

OFFICIAL

NHS Frimley

Emergency Preparedness, Resilience and Response Policy

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1.2 Update of key dates for National guidance documents		
2.1 Role of collaborated CCGs as Category Two Responders		
3.1 No includes Major/Critical Incidents		
4.3 Primary Care Networks added		
6.0 Aim and Objectives updated		
7.0 Link to the HIOW & TV LRF Information Sharing Protocol added		
7.1 New paragraph on Resilience Direct added		
8.0 All updated		
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8.14 Links made the to the changes in the National Threat Level		
9.2, 9.3 and 9.4 text updated		
10.1-10.5 definition of roles updated		
10.7 link made to the SE Regional Communications Team		
11.1 Updated to include Microsoft Teams and Resilience Direct		

12.0 Addition of the Joint Decision-Making Model		
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Terminology review throughout 8.0 & 13.5 Updated Governance arrangements 9.2 Reference made to the System Operations Centre (SOC)	July & August 2022	Gail King

Next Review Date

01/08/2023

Statement of protective markings

This document has been given a protective marking of **OFFICIAL** and can be stored on the public domain.

➤ National Core Standard relevant to the EPRR policy

<p>Domain 2</p> <p>Governance</p>	<p>The organisation has an overarching EPRR policy or statement of intent.</p> <p>This should take into account the organisation's:</p> <ul style="list-style-type: none"> • Business objectives and processes • Key suppliers and contractual arrangements • Risk assessment(s) • Functions and / or organisation, structural and staff changes.
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1.0 INTRODUCTION

- 1.1 The Frimley Integrated Care Board (ICB) now known as NHS Frimley, is classified as a Category One Responder by the Civil Contingencies Act 2004 and the Health and Care Act 2022. As a consequence, the ICB is required to put in place Emergency Plans which enable an effective response to a Major Incident or Emergency, mitigating their effects and ensuring that critical services are maintained. The ICB's response, irrespective of the nature of Incident, should be one that is proportionate, coordinated with partner agencies and which is managed through an effective Command, Control, Coordination and Communications structure.
- 1.2 The requirement to undertake Emergency Preparedness, Resilience and Response (EPRR) activity is mandated for NHS Service Providers by:
 - The Civil Contingencies Act 2004
 - Health & Care Act 2022
 - NHS Act 2006
 - NHS England EPRR Framework (2022)
 - The Annual NHS England Core Standards 2022-23
 - NHS Standard Contract
- 1.3 Failure to comply with the requirements set out within the Legislation, Guidance and the NHS contract may expose the ICB's to reputational and financial risk. Ultimately a failure to comply with the provisions set out within the Civil Contingencies Act, may lead to legal action being taken against NHS Frimley.
- 1.4 EPRR activity within NHS Frimley is the responsibility of the Accountable Emergency Officer (AEO) with the development of plans and processes being undertaken by the EPRR/Systems Resilience Director. Governance and oversight of arrangements are to be provided through the Frimley Executives, Audit Committee and the ICB Board.
- 1.5 NHS Frimley is committed to the provision of a service that is fair, accessible and meets the needs of all individuals.

2.0 WHAT IS EMERGENCY PREPAREDNESS RESILIENCE AND RESPONSE?

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

Category One Responders, such as ICB's, must show they can deal with such incidents, this programme of work is referred to in the health community as **Emergency, Preparedness, Resilience and Response (EPRR)**.

NHS funded organisations must also be able to maintain continuous levels in key services to patients when faced with unplanned disruption from identified local risks such as severe weather, fuel shortages, IT failure, supply shortages or industrial action. This is known as **Business Continuity Management (BCM)**.

2.1 Legislative Framework

The key current Legislation and Guidance that applies to Emergency Planning, Response and Resilience (EPRR) includes:

- The Civil Contingencies Act (2004) and related guidance:
 - a) Emergency Preparedness – Statutory Guidance to the CCA 2004
 - b) Emergency Response and Recovery – Non statutory guidance accompanying the CCA 2004

The Health and Care Act 2022 now includes changes to the Civil Contingencies Act 2004.

This change moves the Integrated Care Boards (ICB) to the list of Category One Responders. CCGs were Category Two responders

The duties under the Civil Contingencies Act for a Category One Responder are:

- Assess the risk of emergencies occurring and use this to inform contingency planning.
- Put in place emergency plans.
- Put in place business continuity management arrangements.
- Put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency.
- Share information with other local responders to enhance co-ordination.
- Co-operate with other local responders to enhance co-ordination and efficiency.

NHS England Regional Team will maintain the responsibility for:

- The delivery of national and regional preparedness priorities;
- Leadership and coordination of EPRR activities across the South East;
- Regional Director on Call, Manager, EPRR and Communications functions;
- The ability to provide regional leadership for the management of NHS incidents levels 3 and 4;
- Regional Incident Coordination Centre functions;
- Regional recovery leadership for incidents at levels 3 and 4;
- The collation, sharing and implementation of lessons identified;
- The assurance of NHS preparedness across the South East;
- The assurance of delegated EPRR activities.
- The coordination at a system level, and the coordination and management of incidents at NHS Level 2/3, will be delegated to the ICBs through its EPRR Team.

3.0 POLICY STATEMENT

3.1 NHS Frimley will comply with its current legal and contractual responsibilities) as a Category One Responder in respect of Emergency Preparedness Resilience and Response in conjunction with the CCA and the Health & Care Act 2022.

It will also do this by :

- Our active membership and engagement with the 3 Local Health Resilience Partnerships that NHS Frimley link in with;
- Our active membership and engagement with the 3 Local Resilience Forums that NHS Frimley link in with;
- Supporting the response and recovery phases of any Major/Critical or Business Continuity Incidents;
- Supporting and taking part in appropriate EPRR training and exercising organised at national, regional, and local level;
- Undertaking our duty to support NHS England in any response to a Major/Critical/Business Continuity Incident;
- Internal oversight by the NHS Frimley ICB Board.

4.0 SCOPE OF THE POLICY

- This EPRR Policy applies to NHS Frimley and is applicable to all staff. It provides the underpinning rationale for the development of all the NHS Frimley plans/procedures supporting EPRR.
- All staff have a duty to be fully aware of the nature and scope of their role and responsibilities with regards to this document and any associated plans, frameworks, procedures, action cards and checklists;
- The Primary Care Networks are required to maintain their own EPRR and Business Continuity Plans and processes under their contractual arrangements.

5.0 PURPOSE OF THE EPRR POLICY

The purpose of this EPRR policy is to:

- Set out the requirement for NHS Frimley to develop plans and procedures in relation to EPRR;
- Mandate that NHS Frimley will comply with governing legislation, guidance and identified best practice;
- Ensure plans will be developed on a risk-based approach in consultation with key stakeholders and all relevant risk registers;
- Ensure EPRR arrangements will be supported by a training and exercise programme to embed the process and the overall EPRR functions;
- Ensure oversight of EPRR will be undertaken by the Accountable Emergency Officer, EPRR /Systems Resilience Director and the NHS Frimley ICB Board.

6.0 AIM AND OBJECTIVES OF THE POLICY

Aim:

To direct EPRR activity within NHS Frimley ensuring effective arrangements are in place to deliver appropriate and safe care to patients during an emergency or incident (as defined by CCA 2004). Also, to ensure plans are in place for the Business Continuity Management of services provided by NHS Frimley and its key suppliers and contractors.

Objectives:

- Undertake EPRR activity in compliance with statutory requirements;
- To develop flexible arrangements for responding to emergencies and incidents, which are scalable and adaptable to suit a wide range of generic and specific scenarios;
- Ensure training and exercising of plans and procedures takes place to promote and embed EPRR arrangements within NHS Frimley;
- To ensure that the NHS Frimley has adequate plans to prepare for, respond to and recover from Major, Critical and Business Continuity Incidents;
- To ensure that NHS Frimley has assurance that local NHS funded Health Services and the Local Health System has adequate plans to prepare for, respond to and recover from Major, Critical and Business Continuity Incidents.

7.0 INFORMATION SHARING

Under the CCA 2004, responders have a duty to share information with partner organisations. This is seen as a crucial element of civil protection work, underpinning all forms of cooperation.

Relevant information must also be shared with partner organisations. Working collaboratively will improve organisational cohesion and ensure patients and the public are safeguarded during an incident.

NHS Frimley will work within the LRF Information Sharing Protocols 2020, the General Data Protection Regulations (GDPR) and Data Protection Acts 2018.

- 7.1 Resilience Direct (RD) has been running since its inception in 2014, it is hosted and maintained by the Cabinet Office.

RD is the method of storing and sharing information across multi-agencies – both Category 1 and Category 2, along with other organisations, whether private or voluntary. It is security cleared to 'Official – Sensitive and therefore the security of the site is constantly monitored by the security services. All key documents from NHS

Frimley will be stored here including this EPRR Policy.

8.0 SUPPORTING FRAMEWORK

- 8.1 The EPRR Policy and supporting framework set out the basis upon which NHS Frimley EPRR work streams will be undertaken. NHS Frimley plans/procedures will be developed in accordance with legislation, guidance, identified good practice and lessons identified.
- 8.2 NHS Frimley will appoint an Accountable Emergency Officer in accordance with the requirements of the Health and Social Care Act 2012.
- 8.3 NHS Frimley will appoint a designated post holder(s) to undertake EPRR and Business Continuity Management (BCM) activity with an appropriate level of budget and resource.
- 8.4 NHS Frimley Executives will provide the Audit Committee and where appropriate the Frimley ICB Board with additional assurance of the arrangements for EPRR; incorporating the remit of Business Continuity Management.
- 8.5 A risk assessment process will be undertaken in relation to perceived hazards and risks. This will take account of incidents which may potentially impact upon NHS Frimley's ability to deliver its core functions and its ability to maintain patient care. The risk assessment process will take account of those risks identified within the National Security Risk Assessment (NSRA), the LRFs' Community Risk Registers and the LHRPs' Risk Registers

Our EPRR Risk Framework will be recorded within the 4Risk System for NHS Frimley.

- 8.6 Plans both generic and specific will be developed in consultation with key stakeholders and both internal and external partners (where appropriate). Engagement with stakeholders forms part NHS Frimley mitigation of risk, ensuring clarity of roles and responsibilities and identifying key actions that need to be considered.

The Annual EPRR Work Plan is informed by lessons identified from:

- Incidents and Events;
- Training and Exercising;
- Identified Risks;
- Outcomes from the annual EPRR Assurance Process;
- Business Continuity Management;
- Working with our LRFs and LHRPs;
- On Call Arrangements.

- 8.7 Plans/Procedures will be appropriately distributed in accordance with their associated security classification. Wherever possible these will be available on Resilience Direct, Microsoft Teams folders and the intranet.
- 8.8 NHS Frimley will develop and maintain a robust Command, Control, Coordination and Communications structure adhering to the recognised Gold (Strategic) Silver (Tactical) and Bronze (Operational) structure providing 24/7 capability.
- 8.9 Plans and supporting structures will be scalable so as to provide a proportionate response to an emergency or incident responding dynamically based on available intelligence.
- 8.10 NHS Frimley will actively engage with multi-agency partners through the LRFs and the LHRPs to support the development of joint plans and capabilities and through the participation in exercises.
- 8.11 A formal log will be maintained by the EPRR Team to record the activation or exercising of plans and capabilities to demonstrate activity undertaken in support of EPRR and the associated assurance process.
- 8.12 The delivery of EPRR training and exercising either generic or plan specific, will similarly be recorded on a training tracker to support the assurance process.
- 8.13 Following an incident activation or exercise, a debrief will be conducted by the Director of EPRR /Systems Resilience to identify any areas for improvement or areas of good practice. The learning identified will inform the development of other plans and where appropriate will be shared with health and multi-agency partners.
- 8.14 All Plans/Procedures will be the subject of regular review. This process will be triggered by:
- The individual plan review dates. A log of all planned reviews will be maintained by the EPRR/Systems Resilience Director and overseen by AEO;
 - Any identified changes to National Threat Level, identified risk or any other significant change which affects how a plan will operate;
 - Following activation of an incident or an exercise, to incorporate identified learning and good practice.
- 8.15 Plans/Procedures will have a version control and amendment process. All changes to EPRR plans and procedures will be subject of scrutiny and approval by the appropriate forums.
- 8.16 Plans/Procedures including Business Continuity Plans will take into account of any changes in the organisations functions and organisational, structural and staff changes.
- 8.17 Plans/Procedures will take into account any updates to internal risk assessments, external community risks and any changes in the NSRA.

- 8.18 An expectation that a Lessons Identified Tracker is produced and added to, following exercises, any incident and have a corrective plan put into place where necessary.
- 8.19 NHS Frimley will work with all health partners, multi-agency partners and the NHS England South East EPRR Team as part of the planning, response, and the wider assurance processes.

9.0 COMMAND, CONTROL, COORDINATION and COMMUNICATIONS

- 9.1 NHS Frimley single point of contact for receiving notification of a Major/Critical Incident or Business Continuity Incident out of hours is designated as the Manager on Call who will then inform the Director on Call. In hours this will be to the EPRR/Systems Resilience Team and then to the Accountable Emergency Officer (AEO) or designated deputy.
- 9.2 Where an incident requires a defined management response, NHS Frimley will activate the Incident Coordination Centre (ICC). Currently, during business as usual this is the System Operations Centre (SOC). The ICC will operate for as long as required to deal with the incident including management of the recovery process.
- 9.3 The Manual of Operations Plan details clearly the process for opening the ICC including the specific associated plans and action cards for key roles located within the ICC which detail how to manage the incident.
- 9.4 The ICC will be responsible for coordinating all responses from the health providers in relation to situational reports (SITREPS) as well as approving decisions and assisting with mutual aid requests.
- 9.5 There are dedicated rooms and telephone lines for the ICC and a single point of contact email account frimleyicb.frimley-soc@nhs.net for the exclusive use of the ICC.
- 9.6 Reporting will follow the normal chain of command. Upwards to NHS England and downwards to the provider organisations. Reporting to the LRFs will also be done within normal reporting arrangements.

10.0 DUTIES / ORGANISATIONAL STRUCTURE

- 10.1 **Accountable Officer:** Has ultimate accountability for activities of the Frimley ICB and is the overall lead for Emergency Preparedness. Chief Executives of organisations commissioning or providing care on behalf of the NHS will designate the responsibility for EPRR as a core part of the organisations governance and its operational delivery programmes. Chief Executives will be able to delegate this responsibility to a named director, the AEO.
- 10.2 **Accountable Emergency Officer:** Chief Executives of organisations commissioning, or providing care, on behalf of the NHS are responsible for the

identification of an Accountable Emergency Officer who is the board-level director responsible for EPRR and who will have executive authority and responsibility for ensuring the organisation complies with legal and policy requirements. They should be a highly visible, senior and authoritative individual who provides assurance to the board that strategies, systems, training, policies and procedures are in place to ensure an appropriate response from the Providers in the event of a major incident or civil contingency event.

10.3 **Non-Executive Director (NED) Support for EPRR:**

The NHSE Emergency Preparedness, Resilience and Response (EPRR) Framework sets out the responsibilities of the Accountable Emergency Officer (AEO), who is expected to be a board level director with executive authority and responsibility for ensuring that the organisation complies with legal and policy requirements. The framework suggests that a NED or other appropriate board member should support the AEO and endorse assurance to the board that the organisation is complying with legal and policy requirements. This will include assurance that the organisation has allocated sufficient experienced and qualified resource to EPRR. The independence that NEDs bring is essential to being able to hold the AEO to account, but responsibility for EPRR sits with the whole board and all NEDs should assure themselves that requirements are being met. EPRR should be included on appropriate committee forward plans and EPRR board reports, including EPRR annual assurance, should be taken to the board at least annually. Given the synergies between the agenda for EPRR and other important issues such as security management and health and safety, triangulation between these areas through the Board and committees will be essential.

NHS Frimley ICB Board: Has a responsibility for signing off the ICB EPRR Annual EPRR Assurance Return and for holding the AEO to account for compliance to ensure NHS Frimley is meeting its statutory duties in respect of EPRR.

- 10.4 **Managing Director/s:** Have responsibility for contributing to the development of NHS Frimley EPRR plans and procedures and for ensuring the implementation of those plans and any associated/linked plans, to ensure the safety and wellbeing of patients and staff.
- 10.5 **On Call Directors/Managers:** Are responsible for the management of any incident at Gold, Strategic level as the Incident Director and Silver, Tactical level as the Incident Manager out of hours.
- 10.6 **Place Leads:** Have a day-to-day responsibility for managing incidents and Business Continuity issues within NHS Frimley. In the event of plans being activated, they will act as Interim Tactical Commanders (Silver Command) until the Incident Director has formally taken command of the incident. All requirements for departmental escalation and requests for plan activation must be routed through the chain of command.
- 10.7 **Communications Team:** The Communications Team is responsible for cascading key information to the public, internal staff, LRFs and LHRP partners in a

variety of forms and for being present at key meetings. The Communications Team is the single point of contact between NHS Frimley and the press/media and as such has a key role as members of the Gold/Silver/Bronze Teams.

They must liaise at all time with the South East NHS England Communications Team.

10.8 All Staff: Have a duty to be familiar with this EPRR Policy and its associated documents.

11.0 RAISING AWARENESS / IMPLEMENTATION / TRAINING

11.1 Copies of this Policy will be held electronically on the shared drive, on NHS Frimley Resilience Direct pages and within the Microsoft Teams generic folders. It will be available for staff to access.

11.2 This Policy underpins EPRR within NHS Frimley and will be used by the EPRR Team to develop generic and specific associated plans.

11.3 External trainers / EPRR Team will deliver generic and specific training in relation to EPRR. Where necessary this will be based upon Training Needs Analysis and NHS England Minimum Occupational Standards and will support individuals' Continuing Professional Development. Other training will be accessed for any On Call participant as required.

11.4 All plans developed as a result of this EPRR Policy will detail any specific Training and Exercising requirements associated with their implementation.

11.5 The ICB's response to Major/Critical/Business Continuity Incidents will be exercised according to the requirements of current Government legislation and Government approved guidance. In addition, the EPRR Work Plan will include the planned exercise programme for the coming year. Exercises that are mandated for inclusion on the plan include the following:

- Communication Exercise, every 6 months (minimum)
- Tabletop Exercise, every 12 months (minimum)
- A "Live" Exercise every 3 years (minimum)

The attendees / participants will share information on lessons identified from the training, exercising, emergencies or Incidents with the Director of EPRR/Systems Resilience and the Accountable Emergency officer if appropriate in order to share with the wider NHS and multi-agency partners through the LHRPs and LRFs.

12.0 THE JOINT DECISION-MAKING MODEL

To support the response processes, NHS Frimley will use the Joint Emergency Services Interoperability Principles (JESIP) Decision Making Model: **The Joint Decision Model (JDM)**

The model would be applied when agreeing a strategy to ensure an effective, coordinated response.

As the JDM is a continuous cycle, it is essential that the results of those actions are fed back into the first box – gather and share information and intelligence



13.0 MONITORING AND COMPLIANCE OF THE POLICY

13.1 The AEO will monitor compliance with this Policy to oversee development and implementation of EPRR on behalf of NHS Frimley.

13.2 Compliance will be assessed against NHS England EPRR Core Standards and the associated assurance process along with the EPRR Work Plan.

13.3 The Accountable Emergency Officer will provide assurance to the Frimley ICB Board via the EPRR annual assurance return. This return will be signed off by the ICB Board.

13.4 External monitoring of compliance will be undertaken by NHS England through the EPRR annual assurance process and assessment grading (Non-Compliant to Fully Compliant) and in respect of other specific areas on an as required basis.

13.5 Overall Monitoring

Area for Monitoring	How	Who by	Reported to	Frequency
Adherence of compliance to the EPRR Core Standards Guidance issued by NHSE annually	Review and monitor EPRR Guidance	EPRR/Systems Resilience Director	Frimley Executives	As required
Compliance of the Frimley ICB with Core Standards for EPRR	Written report Reported in Annual Report	Accountable Emergency Officer	ICB Board	Annually
Production and revision of EPRR Plans and Procedures as required by EPRR Core Standards	Plans and procedures to be sent to appropriate staff and presented to relevant committees for approval	EPRR/Systems Resilience Director	Frimley Executives Audit Committee ICB Board	As required
Ensure Organisational Risk Assessments and Risk Registers are informed by the NSRA and the LRF Community Risk Registers	Monthly review done on the 4Risk System	EPRR/Systems Resilience Director	ICB Board Audit Committee	Every 6 months Quarterly

14.0 DEFINITIONS

14.1 **Emergency Preparedness:** The extent to which emergency planning enables the effective and efficient prevention, reduction, control, mitigation of and response to emergencies.

14.2 **Resilience:** Ability of the community, services, area or infrastructure to detect, prevent and if necessary, to withstand, handle and recover from disruptive challenges.

14.3 **Response:** Decisions and actions taken in accordance with the strategic, tactical and operational objectives defined by Emergency Responders.

14.4 **Emergency:** Defined under Section 1 of the Civil Contingencies Act 2004 as:

- (a) An event or situation which threatens serious damage to human welfare in a place in the United Kingdom.
- (b) An event or situation which threatens serious damage to the environment of a place in the United Kingdom.
- (c) War, or Terrorism, which threatens serious damage to the security of the United Kingdom.

14.5 **Incident:** For the NHS, incidents are classes as either a:

- Major Incident
- Business Continuity Incident
- Critical Incident

Each type of Incident will impact upon service delivery, requires the implementation of contingency plans and has the potential to undermine public confidence.

14.5.1 **Major Incident:** An event or situation, with a range of serious consequences, which requires special arrangements to be implemented by one or more emergency responder agency.

14.5.2 **Business Continuity Incident:** An event or occurrence which disrupts, or might disrupt, an organisation's normal service delivery, below acceptable predefined levels, where special arrangements are required to be implemented until services can return to an acceptable level. This could include a surge in demand that requires the temporary re-deployment of resources.

14.5.3 **Critical Incident:** Any localised Incident where the level of disruption results in the organisation temporarily or permanently losing its ability to deliver critical services, patients may have been harmed or the environment is not safe – requiring special measures and support from other agencies, to restore normal operating functions.

14.6 **Command:** This is the exercise of vested authority that is associated with a role or rank within an organisation, to give direction in order to achieve defined objectives. It is also the authority and capability of an organisation to direct the actions of its own personnel and the use of its equipment.

14.7 **Control and Coordination:** This is the application of authority, combined with the capability to manage resources, in order to achieve defined objectives.

- 14.8 **Communications:** This is the management of communications pathways and media messaging during an incident
- 14.9 **Multi-agency:** involving cooperation between several organisations. In Emergency Preparedness, Resilience and Response, the main agencies are Police, Fire, Ambulance and Local Authorities.
- 14.10 **EPRR:** Collective name given to Emergency Preparedness Resilience and Response, which is the NHS England method of undertaking Emergency Preparedness and Response in the UK.
- 14.11 **Local Resilience Forum (LRF):** A multi-agency forum formed in a Police geographical area of the United Kingdom made up of emergency responders from all health and multi-agency partners and other specific supporting agencies. They are a requirement laid down in the Civil Contingencies Act 2004.
- 14.12 **Local Health Resilience Partnership (LHRP):** Local Health Resilience Partnerships (LHRP) provide a strategic forum for local organisations within health and social care to facilitate health sector Emergency Preparedness, Resilience and Response (EPRR) activities at Local Resilience Forum (LRF) level. Health and Social Care being comprised of commissioners, providers and Social Care services.