Emergency Preparedness, Resilience and Response (EPRR) Policy

July 2023 - July 2026

CONTROL RECORD			
Reference Number EPRR-001	**Version** 2.0	**Status** Final	**Author** Emergency Preparedness, Resilience and Response (EPRR) Manager
			Sponsor Director of Integration
			Team EPRR
Title	Emergency Preparedness, Resilience and Response (EPRR) Policy		
Amendments	Reflect findings from 2022-23 EPRR Core Standards Assurance around EPRR Roles and Responsibilities; Governance; and Business Continuity Management System. Review Date amended to July 2025.		
Purpose	To state the ICB's approach to Emergency Preparedness, Resilience and Response (EPRR), including the preparation for, testing and response to business continuity and major incidents.		
Superseded Documents	Emergency Preparedness, Resilience and Response Policy v1.1		
Audience	All employees and appointees of the NHS Nottingham and Nottinghamshire Integrated Care Board (ICB) and individuals working within the organisation in a temporary capacity.		
Consulted with	None		
Equality Impact Assessment	Complete – see Appendix A		
Approving Body	Audit and Risk Committee	**Date approved**	June 2023
Date of Issue	July 2023		
Review Date	July 2026		
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Contents

1.   Introduction

1.1.   This policy applies to the NHS Nottingham and Nottinghamshire Integrated Care Board, hereafter referred to as 'the ICB'.

1.2.   The NHS needs to plan for, and respond to, a wide range of incidents and emergencies that could cause large numbers of casualties and affect the health of the community or the delivery of patient care. The Civil Contingencies Act (2004) (CCA) and the NHS Emergency Preparedness, Resilience and Response (EPRR) Framework requires NHS organisations and providers of NHS-funded care to have plans and arrangements in place to respond to such incidents while maintaining services to patients.

1.3.   Under the Health and Care Bill 2021, the ICB is designated as a Category 1 responder and, therefore, subject to the full set of civil protection duties under the CCA.

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

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

1.5.   This document outlines how the ICB complies with its Category 1 statutory responsibilities and Emergency Preparedness, Resilience and Response (EPRR) obligations, detailing the minimum requirements for planning and responding to a major incident and or a business continuity incident.

2.   Policy Statement

2.1.   The ICB accepts its statutory duties as a Category 1 Responder under the Civil Contingencies Act 2004 (CCA) and as such will:

- Assess the risk of emergencies occurring and use this to inform the ICB and wider system contingency planning;
- Have in place a single incident response plan that sets out how the ICB will respond to a critical or major incident;
- Have a risk based single business continuity plan that sets out how the ICB will continue to provide its core and critical functions in response to a disruption to service provision;

- 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; and

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

2.2. In addition to its duties contained within the Civil Contingency Act, the ICB recognises its EPRR responsibilities as detailed within Section 46 of the Health & Social Care Act 2012 (H&SCA) and section 9.3 of NHS England EPRR Emergency Preparedness, Resilience and Response Framework to:

- Ensure contracts with all commissioned provider organisations (including independent and third sector) contain relevant EPRR elements, including business continuity;

- Support NHS England (Midlands) in monitoring compliance by each commissioned provider organisation with their contractual obligations in respect of EPRR and with applicable Core Standards;

- Ensure robust escalation procedures are in place so that if a commissioned provider has an incident the provider can inform the ICB 24 hours a day, 7 days a week;

- Provide sufficient resources and funding to ensure the ICB complies with its EPRR obligations;

- Ensure effective processes are in place for the ICB to properly prepare for and rehearse incident response arrangements with local partners and providers;

- Be represented at the Local Health Resilience Partnerships (LHRP), either on its own behalf or through a nominated lead representative;

- Provide a route of escalation for the LHRP in respect of commissioned provider EPRR preparedness;

- Support NHS England (Midlands) in discharging its EPRR functions and duties locally, including supporting health economy tactical co-ordination during incidents.

2.3. The ICB will have a robust business continuity management system in place that meets the ISO 22301 Standard.

2.4. Working with NHS England (Midlands), the ICB will provide command, control and co-ordination as required for business, critical and major incidents, including infectious disease outbreaks.

3. Purpose

3.1. The purpose of this document is to outline how the ICB will have plans and arrangements in place to act in accordance with the Civil Contingencies Act 2014 (CCA), The Health and Social Care Act 2012 (H&SCA) and to comply with the requirements of the NHS England EPRR Core Standards, by undertaking the following duties:

- The ICB has risk-based, coherent and accessible business continuity and incident response plans in place, which recognise the ICB's statutory responsibilities as a commissioning organisation and is, therefore, proportionate to the level of risk that any possible major incident or business disruption may present;

- To ensure that incident response and business continuity plans have been established and are well communicated;

- Specific roles and accountabilities in relation to EPRR and incident response are assigned within the organisation and that all staff have a clear understanding of their own responsibilities;

- To ensure that plans involve robust business continuity arrangements for the recovery of NHS services back to business as usual;

- To ensure that the plans are tested and are regularly reviewed;

- To ensure that funding and resources are available to respond effectively to major incidents;

- To ensure that the ICB has access to up-to-date guidance relating to EPRR;

- To ensure that staff receive emergency preparedness training that is commensurate with their role and responsibilities;

- To ensure that indicators demonstrating emergency preparedness and/or early warnings of risk are used within contracts and service specifications;

- To ensure that the whole system is monitored and audited regularly with the aim of assuring the effectiveness of response and driving continuous improvement in performance of the ICB's EPRR arrangements.

4. Scope

4.1. This policy relates to all ICB activities/functions, all employees and appointees of the ICB and others working within the organisation in a temporary capacity. It also applies to ICB employed staff who carry out work within another organisation's premises. These are collectively referred to as 'individuals' hereafter.

5. Definitions

5.1. The ICB has adopted the following definitions from NHS England EPRR Framework 2015, ISO 22300 and CCA 2004:

Term	Definition
Business Continuity	The capability of the organisation to continue delivery of products or services at acceptable pre-defined levels following a disruptive incident.
Business Continuity Incident	An event or occurrence that disrupts, or might disrupt, an organisation's normal service delivery, below acceptable pre-defined levels, where special arrangements are required to be implemented until services can return to an acceptable level.
Business Continuity Management System	Part of the overall management system that establishes, implements, operates, monitors, reviews, maintains and improves business continuity.
Business Impact Analysis	The process of analysing activities and the effect that a business disruption might have upon them.
Business Continuity Plan	Documents the procedures that guide the organisation to respond, recover, resume, and restore to a pre-defined level of operation following a disruption to business continuity.
Critical Incident	Any localised incident where the level of disruption results in the organisation temporarily or permanently losing its ability to deliver critical service.
Emergency	Means: a) An event or situation which threatens serious damage to human welfare in a place in the United Kingdom. b) An event or situation which threatens serious damage to the environment of a place in the United Kingdom. c) War, or terrorism, which threatens serious damage to the security of the United Kingdom.
Incident Response Plan	Outlines how an organisation will respond to a critical or major incident.

Term	Definition
Major Incident	Is any occurrence that presents serious threat to the health of the community or causes such numbers or types of casualties, as to require special measures to be implemented.

6.   ICB EPRR Roles and Responsibilities

6.1.   The ICB will be supported by an EPRR Team which will hold the relevant skills and dedicated roles to ensure the ICB is delivering to its responsibilities as outlined in this policy. The team will be part of the Integration Directorate and will sit alongside the System Control Centre.

6.2.   The EPRR Team will ensure that the ICB meets its EPRR obligations as outlined in Section 1.

6.3.   The EPRR Team will develop and maintain an annual EPRR Work Programme that details the actions that will be undertaken to ensure the ICB complies with all EPRR obligations and address any gaps / lessons from exercises and incidents.

| Role	Responsibilities
Accountable Emergency Officer (AEO)	The role of the Accountable Emergency Officer (AEO) will be undertaken by an ICB Board Member. The AEO, as required under the Health and Social Care Act 2012, is responsible for the strategic implementation of major incident and business continuity planning in accordance with the ICB's legal obligations and the purpose of this policy. The AEO will provide assurance to the ICB Board that strategies, systems, training, policies, procedures and financial and staffing resources are in place to ensure that the ICB will implement an appropriate response to an incident and comply with its EPRR responsibilities.
Audit and Risk Committee Chair	The ICB's Audit and Risk Committee Chair will support the AEO in providing assurance to the ICB that the ICB complies with all applicable EPRR requirements. This includes assurance that the organisation has allocated sufficient experienced and qualified resources to meet EPRR obligations.
Head of EPRR	The Head of EPRR is the ICB's senior management lead for EPRR and is responsible for driving forward the strategic approach and horizon scanning as well as overall

Role	Responsibilities
	operational management. The Head of EPRR will ensure that relevant networks and partnerships are built on in relation to planning and response. The role is responsible for ensuring that an effective on-call, training and exercising, incident response and business continuity management system is in place.
EPRR Manager	The ICB's EPRR Manager is responsible for all aspects of operational implementation of the aims contained within this policy, including ensuring plans and arrangements are regularly reviewed; the delivery of on-call and EPRR training and exercising the ICB's incident response. The EPRR Manager will ensure that the ICB plans jointly with NHS England (Midlands), NHS organisations, Local Authorities and other Category 1 and 2 responders as required.
EPRR Officer	The EPRR Officer co-ordinates the work programme and the management of plans. The EPRR Officer co-ordinates on-call and ensures that this operates as efficiently as possible across both strategic and tactical. The Officer also co-ordinates all activities in relation to Loggists, including managing action and decision logs. The EPRR Officer also supports the training and exercising requirements and works with the EPRR Manager to ensure that the ICB meets its EPRR obligations.
On-call Staff	Responsible for co-ordinating the local NHS response to an incident; responding to any NHS England (Midlands) resource requests and the provision of incident situation reports to NHS England (Midlands). The ICB operates a two-tier system, with a single tactical on-call duty officer and a single strategic on-call duty officer. The tactical on-call is performed by staff at the Band 8c and 8d grades. The strategic on-call is performed by staff at the Band 9 and VSM grades. On-call duty runs 24 hours a day, 7 days a week. All members of staff undertaking on-call, are required to attend regular training courses and exercises to ensure they have and maintain the knowledge and skills to perform their on-call role.

Role	Responsibilities
Directors / Deputy / Associate Directors	The Directors and Deputy/Associate Directors are responsible for ensuring that their departments provide all necessary support as requested during the ICB's responses to an incident. The Associate Directors will:- • Respond to any requests for information from the Associate Director of Strategic Programmes and EPRR, and the EPRR Manager. • Ensure a Business Continuity Business Impact Analysis has been completed for their directorate and teams. • Support the on-call Director and the Associate Director of Strategic Programmes and EPRR in the response to a business continuity disruption or major incident. • Oversee their department's response to a disruption to service provision in line with the ICB's Business Continuity Plan.
Senior Information Risk Officer	The ICB's Senior Information Risk Officer (SIRO) is responsible for ensuring that information governance standards continue to be applied to data and information during an incident.

7. Governance and Reporting

7.1. The Head of EPRR will ensure that the ICB's Audit and Risk Committee is provided, no less than every 6 months, with a report covering:-

- Compliance with the EPRR Core Standards;
- Progress against the EPRR work programme;
- Incidents that have occurred since the previous report and any lessons identified;
- Exercises undertaken and any lessons identified;
- Training undertaken.

7.2. The ICB's Accountable Emergency Officer will ensure that the ICB Board is provided with an annual report outlining compliance with the EPRR Core Standards; ICB's EPRR obligations and the effectiveness of the ICB's Business Continuity Management System.

7.3.   The ICB's EPRR Governance Reporting Structure is as follows:

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│        ICB Board        │
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┌─────────────────────────┐
│   ICB Audit and Risk    │
│       Committee         │
└─────────────────────────┘
             ▲
┌─────────────────────────┐
│      ICB EPRR Team      │
└─────────────────────────┘
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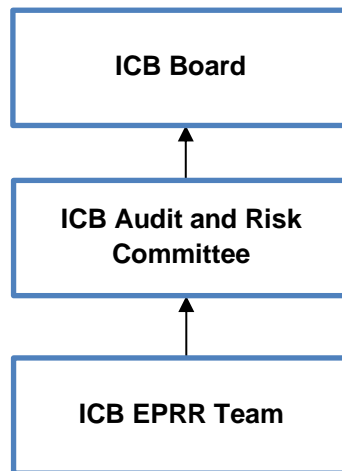
8.   Command and Control (including on-call)

8.1.   An integral element of command and control is a clear chain of command from the top of the organisation to the lowest level and across agencies as required. Every person involved in the response to an incident must know exactly their role and responsibility.

8.2.   In order to fulfil our EPRR requirements, the ICB will operate a 24-hours a day, 7 days a week for 365 days a year, on-call function.

8.3.   **ICB Tactical on-call:**

- Is the nominated first point of contact;
- Will initially triage calls and manage accordingly;
- Must carry their mobile phone at all times (not to be turned off at any time);
- Must be able to respond in person to a call-out;
- Must be able to attend an incident co-ordination centre preferably within two hours of a call-out;
- Must carry their work issued Identity Card at all times;
- Must have access to on-call handbook and associated documents;
- Must make themselves familiar with the Action Cards for their role.

8.4.   **ICB Strategic on-call:**

- Is the nominated point of contact for all Critical and Major Incident notification, via the first on-call;

- Will initially assume the role of Incident Director;

- Will activate the appropriate Incident Management Team(s) and the appropriate staff to respond to the incident;

- Must carry their mobile phone all times (not to be turned off at any time);

- Must be able to respond in person to a call-out;

- Must be able to attend an incident co-ordination centre preferably within two hours of a call-out;

- Must carry their work issued Identity Card at all times;

- Must have access to on-call handbook and associated documents;

- Must make themselves familiar with the Action Cards for their role.

8.5. **Administration of on-call**

The on-call rota is managed by the ICB's EPRR Team, including the production of the rota. Contact details for the wider Nottinghamshire health system are circulated to the on-call each Thursday by the ICB's EPRR Team.

Any on-call manager who rearranges their allocated rota dates should advise the EPRR Manager and the Support Officer.

8.6. **On-call Documentation**

There are a number of documents available to assist the on-call staff. These documents include:

- On-call Handbook;
- Incident Response Plan;
- Business Continuity Plan;
- Contact List for partner agencies.

8.7. All of these documents plus further support documents are available to the ICB's on-call team on the ICB's Resilience Direct page. Resilience Direct is a secure Cabinet Office website utilised by Category 1 and 2 responders nationally to store EPRR documents. Resilience Direct is utilised during incidents for the production of situation reports and sharing information to ensure that all relevant parties have access to the latest information. Only authorised members of staff are allowed access to Resilience Direct. The ICB's EPRR Team control access to the ICB's Resilience Direct page.

9. Risk Management Strategy

9.1. In implementing an effective EPRR system the ICB will ensure that EPRR processes are integrated within the Risk Management Strategy allowing consistent risk identification, assessment, mitigation and escalation to ICB. The EPRR Team will hold regular meetings with the ICB Operational Risk Manager to consider EPRR risks for inclusion on the ICB's Operational Risk Register.

9.2. The ICB, on behalf of the local NHS, will participate in the Nottingham and Nottinghamshire Local Resilience Forum (LRF) risk assessment work. The ICB will review the outcome from the LRF risk assessment on an annual basis. In addition, the ICB will keep abreast of any new or emerging risks which have been brought to its attention by NHS England (Midlands) and partners.

9.3. The ICB will chair the Local Health Resilience Partnership Risk Management Group. This group will ensure that health system preparedness arrangements reflect current and emerging threats, including those cascaded down from a national level.

9.4. EPRR arrangements will be developed to enable the ICB to respond to the identified risks, such as pandemic influenza and mass casualty incidents.

9.5. Multi-agency plans will be developed through the LRF; Local Health Resilience Partnerships (LHRP) and Health Protection Forums.

9.6. Assurance in respect of EPRR arrangements will be provided to the ICB and annually to NHS England (Midlands) through the EPRR Core Standards Assurance Process.

10. Business Continuity Management System

10.1. The purpose of the ICB's Business Continuity Management System (BCMS) is to fulfil the ICB's strategy of ensuring that in the event of a disruption to service delivery, the ICB can maintain or recover the delivery of its critical service functions.

10.2. The ICB EPRR Team will be responsible for the development and maintenance of the BCMS; and will be supported by the ICB Business Continuity Group.

10.3. The scope of BCMS will include all services functions delivered by the ICB, with the objective of maintaining/recovering critical functions within the identified recovery objective times.

10.4. The ICB's Business Continuity Management System (BCMS) will be developed and maintained in accordance with:

- ISO 22301;
- EPRR Core Standards; and
- NHS England Business Continuity Management Toolkit.

10.5. The ICB will undertake a Business Impact Analysis to assess its functions in order to determine those that are critical and a priority for recovery in the event of a disruption.

10.6. The ICB will undertake risk assessments to its business continuity, assessing the likelihood and impact of these risks on ICB's functions.

10.7. The ICB will maintain a Business Continuity Plan that will document:-

- The ICB's Critical functions;
- The arrangements to maintain or recover the critical functions;
- The arrangements for ICB coordination of the Business Continuity Incident.

10.8. The ICB will seek to continually improve its Business Continuity Management System through:-

- Setting annual business continuity objectives;
- Assessing the lessons from any business continuity incidents and amending the Business Continuity Plan as appropriate;
- Holding exercises in line with the EPRR Framework to test ICB business continuity arrangements and identify areas for improvement;
- Evaluate the BCMS against key performance indicators.

10.9. The ICB will encourage suppliers to adopt business continuity management arrangements.

10.10. Annual EPRR reporting to the Audit and Risk Committee and ICB Board will include the effectiveness of the ICB's Business Continuity Management System.

11. Incident Response Plan

11.1. The ICB's Incident Response Plan will be developed and maintained in accordance with:

- EPRR Core Standards;
- Civil Contingencies Act 2004; and the
- NHS England EPRR Framework.

11.2. The plan will ensure that the ICB has the capability to respond in major incidents. This will be undertaken in a way that ensures optimum care and assistance to the victims and minimises the consequential disruption to healthcare services and facilitates a swift return to normal levels of service.

11.3. The plan will:

- Set out roles and responsibilities for management and escalation in terms of an incident;

- Define what an incident and a major incident is and outline the types of emergencies that the local NHS might be expected to respond to;

- Outline the command, control and co-ordination arrangements both internally within in the local NHS and in the multi-agency context by identifying stakeholders and operational plans, including the decision-making process;

- Establish a framework within which the ICB and NHS England (Midlands) roles and responsibilities can be fulfilled during the response to a major incident;

- Identify the arrangements for communicating information to staff, patients and stakeholders both prior to, during and after a major incident;

- Outline the process for recovery from a major incident.

12. Mutual Aid

12.1. Mutual Aid can be defined as an arrangement between Category 1 and 2 Responders, for other organisations not covered by the CCA 2004, within the same sector or across sectors and across boundaries, to provide assistance with additional resource during any incident that may overwhelm the resources of a single organisation.

12.2. NHS England (Midlands) will be responsible for the co-ordination and implementation of mutual aid requests if a disruptive incident occurs across a number of counties/regional footprint. The ICB, as a local leader of the health community, will respond to any requests received to provide mutual aid during a major or significant incident or emergency.

13. Information Sharing

13.1. Under the CCA 2004, local responders have a duty to share information and this is seen as a crucial element of civil protection work, underpinning all forms of co-operation.

13.2. An Information Sharing Protocol is in place across the Nottingham and Nottinghamshire healthcare system and the Nottingham City and Nottinghamshire County Councils. This Protocol outlines the principles and standards of expected conduct and practice of the signatories and their staff and applies to all sharing of personal confidential and non-personal information. The Protocol establishes the organisations' intentions and commitment to information sharing and promotes good practice when sharing personal information. It also contains the legislative standards that all types of personal information sharing must comply with.

14. Maintenance of Incident Response and Business Continuity Plans and on-call Documents

14.1. The Head of EPRR will be responsible for ensuring that the ICB's Incident Response and Business Continuity Plans and on-call documents are reviewed at regular intervals and are in line with:

- Changes to local and national guidance;

- Organisational and structural changes;

- Evaluation following testing of the plans;

- Any lessons learnt following activation of the plans;

- Any training/awareness needs of the organisation.

15. Testing and Exercising

15.1. Plans developed to allow organisations to respond efficiently and effectively must be tested regularly using recognised and agreed processes such as table-top or live exercises.

15.2. Through the exercising process, ICB members of staff have the opportunity to practice their skills and increase their confidence, knowledge and skill base in preparation for responding at the time of a real incident. Exercises also offer an opportunity to confirm and challenge EPRR and incident response arrangements, providing assurance of their effectiveness; opportunities for improvement in arrangements and any gaps that need to be rectified urgently.

15.3. Testing and exercising will be undertaken in line with the annual Training and Exercise Schedule agreed by the ICB and in line with NHS England 'Emergency Planning Framework' which defines the process and timescales for exercising.

15.4. This includes a minimum expectation of a:

- Communications exercise every six months;
- Table-top exercise every year;
- Command post exercise every three years; and a
- Live exercise every three years.
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15.5. ICB staff performing the on-call role will be also required to attend wider NHS and LRF multi-agency exercises, to ensure they are familiar with the wider NHS and multi-agency incident response.

16. Lessons Identified

16.1. Reviewing lessons from incidents, including near misses, ensures the ICB is reviewing its EPRR arrangements with the aim of identifying opportunities for continuous improvement in EPRR arrangements and the ICB's response to incidents.

16.2. Immediately after an incident, the EPRR Manager/ICB on–call will conduct a hot debrief to capture any immediate learning and to provide an opportunity for staff to de-escalate after an incident.

16.3. Within 28 days of an incident, the EPRR Manager will conduct a cold debrief with those involved within the weeks after an incident. The results of the debrief will form a lessons identified report which will include an action plan for implementation of lessons identified.

17. Audit Arrangements

17.1. The policy will be audited throughout the year, both internally and externally. The EPRR Manager will also ensure that any appropriate external audits tools and assurance processes are conducted on a regular basis. An example of an external audit tool would include the EPRR Core Standards assurance to NHS England.

18. Equality and Diversity Statement

18.1. NHS Nottingham and Nottinghamshire ICB pays due regard to the requirements of the Public Sector Equality Duty (PSED) of the Equality Act 2010 in policy development and implementation as a commissioner and provider of services, as well as an employer.

18.2. The ICB is committed to ensure that the way we provide services to the public and the experiences of our staff does not discriminate against any individuals or groups on the basis of their age, disability, gender identity (trans, non-binary), marriage or civil partnership status, pregnancy or maternity, race, religion or belief, gender or sexual orientation.

18.3. We are committed to ensuring that our activities also consider the disadvantages that some people in our diverse population experience when accessing health services. Such disadvantaged groups include people experiencing economic and social deprivation, carers, refugees and asylum seekers, people who are homeless, workers in stigmatised occupations, people who are geographically isolated, gypsies, Roma and travellers.

18.4. As an employer, we are committed to promoting equality of opportunity in recruitment, training and career progression and to valuing and increasing diversity within our workforce.

18.5. To help ensure that these commitments are embedded in our day-to-day working practices, an Equality Impact Assessment has been completed for, and is attached to, this policy.

19. Communication, Monitoring and Review

19.1. The ICB will establish effective arrangements for communicating the requirements of this policy through the internal communication methods. This will primarily be by ensuring continual awareness and accessibility of this policy through the staff intranet.

19.2. Communications and assurances will also be undertaken with any external suppliers and contractors affected by or who have an influence on the effective implementation of this policy.

19.3. New starters (including temporary and agency staff) will be informed of this policy as part of the ICB's induction programme.

19.4. To ensure effectiveness, efficiency and compliance, the Associate Director of Strategic Programmes and EPRR, with the assistance of the EPRR Manager, will carry out an annual review of this policy to ensure that it remains in line with current Employment Law and NHS Guidance.

19.5. This policy will be reviewed and approved by the Audit and Risk Committee every three years with an annual assurance report for the plan update and test.

19.6. As part of a rolling programme to assess the impact of the ICB's policies, frameworks and procedures on its equality performance, a triennial review of this policy will be undertaken to provide an assurance that its implementation is not having a negative impact on the ICB's equality performance, and to also identify any positive effects.

19.7. The Equality Impact Assessment will also be reviewed in light of any necessary changes to the policy, where this might be performed sooner than the required review date.

20. Staff Training

20.1. Those individuals undertaking roles and responsibilities within this policy must undertake appropriate training for their function, including in line with the competencies for their role/function provided in NHS England 'Model Competencies for Members of Emergency on-call Rotas'. Training will also reflect the skills and competencies outlined in the National Occupational Standards.

20.2. Training will be undertaken in line with the annual training and exercise schedule and should occur regularly to familiarise staff with Command and Control procedures and to ensure there is no erosion of skills.

20.3. Associate Directors are responsible for ensuring that all staff within their directorates and teams are aware of relevant EPRR and business continuity training and encourage attendance on recommended courses.

20.4. Those members of staff on-call and members of staff designated as loggists will be required to attend appropriate training as identified by the EPRR Team.

20.5. Any individual who has queries regarding the content of this policy, or has difficulty understanding how this policy relates to their role, should contact the document author.

21. Interaction with other Policies

21.1. This policy should be read in conjunction with the following:

- Incident Reporting and Management Policy;
- Information Governance Management Framework;
- Information Governance Reporting Form;
- Risk Management Policy;
- Records Management Policy;
- Health, Safety and Security Policy;
- On-call Handbook;
- Incident Response Plan;
- Business Continuity Plan.

22. References

22.1. For further, more detailed information regarding the contents of this policy please refer to the following documents:

- Civil Contingencies Act 2004;
- The NHS England Emergency Preparedness Framework;
- NHS England Core Standards for Emergency Preparedness, Resilience and Response;
- NHS England Business Continuity Management Framework;
- ISO 22301 – Societal Security – Business Continuity Management Systems – Requirements.

Appendix A: Equality Impact Assessment

Name of Policy, Process, Strategy or Service Change	Emergency Preparedness, Resilience and Response (EPRR) Policy
EIA Responsible Person Include name, job role and contact details.	Kevin Robotham, EPRR Manager Email: kevinrobotham@nhs.net
EIA Group Include the name and position of all members of the EIA Group.	
Wider Consultation Undertaken State who, outside of the project team, has been consulted around the EIA.	No consultation undertaken
Date of Completion	1st June 2023
Summary of Evidence Provide an overview of any evidence (both internal and external) that you utilised to formulate the EIA. E.g., other policies, Acts, patient feedback, etc.	The purpose of this policy is to ensure that the needs of all members of the public, especially those who may be vulnerable, are considered when the ICB is responding to an incident or disruption to service delivery. The Policy has been written in line with the requirements of the NHS EPRR Framework.

For the policy, process, strategy or service change, and its implementation, please answer the following questions against each of the Protected Characteristics, Human Rights and health groups:	What are **the actual, expected or potential positive impacts** of the policy, process, strategy or service change?	What are the **actual, expected or potential negative impacts** of the policy, process, strategy or service change?	What **actions have been taken** to address the actual or potential **positive and negative impacts** of the policy, process, strategy or service change?	What, if any**, additional actions should be considered** to ensure the policy, process, strategy or service change is as inclusive as possible? Include the **name and contact details** of the person responsible for the actions.
Age	There are no actual or expected positive impacts on the characteristic of Age.	There are no actual or expected negative impacts on the characteristic of Age.	None.	None.
Disability[1] (Including: mental, physical, learning, intellectual and neurodivergent)	There are no actual or expected positive impacts on the characteristic of Disability.	There are no actual or expected negative impacts on the characteristic of Disability.	None.	None.
Gender[2] (Including: trans, non-binary and gender reassignment)	There are no actual or expected positive impacts on the characteristic of Gender.	There are no actual or expected negative impacts on the characteristic of Gender.	None.	None.
Marriage and Civil Partnership	There are no actual or expected positive impacts on the characteristic of Marriage and Civil Partnership.	There are no actual or expected negative impacts on the characteristic of Marriage and Civil Partnership.	None.	None.

Pregnancy and Maternity Status	There are no actual or expected positive impacts on the characteristic of Pregnancy and Maternity Status.	There are no actual or expected negative impacts on the characteristic of Pregnancy and Maternity Status.	None.	None.
Race[3]	There are no actual or expected positive impacts on the characteristic of Race.	There are no actual or expected negative impacts on the characteristic of Race.	None.	None.
Religion and Belief[4]	There are no actual or expected positive impacts on the characteristic of Religion or Belief.	There are no actual or expected negative impacts on the characteristic of Religion or Belief.	None.	None.
Sex[5]	There are no actual or expected positive impacts on the characteristic of Sex.	There are no actual or expected negative impacts on the characteristic of Sex.	None.	None.
Sexual Orientation[6]	There are no actual or expected positive impacts on the characteristic of Sexual Orientation.	There are no actual or expected negative impacts on the characteristic of Sexual Orientation.	None.	None.

Human Rights[7]	There are no actual or expected positive impacts on the characteristic of Human Rights.	There are no actual or expected negative impacts on the characteristic of Human Rights.	None.	None.
Community Cohesion and **Social Inclusion**[8]	There are no actual or expected positive impacts on the characteristic of Community Cohesion and Social Inclusion.	There are no actual or expected negative impacts on the characteristic of Community Cohesion and Social Inclusion.	None.	None.
Safeguarding[9] (Including: adults, children, Looked After Children and adults at risk or who lack capacity)	There are no actual or expected positive impacts on the characteristic of Safeguarding.	There are no actual or expected negative impacts on the characteristic of Safeguarding.	None.	None.
Other Groups at Risk[10] of Stigmatisation, Discrimination or Disadvantage	There are no actual or expected positive impacts on the characteristic of Other Groups at Risk.	There are no actual or expected negative impacts on the characteristic of Other Groups at Risk.	None.	None.

1. *Disability* refers to anyone who has: "…a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities…" (Equality Act 2010 definition). This includes, but is not limited to: mental health conditions, learning disabilities, intellectual disabilities, neurodivergent conditions (such as dyslexia, dyspraxia and dyscalculia), autism, many physical conditions (including HIV, AIDS and cancer), and communication difficulties (including d/Deaf and blind people).

2. *Gender*, in terms of a Protected Characteristic within the Equality Act 2010, refers to: "A person has the protected characteristic of gender reassignment if the person is proposing to undergo, is undergoing or has undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attributes of sex."

3. *Race*, in terms of a Protected Characteristic within the Equality Act 2010, refers to: A person's colour, nationality, or ethnic or national origins. This also includes people whose first spoken language is not English, and/or those who have a limited understanding of written and spoken English due to English not being their first language.

4. **Religion and Belief**, in terms of a Protected Characteristic within the Equality Act 2010, refers to: Religion means any religion and a reference to religion includes a reference to a lack of religion. Belief means any religious or philosophical belief and a reference to belief includes a reference to a lack of belief.

5. **Sex**, in terms of a Protected Characteristic within the Equality Act 2010, refers to: A reference to a person who has a particular protected characteristic and is a reference to a man or to a woman.

6. **Sexual Orientation**, in terms of a Protected Characteristic within the Equality Act 2010, refers to: Sexual orientation means a person's sexual orientation towards persons of the same sex, persons of the opposite sex or persons of either sex.

7. The **Human Rights Act 1998** sets out the fundamental areas that everyone and every organisation must adhere to. In relation to health and care, the most commonly applicable of the Articles within the Human Rights Act 1998 include: Article 2 Right to Life, Article 5 Right to Liberty and Security, Article 8 Right to Respect of Private and Family Life, and Article 9 Freedom of Thought, Conscience and Religion.

8. **Community Cohesion** is having a shared sense of belonging for all groups in society. It relies on criteria such as: the presence of a shared vision, inclusion of those with diverse backgrounds, equal opportunity, and supportive relationships between individuals. **Social Inclusion** is defined as the process of improving the terms of participation in society, particularly for people who are disadvantaged, through enhancing opportunities, access to resources, voice and respect for rights (United Nations definition). For the EQIA process, we should note any positive or negative impacts on certain groups being excluded or not included within a community or societal area. For example, people who are homeless, those from different socioeconomic groups, people of colour or those from certain age groups.

9. **Safeguarding** means: "…protecting a citizen's health, wellbeing and human rights; enabling them to live free from harm, abuse and neglect. It is an integral part of providing high-quality health care. Safeguarding children, young people and adults is a collective responsibility" (NHS England definition). Those most in need of protection are children, looked after children, and adults at risk (such as those receiving care, those under a DoLS or LPS Order, and those with a mental, intellectual or physical disability). In addition to the ten types of abuse set out in the Health and Care Act 2022, this section of the EQIA should also consider PREVENT, radicalisation and counterterrorism.

10. **Other Groups** refers to anyone else that could be positively or negatively impacted by the policy, process, strategy or service change. This could include, but is not limited to: carers, refugees and asylum seekers, people who are homeless, gypsy, Roma and traveller communities, people living with an addiction (e.g., alcohol, drugs or gambling), people experiencing social or economic deprivation, and people in stigmatised occupations (e.g., sex workers).