

Strategic Head of EPRR

North East & North Cumbria

<p>Organisation's Information Technology department certify that they are compliant with the Data Protection and Security Toolkit on an annual basis.</p>	Y	<p><u>Evidence</u></p> <ul style="list-style-type: none"> • Statement of compliance • Action plan to obtain compliance if not achieved
<p>The organisation's BCMS is monitored, measured and evaluated against established Key Performance Indicators. Reports on these and the outcome of any exercises, and status of any corrective action are annually reported to the board.</p>	Y	<ul style="list-style-type: none"> • Business continuity policy • BCMS • performance reporting • Board papers
<p>The organisation has a process for internal audit, and outcomes are included in the report to the board.</p> <p>The organisation has conducted audits at planned intervals to confirm they are conforming with its own business continuity programme.</p>	Y	<ul style="list-style-type: none"> • process documented in EPRR policy/Business continuity policy or BCMS aligned to the audit programme for the organisation • Board papers • Audit reports • Remedial action plan that is agreed by top management. • An independent business continuity management audit report. • Internal audits should be undertaken as agreed by the organisation's audit planning schedule on a rolling cycle. • External audits should be undertaken in alignment with the organisations audit programme

The DSP Toolkit is completed on an annual basis as part of ongoing assurance of information governance and data security requirements.

As part of the ICB's business continuity policy, business continuity plans are tested and exercised with corrective actions identified and monitored. Regular reports are provided to the EPRR committee and a 6 monthly report provided to the Board.

The audit of EPRR and BCP/incident response plans are a part of the annual audit cycle.

Fully Compliant

Partially Compliant

Partially Compliant

EPRR team will support completion of audit

Strategic Head of EPRR

North East & North Cumbria

There is a process in place to assess the effectiveness of the BCMS and take corrective action to ensure continual improvement to the BCMS.

Y

- process documented in the EPRR policy/Business continuity policy or BCMS
- Board papers showing evidence of improvement
- Action plans following exercising, training and incidents
- Improvement plans following internal or external auditing
- Changes to suppliers or contracts following assessment of suitability

Continuous Improvement can be identified via the following routes:

- Lessons learned through exercising.
- Changes to the organisations structure, products and services, infrastructure, processes or activities.
- Changes to the environment in which the organisation operates.
- A review or audit.
- Changes or updates to the business continuity management lifecycle, such as the BIA or continuity solutions.
- Self assessment
- Quality assurance
- Performance appraisal
- Supplier performance
- Management review
- Debriefs
- After action reviews
- Lessons learned through exercising or live incidents

The BCP will be consistently reviewed and updated following declaration and management of incidents; the lessons learned and debrief/evaluation have subsequently inform practice and plans/responses.

Partially Compliant

The business continuity plan will be reviewed and revised following every business continuity test (including real time exercises or incidents). The lessons learned and debrief/evaluation will then inform future practice and plans/responses.

Strategic Head of EPRR

The organisation has in place a system to assess the business continuity plans of commissioned providers or suppliers; and are assured that these providers business continuity arrangements align and are interoperable with their own.

Y

- EPRR policy/Business continuity policy or BCMS outlines the process to be used and how suppliers will be identified for assurance
- Provider/supplier assurance framework
- Provider/supplier business continuity arrangements

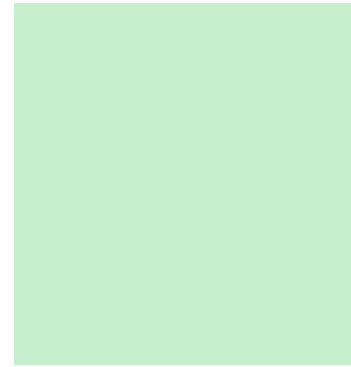
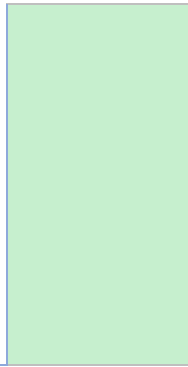
This may be supported by the organisations procurement or commercial teams (where trained in BC) at tender phase and at set

The NENC ICB's contracting process ensures that all suppliers have rigorous and robust processes and procedures in place to ensure the delivery of services. There has been recent examples where local suppliers have failed and have required mitigating plans to be rapidly developed to ensure continuity of service provision.

Fully Compliant

North East & North Cumbria

intervals for critical and/or high value suppliers



Standard	Deep Dive question	Further information	Integrated Care Boards	Self assessment RAG
Up to date plans	<p>The organisation has updated its evacuation and shelter arrangements since October 2021, to reflect the latest guidance.</p>	<p>https://www.england.nhs.uk/publication/shelter-and-evacuation-guidance-for-the-nhs-in-england/</p>	<p>Y</p> <p>The NENC ICB Incident Response Plan clearly identifies the arrangements, mitigating actions and response that will be implemented should the plan ever be invoked or implemented. Each site used by the ICB has its own evacuation procedures and policies which are reviewed and tested regularly by the landlord.</p> <p>The ICB will liaise and/or provide coordination to system providers during any incident which requires evacuation. This includes local authorities e.g. high rise buildings, civic offices etc.</p>	<p>Fully Compliant</p>



North East & North Cumbria

<p>Activation</p>	<p>The organisation has defined evacuation activation arrangements, including the decision to evacuate and/or shelter by a nominated individual with the authority of the organisation's chief executive officer.</p>		<p>Y</p>	<p>see above</p>	<p>Fully Compliant</p>
<p>Incremental planning</p>	<p>The organisation's evacuation and shelter plan clearly defines the incremental stages of an evacuation, including in situ sheltering, horizontal, vertical, full building, full site and off-site evacuation.</p>		<p>Y</p>	<p>see above</p>	<p>Fully Compliant</p>
<p>Evacuation patient triage</p>	<p>The organisation has a process in place to triage patients in the event of an incident requiring evacuation and/or shelter of patients.</p>				
<p>Patient movement</p>	<p>The organisation's arrangements, equipment and training includes the onsite movement of patients required to evacuate and/or shelter.</p>				
<p>Patient transportation</p>	<p>The organisation's arrangements, equipment and training includes offsite transportation of patients required to be transferred to another hospital or site.</p>				
<p>Patient dispersal and tracking</p>	<p>The organisation has an interoperable patient tracking process in place to safely account for all patients as part of patient dispersal arrangements.</p>				
<p>Patient receiving</p>	<p>The organisation has arrangements in place to safely receive patients and staff from the evacuation of another organisations inpatient facility. This could with little advanced notice.</p>				

<p>Community Evacuation</p>	<p>The organisation has effective arrangements in place to support partners in a community evacuation, where the population of a large area may need to be displaced.</p>	<p>Y</p>	<p>see above</p>	<p>Fully Compliant</p>
<p>Partnership working</p>	<p>The organisation's arrangements include effective plans to support partner organisations during incidents requiring their evacuation.</p>	<p>Y</p>	<p>see above</p>	<p>Fully Compliant</p>
<p>Communications-Warning and informing</p>	<p>The organisation's evacuation and shelter arrangements include resilient mechanisms to communicate with staff, patients, their families and the public, pre, peri and post evacuation.</p>	<p>Y</p>	<p>see above</p>	<p>Fully Compliant</p>
<p>Equality and Health Inequalities</p>	<p>The organisation has undertaken an Equality and Health Inequalities Impact Assessment of plans to identify the potential impact evacuation and shelter arrangements may have on protected characteristic groups and groups who face health inequalities.</p>	<p>Y</p>	<p>An EIA and HIA has been undertaken which has informed the ICB hybrid working policy which would ensure that all protected characteristic groups have been considered and are supported in order to effectively undertake their duties.</p>	<p>Fully Compliant</p>
<p>Exercising</p>	<p>The evacuation and shelter arrangements have been exercised in the last 3 year. Where this isn't the case this will be included as part of the organisations EPRR exercise programme for the coming year. Please specify.</p>	<p>Y</p>	<p>The landlord regularly undertakes tests of the evacuation and shelter arrangements for the ICB estates.</p>	<p>Fully Compliant</p>

