Avon and Wiltshire Mental Health Partnership NHS Trust

Emergency Preparedness, Resilience and Response Policy

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Contents

1. Background and Introduction

The Civil Contingencies Act 2004 (CCA) the NHS Act 2006 as amended by the Health and Social Care Act 2012 (NHS Act 2006 (as amended)), the NHS Standard Contract and the NHS England EPRR Framework 2015. In places a number of statutory duties on NHS organisations. The NHS needs to be able to plan for, and respond to, a wide range of incidents that could impact on health or patient care with the aim of maintaining continuous levels in key services when faced with disruption from identified local risks such as severe weather, fuel or supply shortages or industrial action.

This work is referred to in the health service as 'Emergency Preparedness, Resilience and Response (EPRR).

The CCA does not directly apply to mental health providers, however there is the expectation that the Trust plans for and responds to emergencies and incidents in a manner which is relevant, necessary and proportionate to the scale and services provided.

In essence, this document seeks to describe how Avon and Wiltshire Mental Health Partnership Trust (AWP) will go about its duty to be properly prepared for dealing with emergencies.

2. Aims and Objectives

The aim of this document is to enable the organisation to ensure effective arrangements are in place to deliver appropriate care to patients affected by emergencies or significant and major incidents.

The objectives of the Trust's EPRR Policy are:

a) To enable the organisation prepare for the common consequences of emergencies rather than for every individual emergency scenario;

b) To enable the organisation have flexible arrangements for responding to emergencies, which can be scalable and adaptable to work in a wide-range of specific scenarios;

c) To supplement arrangements with specific planning and capability building for the most concerning risks; and

d) To ensure that plans are in place to recover from incidents and to provide appropriate support to those affected.

Note: EPRR may best be achieved through the linkage of EPRR and Business Continuity to the organisation's Risk Management Framework. The identification and management of risks must be linked to the Community Risk Register and the National Risk Register as appropriate.

3. Scope

This policy is a Trust-wide document and it applies equally to all members of staff, either permanent or temporary and to those working within, or for, the trust under contracted services.

This policy is to be read in conjunction with the Trust's Major Incident Plan, Business Continuity related documents, incident response plans and other associated EPRR supporting documentation.

The Trust recognises that Emergency Preparedness, Resilience and Response requires collaboration with partners from other NHS and non-NHS organisations; the sharing of experience, knowledge, skills and resources; and a commitment to work as part of a broader system of mutual aid and support.

4. Definitions

The following definitions are used:

Term	Definition
Emergency Preparedness	The extent to which plans, arrangements and instructions enable prompt action to be taken to respond to and recover from incidents and relevant emergencies.
Resilience	Ability of the community, services, area or infrastructure to detect, prevent and, if necessary, to withstand, handle and recover from disruptive challenges.
Response	Decisions, plans, arrangements, instructions and actions taken in accordance with the strategy and tactical and operational objectives defined by emergency responders.
Emergency	An emergency relevant to AWP is one causing serious damage (harm, injury or illness) to human welfare or serious damage to the security of the UK.
Incident	For the NHS, incidents are classed as either: • Business Continuity Incident • Critical Incident • Major Incident Each will impact upon service delivery within the NHS, may undermine public confidence and require contingency plans to be implemented. NHS organisations should be confident of the severity of any incident that may warrant a major incident declaration, particularly where this may be due to internal capacity pressures, if a critical incident has not been raised previously through the appropriate local escalation procedure.
Business Continuity Incident	An event or occurrence that disrupts, or might disrupt, an organisation's normal service delivery, below acceptable predefined levels, where special arrangements are required to be implemented until services can return to an acceptable level. (This could be a surge in demand requiring resources to be temporarily redeployed).
Critical Incident	Any localised incident where the level of disruption results in temporary or permanent loss of ability to deliver critical services, patients may have been harmed or the environment is not safe, requiring special measures and support from other agencies to restore normal operating functions.
Major Incident	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.
Local Health Resilience Partnership	The Strategic Planning Group made up of Trust Accountable Emergency Officers with responsibility for Emergency Preparedness, Resilience and Response.

As an event evolves it may be described in terms of its level as shown below. The following table describes the incident levels in use across the NHS.

NHS England Incident Levels	
LEVEL 1	**An incident that can be responded to and managed by a local health provider organisation with their**

	respective business as usual capabilities and Business continuity Plans in liaison with local commissioners.
LEVEL 2	An incident that requires the response of a number of health providers within a defined health economy and will require NHS co-ordination by the local commissioners(s) in liaison with the local NHS office.
LEVEL 3	An incident that requires the response of a number of health organisations across geographical areas within a NHS England region. NHS England will co-ordinate the NHS response in collaboration with local commissioners at the tactical level.
LEVEL 4	**An incident that requires NHS England national command and control to support the NHS Response.** **NHS England will co-ordinate the NHS response in collaboration with local commissioners at tactical level.**

5. Organisational Obligations and Duties

5.1 Civil Protection Duties

All NHS funded organisations are expected to fulfil the following civil protection duties as underpinned by the CCA 2004:

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

5.2 Underpinning principles for EPRR

- **Preparedness and anticipation** – the organisation needs to anticipate and manage consequences of incidents and emergencies through the identification of risks and understanding the direct and indirect consequences, where possible. All individuals and organisations that might have to respond to incidents should be properly prepared, including having clarity of roles and responsibilities, specific and generic plans, and rehearsing arrangements periodically. The organisation should be able to demonstrate clear training and exercising schedules that deliver against this principle.
- **Continuity** – the response to incidents should be grounded within the organisations' existing functions and its familiar ways of working – although inevitably, actions will need to be carried out at greater pace, on a larger scale and in more testing circumstances during response to an incident.
- **Subsidiarity** – decisions should be taken at the lowest appropriate level, with coordination at the highest necessary level. Local responders should be the building block of response for an incident of any scale.

- **Communication** – good two way communications are critical to an effective response. Reliable information must be passed correctly and without delay between those who need to know, including the public.
- **Cooperation and Integration** – positive engagement based on mutual trust and understanding will facilitate information sharing. Effective coordination should be exercised within the organisation and between Mersey Care NHS Foundation Trust and other organisations via local, regional and national tiers of a response. Active mutual aid across organisational, within the UK and international boundaries as appropriate.
- **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 in order to effectively prioritise and focus the response.

5.3 Cooperation between local responders

Under the CCA 2004, cooperation between local responder bodies is a legal duty.

It is important that the planning for incidents is coordinated within individual NHS organisations, between health organisations and at a multi-agency level with partner organisations. NHS England will undertake the coordination role for health services at the LRF level and will work with CCGs to coordinate across local health economies. The Local Health Resilience Partnership (LHRP) and the health economy EPRR planning groups facilitate this work. AWP is a member of those forums.

5.4 Mutual aid

Successful response to incidents has demonstrated that joint working can resolve very difficult problems that fall across organisational boundaries. Mutual aid arrangements should exist between AWP and other organisations and these should be regularly reviewed and updated.

5.5 Information sharing

Under the CCA 2004 responders to emergencies have a duty to share information with partner organisations. This is seen as a crucial element of civil protection work, underpinning all forms of cooperation. AWP should formally consider the information that will be required to plan for, and respond to, an emergency. The Trust should determine what information can be made available in the context of the CCA 2004. The organisation's Information Governance policies and procedures cover the requirements of EPRR. AWP will endeavour to respond to all informal requests for information made by partner agencies and will comply with formal requests for information within the time period specified.

5.6 Legal framework, public inquiries, Coroners inquests and civil action

The day to day management of people and patients in the NHS is subject to legal frameworks, duty of care, candour and moral obligation. This does not change when responding to an incident however these events can lead to greater public and legal scrutiny.

5.7 Logging and record keeping

The organisation must have appropriately trained and competent Loggists to support the management of an incident. Loggists are an integral part in any incident management team. It is essential that all those tasked with logging do so to best practice standards and understand the importance of logs in the decision making process, in evaluation and identifying lessons and as evidence for any subsequent inquiries. Following an incident a number of internal investigations or legal challenges may be made. These may include Coroners inquests, public inquiries, criminal investigations and civil action. **A list of all trained Loggists must always be kept in the organisation's Incident Coordination Centre(s)**.

When planning for and responding to an incident it is essential that any decisions made or actions taken are recorded and stored in a way that can be retrieved at a later date to provide evidence. It may be necessary to provide all documentation, therefore robust and auditable systems for documentation and decision making must be maintained.

6. Roles and responsibilities

The following roles and responsibilities relate to how AWP and key individuals will prepare for emergencies.

The Chief Executive has overall responsibility for Emergency Preparedness, ensuring that the organisation meets statutory and regulatory requirements and meets the needs of the Trust.

The Chief Operating Officer is the Accountable Emergency Officer and has executive authority and responsibility for ensuring that the organisation complies with legal and policy requirements. They will provide assurance to the Board that the present policy, strategies, systems, training and procedures are in place to ensure an appropriate response for the organisation in the event of an incident. The AEO will be aware of their legal duties to ensure preparedness to respond to an incident with this the Trust's remit to maintain the public's protection and maximise the NHS response.

Specifically, the Accountable Emergency Officer will be responsible for:

- Ensuring that the organisation, and any sub-contractors, is compliant with the EPRR requirements as set out in the CCA 2004, the NHS Act 2006 (as amended) and the NHS Standard Contract, including the NHS England Emergency Preparedness, Resilience and Response Framework and the NHS England Core Standards for EPRR.
- Ensuring that the organisation is properly prepared and resourced for dealing with an incident.
- Ensuring that the organisation, any providers they commission and any sub-contractors have robust business continuity planning arrangements in place which are aligned to ISO 22301 or subsequent guidance which may supersede this.
- Ensuring that the organisation has a robust surge capacity plan that provides an integrated organisational response and that it has been tested with other providers and partner organisations in the local area served.
- Ensuring that the organisation complies with any requirements of NHS England, or agents of NHS England, in respect of monitoring compliance.
- Providing NHS England with such information as it may require for the purpose of discharging its functions.
- Ensuring that the organisation is appropriately represented by director level engagement with, and effectively contributes to any governance meetings, sub-groups or working groups of the LHRP and/or LRF, as appropriate.
- Be supported by a Non-Executive Director to ensure that the Trust Board is assured of meeting its obligations with respect to EPRR and relevant statutory duties under the CCA (2004) including to provide assurance that the Trust has allocated sufficient experienced and qualified resources to meet these requirements.

The Senior Business Manager and EPRR Manager will be responsible for:

- Ensuring the Trust has an annual EPRR work plan which ensures compliance with NHS England core standards and readiness to respond to incidents.
- Ensuring that prescribed requirements in relation to EPRR are conformed with. Leading the EPRR Programme and related activities, on a day to day basis.
- Facilitating the effective use of EPRR across the organisation; ensuring current arrangements are continually reviewed and fit for purpose.

- Assist in the development and scrutinise incident response and business continuity plans.
- Ensuring the EPRR corporate responsibilities are met in line with NHS England Core Standards for EPRR.
- Providing quarterly updates to the AEO, Executive Committee and the Board.
- Raising issues of quality assurance with relevant role holders.
- Coordinating and overseeing the training as well as maintaining training and exercise records.

Operational Managers and Service Leads are responsible for:

- Ensuring that EPRR is part of the everyday culture of the organisation.
- Ensuring the present Policy is followed and implemented within their area of responsibility.
- Ensuring that adequate resources from within their areas are made available for the response to incidents and emergencies.
- Monitoring and exercising of their service's Emergency and Business Continuity Plans.

On Call Managers are responsible for:

- Ensuring they are contactable during the agreed on-call period.
- Making appropriate decisions for the agreed level of incident management.
- Escalating when appropriate to the next level of on-call for direction.

The Trust operates a 24/7/365 on call senior management rota to manage and support business continuity. There is an Executive Director on call, and On Call Senior Managers covering East of the Trust (Banes, Swindon and Wiltshire), West of the Trust (Bristol, North Somerset and South Gloucestershire), Specialised, Secure and CAMHS Services.

On Call Staff are trained and competent to perform their role and are in a position of delegated authority on behalf of the Chief Executive.

Guidance for On-Call Managers is available which covers the expectations of On-Call staff, the type of events that will need to be handled such as incidents, the escalation of such incidents, decision making and the records that needs to be maintained.

Loggists are responsible for:

- Providing support for the Trust's emergency response during an incident.
- Recording all decisions and actions made in the management of an incident.
- Recording to the appropriate quality and completeness for use if necessary in any subsequent review, whether internal or public.

All staff (including sub-contractors) are responsible for:

- Familiarising themselves with and adhering to EPRR policies, procedures and plans designed to minimise the impact of disruption to service provision.
- Knowing their local arrangements for business continuity and emergency response, including the alternatives which are available to their systems of work and working practices and which of these alternatives provides them with a suitable contingency for the local incidents and emergencies that they may reasonably anticipate.
- Cooperating and participating in the implementation of EPRR activities and take part in appropriate, related training and exercising.

Specialist Members of staff are required to ensure that EPRR specific arrangements are identified, compliant with relevant statutory and regulatory duties and are maintained by relevant persons at a local level.

Role	Responsibility
Local Security Management Specialist	Ensure that our security arrangements are identified and managed in accordance with our strategy for security management and security policy and in accordance with NHS Protect Standards for Providers.
Risk Facilitator – Risk Management	Ensure that our risks are identified and managed in accordance with our strategy for risk management.
Senior Information Governance Manager	Ensure that our Information Governance requirements are identified and managed in accordance with our compliance with Information Governance Toolkit.
Head of Safeguarding	Ensure that our safeguarding requirements are identified and managed in accordance with our policy and strategy for safeguarding and safeguarding.
Head of Communications and Engagement	The Head of Communications and Engagement will: • Develop, disseminate and maintain arrangements for handling the media and communicating with the public in line with the duty to 'warn and inform the public'; • Develop and deliver appropriate training for the Trust staff who are likely to be involved with handling the media before, during or after an emergency response; • Support staff by providing information and communicating with internal staff; • Represent AWP at multi-agency working groups focussing on the duty to 'warn and inform the public' and handling the media; and • Make arrangements in due course for the communication function in the event of an emergency (to be led by a single nominated agency for BNSSG/BSW health communities).
Head of Contracting and Procurement	EPRR are considered as part of the Trust's procurement processes and that contracted third party organisations have appropriate business continuity arrangements in place.

7. EPRR Resource

The Resilience function sits within the Operations Directorate. The Resilience function consists of an EPRR Manager, Resilience Lead and Resilience Administrator.

A Senior Business Manager will oversee the Resilience Function and report to the Chief Operating Officer and the Deputy Chief Operating Officer.

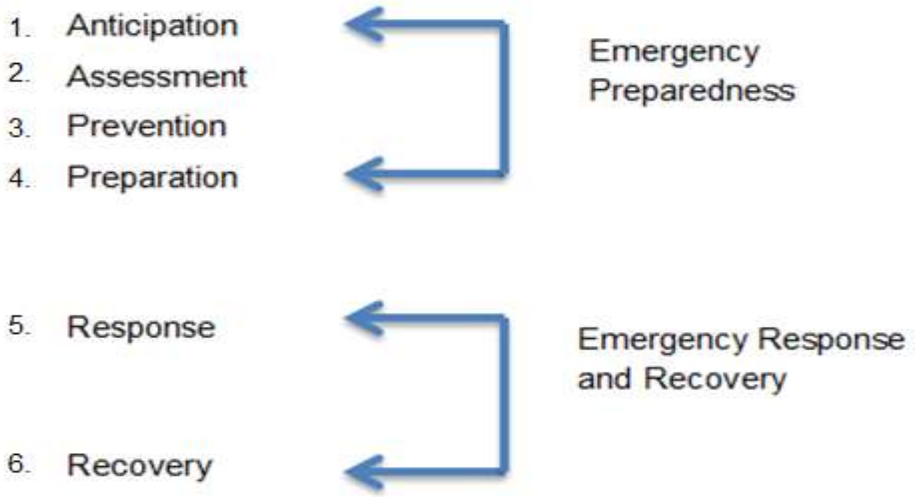
Appendix 1 shows the Operations Directorate Organisation Chart and shows how Resilience fits into the structure. Appendix 2 shows the governance arrangements for Operations including the reporting of the EPRR Group.

8. Budget and Financial Commitment

AWP will identify the budget elements required to implement the Emergency Preparedness Policy. If identified that budget is insufficient to meet the requirements, this will be escalated accordingly.

9. Emergency Preparedness, Resilience and Response Management Process

EPRR is managed through the application of the Integrated Emergency Management (IEM) lifecycle. This consists of 6 key phases as illustrated below:



9.1 PHASE 1: Anticipation

The direct, indirect and interdependent consequences of emergencies. Anticipation will require active “horizon-scanning” for risks and potential emergencies.

9.2 PHASE 2 Assessment

Assessment of the likelihood of a hazard occurring and the impact it would cause. This is plotted on a risk matrix and the scoring will indicate the level of controls, contingencies and mitigations required.

Incident and business continuity plans are prepared on the foundation of risk assessment (including hazard mapping) and coordinated response for expected outcomes of an event.

More information on risk assessment can be sought in the organisation’s risk management policy. AWP maintains an EPRR risk register which takes account of internal risks relating to AWP and nationally identified EPRR risks. This risk register is overseen by the EPRR Group.

9.3 PHASE 3 Prevention

When the assessment of a risk indicates that there is a high likelihood for an emergency occurring, preventative controls will be implemented to eliminate, isolate or reduce it.

N.B. Phases 1-3 comprise a complete risk assessment which is the first step in emergency and business continuity planning. Effective risk management will ensure that the organisation will make plans that are sound and proportionate to the risks.

9.4 PHASE 4 Preparation

Similarly to the phase of prevention, when risk assessments indicate high impact of an emergency to the organisation, the appropriate controls will be implemented to minimise the effects. The phase of preparation includes the maintenance of planning arrangements, effective management structures and training and exercising which are described in separate sections.

The organisation will have the appropriate arrangements for ensuring the Trust has access to sufficiently senior staff 24 hours / 7 days a week.

9.5 PHASE 5 Response

Response encompasses the decisions and actions taken to deal with the immediate effects of an emergency. It is the decisions and actions taken in accordance with the strategic, tactical and operational objectives defined incident response plans and incident managers. At a high level these will be to protect life, contain and mitigate the impacts of the emergency and create the conditions for a return to normality. In many scenarios it is likely to be relatively short and to last for a matter of hours or days – rapid implementation of arrangements for collaboration, co-ordination and communication are, therefore, vital. Response encompasses the effort to deal not only with the direct effects of the emergency itself (e.g. rescuing individuals) but also the indirect effects (e.g. disruption, media interest).

The Incident Coordination Centre (ICC) supports the Incident Management Team to provide an enhanced level of operational support. It is widely recognised that the efficiency and effectiveness of an ICC is greatly improved through the utilisation of a formal structure.

AWP has in place suitable and sufficient arrangements to effectively manage the response to an incident. The main Incident Control Centre is at Bath NHS House with other arrangements in place for ICCs to operate in the East (Windswept at Sandalwood Court, Swindon) and West (Callington Road Hospital, Bristol) of the Trust.

While the specific activities undertaken by the ICC will be dictated by the unique demands of the situation, there are five broad tasks typical of ICCs:

- **Coordination** – matching capabilities to demands
- **Policy making** – decisions pertaining to the response
- **Operations** – managing as required to directly meet the demands of the incident
- **Information gathering** – determining the nature and extent of the incident ensuring shared situational awareness
- **Dispersing public information** – informing the community, news media and partner organisations

The ICC will provide a focal point for coordination of the response and the gathering, processing, archiving and dissemination of information across the Trust and externally, as required.

Decision making, especially during an incident, is often complex and decisions are open to challenge. Decision makers will be supported in all instances where they can demonstrate that their decisions were assessed and managed reasonably in the circumstances existing at a particular point in time. Use of decision support models and processes assist in providing this evidence, particularly in conjunction with decision logs.

The Joint Decision Model (JDM) (http://www.jesip.org.uk/joint-decision-model/) is suitable for all decisions and has been adopted by JESIP in the joint doctrine to practically support decision makers working under difficult circumstances. It is organised around the three primary considerations: situation, direction, action.

9.6 PHASE 6 Recovery

Recovery is the process of rebuilding and restoring the service following an emergency. Although distinct from the response phase, recovery should be an integral part of the response from the very beginning, as actions taken during the response phase can influence the longer-term outcomes for the Trust.

The process of rebuilding and restoring services following an emergency or disaster, continues until the disruption has been rectified, demands on services have been returned to normal levels, and the needs of those affected have been met.

9.7 Debriefing

In order to identify lessons from any incident it is important to capture as much detail about the incident and the experiences of those involved as soon as is reasonably practicable. A series of debriefs post incident is seen as good practice.

The purpose of a debrief is to identify issues that need to be addressed. It is essential that they are attended by all staff that had a part in the response in order to review what went well, what did not go well and what needs to be changed. The process of de-brief should provide a support mechanism and identify staff welfare needs.

Debriefs should be held as follows:

- Hot debrief – immediately after the incident or period of duty
- Cold/Structured/Organisational debrief – within two weeks post incident
- Multi-agency debrief – within four weeks of the close of the incident
- Post incident reports – within six weeks of the close of the incident

The post incident reports should be supported by action plans, with timescales and accountable owners, and recommendations in order to update any relevant plans or procedures and identify any training or exercising required.

10. Training

Training mainly aims to raise awareness about the emergencies staff are required to respond to and clarify the procedures and occupational abilities to do so successfully.

The Trust will have process in place to ensure that training and support is provided to staff that have an emergency response role. The Trust carries out a training needs analysis and then undertakes training to ensure that staff are competent in their role.

11. Exercising

Plans developed to allow the organisation to respond efficiently and effectively must be tested regularly using a variety of processes. Roles within plans, not individuals, are exercised to ensure they are fit for purpose and encapsulate all necessary functions and actions to be carried out in an incident.

The outcome (log) of testing and exercising must identify and record whether it worked and what needs changing. The log must also identify what has changed. This information provides an audit tool that lessons have been identified and action taken and is key evidence during any inquiry process.

Through the exercising process individuals will have the opportunity to practice their skills and increase their confidence, knowledge and skill base in preparation for responding in a live incident.

AWP will consider exercising with partner agencies and contracted services where the identified risks and the involvement of partner organisations is appropriate.

Learning from exercises must be cultivated into developing a method that supports personal and organisational goals and is part of an annual plan validation and maintenance programme.

In line with the NHS England Emergency Preparedness, Resilience and Response (NHSE EPRR) Framework (2015) and CCA (2004), AWP will test its emergency arrangements as follows:

Type/Training	Frequency	Purpose	Detail
Communications	6 months	To test our ability to contact key staff and other NHS and partner organisations 24/7.	These unannounced exercises should be tested both in and out of office hours on a rotational basis. These could include testing paging services as well as telephone and email systems.
Table Top exercises	At least every year	To discuss (within the same room) our response to a significant incident or emergency with relevant staff and partner agencies	These exercises work through a particular scenario and can provide validation to new plan. Participants are able to interact and gain knowledge of other agencies/organisations roles and responsibilities generating levels of realism.
Command Post Exercises **Note**: if we have had reason to activate our Incident Response Room (IRR) for a real incident then this supersedes the need to run an exercise (providing lessons identified are captured & implemented)	Every three years	To test the operational element of our command and control. To set up the Incident Room.	This can be incorporated into communications or live exercise. It provides a practical test of equipment, telephone and IT facilities and provides familiarity to those undertaking roles within the IRR.
		To test our links with multi-agency partners' Incident Response Rooms.	These test communication arrangements and the flow of information up and down the chain of command. All agencies/ organisations should be positioned at IRRs as they would be in a real incident.
Live exercise	Every three years	To undertake a live test of our Business Continuity & Incident Response arrangements	These are very useful in validating operational aspects of an incident response plan

Type/Training	Frequency	Purpose	Detail
		To include the operational and practical element of emergency response	They could include simulated casualties being brought to an Emergency Department or the setting up of a mass countermeasure centre

12. Lessons identified

Lessons identified from incidents, training and exercises will be used to determine any amendments or inclusions required in any phase of the process and will be integrated in the annual EPRR work plan.

13. Monitoring

The minimum requirements which the organisation must meet are set out in the NHS England EPRR Core Standards which are split into ten domains:

1. Governance
2. Duty to risk assess
3. Duty to maintain plans
4. Command and control
5. Training and exercising
6. Response
7. Warning and informing
8. Cooperation
9. Business continuity
10. Chemical Biological Radiological Nuclear (CBRN) and Hazardous Material (HAZMAT).

As the Core Standards for EPRR provide a common reference point for all organisations, they provide the basis of the EPRR annual assurance process. The applicability of each domain and core standard is dependent on the organisation's function.

To ensure that the organisations' arrangements are effective, the core standards will be incorporated in an annual work plan.

Internal audits will be planned, documented, undertaken and recorded. Identified non-conformity will be recorded within the audit report, and any required corrective actions implemented.

The Trust will participate in externally led audits as appropriate. Outcomes will be presented to the EPRR group and will be reported to the Delivery Committee and Trust Board.

14. References and Supporting documents

Adherence to the EPRR policy supports the Trust response to a Major Incident as set out in the Trust Major Incident Plan and Business Continuity Arrangements as set out in the Business Continuity Policy.

All EPRR related plans and policies can be found here.

Other supporting documents are:

- The Civil Contingencies Act (2004)
- Health and Social Care Act 2012.

- Expectations and Indicators of Good Practice Set for Category 1 and 2 responders.
- NHS England Emergency Preparedness Framework 2015.
- NHS England Command and Control Framework for the NHS during significant incidents and emergencies (2013).
- NHS England Core Standards for Emergency Preparedness, Resilience and Response (EPRR).
- NHS England Business Continuity Management Framework (service resilience) (2013).

15. Equality Considerations

As part of its development, this Policy and its impact on equality has been reviewed. The purpose of the assessment is to minimise and if possible remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation or religious belief. No detriment was identified.

Version History

Version	Date	Revision description	Editor	Status
1.0	24.09.2019	Ratified at the EPRR Meeting – quorate sign-off	KW	Approved