

Emergency Preparedness Resilience and Response (EPRR) and Business Continuity (BC) Policy

Document Reference Information

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Version Control Record

Version	Description of change(s)	Reason for change	Author	Date
1.0	First draft of policy		Emergency Planning Manager/Corporate Services Manager	October 2018

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1. Introduction

NHS England defines Emergency Preparedness Resilience and Response (EPRR) as

The NHS needs to plan for, and respond to, a wide range of incidents and emergencies that could affect health or patient care. This programme of work is referred to in the health community as emergency preparedness resilience and response.

In the NHS EPRR is designed to meet the statutory requirements placed upon responding organisations under the Civil Contingencies Act 2004 (CCA 2004). The CCA 2004 defines specific statutory duties for responding organisations depending on them being a Category 1 or Category 2 responder. The CCGs, although designated as a Category 2 responder, are expected to act and plan as though they are a Category 1 responder and therefore have the maximum number of statutory duties placed upon them. These being:

- Assess risk of emergencies occurring and use this to inform contingency planning
- Put in place emergency plan
- Put in place Business Continuity Management arrangements
- Share information with other local responders to enhance co-ordination
- Cooperate with other local responders to enhance coordination
- Warn and Inform the public.

As EPRR is a statutory duty placed upon the CCGs it is a key priority for the organisation and it is essential that the required resources and focus are given.

This policy is a requirement under the NHS EPRR Core Standards as it clearly demonstrates how the CCGs will manage their EPRR and Business Continuity (BC) responsibilities.

2. Purpose of document

This policy will clearly define how the CCGs will manage their responsibilities for EPRR and BC. It will define among other things:

- Resourcing requirements
- The CCGs' commitment to EPRR, BC, training and exercising
- Annual work programme
- On call procedures
- Description of roles
- How continuous development / improvement will be achieved
- EPRR governance process.

3. **Scope**

This policy is for all CCG employees, Governing Body members, contractors and agency workers, as it details the CCGs' commitment to EPRR and BC.

4. **Definitions**

LHRP – Local Health Resilience Partnership. The strategic Planning Group made up of Health Economy Accountable Emergency Officers with responsibility for EPRR.

EPAG – Emergency Planning Action Group. Tactical level group of Emergency Planning specialists from the same organisations who attend LHRP who work together to provide solutions to the strategic issues arising from LHRP.

Clinical Executive Joint Committee – Formal committee charged with responsibility for signing off EPRR Plans and Procedures. In addition receives quarterly reports on EPRR status.

Governing Bodies – Sign off formally the CCGs' annual Core Standards declaration statement and receive an annual report on EPRR progress.

Core Standards – Annual self-assessment against a set of questions and standards provided by NHS England, which all commissioners and providers of NHS Care must complete. On completion a declaration of compliance is made and governance process carried out to agree or amend this declaration of compliance.

5. **Training/Competencies**

There are no formal qualifications or training associated with this policy. Training and competencies and expected standards have been identified for those carrying out EPRR type roles separately in the EPRR Training and Exercising plan (Appendix 2). These requirements have been developed utilising the National Occupational Standards for EPRR. This includes the frequency and type of training and exercising required.

6. **Responsibilities and duties**

Governing Bodies

- Receive as appropriate, reports no less frequently than annually, regarding EPRR, including where appropriate, reports on exercises undertaken by the organisation, significant incidents (non-clinical) and;
- Ensure that adequate resources are made available to enable the organisation to meet the requirements of the core standards for EPRR. This budget and resource should be proportionate to the size and scope of the organisation
- Receive and approve the declared self-assessment of compliance with the annual Core Standards process from the CCGs' Accountable Emergency Officer.

Non-Executive Director for EPRR

A non-executive director or other appropriate board member will:

- Be appointed by the Governing Bodies to endorse assurance to the Governing Bodies that the organisations are meeting their obligations with respect to EPRR and the Civil Contingencies Act 2004.
- Provide a supporting role and seek assurance that the organisation has allocated appropriate resources to meet these requirements, including the support of properly trained and competent emergency planning officers and business continuity managers as appropriate.

Accountable Emergency Officer

- Assume overall responsibility for the EPRR and Business Continuity Management agendas.
- Assume responsibility to the Governing Bodies to ensure compliance with EPRR Core Standards
- Provide a strategic lead on EPRR matters including attendance at Local Health Resilience Partnership (LHRP) meetings
- Provide and present quarterly reports to the Clinical Executive Joint Committee and annually to the CCGs' Governing Bodies on the status of EPRR in the CCGs, including the annual Core Standards assessment.

Emergency Planning Manager

The Emergency Planning Manager services are provided via a service level agreement with Worcestershire Health & Care NHS Trust. They will:

- Provide operational lead on EPRR and Business Continuity Management matters
- Support the Accountable Emergency Officer in fulfilling their duties
- Ensure plans and policies are developed, trained, exercised and maintained against the relevant risks identified
- Ensure training needs are identified and appropriate training provided for all those with identified roles
- Ensure all EPRR plans and policies are taken through the appropriate governance structures to ensure sign off and ownership
- Liaise with staff at all levels as appropriate to assist with their understanding of EPRR requirements
- Represent the CCGs at external meetings and exercises notably within the Local Resilience Forum
- Provide operational leadership with regard to EPRR matters in the event of a Business Continuity, Critical or Major Incident.

On Call Managers

- The CCGs ensure that they have the necessary on call arrangements in place covering Operational, Tactical and Strategic levels 24 hours a day 365 days a year.
- All those identified with roles to fulfil will make themselves available for the required training and exercising as defined in the CCGs' EPRR Training Plan (Appendix 2).

The on-call will manage:

- Operational out of hours issues
- Business Continuity issues affecting the CCGs' ability to deliver services
- Major Incident Declarations/Notifications
- Surge Management/Capacity Issues
- Conference calls.

All Staff

- All CCG staff are required to have awareness of the CCGs' Incident plan, Business Continuity plans and know how to access EPRR advice and guidance.
- All staff are required to read and understand any EPRR information that is issued via the communications team and carry out any required actions.

7. Commitment to EPRR and Business Continuity Management

The CCGs are fully aware and meet their responsibilities for EPRR and Business Continuity. The CCGs have put the required resources in place in order for the statutory responsibilities to be fully met, which can be seen through the CCGs' Core Standards assessments.

EPRR Training Plan

The Training Plan identifies the required roles in order to fulfil the EPRR duties and associated training requirements for those roles to be carried out. Training needs analyses are carried out and training aligned to the National Occupational Standards for Civil Contingencies. Within the plan it defines how the training will be delivered, the type of training that will be delivered, and the frequency required.

It is the responsibility of any staff member with an identified role in an incident affecting the CCGs, to make themselves available for any identified training and ensure they complete the appropriate training. The training will be aligned to the required National Occupational Standards. The EPRR Training Plan can be found in Appendix 2.

Annual Work Programme

The Emergency Planning Manager has developed an Annual Work Programme which identifies the schedule for reviewing and maintaining plans and policies. Where this can be fulfilled by the Emergency Planning Manager it will be, where specific teams need to review their team plans e.g. Team Business Continuity Plans, the Emergency Planning Manager will ensure this is carried out in the required timescales.

Business Continuity Incident

A business continuity incident is an event or occurrence that disrupts, or might disrupt, an organisation's normal service delivery, below acceptable predefined levels and 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

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.

Business Continuity and Incident Plans

Business Impact Analyses

Teams have completed Business Impact Analysis templates which help identify the critical activities that they deliver in their function. As part of this process they have identified and documented the resources that are required in order to continue or recommence delivery of the identified activities during a time of service delivery impacts. It is the responsibility of all staff / team managers to be aware of these plans and to update and review them no less than yearly or when activities change.

Business Continuity Plan

The overarching Business Continuity Plan documents the suggested response arrangements for a Business Continuity Incident in and out of hours.

Incident Response Plan

The CCGs have an incident plan in place which takes the audience through the different types of incidents that may occur. It provides suggested response arrangements, structures, key roles and responsibilities, along with standard operating procedures for those who perform a key EPRR role.

Other specific incident plans have also been developed to address risks that have been identified both internally and in a multi-agency context.

Continuous development and Improvement

The CCGs will maintain continuous development and improvement by ensuring:

- Debriefs are held following any incident of significant scale, lessons identified and actions assigned and owned by the appropriate team in the CCGs.

- Participation in any multi agency debriefs that may be held following an incident and owning any lessons identified and actions to help ensure the incident does not occur again
- Participation in any exercise opportunities, both within the health economy and in a wider multi-agency context such as in the Local Resilience Forum to gain experience and learn different approaches
- Training is current, specific, targeted and relevant to the roles people are performing
- Attendance at health specific preparedness meetings is essential and given high priority to include, Local Health Resilience Partnership meetings and Emergency Planning Action Group
- Action plans are monitored for implementation and progress reported through the Clinical Executive Joint Committee on a quarterly basis.

EPRR Risks

All identified risks associated with EPRR will be discussed quarterly at Clinical Executive Joint Committee meetings to verify if the risk should be placed on the Risk Register or not. Once the identified risk is on the risk register it will be reviewed on a quarterly basis and updated for areas that have improved to mitigate the risk further or where the risk level has increased.

EPRR Training and Exercising

All training associated with EPRR has been identified via a training needs analysis and is recorded in the CCGs' EPRR Training Plan. All training is aligned to the requirements of the National Occupational Standards (NOS) for Civil Contingencies. Attendance and attainment of training standards are recorded by the Emergency Planning Manager in the Training Records document and compliance levels are monitored and discussed where required at Clinical Executive Joint Committee and further with the Accountable Officer. The training plan can be found in Appendix 2.

Exercises will be carried out in line with the requirements of NHS England and the EPRR Framework 2015. This being

- communications exercises/tests every 6 months
- annual Table Top exercises
- 3 yearly Live exercise
- 3 yearly Command Post exercise.

Core Standards

The minimum requirements which commissioners and providers of NHS funded services must meet are set out in the current NHS England Core Standards for EPRR (Core Standards). These standards are in accordance with the CCA 2004 and the NHS Act 2006 (as amended).

The NHS Standard Contract Service Conditions require providers to comply with EPRR Guidance. Therefore the CCGs, as commissioners, must ensure providers are compliant with the requirements of the Core Standards as part of the annual national assurance process.

NHS England will ensure that commissioners are compliant with the requirements of the Core Standards as part of the annual CCG assurance framework.

The CCGs will ensure the results of their annual compliance are stated within their Annual Reports.

8. Monitoring and implementation

All monitoring and implementation will be through the CCGs' formal governance structures. This being through the Clinical Executive Joint Committee and through the annual report to the CCGs' Governing Bodies.

Area for monitoring	How	Who by	Reported to	Frequency
Adherence of this policy to EPRR NHS England framework	Monitor NHS England EPRR	Emergency planning manager	Clinical Executive Joint Committee	As required and no less frequently than every three years
Compliance of CCGs with Core Standards for EPRR	Written report to Clinical Executive Joint Committee and Governing Bodies	Emergency Planning Manager and Accountable Officer	Clinical Executive Joint Committee and Governing Bodies	Quarterly to Clinical Executive Joint Committee Annually to Governing Bodies
Consultation/Production and Revision of EPRR and Business Continuity plans and Policies as required by EPRR Core Standards	Plans and policies to be sent to appropriate internal and external consultants and Clinical Executive Joint Committee	Emergency Planning Manager	Clinical Executive Joint Committee	Quarterly

9. References

- 2015 NHS England EPRR Framework
- 2018 NHS England EPRR Core Standards

10. **Associated documentation**

CCG EPRR Training Plan

CCG Incident Response Plan

CCG Business Continuity Plan

Training Matrix and packages

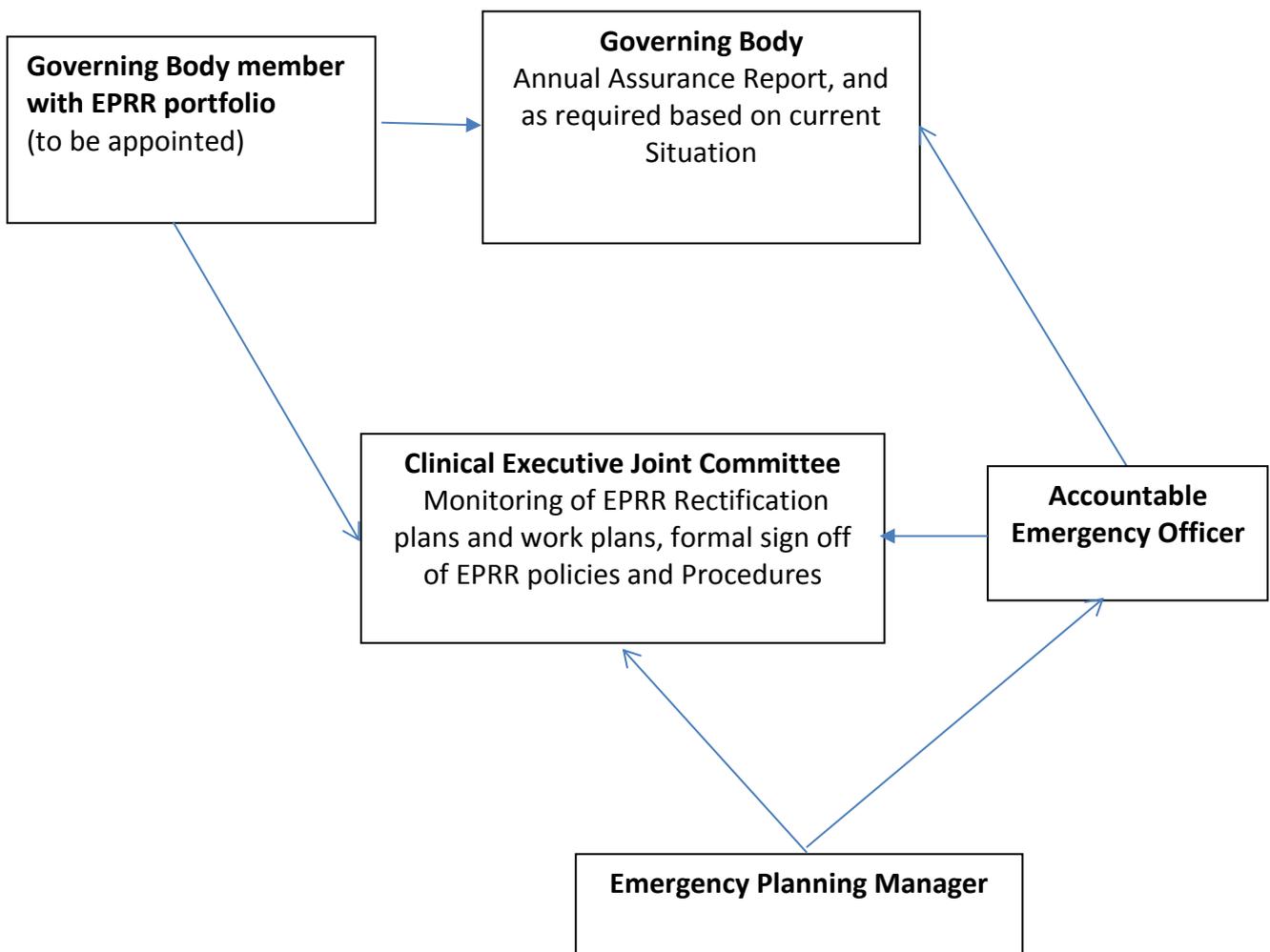
11. **Appendices**

Appendix 1 - CCG EPRR Governance Structure

Appendix 2 – EPRR Training Plan

Appendix 3 – Equality Impact Assessment

APPENDIX 1 – EPRR GOVERNANCE STRUCTURE



EMERGENCY PREPAREDNESS RESILIENCE AND RESPONSE (EPRR) TRAINING PLAN

DOCUMENT REFERENCE INFORMATION

Version Number	1.0 FINAL
Ratified By	Clinical Executive Joint Committee
Date Ratified	28 November 2018
Name of Originator/Author	Emergency Planning Manager
Responsible Director	Accountable Emergency Officer, Worcestershire CCGs
Staff Audience	All staff
Next Review Date	November 2019

VERSION CONTROL RECORD

Version	Description of change(s)	Reason for change	Author	Date
0.1	New Draft Strategy		RDL	16.11.2016
0.2	New Draft		RDL	18.01.2017
0.3	Updated Draft		RDL	07.09.2017
1.0	Update and change of name to EPRR Training Plan		RDL/LW	Oct 2018

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1 Introduction

Training is required to ensure those with key roles to play in any plans and in response to an incident are aware of their roles and responsibilities. This means when they are required to attend any level of incident where they have a role, they are able to deliver that role with confidence and assurance that they are doing so correctly and in a timely manner.

This training plan is designed to help align the training requirements of those with a role to play in incident response with the National Occupational Standards for Civil Contingencies. Within the plan it defines how the training will be delivered, the type of training that will be delivered and the frequency of training for all those who have identified roles in the CCG Incident Response capabilities should be receiving.

2 Purpose

NHS England each year sets out the minimum levels each NHS Funded organisation must meet in regard to its Emergency Planning Resilience and Response (EPRR) responsibilities. These are issued in the format of the National Core Standards for EPRR which reinforce the emergency preparedness responsibilities of organisations outlined in the Civil Contingencies Act (CCA) 2004, and indicate what type of training is required as the minimum standard. It is important that the CCGs continue to meet, and where possible exceed, these standards if we are to ensure we provide the required level of resilience and compliance with them.

National Occupational Standards (NOS) have also been developed for Civil Contingencies. These determine the competencies required that staff with a role to play in incident management and response must achieve. These include Operational, Tactical and Strategic level competencies. Some of the competencies need to be achieved by all members of the CCG involved in emergency response; others are dependent upon the role a staff member will play within EPRR. This plan combines these various documents to define the training required across the CCGs to meet current requirements.

Many of the NOS are specific to EPRR Practitioners, whereas the core standards mentioned above are for anyone in the CCGs who could have a role to play in an incident. Training can be delivered in a variety of ways including:

- Locally delivered training (e.g. on line EPRR training or EPRR awareness sessions)
- Training within the Health Economy (e.g. Strategic or Tactical Level training)
- Multi Agency training (e.g. JESIP training or plan specific training)
- Participation at wider EPRR exercises (LRF, Regional or National level)

The method and type of training that will be delivered and who will deliver it will depend on the competence required.

3 Roles and Responsibilities

The CCGs have a formal statutory duty under the Civil Contingencies Act (CCA) 2004 as a Category **Two** Responder. This being to

- Co-operate with all Category One and Two Responders in order to enhance co-ordination and efficiency
- Share information as required, prior to, and during an emergency.

However NHS England also expects Category Two responders such as the CCGs to act and plan as though they are a Category One responder with the additional statutory duties including:

- Assess Risk
- Develop Emergency Plans
- Have robust Business Continuity Plans in place
- Warn, Inform (and Advise) the Public.

CCGs are also expected to provide support to NHS England in relation to the co-ordination of their local health economy. This includes representing the local health economy at the Tactical Coordinating Group (TCG).

In addition to the duties contained within the CCA, the CCGs recognise their emergency preparedness responsibilities to ensure that staff are trained, capable and aware of their roles and responsibilities before, during and after an incident.

The Accountable Emergency Officer (AEO) will be responsible for maintaining a strategic overview of the implementation of this plan. The Emergency Planning Manager (EPM) will be responsible for operational implementation of the plan.

It is the responsibility of any staff member with an identified role in an incident for the CCGs to make themselves available for any identified training and ensure they complete the appropriate training. The training offered will be aligned to the required National Occupational Standards.

4 Monitoring Compliance

Compliance against this plan, and progress with its implementation, will be monitored through the EPRR governance structure (Clinical Executive Joint Committee – quarterly, Governing Bodies – annually).

The AEO will also receive reports on the progress of the implementation from the EPM. The AEO will report progress to the Governing Bodies in the annual report and if required highlight any concerns throughout the year to the Executive Management Team.

The CCGs' overall EPRR performance will be measured against the NHS England Core Standards for EPRR on an annual basis. The EPM will complete the core standards return and provide a detailed analysis to the AEO of areas of compliance and non-compliance. The CCGs will also monitor the compliance levels of Worcestershire Acute Hospitals NHS Trust and Worcestershire Health & Care NHS Trust throughout the year. The Local Health Resilience Partnership (LHRP) will ultimately 'sign off' the CCGs' compliance to NHS England. Training is a key area measured through the Core Standards which the LHRP and NHS England will be focused on.

Staff will have six months from when their training expires to attend a training session and revalidate their training competence.

5 Education and Training & Exercises

As training requirements differ depending on the specific role, competency and capability, training for CCG staff has been determined as follows over the next pages:

APPENDIX A – TRAINING REQUIREMENTS FOR CCGs

Course	Training Provider	Cost to attendee/ organisation	Frequency	CCG On Call Managers	Other CCG Staff	Duration	Total Cost
Strategic Leadership in a Crisis or equivalent	Local / Regional through NHSE	Minimal	3 Yearly	√		1 Full Day	Minimal
Capacity Management	Regional Capacity Management Team/ Urgent Care Strategic Lead	Free	2 Years	√		1 - 2 Hours	Time of attendees and trainer
On Call Major Incident Training incl SOPs, Incident Plan and pertinent documents	Local through EPM and RCMT	Free	On joining on call rota	√		2 Hours	Time of attendees and trainer
On Call refresher training	Local through EPM and RCMT	Free	Annually	√		1 Hour	Time of attendees and trainer
Loggist training	Local through EPM	Free	12-18 months refresher once trained		√ Staff that registered an interest	2 Hours	Time of attendees and trainer

Course	Training Provider	Cost to attendee/ organisation	Frequency	CCG On Call Managers	Other CCG staff	Duration	Total Cost
Business Continuity Awareness	Local through EPM	Free	Annually	√	√	1-2 Hours	Time of attendees and trainer
Resilience Direct	Local through EPM	Free	As required	√	Nominated Staff	1 Hour	Time of attendees and trainer
Table Top Exercise	Local delivered through EPM, Health Economy	Minimal	Annually	√	√	1/2 Day	Time of attendees and trainer
Communications Test	Local delivered through EPM	Minimal	Every 6 months	√	√	1 Hour	Minimal costs associated with calls and SMS messages
Live Exercise	Local delivered through EPM, LRF, Health Economy	Free	3 Years	√	√	1 Day	Time of attendees and trainer
Visit to Worcestershire Acute	Local	Free	NEW on Call Staff	√		½ Day	Free + Time of attendees and trainer

Course	Training Provider	Cost to attendee/ organisation	Frequency	CCG On Call Managers	Other CCG staff	Duration	Total Cost
Control Room Training	Local	Free	Annually	√	√	1 – 2 Hours	Time of attendees and trainer
Health Emergency Planning Diploma (HEP) (Award, Certificate, Diploma)	National through Public Health England	Time of EPM + Expenses	Attendance every 3 months over 18 months		√ EPM	Attendance every 3 months over 18 months	Time of attendees and expenses

NB A training record will be kept of the training staff with a role to play in an incident attends.
Staff will have access to this record and it will be their responsibility to ensure they attend training when it is offered.
Staff will have 6 months grace between a training element expiring and having to attend future training.

APPENDIX B - Matching National Occupational Standards (NOS) for Civil Contingencies to Training Courses

No.	National Occupational Standard	Delivered by
AA1	Work in cooperation with other organisations Applies to: On-call staff and EPM	<ul style="list-style-type: none"> Tactical (Silver) Emergency Management Training Strategic Leadership in a Crisis or equivalent Online Emergency Response in the NHS Training Senior Manager On Call Training Health Emergency Planning Programme (HEP) Award
AA2	Share information with other organisations Applies to: On-call staff and EPM	<ul style="list-style-type: none"> Tactical (Silver) Emergency Management Training Strategic Leadership in a Crisis or equivalent Online Emergency Response in the NHS Training Senior Manager On Call Training
AA3	Manage information to support civil protection decision making Applies to: On-call staff, EPM, Loggists and nominated staff who may be allocated a role in the Incident Control Centre	<ul style="list-style-type: none"> Tactical (Silver) Emergency Management Training Strategic Leadership in a Crisis or equivalent Online Emergency Response in the NHS Training Senior Manager On Call Training HEP Award Loggist Training and Refresher Workshops
AB1	Anticipate and assess the risk of emergencies Applies to: EPM	<ul style="list-style-type: none"> Introduction to Civil Protection Training Online Emergency Response in the NHS Training HEP Award
AC1	Develop, maintain and evaluate emergency plans and arrangements Applies to: EPM	<ul style="list-style-type: none"> Introduction to Civil Protection Training Online Emergency Response in the NHS Training HEP Certificate

No.	National Occupational Standard	Delivered by
AD1	Develop, maintain and evaluate business continuity plans and arrangements Applies to: EPM and Heads of Department	<ul style="list-style-type: none"> • Introduction to Civil Protection Training • Business Continuity training from EP College • Online Emergency Response in the NHS Training • Senior Manager On Call Training • Business Continuity Training • Online Business Continuity Management in the NHS Training • HEP Diploma
AD2	Promote business continuity management Applies to: EPM and all staff	<ul style="list-style-type: none"> • Business Continuity Training • HEP Diploma • Senior Manager On Call Training
AE1	Create exercises to practice or validate emergency or business continuity arrangements Applies to: EPM	<ul style="list-style-type: none"> • HEP Diploma
AE2	Direct and facilitate exercises to practice or validate emergency or business continuity arrangements Applies to: EPM	<ul style="list-style-type: none"> • HEP Diploma
AE3	Conduct debriefing after an emergency, exercise or other activity Applies to: EPM	<ul style="list-style-type: none"> • HEP Diploma
AF1	Raise awareness of the risk, potential impact and arrangements in place for emergencies Applies to: EPM and Heads of Department	<ul style="list-style-type: none"> • Business Continuity Training • HEP Certificate
AF2	Warn, inform and advise the community in the event of emergencies Applies to: On-Call Staff and EPM	<ul style="list-style-type: none"> • Media Awareness Training • Online Emergency Response in the NHS Training • HEP Award

No.	National Occupational Standard	Delivered by
AG1	Respond to emergencies at the strategic (gold) level Applies to: On-call staff and EPM	<ul style="list-style-type: none"> • Strategic Leadership in a Crisis or equivalent • Online Emergency Response in the NHS Training • HEP Certificate
AG2	Respond to emergencies at the tactical (silver) level Applies to: On-call staff and EPM	<ul style="list-style-type: none"> • Tactical (Silver) Emergency Management Training • On Call Major Incident Training and refresher training • Online Emergency Response in the NHS Training • HEP Certificate
AG3	Respond to emergencies at the operational (bronze) level Applies to: On-call staff and EPM	<ul style="list-style-type: none"> • Emergency Control Centre Operation Training • On Call Major Incident Training and refresher training • Online Emergency Response in the NHS Training • HEP Certificate
AG4	Address the needs of individuals during the initial response to emergencies Applies to: On-call staff and EPM	<ul style="list-style-type: none"> • Introduction to Civil Protection Training • On Call Major Incident Training • Strategic Leadership in a Crisis or equivalent • Recovering from Emergencies Training • HEP Certificate
AH1	Provide on-going support to meet the needs of individuals affected by emergencies Applies to: On-call staff and EPM	<ul style="list-style-type: none"> • Recovering from Emergencies Training • On Call Major Incident Training • HEP Certificate
AH2	Manage community recovery from emergencies Applies to: On-call staff and EPM	<ul style="list-style-type: none"> • Introduction to Civil Protection Training • Recovering from Emergencies Training • Online Emergency Response in the NHS Training • HEP Certificate

Appendix 3

Equality analysis initial assessment

Title of the change proposal or policy:

EPRR and Business Continuity Policy

Brief description of the proposal or policy:

The policy defines how the CCGs will manage their responsibilities for EPRR and Business Continuity.

Name(s) and role(s) of staff completing this assessment:

Lynda Williams, Corporate Services and Projects Manager

Date of assessment: October 2018

Please answer the following questions in relation to the proposed change:

Will it affect employees, customers, and/or the public? Please state which.

Yes, it will affect CCG employees.

Is it a major change affecting how a service or policy is delivered or accessed?

No

Will it have an effect on how other organisations operate in terms of equality?

No

If you conclude that there will not be a detrimental impact on any equality group, caused by the proposed change, please state how you have reached that conclusion:

From an initial assessment of this policy and consideration of employees with protected characteristics under the Equality Act 2010 there is no anticipated detrimental impact on any equality group. There are no statements or conditions within this policy or requirements of this policy that disadvantage any particular group of people with a protected characteristic.