Emergency Preparedness, Resilience and Response (EPRR) Policy

July 2022 - July 2024

CONTROL RECORD			
Reference Number EPRR-001	**Version** 1.1	**Status** Final	**Author** Emergency Preparedness, Resilience and Response (EPRR) Manager
			Sponsor Director of Integration
			Team Strategic Programmes and EPRR
Title	Emergency Preparedness, Resilience and Response (EPRR) Policy		
Amendments	Review Date amended to July 2024		
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Superseded Documents	Emergency Preparedness, Resilience and Response (EPRR) Policy v1.0		
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	ICB Board	**Date approved**	1 July 2022
Date of Issue	July 2022		
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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 England 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 will be 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 sider 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;

- 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/Improvement 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 & NHS Improvement in discharging its EPRR functions and duties locally, including supporting health economy tactical co-ordination during incidents (Alert Level 2-4);

- Until formally designated a Category 1 under the Health and Care Bill, fulfil the duties of a Category 2 responder under the CCA 2004 and the requirements in respect of emergencies within the NHS Act 2006 (as amended).

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

2.4.   Working with and through NHS England and NHS Improvement, 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 recognises 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 warning 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.
Major Incident	Is any occurrence that presents serious threat to the health of the community or causes such numbers or types of

Term	Definition
	casualties, as to require special measures to be implemented.

6. Roles and Responsibilities

6.1. The ICB will ensure that:

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 that strategies, systems, training, policies and procedures are in place to ensure that the ICB will implement an appropriate response to an incident.
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.
Associate Director of Strategic Programmes and EPRR	The Associate Director of Strategic Programmes and EPRR is the ICB's senior management lead for EPRR and is therefore 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/Improvement, NHS organisations, Local Authorities and other Category 1 and 2 responders as required.

Role	Responsibilities
On-call Staff (including Execs)	Responsible for co-ordinating the local NHS response to an incident; responding to any NHS England/Improvement (Midlands) resource requests and the provision of incident situation reports to NHS England/Improvement (Midlands).
	The ICB operates a two-tier system, with a single first on-call duty officer and a single second on-call duty officer.
	The first on-call is performed by staff at the Band 8c and 8d grades. The second 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.
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.

Role	Responsibilities

7. Command and Control (including on-call)

7.1. 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.

7.2. 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.

7.3. **ICB Silver 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.

7.4. **ICB Gold 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.

7.5. **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.

7.6. **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.

7.7. 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.

8. Risk Management Strategy

8.1. 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.

8.2. 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/Improvement and partners.

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

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

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

9. Business Continuity Plan

9.1. The ICB's Business Continuity Plan will be developed and maintained in accordance with:

- ISO 22301;

- EPRR Core Standards;

- NHS England Business Continuity Framework (Service Resilience) 2013.

9.2. In summary, this means that the Business Continuity Plan will comprise:

- An organisational business continuity risk assessment which will anticipate potential risks to business continuity and assess the likelihood and impact of each in a business impact analysis;

- An assessment of all key ICB activities and the acceptable level of service for each in the event of a business continuity incident;

- The identification of business activities agreed as "business critical", ensuring that these are prioritised for remedial action and stating what the remedial actions will be;

- The identification of any internal and external dependencies (eg. NHIS, Facilities Management, etc) suppliers and contractors with whom our Business Continuity Plan would need to be shared;

- Procedures for communicating to staff depending on the type of incident that may occur;

- Details of organisational roles in the event of a business continuity incident and the allocation of key tasks.

10. Incident Response Plan

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

- EPRR Core Standards;

- NHS England EPRR Framework 2015.

10.2. 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.

10.3. 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 emergency 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 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.

11. Mutual Aid

11.1. Mutual Aid can be defined as an arrangement between Category 1 and 2 Responders, 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.

11.2. NHS England & NHS Improvement (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.

12. Information Sharing

12.1. 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.

12.2. An Information Sharing Protocol is in place across the Nottingham and Nottinghamshire healthcare system and the Nottingham City and Nottinghamshire County Councils which 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.

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

13.1. The EPRR Manager 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.

14. Testing and Exercising

14.1. 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.

14.2. 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.

14.3. Testing and exercising will be undertaken in line with the annual Training and Exercise Schedule agreed by ICB and in line with NHS England & NHS Improvement 'Emergency Planning Framework (2015)' which defines the process and timescales for exercising.

14.4. This includes a minimum expectation of a:

- Communications exercise every six months;

- Table top exercise ever year; and a

- Live exercise every three years.

14.5. 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.

15. Lessons Identified

15.1. 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.

15.2. Immediately after an incident, the EPRR Manager/second 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.

15.3. Within three weeks 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.

16. Audit Arrangements

16.1. 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; examples of external audit tools include the EPRR Core Standards assurance to NHS England/Improvement.

17. Equality and Diversity Statement

17.1. 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.

17.2. 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.

17.3. 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.

17.4. 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.

17.5. 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.

18. Communication, Monitoring and Review

18.1. 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.

18.2. 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.

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

18.4. 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.

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

18.6. 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.

18.7. 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.

19. Staff Training

19.1. 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.

19.2. 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.

19.3. 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.

19.4. 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.

19.5. 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.

20. Interaction with other Policies

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

- ICB Incident Reporting and Management Policy;

- ICB Information Governance Management Framework;

- ICB Information Governance Reporting Form;

- ICB Risk Management Policy;

- ICB Records Management Policy;

- ICB Health, Safety and Security Policy;

- NHIS Information Sharing Protocol;

- On-call Handbook;

- Incident Response Plan;

- Business Continuity Plan.

21. References

21.1. 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 2015;

- NHS England Core Standards for Emergency Preparedness, Resilience and Response;

- NHS England Business Continuity Management Framework (Service Resilience) (2013);

- ISO 22301 – Societal Security – Business Continuity Management Systems – Requirements.

Appendix A: Equality Impact Assessment

Date of assessment:	May 2022			
For the policy, and its implementation, please answer the questions against each of the protected characteristic and inclusion health groups:	Has the risk of any potential adverse impact on people in this protected characteristic group been identified, such as barriers to access or inequality of opportunity?	If yes, are there any mechanisms already in place to mitigate the adverse impacts identified?	Are there any remaining adverse impacts that need to be addressed? If so, please state any mitigating actions planned.	Are there any positive impacts identified for people within this protected characteristic group? If yes, please briefly describe.
Age[1]	No	N/A	N/A	The purpose of this policy is to ensure that the needs of all members of the public are considered when responding to incident or disruption to service delivery, especially those considered to be vulnerable.
Disability[2]	No	N/A	N/A	
Gender identity (trans, non-binary)[3]	No	N/A	N/A	
Marriage or civil partnership status[4]	No	N/A	N/A	
Pregnancy or maternity[5]	No	N/A	N/A	
Race[6]	No	N/A	N/A	
Religion or belief[7]	No	N/A	N/A	

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[1] A person belonging to a particular age (for example 32 year olds) or range of ages (for example 18 to 30 year olds).

[2] A person has a disability if she or he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.

[3] The process of transitioning from one gender to another.

[4] Marriage is a union between a man and a woman or between a same-sex couple.
Same-sex couples can also have their relationships legally recognised as 'civil partnerships'.

[5] Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.

[6] Refers to the protected characteristic of race. It refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.

Date of assessment:	May 2022			
For the policy, and its implementation, please answer the questions against each of the protected characteristic and inclusion health groups:	Has the risk of any potential adverse impact on people in this protected characteristic group been identified, such as barriers to access or inequality of opportunity?	If yes, are there any mechanisms already in place to mitigate the adverse impacts identified?	Are there any remaining adverse impacts that need to be addressed? If so, please state any mitigating actions planned.	Are there any positive impacts identified for people within this protected characteristic group? If yes, please briefly describe.
Gender[8]	No	N/A	N/A	
Sexual orientation[9]	No	N/A	N/A	
Carers[10]	No	N/A	N/A	

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[7] Religion refers to any religion, including a lack of religion. Belief refers to any religious or philosophical belief and includes a lack of belief. Generally, a belief should affect your life choices or the way you live for it to be included in the definition.

[8] A man or a woman.

[9] Whether a person's sexual attraction is towards their own sex, the opposite sex, to both sexes or none. https://www.equalityhumanrights.com/en/equality-act/protected-characteristics

[10] Individuals within the ICB which may have carer responsibilities.