Emergency Preparedness Resilience & Response (EPRR) Arrangements Policy (OP-003)

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Executive Director (name & job title):	Lynn Parkinson, Accountable Emergency Officer
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Policies should be accessed via the Trust intranet to ensure the current version is used

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1. Introduction

The NHS needs to be able to plan for and respond to a wide range of incidents and emergencies that could affect health or patient care. This could be anything from extreme weather conditions to an infectious disease outbreak, a major incident or terrorist act. This is underpinned by legislation contained in the Civil Contingencies Act (CCA, 2004) and the NHS Act 2006. Although the Trust is not subject to the Civil Contingencies Act (2004) there is an expectation under the NHS Act 2006 and the Health and Care Act 2022 that it properly prepares for dealing with a relevant emergency' and to show that it can deal with such incidents while still maintaining services.

It is a requirement for organisations to have an overarching EPRR policy in place building resilience across the organisation ensuring EPRR and business continuity issues are mainstreamed in process, strategies and action plans.

2. Policy Statement

As a Foundation Trust without an Emergency Department the Trust is not bound by the Civil Contingencies Act (2004) however it is expected under the Health and Care Act 2022 and the NHS Act 2006 as an NHS funded organisation to have suitable, up-to-date plans which ensure it can deal with incidents and emergencies whilst maintaining essential services and can resume key services as soon as possible following an incident.

Humber Teaching NHS Foundation Trust accepts its duties and as such will:

- assess the risk of emergencies occurring to inform contingency planning.
- put in place emergency plans, as well as business continuity management arrangements.
- 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.

The Trust will routinely work in collaboration and partnership with a wide range of NHS organisations and multi-agency organisations when discharging its EPRR responsibilities.

The Trust will ensure that lessons are identified from incidents and exercises and that these are embedded into EPRR arrangements as part of its continuous improvement arrangements.

Following incidents and exercises, debriefs will be held and debrief reports will be generated alongside a post incident/exercise action plan which will be reported to Trust Operational Delivery Group, Executive Management Team and Trust Board in order that they can maintain oversight. The dissemination and embedding of lessons into clinical practice will be through patient safety channels but will include EPRR to ensure any requirement to update plans or business continuity arrangements are included.

3. Purpose

This purpose of this policy is to set out Humber Teaching NHS Foundation Trust's specific EPRR strategy to both internal and external incidents and emergencies.

- The Trust has risk-based, coherent and accessible business continuity and incident response plans in place, which recognise the Trusts responsibilities as a provider 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 work collaboratively with our partners in terms of reviewing our plans;
- To ensure that funding and resources are available to respond effectively to major incidents;
- To ensure that the Trust 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 Trusts EPRR arrangements.

4. Scope

This policy applies to all staff of Humber Teaching NHS Foundation Trust who are employed directly by the Trust and those for whom Humber Teaching NHS Foundation Trust has a legal responsibility including contractors. It also ensures that as a multi-specialty health and social care teaching provider our staff stay committed to the Trust vision and values of:

- **Caring** – for people while ensuring that they are always at the heart of everything we do.
- **Learning** – and using proven research as a basis for delivering safe, effective and integrated care.
- **Growing** – our reputation for being a provider of high-quality services and a great place to work.

HTFT Trust Strategy 2022-27 FINAL.pdf (humber.nhs.uk)

5. EPRR Definitions

AEO	Accountable Emergency Officer
EPRR	Emergency Preparedness, Resilience and Response
LHRP	Local Health Resilience Partnership. The Strategic Planning Group made up of Trust Accountable Emergency Officers
BCPs	Business Continuity Plans
BIA	Business Impact Analysis
BCMS	Business Continuity Management System
ICC	Incident Coordination Centre
LRF	Local Resilience Forum
ISO 22301	International Organisation Standard for Business Continuity

6. NHS Incident Definitions

The Trust has adopted the following definitions from the NHS EPRR Framework 2022

Term	Definition
Business Continuity Incident	Is an event or occurrence that disrupts or might disrupt normal service delivery, to below acceptable pre-defined levels. This would require special arrangements to be put in place until services can return to an acceptable level. Examples include surge in demand requiring temporary re-deployment of resources within the organisation, breakdown of utilities, significant equipment failure or hospital acquired infections. There may also be impacts from wider issues such as supply chain disruption or provider failure.
Critical Incident	Is any localised incident where the level of disruption results in an organisation temporarily or permanently losing the ability to deliver critical services; or where patients and staff may be at risk of harm. It could also be down to the environment potentially being unsafe, requiring special measures and support from other agencies, to restore normal operating functions. A Critical Incident is principally an internal escalation response to increased system pressures/disruption to services.
Major Incident	The Cabinet Office, and the Joint Emergency Services Interoperability Principles (JESIP), define a Major Incident as an event or situation with a range of serious consequences that require special arrangements to be implemented by one or more emergency responder. In the NHS this will cover any occurrence that presents serious threat to the health of the community or causes such numbers or types of casualties, as to require special arrangements to be implemented by one or more emergency responder. A Major Incident may involve a single agency response, although it is more likely to require a multi-agency response, which may be in the form of multi-agency support to a lead responder. The severity of the consequences associated with a Major Incident are likely to constrain or complicate the ability of responders to resource and manage the incident, although a Major Incident is unlikely to affect all responders equally

Underpinning principles for NHS EPRR (NHS Emergency Preparedness Resilience and Response Framework 2022)

7. Preparedness and anticipation

The NHS needs to anticipate and manage the consequences of incidents and emergencies by identifying risks and understanding direct and indirect consequences, where possible. All individuals and organisations that might have to respond to incidents should be properly prepared. This includes having clarity of roles and responsibilities, specific and generic plans, and rehearsing arrangements periodically. All organisations should be able to demonstrate clear training and exercising schedules that deliver against this principle.

7.1 Continuity
The response to incidents should be grounded within organisations' existing functions and their familiar ways of working. Actions will need to be faster, on a larger scale and in more testing circumstances during a response to an incident.

7.2 Subsidiarity
Decisions should be taken at the lowest appropriate level, with coordination at the highest necessary level. Local responders should be the building blocks of response for an incident of any scale.

7.3 Communication
Good two-way communication is critical to any effective response. Reliable information must be passed correctly and without delay between those who need to know, including the public.

7.4 Cooperation and integration
Positive engagement based on mutual trust and understanding will facilitate information sharing. Effective coordination should be exercised between and within organisations and local, regional and national tiers of a response. This includes active mutual aid across organisations, within the UK and across international boundaries as appropriate.

7.5 Direction
Clarity of purpose should be delivered through an awareness of the strategic aim and supporting objectives for the response. These should be agreed and understood by all involved in managing the response to an incident.

8. Duties and Responsibilities

The Chief Executive has overall responsibility for:

- Ensuring the Trust has appropriate plans in place for enabling a response to a critical or major incident, whilst maintaining business continuity during disruptive challenges and events.
- To ensure a board level member of staff fulfils the role of Accountable Emergency Officer.
- Ensures responsibility for EPRR sits with the whole Trust Board
- Assuming Strategic Command unless delegating this responsibility to another Director.

The Chief Operating Officer is the Accountable Emergency Officer and is responsible for:

- Assuming overall responsibility for the Emergency Preparedness, Resilience and Response and Business Continuity Management agendas.
- To ensure that the Trust is compliant with the EPRR requirements as set out in the Civil Contingencies Act (2004), the Health and Care Act 2022, the NHS Act 2006, EPRR and Business Continuity Management Frameworks, the NHS Standard Contract and the NHSE core standards for EPRR.
- Providing a strategic lead on EPRR matters including attendance at Local Health Resilience Partnership (LHRP) meetings.
- Providing an annual EPRR report to the Trust Board including the position and compliance rating on the EPRR core standards.
- Ensuring the EPRR policy is reviewed 3 yearly or as national drivers and legislation dictates.
- To ensure that the Trust, providers and contractors commissioned have robust business continuity arrangements in place and these are aligned to ISO 22301 and the Framework for health Services Resilience (PAS 2015).
- Ensures there is a robust surge capacity plan that provides an integrated organisational response and has been tested with other providers and partner organisations in the local area served.

- Complies with the requirements of NHS England, in respect of monitoring compliance
- Leads the Trust if required in response to a significant disruption to business continuity a critical or major incident exercising command and control procedures as part of Strategic Command.
- In the event of the Accountable Emergency Officers absence the Chief Executive will designate another executive director the AEO responsibility

The Deputy Chief Operating Officer and Head of EPRR:

- Has a delegated authority to support the Accountable Emergency Officer for the Trust and will escalate matters as required on their behalf.
- Attends LHRP meetings quarterly on behalf of the Accountable Emergency Officer when required.
- Has a dedicated budget with adequate resources and funds available to support the EPRR programme and training.
- Ensures that there is sufficient capacity and resources available to deliver the EPRR work programme required to meet the NHS Core Standards for EPRR.
- Approves all daily sitrep reporting before submission to external agencies.
- Will assume the role of Tactical Commander

The Emergency Planning Team:

- Supports the Head of EPRR to deliver the EPRR programme.
- Writes and updates EPRR plans and policies ensuring consultation internally and externally as appropriate.
- Liaises with staff at all levels as appropriate to assist with their understanding of EPRR requirements.
- Ensures completion of the NHS Core Standards for EPRR
- Provides the Operational Divisional Group with a quarterly report and programme of EPRR work.
- Attends the Divisional Operational Delivery Groups on a quarterly basis
- Works with the Risk Manager to ensure the EPRR risk register is updated with local and regional risks that may affect the Trust.
- Coordinates all EPRR related training and exercises ensuring an evidence-based approach.
- Submits sitreps where appropriate for and on behalf of the Trust
- Ensures that learning from incidents and/or exercises are captured in full using debrief processes. These are used to inform the development of future EPRR arrangements, plans and to update the Trust Operational Delivery Group.
- Ensure that all debriefs are collated and filed in the event these are required for inquiry or investigation purposes.
- Ensures all Trust Business Continuity Plans are updated and tested annually and maintains an up-to-date log for audit purposes.
- Represents the Trust at external meetings and exercises.
- Takes part in regional processes for sharing lessons with partner organisations
- Assumes the role of Tactical (Tac) Advisor during any incident, providing guidance and support to Tactical and Strategic Commanders and coordinating the Trust's response by ensuring processes and procedures in relation to EPRR are adhered to.

All Directors and Heads of Service:

- Should be familiar with this policy to ensure that EPRR and business continuity is part of the everyday culture of the organisation.
- Ensure the policy is followed and implemented within their area of responsibility.
- That adequate resource is made available to ensure that business continuity plans are developed and maintained.
- Business continuity plans are tested in line with the policy and reported to the EPRR team.
- Ensure attendance at EPRR training/exercises when requested and evidence provided

to the EPRR team.
- Will assume the role of Tactical Commanders or Operational Commanders where required.

Contracting and Procurement Team:
- Ensure supplier's business continuity plans are submitted as part of the invitation to tender process and that suppliers describe their business continuity processes as part of tender evaluation criteria.
- Ensure that suppliers submit copies of their business continuity plans, policies and procedures as part of the contract award process.
- Ensure that contract documentation awarded to suppliers includes the requirement for suppliers to ensure business continuity plans are in place, these should be tested annually by the supplier.

On Call Directors and On Call Managers:
- Ensure attendance at EPRR training/exercises when requested.
- Have completed the Health Command Training as required by NHS England
- Maintains a personal development portfolio for EPRR
- Maintain an awareness of the Trust Incident Response Plan and associated action cards.
- Leads the service if required in response to a significant disruption to business continuity or major incident exercising command and control procedures.
- Directors will assume the role of Strategic Gold command out of hours.
- On call managers will assume the role of Tactical Silver command out of hours.
- Managers/Team Leaders/Nurse in charge will be assigned to the role of Operational command at the time of the incident if out of hours.

All Trust Staff:
- Ensure attendance at EPRR training/exercises when requested.
- Should be familiar with the Emergency Planning page of the staff intranet.
- Should be familiar with their service/department business continuity plan.
- Should have an awareness of the Trust Major/Critical Incident Plan.

9. Procedures relating to the policy

9.1 Emergency Plans and Policies will:
- Have a change control process and version control.
- Take account of changing business objectives and processes.
- Take account of any changes in the organisations functions and/or organisational, structural and staff changes.
- Take account of change in supplier and contractual arrangements.
- Take account of any updates to risk assessments and external community risk registers.
- Have a review schedule and old versions will be removed and archived appropriately
- Use consistent unambiguous terminology.
- Identify who is responsible for making sure the plans and arrangements are updated, distributed and regularly tested.
- Be available on the Trust intranet.
- Have an expectation that a lessons identified report should be produced following identified risks, outcomes from assurance processes, exercises, emergencies and /or business continuity incidents.
- Ensure an action plan/annual work plan is in place.
- Include references to other sources of information and supporting documentation.
- Have in place a training programme.
- Adhere to Trust policy with regard to different groups of people and different needs of

people with protected characteristics, ensure plans take into account age, disability, race, sex, sexual orientation, gender reassignment, pregnancy and maternity, marriage and civil partnership, religion or belief and disadvantaged groups.

10. Implementation and Monitoring Systems

10.1 Business Continuity Management System

The aim of Business Continuity Management is to provide the Trust with the ability to effectively respond to threats and protect the interests of the organisation. Following the principles of British Standards PAS 2015 and ISO 22301 enables the Trust to maintain and continually improve its preparedness for disruptions to business continuity and meet the expectations of our stakeholders. It also ensures that it complies with the NHS standard contract clause SC30 and contracts for clinical services are supported by business continuity plans.

Undertaking a business impact analysis as part of the services business continuity plans, identifies service provision priorities, determines and documents the impact of a disruption to the activities that support patient care. Within the Business Continuity Plans services are required to meet this element of Business Continuity Management Systems by:

- Identifying services which are critical.
- Determining the time period for recovering the critical services.
- Considering the key risks to service provision and ensuring suitable mitigation measures are in place.

10.2 Risks

Key risks facing the organisation regarding emergency preparedness, resilience and response are identified and captured under the operations directorate risk register and reviewed on a quarterly basis by the Trust's Emergency Preparedness, Resilience and Response (EPRR) team, taking into account any new or emerging risks highlighted by the National, Local or Community Risk Registers.

Risks will be captured where threat or hazards are identified which may affect the ability of the Trust to deliver its functions. Actions to mitigate the assessed risks where required form part of the Trust's EPRR work programme. Progress against the actions and the current level of risk posed is regularly monitored at the Trust Operational Delivery Group.

A monthly report to the Trust Operational Delivery Group by the Risk Manager details the current open EPRR risks facing the Trust, allowing for review of any current issues being faced and monitoring of identified mitigations, as well as further areas of action required. The report also highlights any new or closed risks within the reporting period and supports with the escalation of any significant risks within the Trust.

Quarterly risk management reports to Trust Board should include the total number of EPRR risks as well as a breakdown of risk ratings. Should any EPRR risk be graded at a current rating of 15+ (significant risk) it should be escalated to the Executive Management Team for review and considered for inclusion in the organisations' Trust-wide risk register. Identified EPRR risks will also be considered for inclusion on the Trust's Board Assurance Framework if they present significant risk to the achievement of one of the organisations strategic goals.

10.3 Testing and Exercising

The Trust is required to test and exercise roles within plans to ensure they are fit for purpose and contain all necessary functions and actions to be carried out in an incident.

The Trust is required to undertake:

- Communications cascade exercise – every six months.
- Tabletop exercise – every 12 months.
- Live play exercise – every three years.
- Command post exercise – every 3 years.

The Trust should regularly participate in other NHS partner and multi-agency exercises.

10.4 Command and Control (including on call)

Out of hours the Trust should have resilient arrangements in place for the notification, receipt and response to EPRR communications:

- The Trust should operate a robust on call manager/director system through Miranda House out of hours.
- There should be a specific out of hours mailbox which can be accessed by all the on-call managers and directors.
- On-Call Directors should receive Media training and have an awareness of the Trust Media Policy.
- All on call members should attend EPRR related training when required.
- In the event of a serious incident or emergency the On-Call Director will determine and co-ordinate the initial response and act as dictated by the situation supported by the on-call manager and appropriate action cards.

Where an incident requires a defined management response the Trust will implement its Incident Command Centre (ICC), these arrangements may be physical and locations are identified in the Major/Critical Incident Plan or these arrangements may be virtual by MS Teams. The ICC will operate for as long as required to deal with the incident including recovery.

The ICC will be responsible for coordinating all responses from the Trust in relation to situational reports (SITREPS).

11. Consultation

Minor changes to this policy are consulted on at the Divisional Operational Delivery Groups and for Major Changes at the Trust Operational Delivery Group, Executive Management Team and Trust Board.

12. Monitoring Compliance

12.1 Continuous Improvement

The Trust is committed to capturing learning from incidents and exercises to inform the review and embed into EPRR arrangements, it will do this by:

Incidents

- Carrying out a debrief from which lessons will be identified
- Generation of a debrief report with an action plan. This will be reported to the Trust Operational Delivery Group, Executive Management Team and the Trust Board
- Trust Operational Delivery Group will be updated on a monthly basis with progress on post incident actions and this group will maintain an operational oversight
- The dissemination and embedding of lessons into clinical practice will be via patient safety channels. EPRR will also maintain oversight to ensure any requirement to update EPRR plans or service business continuity plans are actioned.

- Post Incident Debrief reports and action plans will be shared with the ICB/LHRP as part of the local and regional established process for shared learning and continuous improvement

Exercises

- Carrying out a post exercise debrief from which lessons will be identified
- Generation of a debrief report with an action plan. This will be reported to Trust Operational Delivery Group on a quarterly basis as part of the routine EPRR update to ensure operational oversight
- The dissemination and embedding of lessons into clinical practice will be via patient safety channels. EPRR will also maintain oversight to ensure any requirement to update EPRR plans or service business continuity plans are actioned
- Updates and post exercise reports will be shared with the ICB and relevant health partners as part of established collaborative working arrangements.

12.2 Governance Arrangements

All EPRR policies and plans will be reviewed:

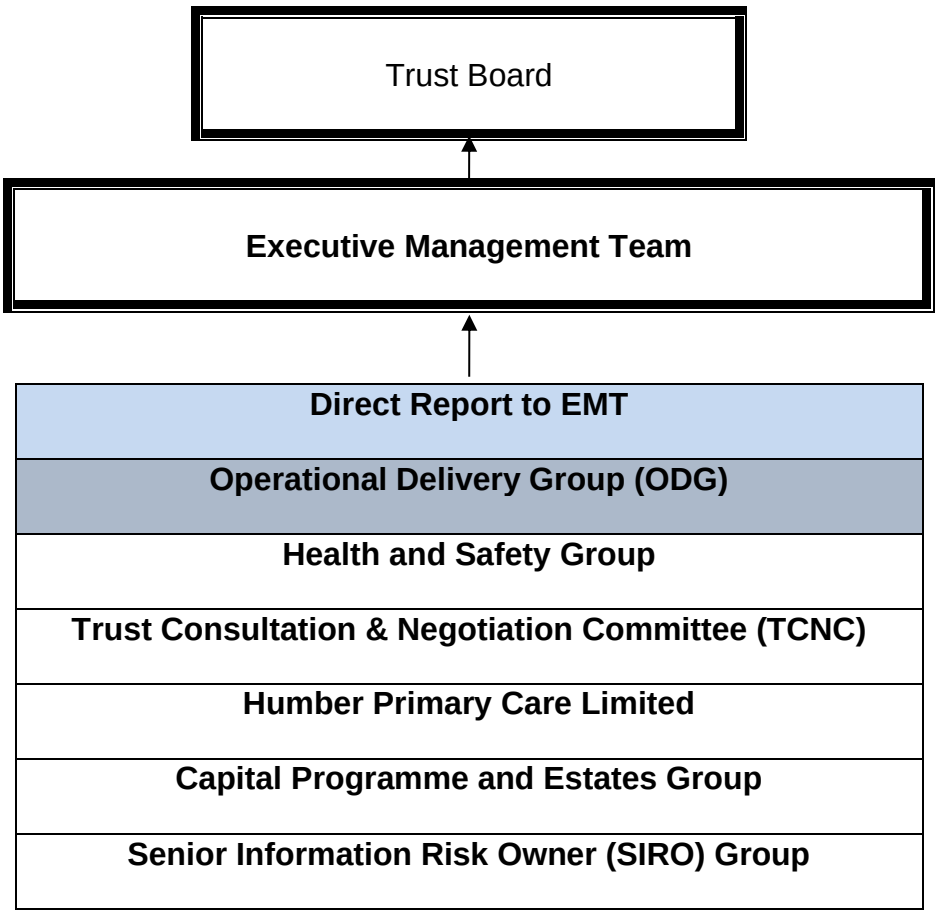
- On an annual basis to ensure no areas have been superseded
- When changes to legislation or best practice are notified
- As a result of learning lessons from an incident, exercise or training event
- Every three years a full review will be undertaken in line with other Trust Policies
- Reviews and changes will be made in the amendments log

In support of the above our plans and policies will be shared with our partner organisations on creation, review and amendment as part of our collaborative working arrangements. Records of this will be maintained and any changes to documents as a result will also be recorded.

Quarterly attendance at Divisional Operational meetings and a quarterly attendance at the Trust Operational Delivery Group to oversee the EPRR work programme and its compliance with the EPRR core standards self-assessment.

The Trust Operational Delivery Group is a sub-committee of the Executive Management Team (EMT) meetings.

Reporting Schematic:-



12.3 Standards/Performance Indicators

TARGET/STANDARDS	KEY PERFORMANCE INDICATOR
Care Quality Commission Regulation 18G	Business Continuity Plans Incident Response Plan Evacuation Plans
NHS Standard Contract 2022/123 Service Conditions (SC30)	Have in place: - An Accountable Emergency Officer Business Continuity Plans Major/Critical Incident Plan Incident Control Centre Evacuation Plans Staff competent in emergency preparedness, resilience, and response
EPRR Core Standards	NHS EPRR Annual Core Standards applicable to the Trust with deep dive standards

13. Training and Support

The Trust should ensure that all staff have an awareness of EPRR and those key personnel who are assigned responsibilities under business continuity planning and incident response are competent to fulfil their role.

The Trust should ensure that EPRR materials such as plans, guidance, training videos, procedures and contact details are held on the staff intranet and are maintained and updated regularly.

14. Reference to any supporting Documents

Civil Contingencies Act (2004)

NHS England Core Standards for EPRR

The Health and Care Act 2022

NHS England EPRR Framework 2022

ISO 22301 Business Continuity Management

NHS Standard Contract 2023/24 Service Conditions (SC30)

NHS Act 2006

Appendix 1: Document Control Sheet

This document control sheet, when presented to an approving committee must be completed in full to provide assurance to the approving committee.

Document Type	Policy		
Document Purpose	The policy sets out the Trust's specific response to both internal and external significant incidents and emergencies, detailing: responsibilities; notification of such events; command, control, communications and co-ordination; liaison with Trust stakeholders including partner agencies; and recovery arrangements.		
Consultation:	Date:	Group / Individual	
list in right hand columns consultation groups and dates -	23 September 2024	Trust ODG	
Approving Body:	EMT	Date of Approval:	8 October 2024
Date of Board Ratification:	N/A (minor amendments)		
Training Impact Analysis:	None [ ]	Minor [✓]	Significant [ ]
Financial Impact Analysis:	None [ ]	Minor [✓]	Significant [ ]
Capacity Impact Analysis:	None [ ]	Minor [✓]	Significant [ ]
Equality and Health Inequalities Impact Assessment (EIA) undertaken?	Yes [✓]	No [ ]	N/A [ ] Rationale:

Document Change History:			
Version Number	*Type of Change (full/interim review, minor or significant change(s))*	*Date*	*Details of Change and approving group or Executive Director* ***(if very minor changes as per the document control policy)***
1.00	*New policy*	*October 2014*	*New policy created to meet NHS England Care Standard requirements.*
2.00	*Review & change of title*	*October 2016*	*Review of current arrangements and change of policy title from Civil Contingencies arrangements policy to the above*
3.00	*Review of content and additional detail*	*August 2018*	*Review of EPRR arrangements and compliance with EPRR core standards*
3.1	*Review of content and additional detail*	*April 2020*	*Review of content and additional information added to comply with audit recommendations. Changes to governance arrangements added.*
3.2	*Annual review*	*July 2021*	*Review of content. minor change to Section 9, TNA replaced by Matrix and additional bullet added to section 4.4*
3.3	*Update to bring into line with updated Major Incident Plan*	*July 2022*	*Review of content in line with recent rewrite of Major Incident Plan post implementation during covid19. Revised policy to ensure correct terminology around command and control. Section 6 amended around consultation groups, Section 7.4 changes to ICC arrangements and training requirements removing Strategic Leader in a Crisis as now discontinued. Section 9 Matrix changed to record. Approved at ODG (26th July 2022)*
3.4	*Review*	*June 2023*	*Review of content. Update to supporting documents and standards. Change to EPRR team job titles. Update to EPRR Manager/Officer Incident responsibilities. Approved at ODG (27th June 2023), EMT (18 September 2023) and ratified at Trust Board*

3.5	*Additions added to account for recommendations from core standards assessment*	*February 2024*	*Added policy statement in S2. Added in policy purpose and scope in S3 & S4 to include reference to Trust vision and values. Added in S4 how learning is captured and used to inform plans. Added in S8.6 process for external suppliers and contractors BCPs.* *Approved at ODG (27 February 2024) and ratified at Trust Board (27 March 2024).*
3.6	*Risk Management Additions – minor amends*	*April 2024*	*Added governance arrangements for the risk management process. Added collaborative working arrangements for plans and documents in 12.1. Approved at ODG (Lynn Parkinson) (22 April 2024).*
3.7	*Debrief and Lessons learning/embedding*	*October 2024*	*Added in details around the process for continuous improvement including debrief and the learning and sharing of lessons via the internal EPRR governance arrangements and the ICB/LHRP. Approved at ODG (23 September 2024) and EMT (8 October 2024).*

Appendix 2: Equality Impact Assessment (EIA).

For strategies, policies, procedures, processes, guidelines, protocols, tenders, services

1. Document or Process or Service Name: **Emergency Preparedness, Resilience and Response (EPRR) Policy**
2. EIA Reviewer: **Lisa James, EPRR and Business Continuity Manager**
3. Is it a **Policy**, Strategy, Procedure, Process, Tender, Service or Other? **Policy**

Main Aims of the Document, Process or Service
To set out the Emergency Preparedness, Resilience and Response arrangements within the Trust.
Please indicate in the table that follows whether the document or process has the potential to impact adversely intentionally or unwittingly on the equality target groups contained in the pro forma

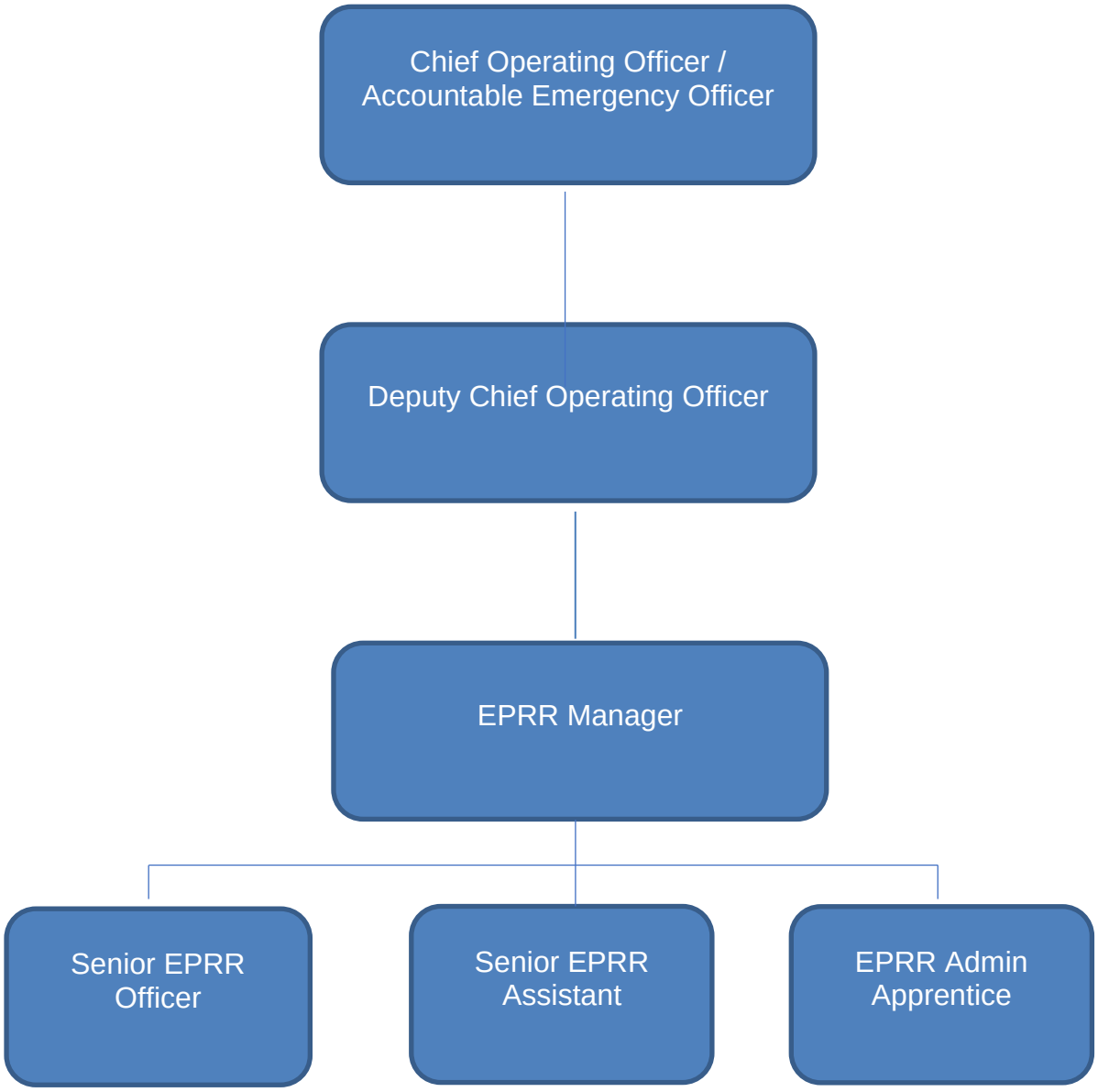
Equality Target Group	Is the document or process likely to have a potential or actual differential impact with regards to the equality target groups listed?	How have you arrived at the equality impact score?
1. Age 2. Disability 3. Sex 4. Marriage/Civil Partnership 5. Pregnancy/Maternity 6. Race 7. Religion/Belief 8. Sexual Orientation 9. Gender Re-assignment	Equality Impact Score Low = Little or No evidence or concern (Green) Medium = some evidence or concern(Amber) High = significant evidence or concern (Red)	a) who have you consulted with b) what have they said c) what information or data have you used d) where are the gaps in your analysis e) how will your document/process or service promote equality and diversity good practice

Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
Age	Including specific ages and age groups: Older people Young people Children Early years	Medium	The policy sets out responsibilities and arrangements to protect the safety of people that may be involved with the response to an internal or external incident which could impact on service delivery
Disability	Where the impairment has a substantial and long term adverse effect on the ability of the person to carry out their day to day activities: Sensory, Physical, Learning, Mental Health (and including cancer, HIV, multiple sclerosis)	Low	The policy takes into account vulnerable people
Sex	Men/Male Women/Female	Low	This policy applies equally to any sex
Marriage / Civil Partnership		Low	This policy applies equally to any sexual orientation
Pregnancy / Maternity		Low	The policy takes into account vulnerable people
Race	Colour Nationality Ethnic/national origins	Low	This policy takes into account equality and diversity
Religion or Belief	All Religions Including lack of religion or belief and where belief includes any religious or philosophical belief	Low	This policy takes into account religion or belief
Sexual Orientation	Lesbian Gay Men Bisexual	Low	This policy applies equally to any sexual orientation
Gender reassignment	Where people are proposing to undergo, or have undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attribute of sex	Low	This policy applies equally to any gender identity

Summary

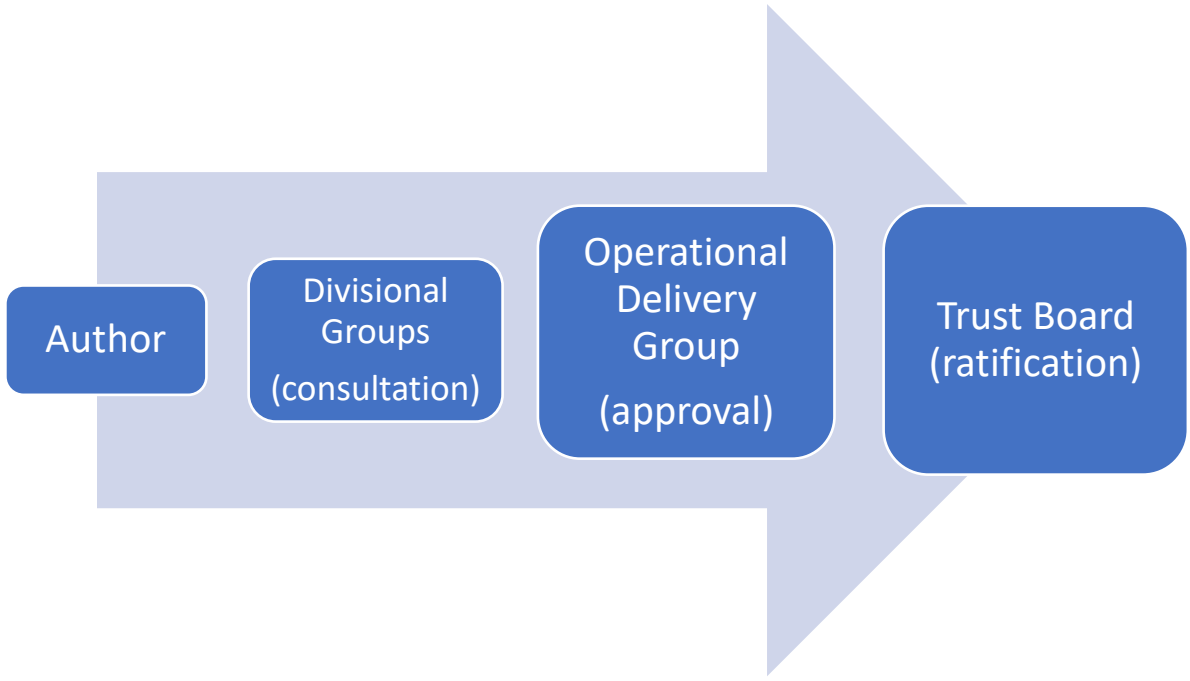
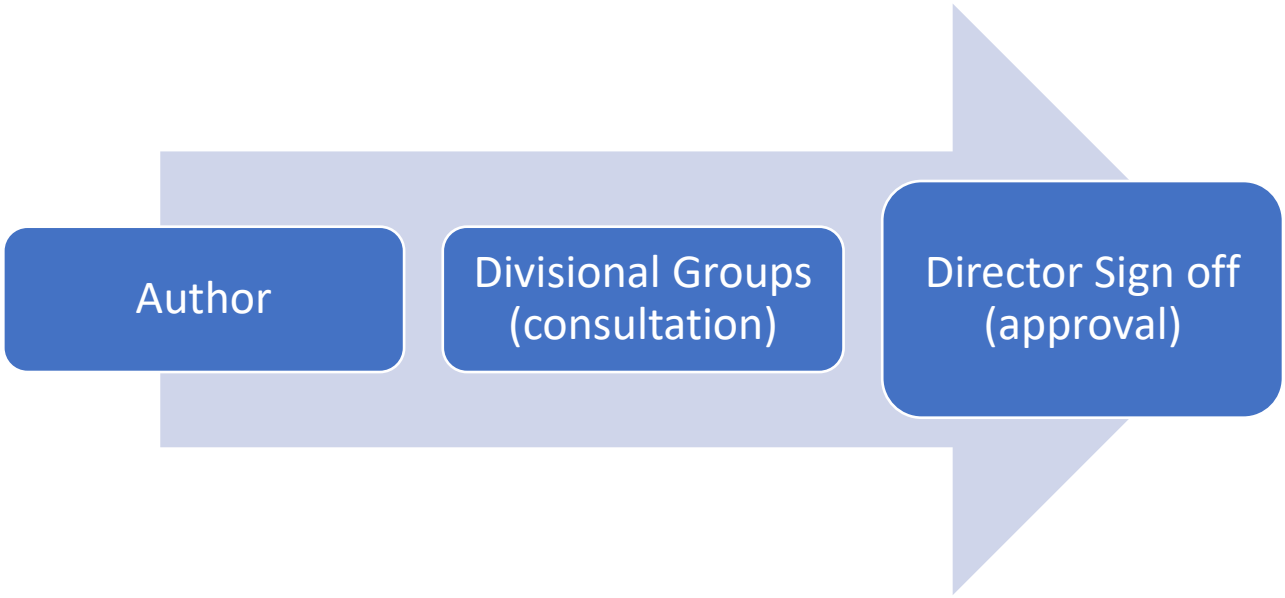
Please describe the main points/actions arising from your assessment that supports your decision above The responsibilities and actions in this policy are clearly outlined and take into account all of the above areas. This policy should be used in conjunction with the Trust Major Incident plan and associated plans.	
EIA Reviewer: Lisa James	
Date completed: 10.10.24	Signature: L. James

Appendix 3: EPRR Department Structure



Appendix 4: Internal Governance Process Chart

Major changes to Policy



Minor changes to Policy