



EMERGENCY PREPAREDNESS, RESILIENCE AND RESPONSE (EPRR) POLICY

This document is NOT intended for emergency use
In the event of a business disruption or incident then please consult the
HIOW Executive Lead On-Call Pack immediately

Policy number	CORP/004/V1.0
Version	Final Version 1
Approved by	Governing Body
Document author	Associate Director of EPRR
Executive lead	Chief Executive Officer
Date of approval	7 July 2021
Next due for review	June 2022

Version control sheet

Version	Date	Author	Comment
Draft V2	Feb 21	Associate Director of EPRR	New draft, based on HIOW Partnership of CCG's Policy
Draft V2.1	Jul 21	AD of EPRR	EIA updated as per comments by Claire Pond.
Final V1	Jul 21	Governance Manager	Finalise for publication

Equality Statement

Equality, diversity and human rights are central to the work of the Hampshire, Southampton and Isle of Wight (HIS) CCG. This means ensuring local people have access to timely and high quality care that is provided in an environment which is free from unlawful discrimination. It also means that the CCG will tackle health inequalities and ensure there are no barriers to health and wellbeing.

To deliver this work CCG staff are encouraged to understand equality, diversity and human rights issues so they feel able to challenge prejudice and ensure equality is incorporated into their own work areas. CCG staff also have a right to work in an environment which is free from unlawful discrimination and a range of policies are in place to protect them from discrimination.

The CCGs' equality, diversity and human rights work is underpinned by the following:

- NHS Constitution 2015.
- Equality Act 2010 and the requirements of the Public Sector Equality Duty of the Equality Act 2010.
- Human Rights Act 1998.
- Health and Social Care Act 2012 duties placed on CCGs to reduce health inequalities, promote patient involvement and involve and consult the public.

Contents

Equality Statement.....	3
Contents	4
1. Introduction	6
2. Policy Statement	7
3. Purpose	8
4. Command and Control (including On-Call).....	8
4.1 Command and Control	8
4.2 On Call.....	9
4.3 Administration of on-call.....	9
5. Roles and Responsibilities	10
5.1 Chief Officer	10
5.2 Accountable Emergency Officer	10
5.3 Governing Body	10
5.4 Executive Team	11
5.5 Directors	11
5.6 Senior Management Team.....	12
5.7 CCG Associate Director of Emergency Planning Resilience and Response (AD of EPRR).....	12
5.8 CCG EPRR & Business Continuity Working Group.....	12
5.9 Local Health Resilience Partnership (LHRP).....	13
5.10 Staff with Specific Emergency Planning Roles and Responsibilities.....	13
5.11 On-Call Manager and Executive Lead.....	13
6. Emergency Planning Resilience and Response Strategy	14
7. Risk Assessment and Planning	15
8. Testing and Exercising	16
9. Post Incident	16
10. Statutory Requirements.....	16
10.1 Equality and Diversity.....	16
10.2 Bribery Act 2010	17
11. NHS Constitution.....	17
12. Training Considerations	17
13. Dissemination/Publication	18
14. Monitoring	18
Audit arrangements.....	19
15. Review and Revision.....	19
16. Stakeholder / Consultation Information.....	20
17. References.....	20

Appendix A	21
EPRR Working Group Governance Arrangements	21
Appendix B	24
Terms of Reference	24
Appendix C	27
Training and Exercising Schedule	27
Appendix D	30
Definitions	30
Appendix E	32
Equality Impact Assessment Form	32

1. Introduction

- 1.1 Clinical Commissioning Groups (CCGs) are defined as Category 2 Responders under the Civil Contingencies Act 2004 (CCA), meaning that there is a duty to cooperate with the Category 1 Responders.
- 1.2 In addition to meeting legislative duties, CCGs are required to comply with guidance and framework documents, including but not limited to:
- NHS England Emergency Planning Framework 2015;
 - NHS England Core Standards for Emergency Preparedness, Resilience and Response;
 - Civil Contingencies Act 2004;
 - Health and Social Care Act 2012;
 - NHS Act 2006.
- 1.3 This is achieved through the publication, testing and exercising of plans for critical functions and key services in accordance with the aforementioned guidance.
- 1.4 This document outlines the requirements for Emergency Preparedness, Resilience and Response (EPRR) detailing the minimum requirements for planning and responding to a major incident across the Hampshire, Southampton and Isle of Wight CCG. This policy also supports Portsmouth CCG.
- 1.5 The NHS England EPRR Framework 2015 explains three terms for various categories of disruptive event, with definitions describing the impact of the disruption and the response that is likely to be required:
- Business Continuity Incident
The NHS defines a business continuity incident as ‘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
A critical incident is ‘any localised incident where the level of disruption results in the organisation temporarily or permanently losing its ability to deliver critical services, patients may have been harmed or the environment is not safe requiring special measures and support from other agencies, to restore normal operating functions.’

- Major Incident

The NHS definition of a Major Incident is 'any occurrence that presents serious threat to the health of the community or causes such numbers or types of casualties, as to require special arrangements to be implemented.'

2. Policy Statement

- 2.1 An integrated approach for Emergency Preparedness Resilience and Response (EPRR) across Hampshire & Isle of Wight requires a single common policy. The CCG accepts their statutory duties as Category 2 Responders under the Civil Contingencies Act 2004 (CCA) and as such will cooperate with Category 1 Responders in order to enhance co-ordination, efficiency and to share information as required, prior to, during and following an incident.
- 2.2 The CCG has in place business continuity plans that provide continuation of their core functions, as far as practicable and to recover from the additional pressure that an incident may place on the organisation.
- 2.3 In addition to duties contained within the Civil Contingencies Act, the CCG recognise the EPRR responsibilities as detailed within Section 46 of the Health & Social Care Act 2012 (H&SCA) and will, in partnership with its commissioned services meet this responsibility through:
 - Building upon the existing strengths of current multi-agency coordination and cooperation which includes local NHS Trusts and other Category 1 Responders;
 - Ensuring that active membership and engagement of the Local Resilience Forum and Local Health Resilience Partnership enhance any response to emergency arrangements, both during the response and recovery phase;
 - Fully integrating with NHS partner agencies' emergency arrangements, in supporting the local health economy;
 - Ensuring that plans for business continuity are in place;
 - Cultivating a culture to make emergency preparedness an essential element of management and operations.
- 2.4 In order to achieve this, the organisation is required to operate a 24/7 on-call with a local system Senior Manager and HIOW Executive Lead.
- 2.5 The on-call team will manage:
 - Major incident notifications;
 - Surge management/capacity issues during the out of hours period.
 - Notification of any:

- Business continuity incident declared by an NHS trust or provider
 - Critical incident declared by an NHS Trust
 - Significant service suspension by an NHS Provider
 - Any incident that could generate media interest
- 2.6 The CCG on-call rota is managed by the EPRR Team, and published, along with all other relevant on call information, via a weekly EPRR email circulated to on-call staff.

3. Purpose

3.1 The purpose of this document is to ensure that the CCG acts in accordance with the Civil Contingencies Act 2004 (CCA), The Health and Social Care Act 2012 (H&SCA) and the NHS England national policy and guidance, by undertaking the following duties:

- Ensure that major incident and business continuity plans have been developed on a risk based approach and are well communicated;
- Ensure that the plans address the consequences of all situations that might feasibly occur;
- Ensure that plans involve robust arrangements for the operational recovery from all such incidents;
- Ensure that all key stakeholders are consulted and collaborated with concerning their role in the plan and that they understand those responsibilities;
- Ensure that the plans are tested and are regularly reviewed;
- Ensure that funding and resources are available to respond effectively to major incidents;
- Ensure that staff receive emergency preparedness training that is commensurate with their role and responsibilities;
- Comply with the EPRR assurance core standards and associated processes.

4. Command and Control (including On-Call)

4.1 Command and Control

4.1.1 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.

- 4.1.2 All Civil Contingencies Act responders follow the nationally recognised 'Strategic, Tactical, Operational' framework using the Joint Emergency Services Interoperability Principles. <https://jesip.org.uk/home>
- 4.1.3 The CCG will be required to attend the Tactical Coordinating Group (TCG) on behalf of NHS England/Improvement either virtually or physically as identified by the Local Resilience Forum. Additionally the chosen reporting mechanism by the Hampshire and Isle of Wight Local Resilience Forum is Resilience Direct and all common operating pictures/situational reports will be sent through this source. <https://rdl.resilience.gov.uk/oxauth/auth/secureia/login.htm>
- 4.1.4 The CCGs single point of contact for receiving notification of a major incident is to the Exec Director on call. Any organisation business continuity incident will be initially escalated to the local manager on call. Escalation of a notification will be to an Executive level Director and Accountable Officer as well as NHS England as a minimum.
- 4.1.4 Additionally the CCG Executive level Director on call may be required to attend the Strategic Coordinating Group (SCG) on behalf of NHS England/Improvement either virtually or physically as identified by the Local Resilience Forum. This will be agreed at the time of the incident by the NHS England/Improvement on call director and the CCG Executive Director on call.

4.2 **On Call**

- 4.2.1 In order to fulfil our EPRR requirements the CCGs will operate a 24/7, 365 days On-Call function.
- 4.2.2 There is a separate On Call policy which details the role and responsibilities of the on call function for both local system on call managers and directors.

4.3 **Administration of on-call**

- 4.3.1 The CCG EPRR admin support will manage the rota, which covers a twelve-month period and will be circulated quarterly.
- 4.3.2 There are a number of documents available to assist the on-call staff. These documents which will be managed and distributed by the EPRR team include:
- On-Call Pack;
 - On-Call Manager Action Card;
 - Incident Response Plan including the Manual Of Operations;
 - Log Book Lite.

5. Roles and Responsibilities

5.1 Chief Officer

Chief Officers of organisations commissioning or providing care on behalf of the NHS will designate the responsibility for EPRR as a core part of the organisation's governance and its operational delivery programmes. Chief Officers will be able to delegate this responsibility to a named director, the Accountable Emergency Officer (AEO).

5.2 Accountable Emergency Officer

The AEO will be a Board level director responsible for EPRR. They will have executive authority and responsibility for ensuring that the organisation complies with legal and policy requirements. They will provide assurance to the Board that strategies, systems, training, policies and procedures are in place to ensure an appropriate response for their organisation in the event of an incident. As outlined in NHS England Emergency Preparedness, Resilience and Response Framework, the Accountable Emergency Officer (AEO) is 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;
- The organisation is properly prepared and resourced for dealing with an incident;
- Their organisation, any providers they commission and any subcontractors have robust business continuity planning arrangements in place which are aligned to ISO 22301 or subsequent guidance which may supersede this;
- 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;
- 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;
- The organisation is appropriately represented by director level engagement with, and effectively contributes to any governance meetings, subgroups or working groups of the LHRP and/or LRF, as appropriate.

5.3 Governing Body

5.3.1 The Governing Board for the CCG has responsibility to ensure the strategies, systems, training, policies and procedures are in place to

ensure an appropriate response for each CCG in the event of an incident.

5.3.2 This will include 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.

5.3.3 The CCG has a Non-executive representative who is an active member of CCG Governance and who formally holds the EPRR portfolio, identified by the website and Annual Report.

5.3.4 The Non-executive Director or Governing Body Representative who formally holds the EPRR portfolio is a regular and active member of the CCG. The organisation has a formal and established process for keeping the Non-executive Director/Governing Body Representative briefed on the progress of the EPRR work plan outside of Board/Governing Body meetings.

5.4 **Executive Team**

In respect to EPRR, the CCG executive team will:

- Act to ensure/monitor the overall strategic direction of resilience management in the CCG;
- Ensure that the EPRR policy, supporting strategies and plans are enforced and resourced appropriately for the benefit of all parts of the CCG;
- Lead the coordination of the CCG response to a serious or widespread disruption in the county at large and/or affecting the activities of the CCG e.g. major incident response and/or business continuity event.

5.5 **Directors**

In respect to EPRR, the CCG directors will:

- Actively sponsor and sign off the implementation of resilience provision in their directorate;
- Ensure associate directors are coordinating resilience in their directorate;
- Where appropriate allocate resilience objectives to senior managers in the directorate;
- Allocate sufficient resources for plan development and maintenance, training and rehearsals;
- Provide or delegate the point of escalation for cross directorate EPRR issues;
- Report on directorate EPRR performance as required.

5.6 Senior Management Team

The Senior Management team members are responsible for producing business impact analysis and resilience plans at a directorate and service recovery level as appropriate. Senior Management team will:

- Manage and co-ordinate the EPRR activities of the directorate to comply with the EPRR policy;
- If appropriate, ensure that written resilience recovery plans are produced and kept current;
- Ensure cooperation within their teams with development and periodic testing of EPRR plans;
- Convene any sub groups and support teams that are required to develop and deliver the aim and objectives of the EPRR Policy.

5.7 CCG Associate Director of Emergency Planning Resilience and Response (AD of EPRR)

The CCG AD of EPRR is responsible for all aspects of operational implementation of the aims contained within this policy and reports to the Accountable Emergency Officer for each CCG. The AD of EPRR is supported by the EPRR team including a Head of EPRR who will deputise in the absence of the AD of EPRR. Specific responsibilities include:

- Ensuring that the CCG plans jointly with NHS England, Acute Trusts, Community and Mental Health Providers, Primary Care, Local Authorities and other Category 1 and 2 responders as required through Local Resilience Forum arrangements;
- Developing an annual work plan and continuously monitoring the EPRR arrangements;
- Ensuring that staff are appropriately trained and have the necessary skills to carry out their role;
- Ensuring risks are appropriately reported and monitored and escalated using the appropriate risk management system;
- Providing regular updates and reports as required to the Accountable Emergency Officer/s and CCG Board/Governing Body;
- Overseeing the audit and fit for purpose requirements for both emergency planning and business continuity;
- Representing the CCG at LHRP, Local Resilience Forums, NHS SE Region Integrated Care System (ICS) EPRR Network meetings and multi-agency EPRR events and exercises.

5.8 CCG EPRR & Business Continuity Working Group

5.8.1 This group is made up of representatives from each CCG team and place.

5.8.2 Members of this group will have responsibility for their operational area and will have responsibility for ensuring that the policies, procedures and plans relating to EPRR are adopted and that appropriate staff are trained and made aware of their roles and responsibilities for business continuity and EPRR. The Governance arrangements are found in [Appendix A](#).

5.9 Local Health Resilience Partnership (LHRP)

5.9.1 The AEO or a nominated representative has a duty to co-chair the HIOW LHRP with the nominated Director of Public Health. The LHRP will provide a strategic forum for NHS organisations to facilitate health sector preparedness and planning for emergencies.

5.9.2 The LHRP Business Management Group (BMG) will be co-chaired by the AD of EPRR or a nominated representative and a Public Health lead.

5.9.3 After the LHRP actions and risks, will be distributed to all members of the EPRR Working Group. This will ensure that local teams are fully briefed on wider EPRR issues.

5.10 Staff with Specific Emergency Planning Roles and Responsibilities

5.10.1 Members of staff identified in EPRR arrangements have a responsibility for attending training, maintaining a training portfolio and responding to any incidents as detailed within the appropriate plans.

5.10.2 It shall be the responsibility of each member of staff to identify a suitable substitute representative and ensure they are trained in accordance with the relevant EPRR functions.

5.11 On-Call Manager and Executive Lead

5.11.1 The On-Call team is responsible for managing all serious incident responses, responding to any NHS England resource requests and is responsible for providing NHS England with situation reports as required. The HIOW Exec Lead On-Call is also responsible for briefing and updating the AEO and Chief Officer of the incident response. The full responsibilities are detailed in the On Call Policy.

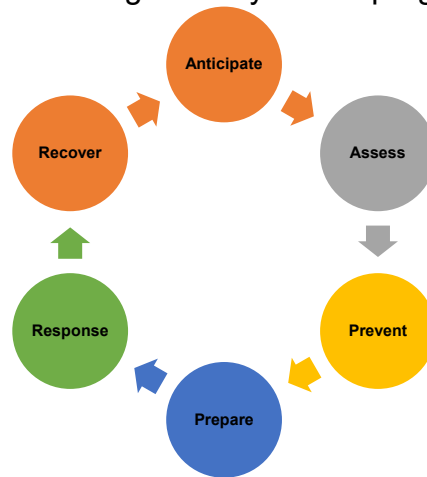
5.11.2 They will ensure they have access to and receive updates from Resilience Direct the chosen portal by the Hampshire Isle of Wight Local Resilience Forum (HIOW LRF) for the dissemination of information in a major incident.

5.11.3 The only authority to commit spend is linked to staff normal job roles. Executive officers will therefore have a limit. In the event that costs are likely to be incurred the on call manager should seek the approval of the appropriate Executive Officer.

5.11.4 Requirement to maintain a log of actions and decisions

6. Emergency Planning Resilience and Response Strategy

6.1 EPRR is managed through the Integrated Emergency Management (IEM) lifecycle. This consists of the steps shown in the table below and these are to be followed by the CCG's throughout any EPRR programme related activity.



6.2 In implementing an effective EPRR system the CCG will ensure that EPRR processes are integrated within the Risk Management Strategy as identified in the CCG Risk Management Policy.

Step	Name	Purpose
Anticipation Assessment Prevention	Impact Analysis	Identifies a priority order for the recovery of services / processes
	Risk Assessment and Hazard Mapping Risk Register	Identifies the types of incident that may occur, and the potential impact if they do occur. The results of this will be used to identify when a contingency plan is required.
Preparation Responding Recovery	EPRR Programme	A programme detailing the activities over a pre-determined period, which will be monitored by the AEO, facilitated by the Associate Director of EPRR and Senior team.
	Training and Exercising Needs Analysis	To identify roles and staff for business continuity, disruptions, critical and major incidents.
	Training and Exercising Programmes	To prepare staff for business continuity, disruptions, critical and major incidents. To validate plans and supporting arrangements whilst improving awareness and confidence.
	Command and Control Framework	To ensure effective management of any event requiring invocation of an emergency plan.
	On Call Manager/Executive	Arrangements for ensuring the CCG's have access to sufficiently senior staff 24x7.
	Incident Response Plan	Used when the CCGs respond to a critical or major incident based on the Joint Emergency Services Interoperability Principles (JESIP).

Step	Name	Purpose
	Business Continuity Plans	Detail the operational response to interruptions of critical services and the action required to maintain services at an acceptable level and return them to normal operations as soon as possible.
	Specific Response Plans	The response to a specific incident or threat which is not contained within a generic incident plan previously mentioned. (for example; Outbreak plan)
	Post Incident Debrief	A hot debrief will be conducted with staff immediately following an incident to identify corrective actions and staff who may require emotional support. A cold debrief will be conducted within 2 weeks after the incident to identify lessons learnt. A wider NHS or multi-agency debrief may occur at some point after the incident, requiring CCG input.
	Post Incident Report	Details the response, what went well, what didn't go so well, lessons learnt and recommendations.
	Post Incident Action Plan	Actions identified from the Post Incident Report with assigned owners and progress monitoring.

7. Risk Assessment and Planning

- 7.1 Business Continuity and major incident plans are prepared on the foundation of risk assessment including hazard mapping and coordinated multi-agency response required for expected impacts of an event.
- 7.2 Risks identified during the planning process, exercise programme, or following any incident debriefs will be placed on the risk register by the relevant team following the organisation's Risk Management Policy. Any CCG wide risks, related to EPRR, will be recorded on the Risk Register with reference made to the relevant Community Risk Register.
- 7.2 The CCG will develop and maintain a suite of internal generic and specific incident response plans, examples include:
- Business Continuity Plans
 - Incident Response Plan
 - Outbreak Plan
 - Pandemic Influenza Plan

8. Testing and Exercising

- 8.1 Plans must be tested regularly using recognised and agreed processes such as table top or live exercises. Roles within the plan (not individuals) will be exercised to ensure any specific role is fit for purpose and encapsulates all necessary functions and actions to be carried out during an incident.
- 8.2 Through the exercising process, individuals 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.
- 8.3 Testing and exercising will be undertaken in line with the annual Training and Exercise Schedule and in line with NHS England 'Emergency Planning Framework (2015)' which defines the process and timescales for exercising. This includes a minimum expectation of a communications exercise every six months, a table top exercise every year, and a live exercise every three years, in addition to any activation.
- 8.4 The CCG is required to support the LRF training and exercising programme and participate in any local statutory exercises based around sites with additional risks e.g. Fawley refinery, Nuclear submarine berths at Portsmouth and Southampton.

9. Post Incident

- 9.1 Following an incident the CCG will implement recovery plans and processes to return to optimal safe levels of service delivery across the organisation.
- 9.2 Post incident debriefs (hot and cold, internal and external, including NHS and multi-agency) will be conducted and/or attended. Post incident debrief reports and supporting action plans will be produced and utilised to improve organisational resilience to future disruptions and events. The AEO supported by the Associate Director of EPRR will be responsible for ensuring any internal actions are completed.

10. Statutory Requirements

10.1 Equality and Diversity

10.1.1 The CCG is committed to equality, diversity and inclusion in its human resources practices. This means valuing staff whatever their protected characteristics as defined under the Equality Act 2010. It is also about indirectly recognizing the differences that exist in the populations served. .

10.1.2 In accordance with the statutory duty to have "due regard" an equality impact assessment has been completed on this policy.

10.1.3 As a policy on emergency planning and preparedness process, an equality impact assessment has been undertaken (Appendix 1) in relation to its direct impact on staff who have roles and responsibilities in emergency planning.

10.2 Bribery Act 2010

10.2.1 The CCG has a responsibility to ensure that all staff are made aware of their duties and responsibilities arising from The Bribery Act 2010. The Bribery Act 2010 makes it a criminal offence to bribe or be bribed by another person by offering or requesting a financial or other advantage as a reward or incentive to perform a relevant function or activity improperly performed. The penalties for any breaches of the Act are potentially severe. There is no upper limit on the level of fines that can be imposed and an individual convicted of an offence can face a prison sentence of up to 10 years.

10.2.2 For further information see

<http://www.justice.gov.uk/guidance/docs/bribery-act2010-quick-start-guide.pdf>.

10.2.3 Due consideration has been given to the Bribery Act 2010 in the review of this policy and no specific risks were identified.

11. NHS Constitution

11.1 The CCG is committed to designing and implementing services, policies and measures that meet the diverse needs of its population and workforce, ensuring that no individual or group is disadvantaged

11.2 This Policy supports the NHS Constitution as follows:

“The NHS aspires to the highest standards of excellence and professionalism in the provision of high-quality care that is safe, effective and focused on patient experience; in the planning and delivery of the clinical and other services it provides; in the people it employs and the education, training and development they receive; in the leadership and management of its organisations; and through its commitment to innovation and to the promotion and conduct of research to improve the current and future health and care of the population”.

12. Training Considerations

12.1 Those individuals undertaking roles and responsibilities within EPRR must undertake appropriate professional learning in line with national occupational standards for their function.

12.2 Annual on call training is mandatory for all staff with on-call responsibilities.

- 12.3 Training will be undertaken in line with the annual training and exercise schedule ([Appendix C](#)) and occur regularly to familiarise staff with Command and Control procedures and to ensure there is no erosion of skills.
- 12.4 Senior managers are responsible for ensuring that all staff within their department are aware of the training available for Incident Response and Business Continuity and encourage attendance on recommended courses.

13. Dissemination/Publication

- 13.1 This policy will be available to all staff on the internet or from the Governance team or EPRR team if requested.
- 13.2 Awareness will be raised to managers of this policy via the CCG intranet and other relevant corporate communication channels. Each team is required to disseminate this policy through normal governance procedures.

14. Monitoring

- 14.1 To ensure effectiveness, efficiency and compliance, the Accountable Emergency Officer with the assistance of the Associate Director of EPRR, will carry out regular reviews of this policy to ensure that it remains in line with current employment law and NHS guidance.

Minimum requirement to be monitored	Lead	Tool	Frequency of Report of Compliance	Reporting arrangements
EPRR Policy	AD of EPRR	Core Standard	Annually	Governing Body/ Board report
IRP maintained and in date	AD of EPRR	Core Standard	Annually	Governing Body/ Board report
Core Standards	AD of EPRR	Core Standard	Annually	Governing Body/ Board report
Training Records	AD of EPRR	TNA's	Annually	Governing Body/ Board report
Exercise Records	AD of EPRR	Core Standard	As Completed	Governing Body/ Board report
Annual EPRR Report	AD of EPRR	Core Standard	Annually	Governing Body/ Board report
Incident Reports	AD of EPRR	Core Standard	As Completed	Senior Managers Meeting/Clinical Executive Committee (informal)
Live Exercise	AD of EPRR	Core Standard	3 Yearly	Governing Body/ Board report
Communications Exercise	AD of EPRR	Core Standard	6 Monthly	Governing Body/ Board report

Minimum requirement to be monitored	Lead	Tool	Frequency of Report of Compliance	Reporting arrangements
ICC Set Up Test	AD of EPRR	Core Standard	Quarterly	Governing Body/ Board report

Audit arrangements

- 14.1 The policy will be audited throughout the year both internally and externally. The Associate Director of EPRR will also ensure that any appropriate external audits tools and assurance processes are conducted on a regular basis.
- 14.2 Documentation from any EPRR incidents will be archived for a minimum of 20 years in readiness for future analysis.

Policy Section	How	Who by	Reported to	Frequency
Compliance of the CCG's with Core Standards for EPRR	Written Report to Governing Body Reported in Annual Report	Accountable Emergency Officer	Governing Body	Annually
EPRR Plans and Policies as required by NHS England/Improvement EPRR Core Standards	Plans and policies to be circulated and presented to relevant meetings for approval	Associate Director of EPRR	Local Leadership team	As required
Risk Register	Risks are reflective of changes to Community Risk register and recorded and reviewed on appropriate database	Associate Director of EPRR	Governing Body	As required Where risks reach reportable threshold
Exercising/Incidents	Debrief reports will be reviewed at SMT and lessons identified with recommendations considered by the group.	Associate Director of EPRR	Local Leadership Team	When appropriate

15. Review and Revision

- 15.1 This policy will be reviewed annually by the Associate Director of EPRR to ensure continued validity and relevance.

16. Stakeholder / Consultation Information

16.1 As on call managers have been in place for a number of years, the on call rota has been flexed as appropriate for many issues related to all stakeholders.

17. References

17.1 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 Business Continuity Management Framework (service resilience) (2013)
- NHS England Core Standards for Emergency Preparedness Resilience and Response
- ISO 22301 – Societal Security – Business Continuity Management Systems – Requirements
- EPRR Governance Structure
- CCG On Call Policy 2021
- CCG Risk Management Policy
- CCG Business Continuity Policy

APPENDIX A

Emergency Preparedness Resilience and Response (EPRR)

EPRR Working Group Governance Arrangements

1.0 Aim

- 1.1 The CCG Accountable Emergency Officer will provide regular updates to the Executive leadership team. This should be at least after each LHRP Executive meeting or more dependent on incidents.
- 1.2 The EPRR Working Group which will consist of at least one senior manager from each place and include representation of each commissioning team area (i.e. Quality, Performance, Primary Care, Finance) will meet at least once a quarter to review plans and training requirements which will be then disseminated to local systems.
- 1.2 The Senior Leadership team at least once a quarter will review their local delivery, planning and reviewing Emergency Planning processes and plans. This will be led by the nominated person who attends the EPRR Working Group.

2.0 Purpose

- 2.1 The primary purpose of this agenda item will be to improve the robustness in the delivery of emergency planning procedures that meets the legislative requirements identified for CCG in the Civil Contingencies Act 2004 which will be assess as part of the annual core assurance of EPRR.
- 2.2 The EPRR working group will form the key means through which the CCG will amend any plans for emergency events.

3.0 Duties and objectives

- 3.1 The main functions of the agenda item/meeting will be to ensure:
 - Review the annual work plan for emergency planning and consider the timeframe for the review of relevant plans;
 - Discuss and identify any changes to plans as identified in the annual plan;
 - Make suggestions for amendments to the plans for the Lay Member for Emergency Planning and the Clinical Operational Group to agree;
 - Establish task and finish groups as appropriate to respond to individual actions;

- Ensure each member of the meeting will be the representative role, who should communicate progress, and promoting understanding to their teams;
- Review EPRR risks and agree action to be taken to mitigate risks.

4.0 Scope of authority and decision-making

4.1 The meeting is accountable to the Accountable Emergency Office and each member must have delegated authority from within their own team to make decisions and ensure appropriate action.

5.0 Membership and attendance

5.1 The meeting will comprise of a named representative of each of the following teams:

- Finance
- Governance
- Commissioning
- Quality
- Primary Care
- Medicine Optimisation
- Communications
- Corporate Services

6.0 Frequency

6.1 Meetings shall include the EPRR agenda quarterly as a minimum in: March, June, September, and December.

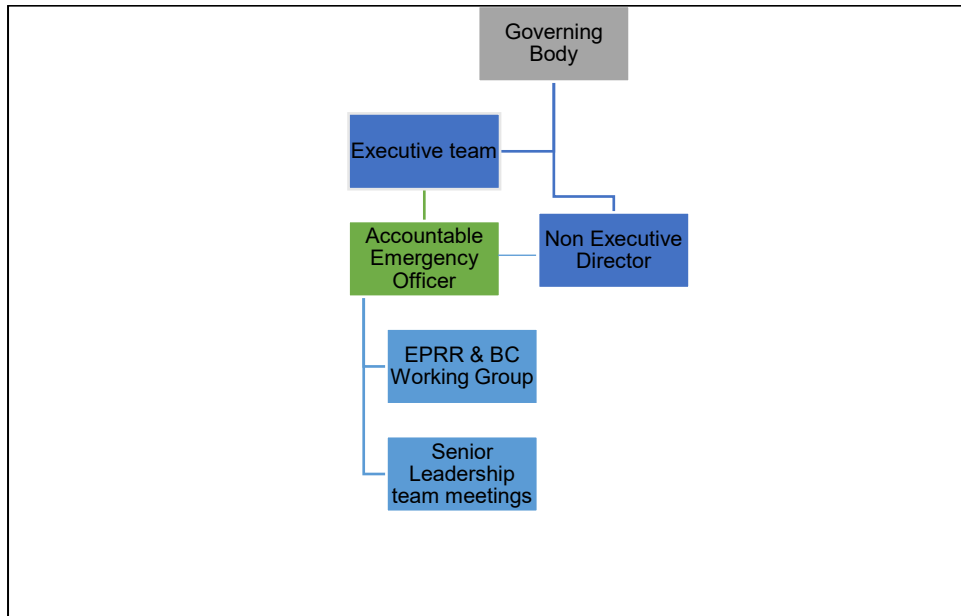
7.0 Management

7.1 The Associate Director of EPRR shall provide the details and technical support to the meeting.

7.2 Papers will be distributed no less than 2 working days in advance of the meeting. Notes from the meeting shall be produced.

8.0 Reporting

8.1 The proposed Governance Structure, work streams and reporting arrangements are outlined below:



9.0 Review of TOR

9.1 These Terms of Reference shall be reviewed by the EPRR working Group in September each year.

Date Approved:

Date for Review:

APPENDIX B

Emergency Planning Resilience and Response (EPRR) Working Group

Terms of Reference

1.0 CONSTITUTION

- 1.1 The Executive Team is accountable to the (CCG) Governing Body.
- 1.2 EPRR Group reports to the Accountable Emergency Officer who reports to the Executive Team.

2.0 PURPOSE

- 2.1 The EPRR Group supports the Executive Team in discharging its responsibilities for Emergency Preparedness, Resilience and Response.
- 2.2 The EPRR Group will oversee the operational resilience work of the CCG.

3.0 RESPONSIBILITIES

- 3.1 Clinical Commissioning Group is responsible for commissioning health services on behalf of the population they serve. The CCG has the following EPRR responsibilities:
 - a. Ensure contracts with all commissioned provider organisations (including independent and third sector) contain relevant EPRR elements, including business continuity;
 - b. Monitor compliance by each commissioned provider organisation with their contractual obligations in respect of EPRR and with applicable Core Standards;
 - c. Ensure robust escalation procedures are in place so that if a commissioned provider has an incident the provider can inform the CCG 24/7;
 - d. Ensure effective processes are in place for the CCG to properly prepare for and rehearse incident response arrangements with local partners and providers;
 - e. Be represented at the Local Health Resilience Partnership, either on their own behalf or through a nominated lead CCG representative;
 - f. Provide a route of escalation for the Local Health Resilience Partnership in respect of commissioned provider EPRR preparedness;
 - g. Support NHS England in discharging its EPRR functions and duties locally, including supporting health economy tactical coordination during incidents;

- h. 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).

4.0 SCOPE OF AUTHORITY AND DECISION-MAKING

- 4.1 The EPRR Group is required to work in accordance with these Terms of Reference and the CCG Standing Orders, Prime Financial Policies and Scheme of Reservation and Delegation.
- 4.2 The EPRR Group will work to the professional and legal standards required of its members.
- 4.3 The EPRR Group will ensure that it reports to the CCG Executive Team via the Accountable Emergency Officer.

5.0 MEMBERSHIP, QUORUM AND ATTENDANCE

- 5.1 The EPRR Working Group shall comprise of the
 - Accountable Emergency Officer;
 - Associate Director of EPRR as Lead officer;
 - Nominated teams:
 - Corporate Business;
 - Primary Care;
 - Medicine Management;
 - Business Services;
 - Human Resources;
 - System Resilience;
 - Estates;
 - Finance;
 - Communications & Media;
 - Commissioning Managers;
 - Non- elective;
 - Elective;
 - Community Services;
 - Children Services;
 - Mental Health/Learning Disability;
 - Continuing Health Care.
- 5.2 The EPRR Group will be chaired by the Accountable Emergency Officer or their nominated deputy.
- 5.3 The meeting will be quorate when there are members in attendance from 5 of the above 11 nominated teams.

- 5.4 Deputies may attend for Officers and in the absence of Officers and will be included for voting purposes.
- 5.5 Apologies for non-attendance should be sent to the meeting administrator in advance of the meeting.
- 5.6 Other attendees may be invited to attend for specific items with the prior agreement of the Chair.
- 5.7 EPRR Group may co-opt senior managers onto the group according to operational need or to fulfil a specific managerial function.

6.0 FREQUENCY

- 6.1 Meetings shall be quarterly.

7.0 MANAGEMENT

- 7.1 The EPRR Group shall operate in line with the requirements of the NHS Codes of Conduct and Accountability, the NHS Constitution and the CCG Constitution, reflecting the Nolan Principles.
- 7.2 The EPRR Group shall receive secretarial support.
- 7.7 The agenda and papers shall normally be circulated to members a week in advance.

8.0 REPORTING

- 8.1 The EPRR Group is accountable to the Senior Executive Team.
- 8.2 The EPRR Group Chair will provide reports on the work of the Group to the Senior Team according to the nature of the business to be reported.
- 8.3 The EPRR Group chair shall draw to the attention of the Executive Team any issues which require full disclosure to the CCG Governing Body.

Agreed at EPRR Group:

Approved by Exec Team:

Review date:

APPENDIX C

Emergency Preparedness Resilience and Response (EPRR)

Training and Exercising Schedule

1. Requirements

The CCG is required to ensure mechanisms are in place to identify, select and train staff to participate in major incidents which ensures that staff:

- understand the role they are to fulfil in the event of an incident
- have the necessary competencies to fulfil that role
- have received training to fulfil these competencies, and, as a minimum standard, all NHS staff include in their induction training an introduction to the role of their organisation in major incident planning and response

Training, testing and exercising should take place within the context of:

- A yearly training needs analysis of on call capability that reflects normal good training practice
- The definition of different training needs along a spectrum from general awareness to specific training for staff with key roles
- Providing a framework that states clearly who is accountable for ensuring training and exercising takes place, the respective frequency for each element, is based on an annual plan for the process and is supported by appropriate documentation and record keeping and allows for post exercise reporting and debriefing

2. Training

The training programme for CCG staff is based on a training needs analysis undertaken by the EPRR team from this a programme of training is outlined below. This is a minimum requirement and there is scope in the training programme to provide additional training as deemed necessary if the need arises.

Type of training	Staff Group	Frequency	Length of training
Tactical Leadership (LRF delivered TCG Training)	On Call staff	3 years	Half day
Loggist training	Loggist	Once	2 hours
Refresher Loggist training (eLearning)	Loggist	Yearly	1 hour
EPRR Induction training for all staff (Delivered at Corporate Induction)	New CCG staff	Once	15 minutes

Type of training	Staff Group	Frequency	Length of training
Media spokesperson and Media and comms working in an emergency	Senior Team Media Team	2 yearly	Half day
On-call training <ul style="list-style-type: none"> • Legislation & Communication • Surge and Escalation • Incident Response • Resilience Direct 	On-call staff	Yearly	2 hours 30 mins
On-call Executive Lead only <ul style="list-style-type: none"> • Strategic Decision making 	Executive on call staff	Yearly	1 hour

3. CCG Exercises

As a minimum requirement is to undertake the following:

- 'live' exercise every three years*
- 'table top' exercise every year
- test of communications cascades every six months

Records of all exercises and tests will be kept by the EPRR team. Following an exercise or a major incident the CCGs ability to comply with each element of the plan will be analysed and evaluated and response arrangements amended to reflect lessons identified as necessary. The training and exercises identified above will ensure that the staff performing roles in a major incident will know what their role and responsibilities are.

*If the CCG has a Business Continuity, Critical or Major incident in the year this will be considered a relevant test and will be recorded.

Exercise programme

The programme below outlines the generic exercise programme which includes internally organised exercises and the participation in multi-agency exercises.

Exercise	Purpose	Frequency	Lead
Statutory exercises under CCA, NHS EPRR Guidance and best practice			
Internal communication	Meet requirements of NHS EP Guidance	Every 6 months	CCG
External communication	Multi-agency led test	As required	LRF
Control room set-up	Ensure set-up and functioning of control room is tested	Every 6 months	CCG
Table top exercise	Meet requirements of NHS EPRR Guidance	Yearly	CCG

Exercise	Purpose	Frequency	Lead
Other LRF/LHRP organised exercises	Test multi-agency plans	As required	LRF members

Statutory Exercises under REPIR, COMAH & MACR regulations				
Plan	Regulation	Frequency	Lead Agency	Local Area
PORTSAFE multi-agency exercise	REPIR	3 years	Portsmouth City Council	Portsmouth & Fareham & Gosport
Soto safe	REPIR	3 years	Southampton City Council	Southampton
Defence Munitions, Gosport	MACR	3 years	Hampshire County Council	Fareham & Gosport
Atomic Weapons Establishment Aldermaston	COMAH	3 years	Hampshire County Council	North Hants
Fawley	COMAH	3 years	Hampshire County Council	South West
Oil Fuel Depot Gosport	MACR	3 Years	HCC	
BP Hamble	COMAH	3	HCC	South West
Holybourne	COMAH	3	HCC	North
Gas terminal	COMAH	3	HCC	North

APPENDIX D

Definitions

Business Continuity	Capability of an organisation to plan for and respond to incident and business disruptions in order to continue business operations at an acceptable predefined level.
Business Continuity incident	An event or occurrence which disrupts, or might disrupt, an organisations' normal service delivery, below acceptable predefined levels, where special arrangements are required to be implemented until services can return to an acceptable level. This could include a surge in demand that requires the temporary re-deployment of resources.
Category 2 responder	A person or body listed in Part 3 of Schedule 1 of the CCA 2004. These are co-operating responders who are less likely to be involved in the heart of multi-agency planning work but will be heavily involved in preparing for incidents affected their sector.
COMAH	Control of Major Accident Hazards Regulations applying to the chemical industry and to some storage sites where threshold quantities of dangerous substances, as identified in the Regulations, are kept or used.
Critical Incident	A critical incident is any localised incident where the level of disruption results in the organisation temporarily or permanently losing its ability to deliver critical services, patients may have been harmed or the environment is not safe requiring special measures and support from other agencies, to restore normal operating functions.
Emergency	An event or situation which threatens serious damage to human welfare in a place in the United Kingdom. An event or situation which threatens serious damage to the environment of a place in the United Kingdom. War, or Terrorism, which threatens serious damage to the security of the United Kingdom.
EPRR	Acronym used for Emergency Planning Resilience and Response which is NHS England method of undertaking emergency planning and response.
LHRP	Local Health Resilience Partnerships – Provide strategic forums for joint EPRR planning across a geographic area and support the health sector's contribution to multi-agency planning through the LRF. These forums will be co-chaired by NHS England and local lead director of public health (DPH).
LRF	Local Resilience Forum – process for bringing together all the category 1 and 2 responders within a police force area for the purpose of facilitating co-operation in fulfilment of their duties.
MACA	Military Aid to the Civil Authorities is any category of assistance provided by the Ministry of Defence to the civil authorities.

MACR	Major Accident Control Regulations discharges that policy in the context of prevention of a Major Accident (MA) and the mitigation of consequences to human health and or the environment should one occur. The MACR Competent Authority (CA) is empowered by the second Permanent Under Secretary (PUS) to introduce and regulate MACR.
Major incident	A major incident is any occurrence that presents serious threat to the health of the community or causes such numbers or types of casualties, as to require special arrangements to be implemented.
REPPIR	Radiation (Emergency Preparedness and Public Information) Framework of emergency preparedness measures to ensure that members of the public are properly prepared for a possible radiation emergency, and properly informed if one occurs.
Resilience	Ability of the community, services, area or infrastructure to detect, prevent, and if necessary, withstand handle and recover from disruptive challenges.
Response	Decisions and actions taken in accordance with the strategic, tactical and operational objectives defined by Emergency Responders.

<https://www.gov.uk/government/publications/emergency-responder-interoperability-lexicon>

APPENDIX E

Equality Impact Assessment

Equality analysis

Title of policy, project or proposal:

Emergency Preparedness, Resilience and Response (EPRR) Policy

Name of lead manager: Tracy Davies, Associate Director of EPRR

Directorate: Emergency Planning Resilience and Response

Q1 What are the intended outcomes of this policy, project or proposal?

The policy is the document that provides the detail how the CCG will ensure that it acts in accordance with the Civil Contingencies Act 2004 (CCA), The Health and Social Care Act 2012 (H&SCA) and the NHS England national policy and guidance.

Q2 Who will be affected by this policy, project or proposal? *Identify whether patients, carers, communities, CCG employees, and/ or NHS staff are affected.*

Staff with specific Emergency Planning roles and responsibilities including all on call managers, and Executives.

Support and administration staff to managers/Executives with specific emergency planning roles and responsibilities.

Evidence

Q3 What evidence have you considered? *Consider, for example, national drivers, local drivers, Public Health data, ONS data, and any pilots undertaken nationally or locally.*

1. Civil Contingencies Act 2004 (CCA)
2. Health and Social Care Act 2012
3. NHS England EPRR policy and guidance including the NHS England Emergency Preparedness, Resilience and Response Framework 2015.
4. Hampshire County Council The 2019 Index of Multiple Deprivation:
<https://documents.hants.gov.uk/Economy/IndexofMultipleDeprivation.pdf>

Age *Consider and detail (including the source of any evidence) across age ranges on old and younger people.*

This policy relates to CCG staff and therefore all those aged 18 and over who have an emergency planning role or responsibility including those managers identified as on call staff.

Disability (physical and mental) *Consider and detail (including the source of any evidence) the impact on people with different kinds of disability (this might include attitudinal, physical and social barriers). Certain medical conditions are automatically classed as being a disability – for example, cancer, HIV infection, multiple sclerosis.*

All CCG staff are encouraged to disclose a disability with their line manager and/or Human Resources Manager. This is so that the CCG can ensure their safety at all times as well as maintaining their health and well-being as a member of the CCG workforce. This may be a hidden disability such as cancer as well as long term conditions to include cardiac and respiratory diseases.

Emergency preparedness and response policy may impact on managers with a disability engaged in implementation of the policy during a major incident. This is because they are required to participate in plan testing or on call rota. Where a manager has disclosed a disability, the CCG respond flexibly and/or make every effort to make the necessary reasonable adjustments.

For staff who disclose a disability and as a result of an emergency, have to be relocated to other locations individual needs will be assessed. This is with a view to making every effort in the circumstances to make reasonable adjustments so that they may undertake their employment functions. This will include, but will not be limited to, place of work, accessibility of buildings and equipment such as computer and work station.

For members of the public, the first priority in an emergency situation is to ensure they are in a place of safety. Thereafter individual needs will be assessed and support provided as and when appropriate by and in accordance with the appropriate emergency service.

Gender reassignment (including transgender) *Consider and detail (including the source of any evidence) on transgender people. Issues to consider may include same sex/mixed sex accommodation, ensuring privacy of personal information, attitude of staff and other patients.*

There should be no impact on any transgender staff.

Marriage and civil partnership *Note: This protected characteristic is only relevant to the need to eliminate discrimination within employment. Where relevant, consider and detail (including the source of any evidence) on working arrangements, part-time working, infant caring responsibilities.*

The domestic circumstances of individual managers who participate in plan testing or on call rota and reasonable efforts will be made to flex the arrangements around family life and commitments.

All staff have the opportunity to provide the CCG with feedback through the annual NHS staff survey. The results of the annual staff survey are analysed and actions implemented by the Human Resources managers working with the relevant CCG managers.

Pregnancy and maternity Consider how the policy project or proposal impacts on staff and detailed (including the source of any evidence) impact on Health and Safety at work and working arrangements such as part-time working, infant caring responsibilities. As well as service provision, where applicable, for service users consider facilities, such as child and parent parking, baby changing, breast feeding.

All staff who notify their line manager and/or Human Resources manager that they are pregnant will have an individual Health and Safety Assessment to ensure they are suitably supported in the working environment. These assessments, where they apply will be taken into account in deploying managers engaged in plan testing or are on the on-call rota as well as during any major incident.

Race Consider and detail (including the source of any evidence) the impact on groups of people defined by their colour, nationality (including citizenship), ethnic or national origins. This will include Roma gypsies, travellers, people from Eastern Europe, Nepalese and other South East Asian communities. It will also include language and different cultural practices and individual experience of health systems in other countries.

There should be no impact on individual because of their race. It is recognised that, subject specific language and acronyms are used in emergency management. All acronyms are explained in the EPPR policy and support Business Continuity Policy Language and acronyms will be referred to as part of staff training and adjustments made whenever possible where it is identified that confusion may arise.

Religion or belief Consider and detail (including the source of any evidence) on people with different religions, beliefs or no belief. May be particularly relevant when service involves intimate physical examination, belief prohibited medical procedures, dietary requirements and fasting, and practices around birth and death.

There may be circumstances in the implementation of this policy that conflict with a manager engaged in plan testing or on the on-call rota in respect of their religion or belief. Where this is disclosed by a manager, every reasonable effort will be made to accommodate their religion or belief.

Sex (gender) Consider and detail (including the source of any evidence) the impact on men and women (potential to link to carers below). This may include different patterns of disease for each gender, different access rates.

There should be equal impact on men and women as employees working according to their job roles.

Sexual orientation Consider and detail (including the source of any evidence) the impact on heterosexual people as well as lesbian, gay and bisexual people.

There should be no impact on staff whatever their sexual orientation.

Carers Consider and detail (including the source of any evidence) impact on people with caring responsibilities. This must include people who care for disabled relatives or friends (as specified in law to avoid discrimination by association) but should also consider patient/guardian(s) of children under the age of 18 years. Carers are more likely to have health problems related to stress and muscular-skeletal issues. They may have to work part-time, have shift-patterns, or face barriers to accessing services.

Every reasonable effort will be made to meet the domestic needs of managers who declare a caring role, whether this for a child or children under the age of 18 years or a disabled or elderly relative

Serving Armed Forces personnel, their families and veterans

The needs of these groups should be considered specifically. The CCG has a responsibility to commission all secondary and community services required by Armed Forces' families where registered with NHS GP Practices, and services for veterans and reservists when not mobilised (this includes bespoke services for veterans, such as mental health services).

Hampshire has one of the largest armed forces communities in the United Kingdom. Overall, this is estimated to be more than 85,000 with 60,000 of these being veterans (approximately 10% of the population). These communities are concentrated in the Solent and Aldershot areas. Veterans are concentrated in Fareham, Gosport, Havant and the Test Valley.

There are also at least 1256 reservists with a permanent address in the Hampshire administrative area. Reserves comprised of 86.3% male and 13.7% female personnel. The percentage of Black and Asian personnel is 4.9%. These include a significant minority community of ex-Ghurkhas, mainly resident in the North and North East Hampshire areas.

All reasonable efforts will be made to meet the needs of those managers engaged in plan testing and or on the on-call rota where they have caring responsibilities which cannot be undertaken by a partner or spouse is a serving member of the armed forces.

In addition, some managers engaged with plan testing or on the on-call rota may be reservists which require their period absence on, for example, training exercises. During major emergency, they may also be called to undertake those reservist duties.

CCG policies relating to special leave will apply to those managers and staff in any major emergency where reservists are deployed. Roles and responsibilities of remaining managers will be reviewed to ensure CCG cover during the emergency incident.

Meeting psychological needs: *The CCG is working to improve how services meet the psychological needs of patients. This recognises that an individual's experience of disease or illness, and/or their experience of treatment and time spent in care settings can cause stress and anxiety. This in turn, can impact on treatment and outcomes.*

Do you have evidence of additional or unmet psychological need? Identify how the project, policy or decision could better meet the psychological needs of patients and carers. This might include staff training in Mental Health First Aid, signposting patients to sources of mental wellbeing support, provision of peer support or psychological therapy.

The CCG has a Human Resources Manager whose role is primarily staff health and wellbeing. This person works with colleagues to address concerns raised via individual staff experience and feedback through surveys and collectively through staff network groups

The CCG has a range of staff health and wellbeing initiatives to support staff to maintain their health and wellbeing. These may be accessed via the CCG’s intranet “Stay Connected” which staff can be accessed via mobile ‘phone as well as individual computers and lap tops. They include:

- Independent Employment Assistance Programme which provides information, advice and support 24 hours a day!
- Health and Wellbeing Champions
- Staff in each locality trained as Mental Health First Aiders
- Self-help resources such as 10-minute yoga exercise videos, a calm app and MIND Wellness Action Plans
- Signposting to support organisations such as CRUSE bereavement

Other identified groups Consider and detail and include the source of any evidence on different socio-economic groups, area inequality, income, resident status (migrants) and other groups experiencing disadvantage and barriers to access. This may therefore relate to: Poverty, living in rural areas, resident status (migrants and asylum seekers).

No other group within employed staff has been identified. However, in implementing this policy CCG managers will need to take into the safety of all those in the populations served. These include pockets of deprivation which may be found in Southampton, Havant and Gosport. They include homeless people which may need close working with charities such as Two Saints Homeless Services.

Area (Number of LSOAs in each area are in brackets)	No. of LSOAs in the 10% Most Deprived areas in England (% of LSOA in brackets)	No of LSOAs in the 11%-20% Most Deprived areas in England (% of LSOA in brackets)
Hampshire & Isle of Wight (1,194)	44	81
Hampshire Economic Area (1,105)	41	72
Hampshire County area (832)	7	33
Isle of Wight (89)	3	9
Portsmouth (125)	15	15
Southampton (148)	19	24
Basingstoke and Deane (109)	0	1
East Hampshire (72)	0	0
Eastleigh (77)	0	1
Fareham (73)	0	0
Gosport (53)	1	7
Hart (57)	0	0
Havant (78)	6	17
New Forest (114)	0	3
Rushmoor (58)	0	3
Test Valley (71)	0	1
Winchester (70)	0	0

LSOA are census based population areas of between 1,000 and 3,000 residents.

<p>Involvement and consultation <i>For each engagement activity, briefly outline who was involved, how and when they were engaged, and the key outputs.</i></p>
<p>Q4 How have you involved stakeholders with an interest in protected characteristics in gathering evidence or testing the evidence available?</p> <p>Stakeholders are the managers that comprise on-call teams and their support staff to include administration teams.</p> <p>Clinical Commissioning on-call teams have been in place for many years and have worked to legacy emergency policies relating to emergency preparedness as well as Human Resources policies. These teams are being apprised of this revised policy and implications for working across a wider geographical area. These teams with all CCG staff will be kept up-to-date with CCG policies and procedures as these are renewed following the merger of predecessor organisations.</p>
<p>Q5 How have you involved stakeholders in testing the policy or programme proposals?</p> <p>As on call managers have been in place for a number of years the on call rota has been flexed as appropriate for many issues related to all stakeholders. This has included moving on call periods to avoid family/caring responsibilities, amending on call rotas to avoid religious dates, removing on call managers from rotas due to disability and changing on call manager at short notice.</p> <p>Support and administration teams to the on-call managers are being updated with policy review.</p>
<p>Q6 For each involvement activity, please state who was involved, how and when they were engaged, and the key outputs:</p> <p>Over the past 5 years individual on call managers have been involved in the management of this policy. Support and administration staff are made aware of this policy and its procedures in line with the job roles.</p>
<p>Equality statement</p> <p><i>Considering the evidence and engagement activity you listed above, please summarise the findings of the impact of your policy, project or proposal. Consider whether the evidence shows potential for differential impact, if so state whether adverse or positive and for which groups.</i></p> <p>Suggestion:</p> <p>The policy provides an integrated approach for emergency preparedness resilience and response (EPPR) across Hampshire and the Isle of Wight and supports the unitary authorities of Portsmouth and Southampton. As such it provides an integrated approach to expectations of staff with roles and responsibilities within EPPR.</p>
<p>Positive impacts <i>Where there is evidence, provide a summary of the positive impact the policy, project or proposal will have for each protected characteristic, and any other relevant group or policy consideration. This should include outlining how equal opportunities will be advanced and good relations fostered between different group</i></p> <p>This EIA provides detailed consideration of equality impacts on these staff as individuals. This</p>

is in the context of the overarching need to ensure the safety of the populations served and the need for business continuity. Every effort will be made to make reasonable adjustments where individual staff needs are raised with line managers.

Negative impacts *Where there is evidence, provide a summary of the positive impact the policy, project or proposal will have for each protected characteristic, and any other relevant group or policy consideration. This should include outlining how equal opportunities will be advanced and good relations fostered between different groups.*

In order to make every reasonable effort to meet staff needs in relation to their protected characteristics is dependent on the willingness of individual staff to share this information with their line manager and or Human Resources Manager. Some members of staff may be unwilling to do this, for say, a hidden disability, thinking it may impact negatively on their role within the organisation.

The CCG will continue practice of predecessor organisations to encourage staff to share any relevant information relating to their protected characteristics that may impact on their role and responsibility in relation to EPPR. This will include assurance on confidentiality of that information.

Health inequalities

Please outline any health inequalities highlighted by the evidence (for example, differential access to services or worse health outcomes for particular groups or localities).

Suggestion:

It is recognised that the local health economy has areas of deprivation with specific health and social care needs which may require a different approach in an emergency situation, including liaison with local voluntary and community services.

Action planning for improvement, and to address health equalities and discrimination

Please give an outline of the key actions based on any gaps, challenges and opportunities you have identified. Include here any general action to address specific equality issues and data gaps that need to be addressed through consultation or further research.

Action	Person responsible	By date	Progress/ review (Add new actions if required)
Continued flexibility of the on call rota to move on call shifts as appropriate	EPRR team	21/22	
Discuss with HR the level/banding of on call staff to ensure clarity and consistency across the CCG	Associate Director of EPRR	July 2021	

For your records

Role of person who carried out this assessment: Tracy Davies

Date assessment completed: 19 May 2021

Date to review actions: 1 July 2021

Role of responsible executive lead: Accountable Emergency Officer

Date assessment was approved: