

Corporate	ICBP014 Emergency Preparedness, Resilience and Response Policy
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Version Number	Date Issued	Review Date
1	July 2022	July 2024

Prepared By:	ICS EPRR Operational Delivery Manager
Consultation Process:	Relevant ICS workstreams and Task and Finish Groups.
Formally Approved:	July 2022
Approved By:	ICB Board

EQUALITY IMPACT ASSESSMENT

Date	Issues
June 2022	None identified.

POLICY VALIDITY STATEMENT

Policy users should ensure that they are consulting the currently valid version of the documentation. The policy will remain valid, including during its period of review. However, the policy must be reviewed at least once in every 3-year period.

ACCESSIBLE INFORMATION STANDARDS

If you require this document in an alternative format, such as easy read, large text, braille or an alternative language please contact necsu.comms@nhs.net

Version Control

Version	Release Date	Author	Update comments
1	July 2022	ICS EPRR Operational Delivery Manager	Not applicable. First Issue

Approval

Role	Name	Date
Approval	ICB Board	July 2022

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Introduction

The North East and North Cumbria Integrated Care Board (NENC ICB) is committed to developing and maintaining prepared and resilience services' by taking a proactive approach to Emergency Preparedness, Resilience and Response (EPRR).

NENC ICB will lead integration within the NHS, bringing together all those involved in planning and providing NHS services to take a collaborative approach to agreeing and delivering ambitions for the health of their population.

The NHS England core standards for EPRR requires NHS organisations and providers of NHS funded care to have an overarching EPRR policy for building resilience across the organisation to enable a response to major incidents and business disruptions, regardless of source, whilst continuing to deliver the core critical services that its stakeholders and community rely upon.

As part of the ICB's on-going programme to increase resilience, the ICB will continue to maintain its statutory duties as a Category 1 responder under the Civil Contingencies Act (CCA) 2004, and NHS England EPRR core standards.

Aim/Scope

The aim of this policy is to outline how the NENC ICB will develop and maintain prepared and resilient services that meet the statutory and mandatory duties as set out in the Civil Contingencies Act 2004 and the NHS England EPRR Framework 2015.

Objectives

This policy will achieve the stated aim by ensuring the following objectives are met:

- An integrated emergency planning process is in place across the ICB that is built on the principles of integrated emergency management (IEM) as well as risk assessment, cooperation with multi-agency partners, emergency planning, communicating with the public and information sharing
- An incident response plan, associated plans and guidance are in place, kept up to date, accessible, tested regularly and specifically addresses any potential causes of a major incident for which the ICB is at particular risk
- A business continuity policy and associated plans for business continuity disruptions are in place, kept up to date, accessible and tested regularly
- The needs of vulnerable persons, including children, are considered in all resilience arrangements
- Appropriate arrangements are in place to provide and receive mutual aid locally, regionally and nationally
- Systems and facilities are in place to ensure health, safety and welfare of all staff in a major incident or business continuity incident
- Suitable and sufficient training arrangements are in place to ensure the competence of staff in performing emergency planning and major incident roles

- The ICB's EPRR arrangements are mutually compatible with and fully support other EPRR arrangements within the wider health economy and that it actively participates in Local Health Resilience Partnerships (LHRP) and Local Resilience Forums (LRFs)
- A culture of EPRR is adopted within and across the ICB that makes EPRR an intrinsic element of management and operation

Duties - Roles & Responsibilities

11.2. Integrated Care Board

The responsibilities of the NENC ICB as a Category One responder will be subject to the full range of civil protection duties (pending the CCA 2004 amendment which will formally legislate ICB's as Category One responders) and will maintain a requirement to:

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

11.3. Executive Lead for EPRR and nominated Accountable Emergency Officer (AEO)

The Executive Lead for EPRR is ultimately responsible for emergency preparedness and is accountable to the ICB for ensuring that systems are in place to facilitate an effective major incident response ensuring that:

- A designated officer is nominated to perform the role of Head of EPRR to support the ICB in preparing for potential emergencies
- Robust ICB major incident response plans and procedures in place;
- Resilient ICB business continuity procedures and detailed business continuity plans developed by each directorate/service area for essential services;
- Agreed action and capability arrangements that outlines roles and responsibilities in the event of a major incident or disruptive challenge;
- All staff who participates in the ICB on-call system are trained in emergency and contingency response and ensure their on-call officer competencies are annually monitored and adequate CPD is maintained under the National Occupational Standards by their line managers
- Publicised and readily available training programme for all levels of the ICB;
- Ensure exercise arrangements are implemented:

- Live exercises at least every three years as a minimum;
- Table top exercises annually as a minimum;
- Communication cascade tests or command post exercises every six months as a minimum which includes external stakeholders
- Detailed EPRR self-assessment / audit tools with subsequent evidence identified to ensure compliance and preparedness; and,
- Systems for regular reporting and review across the ICB

11.4. Head of EPRR

The ICB has in place a designated full time Head of EPRR to support the Executive lead for EPRR, they are responsible for:

- Supporting the Executive lead for EPRR in implementing the ICB EPRR framework;
- Ensuring the ICB remains compliant with the CCA 2004, NHS EPRR guidance and other appropriate legislation, statutory and non-statutory guidance;
- Developing an EPRR annual work programme agreed with the AEO;
- Developing, disseminating and maintaining the ICB's EPRR arrangements;
- Arranging and delivering EPRR training, as required;
- Coordinating testing and exercising of the ICB's emergency arrangements; and
- Deputising for the Accountable Emergency Officer at LHRP meetings
- Deputising for the Accountable Emergency Officer at all LRF meetings

11.5. EPRR Central Team

The EPRR central team are responsible for supporting the Head of EPRR to:

- Deliver the ICB's EPRR framework on a day-to-day basis;
- Ensure that all staff are appropriately trained in major incident management
- Ensure strategic, tactical and operational health commanders maintain their core competencies and attend appropriate training/exercising in line with the relevant standards, including Joint Emergency Services Interoperability Principles (JESIP);
- Arrange and deliver EPRR training, as required;
- Deliver testing and exercising of the ICB's emergency arrangements, plans and procedures etc.;
- Manage, produce and update specific plans in accordance with national and statutory requirements; and
- Ensure the ICB remains compliant with the CCA 2004, NHS EPRR guidance 2015, and other appropriate legislation, statutory and non-statutory guidance

11.6. ICB Health Commanders (Strategic and Tactical)

The ICB recognises that EPRR should be a consideration for all staff either directly or indirectly employed by the ICB Through induction training and regular awareness training, the ICB ensures all staff are:

- Familiar with the arrangements detailed in the ICB's incident response plan, and business continuity plan, including the expectation of all ICB staff to be able

and willing to perform roles outside of their usual duties/locations in the response to a major incident or serious business disruption

- Familiar with the roles and responsibilities as listed in the incident response plan, all associated documentation and business continuity plans;
- Aware of and attend, as necessary, the training available to support them in their emergency response role (where applicable); and

Governance/Groups with ICB responsibilities

NHS England expects all NHS funded organisations to have an AEO with regard to EPRR. Chief Executives 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 programme.

The NENC ICB governance arrangements for EPRR are as follows:

11.7. Executive Team

The ICB Executive team promote and oversee the implementation of the EPRR framework, plans, policy and guidance. This involves:

- Ensuring they are aware of their role and responsibilities as detailed in both the ICB incident response plan and business continuity arrangements;
- Supporting the development and implementation of EPRR capabilities in preparation for an emergency incident;
- Ensuring that departments and services under their control all have suitable and up to date procedures and plans in order to comply with this policy;
- Disseminating the EPRR framework to services

The Executive team is responsible for scrutiny and endorsement of the EPRR framework and all associated EPRR plans, guidance and will receive appropriate papers and reports in relation to EPRR.

Furthermore, the Executive Team has the responsibility of reviewing and agreeing the compliance levels in relation to the annual NHS England EPRR self-assessment process against the national NHS England EPRR core standards and framework.

11.8. EPRR Governance Group

Chaired by the AEO, this group will receive verbal and/or written reports on a regular basis with regards to the EPRR workstreams, and business continuity matters e.g., compliance, approval of policy, risk to operational services, new initiatives, regional and national updates etc.

Training & Exercising

11.9. Training expectations for staff

The ICB will detail all training available internally, externally and via multi-agency partners as well as exercises scheduled for the year in the annual EPRR training and exercise calendar.

This calendar will contain a mixture of formal and informal training sessions to ensure it remains flexible and able to adapt to the changing risks, priorities and needs of the organisation. Competent individuals will carry out all EPRR training.

The ICB will also provide bespoke training and exercises upon request and advertise all relevant training available to appropriate teams and individuals. The ICB EPRR team will retain records of training and delegates and will ensure that they attend meetings or individual briefings to explain the ICB's EPRR arrangements (compulsory for all new members to the on-call rota).

11.10. Exercising

To consolidate learning and provide an opportunity to develop staff competencies and practice carrying out their roles (as well as validating and testing the associated plans/procedures) the annual training programme is supported by an exercise schedule.

Exercise arrangements are in line with NHS England requirements and entail:

- a six-monthly communication test
- annual table-top exercise
- live exercise at least once every three years

Exercises are carried out in both single and multi-agency environments with lessons identified incorporated in to future planning and training

Legal Framework

Following a significant incident or emergency event that has generated high profile media interest several legal investigations and challenge can and will be made. These may include coroners' inquests, public enquiries, and criminal investigations and civil action.

NENC ICB will ensure that following an incident that all associated documentation will be securely stored for up to 25 years to facilitate any future internal or external investigations.

Should legal advice related to emergency preparedness incident be required this will be sought from necsu.icblegal@nhs.net and/or NHS England & Improvement.

Collaborative Working

Strategic Forums are in place and responsible for delivering joint health planning, known as Health Resilience Partnerships (HRPs) of which the ICB will form part of the membership (Appendix 1).

11.11. Regional Health Resilience Partnership (RHRP)

The RHRP acts as the Strategic Forum across the North East and Cumbria ICB footprint and provides a single collaborative forum between National EPRR work programmes and work and planning undertaken at a locality level.

11.12. Local Health Resilience Partnerships (LHRPs)

The Local Health Resilience Partnership (LHRP) is chaired by the ICB AEO and acts as a Strategic forum across health and care (NHS Health, Public Health and Social Care) to deliver the ICB's EPRR Strategy and effect the coordination of National, Regional and ICB level workstreams with terms of reference in place to ensure that the NHS the Integrated Care Board footprint can respond to significant incidents or emergencies of any scale in a way that delivers:

- optimum care and assistance to the victims and their families,
- that minimises the consequential disruption to healthcare services and
- that brings about a speedy return to normal levels of functioning

Members of the LHRP comprise of Strategic Health Leaders from across the NENC ICB footprint, in the event that the designated representative is unable to attend the meeting the expectation is that any deputy must have:

- the authority to take decisions on behalf of their organisation
- the authority to approve plans and policies and
- the authority to commit resources on behalf of their organisations/systems

8.2.1. Format & Frequency of meetings

The North East and North Cumbria LHRP will meet, as a minimum, quarterly and align the meeting schedule with the Regional Health Resilience Partnership. Meeting structures may vary to meet the needs of the locality and will be directed by the Accountable Emergency Officer

All meetings will be formally documented, and minutes shared with all relevant health organisations within the LHRP area and will be brought to the LRF by the co-chairs. These minutes will be publicly available on request, subject to appropriate consideration of any restricted/sensitive items.

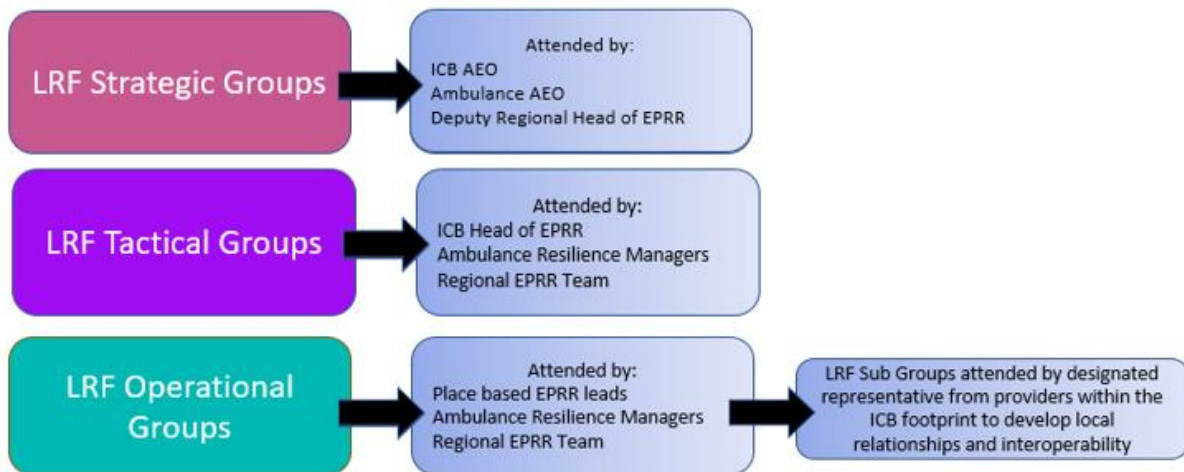
Any reports or items to be tabled must be submitted a minimum of ten working days prior to the next LHRP meeting and subsequent papers and minutes will be circulated to LHRP members a minimum of seven working days before the next meeting.

11.13. Health Resilience Sub-Group

The Health Resilience Sub-Group will feed jointly into the NENC LHRP and LRF whereby the local health organisations will come together to collaborate and deliver the strategic aim and objectives. This group will be chaired by the Head of EPRR.

11.14. Local Resilience Fora

1.1.1 Representation at the LRF's



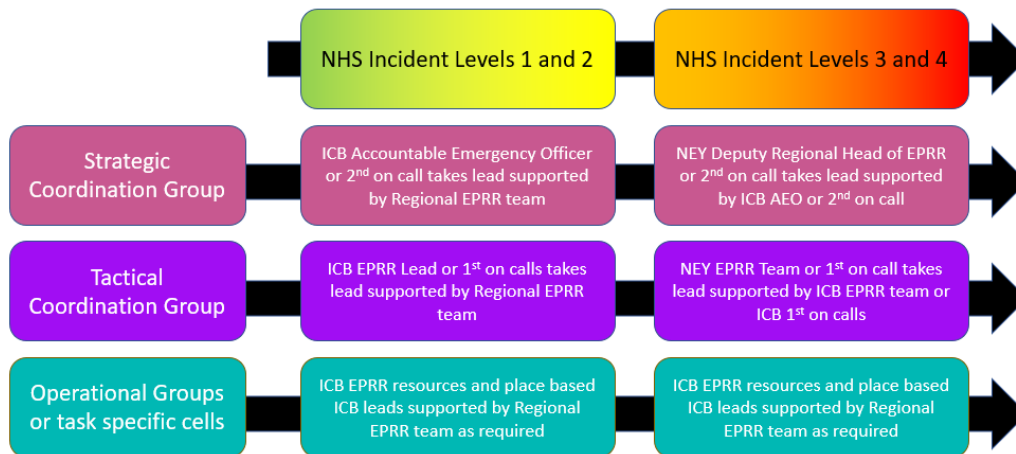
It is critical that as part of our Health Resilience and Local Resilience Forum partnerships that we maintain a consistent and interoperable engagement with fosters sharing of information and joint working.

Response and Recovery

11.15. Incident Response Arrangements with Multi-agency partners

In responding to a health specific incident which requires support from multi-agency partners, or where an incident or event is one that automatically triggers a multiagency response the coordination and leadership of the NHS will vary depending on what level of NHS Incident Level the incident falls into.

The below table details at what level the leadership and coordination responsibility sit when responding to an incident where either a Strategic Coordination Group (SCG) or Tactical Coordination Group (TCG) is called:



On Call Arrangements

The NENC ICB is responsible for ensuring appropriate leadership during emergencies and other times of pressure. Incidents, emergencies, and peaks in demand can occur at any time of day or night, the NENC ICB has an appropriate out of hours on-call system with the ability to represent and lead at both Strategic and Tactical levels.

Details of the on-call arrangements can be found in the NENC ICB On Call Policy.

Training & Exercising

Training and Exercising is a critical component of delivering NENC ICB statutory responsibilities.

11.16. Training

Training those staff who have a response role for incidents is of fundamental importance. Whilst familiar to responding to routine everyday challenges by following usual business practices, very few respond to incidents on a frequent basis.

These individuals who have been identified as having a role to play in either response (commanders) or planning for incidents are required to undertake an ongoing programme of training which is aligned to the level of responsibility –

- Strategic
- Tactical
- Operational

Training will be focussed on the specific roles and requirements assigned to the individual, and the wider organisational and multi-agency response structures they may be called to work within in order to ensure that they hold current qualifications and competence to effectively fulfil that role.

Before commencing on-call activities, staff should have undertaken mandatory training required for their role, and also training which familiarises staff with the specific arrangements for their own team, including:

- Expectations of all on-call staff (including the principles outlined in this guidance)
- Familiarisation with response plans including any specific plans, such as pandemic influenza, business continuity, pressure and escalation etc. This should include a particular focus on key elements such as action cards, incident reporting forms and logs, escalation arrangements and contact details
- Familiarisation of local EPRR arrangements, geographies, key risks outlined on the Community Risk Register(s),
- Familiarisation of terminology and structures, especially Strategic Co-ordination Group (SCG) arrangements in multi-agency response to major incidents
- Access, purpose and use of all documentation and resources provided to on-call staff
- Principles of setting up and running a local Incident Coordination Centre.
- How to maintain personal logs during an incident, along with working with a dedicated Loggist (especially for First and Second on-call managers)

It should be noted that other senior leaders at an SCG or other formal multi-agency response setting will have undertaken a wide range of courses and exercises as part of their response role, so it is expected that on-call staff will work with the EPRR staff to ensure that they undertake as wide a range of further training as possible. EPRR staff will be able to advise further depending on staff requirements, particular local risks, and training resources which may be available through local resilience partnerships.

11.17. Formal Training (Mandatory & Supplemental)

First and second on-call staff need to receive formal training in Principles in Health Command (PHC). This will include the dynamic risk assessment process which will need to be applied in any incident scenario, to ensure they have the skills and knowledge to undertake this role effectively, as well as ensuring that the appropriate competencies of its on-call staff are developed and maintained in line with the Civil Contingencies Act 2004 and mandatory elements of the National Occupational Standards (NOS (Skills for Justice)) for responding to emergencies.

Formal training must also be undertaken in the legal implications of incidents afterwards if public inquiries are held, and the importance of effective record-keeping and management. This training is mandatory for Second on-call staff.

Formal training is further required to understand the media implications of incidents and prepare Second on-call staff for fronting media interviews. This is mandatory for Second on-call staff.

All ICB Executives will undergo legal CPD training in relation to on-call competencies in alignment with the NHS England and NHS Improvement Contract Standards. This is mandatory for ICB Executives.

In the event of a protracted or different incident arising which requires new, specialised response plans to be put in place, all on-call staff must ensure they complete any dedicated training which may be put in place for these events.

Staff undertaking such training as outlined above should include this in their Personal Development Review and subsequent plan, and also include it in their job description if possible.

Individuals who have undertaken their formal training will be required to undertake an ongoing programme of Continual Professional Development (CPD) which is logged and evidenced within a Professional Development Portfolio (PDP) as outlined in the minimum occupational standards and national EPRR Framework.

Exercising

As emergencies by their very nature are unpredictable, the best way to regularly evaluate the effectiveness of response plans and the competence of staff using those plans, is to take part in regular exercises. Plans which are developed to allow the NENC ICB to respond efficiently and effectively will be exercised to ensure they are fit for purpose and encapsulate all necessary functions and actions to be carried out in an incident as part of our continuous improvement principles and should ensure wider health engagement and the inclusion of multi-agency partners on a regular basis in order to ensure a collaborative and interoperable response.

NHS organisations are required to undertake communications tests every six months, desktop exercises annually, and a live exercise once every three years.

To ensure all on-call staff continue to meet competencies, remain up to date on their local response arrangements, and also meet external compliance requirements, on-call staff should be involved in at least one exercise annually. This should be formally recorded in a PDP and a formal debriefing undertaken.

It is recommended that all on-call staff take part in both internal exercises wherever possible. NENC ICB share the NE LRF exercise programme with colleagues and identify suitable exercises for this purpose.

Taking part in an incident response also fulfils some of the requirements of exercising.

Communications exercises are conducted regularly as part of the maintenance and management of the on-call arrangements. Staff on-call are expected to respond should they be contacted for these purposes.

11.18. Exercising Requirements

11.19. Training & Exercising Requirements of NHS Organisations

Each NHS funded organisation has a set of minimum requirements identified in regard to training and exercising (detailed in the NHS England EPRR Framework and EPRR Core Standards).

As a minimum, the NENC ICB is required to undertake the following:

Type of exercise	Minimum frequency	Overview
Communications exercise	every six months	To test the ability of the organisation to contact key staff, other NHS, and partner organisations. This should include any communications methods or technology used as part of their response and be conducted both in-hours out-of-hours on a rotational basis and should be unannounced
Table-top exercise	every 12 months	The table-top exercise brings together relevant staff, and partners as required, to discuss the response, or specific element of a response, to an incident. They work through a particular scenario and can provide validation to a new or revised plan. Participants are able to interact and gain knowledge of their own, and partner organisations' roles and responsibilities
Command post exercise	every 3 years	The command post exercise (CPX) tests the operational element of command and control and requires the setting up of the Incident Coordination Centre (ICC). This provides a practical test of equipment, facilities and processes and provides familiarity to those undertaking roles within the ICC. It can be incorporated into other types of exercise, such as the communications or live play exercises

Live play exercise	every three years	The live play exercise is a live test of arrangements and includes the operational and practical elements of an incident response. For example: simulated casualties being brought to an emergency department or the setting up of a mass countermeasure centre, or mass evacuation.
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It is to be noted that is the NENC ICB activates the incident response plan for response to a live incident or activates the ICC this replaces the need to run an exercise, providing lessons are identified and logged and an action plan developed.

11.20. Lessons identified from training and exercising

Lessons identified from both training and exercising within the NENC ICB will be shared through the Local Health Partnership arrangements as part of our continual improvement process.

Details of logging the learning from the exercise, the actions taken to implement or address that learning and what has changed as a result will be detailed within the training programme.

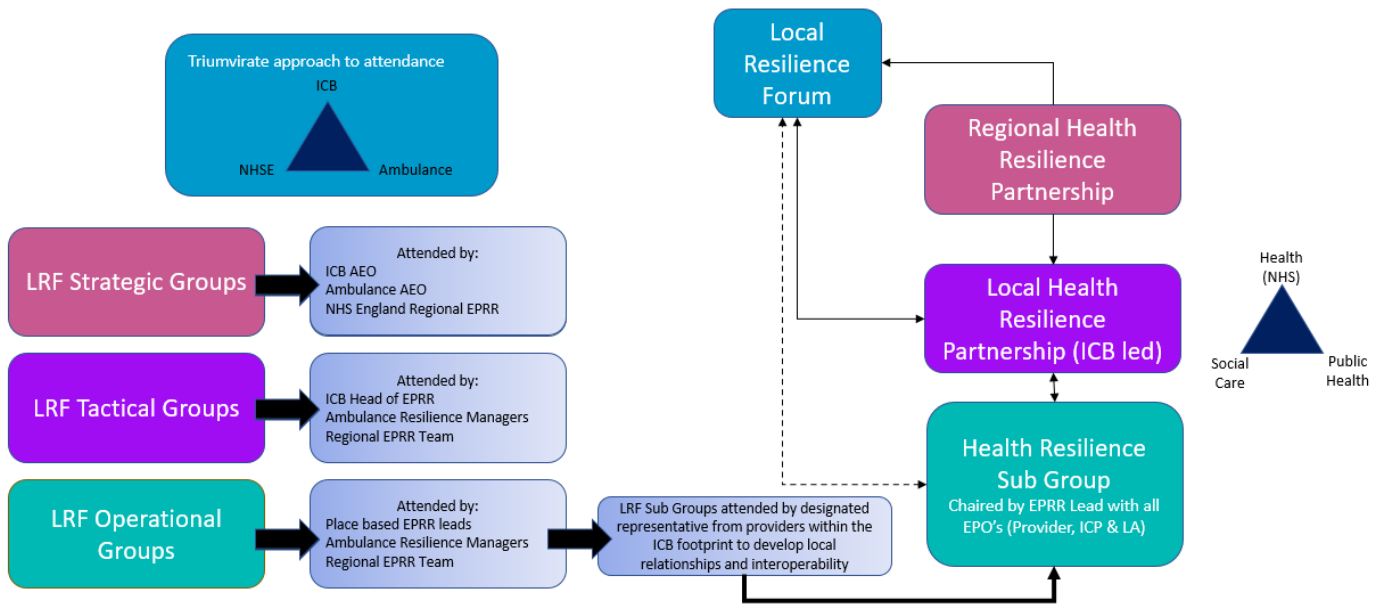
Assurance

The minimum requirements which NHS funded organisations must meet are set out in the Core Standards.

These standards are in accordance with the CCA 2004, the NHS Act 2006 (as amended) and the Cabinet Office Expectations and Indicators of Good Practice set for Category 1 and 2 Responders.

Annually the NENC ICB is required to undertake a self-assessment against this set of minimum standards concluding at the Executive Team to issue a Statement of EPRR Conformity which will be published in the annual report.

Appendix 1 – Local Resilience Forum & Health Resilience Partnership Engagement



(NHS England NEY, 2022)

Appendix 2 Compliance and Effectiveness Monitoring for this Policy

Process in the policy	Monitoring and audit				
	Key Performance Indicators (KPI)/ Criteria	Method	Who By	Committee	Learning/ Action Plan
Response	Compliance with NHS EPRR Core Standards, the Civil Contingencies Act 2004 and its associated statutory/non-statutory guidance	<p>The AEO will review the EPRR Policy and the following documents:</p> <ul style="list-style-type: none"> • ICB Risk Register • Incident Response Plan • Business Continuity Plans and Procedures (including business impact analysis); • Training and Exercise Plan; <p>The Head of EPRR will also ensure that any appropriate external</p>	<p>EPRR Governance Group</p> <p>Executive Team</p> <p>Accountable Emergency Officer</p>	<p>EPRR Governance Group</p> <p>Executive Team</p> <p>Accountable Emergency Officer</p>	<p>The results of all reviews, audits and self-assessments both internally or externally will be clearly documented and maintained with corrective and preventative actions identified to ensure continual improvement across the organisation.</p> <p>Post-incidents single agency and multi-agency debriefings will be used to inform learning from live incidents, training events and exercises to ensure all plans, procedures and Standard Operating Procedures reflect best practice.</p>

Process in the policy	Monitoring and audit				
	Key Performance Indicators (KPI)/ Criteria	Method	Who By	Committee	Learning/ Action Plan
		<p>audits tools and assurance processes are conducted on a regular basis, examples of external audit tools include:</p> <ul style="list-style-type: none"> • Provision of assurance to NHS England; • Separately, or through the LHRP 			
Ensure the ICB is fully compliant with Emergency Preparedness standards	<p>Compliance measured against recognised performance indicators:</p> <p>Compliance to best practice identified in Civil Contingencies Act 2004 guidance</p>	External auditing, NHS assurance process and process of peer review of ICB progress with Emergency Preparedness.	External/Internal	<p>EPRR Governance Group</p> <p>Executive Team</p>	

Process in the policy	Monitoring and audit				
	Key Performance Indicators (KPI)/ Criteria	Method	Who By	Committee	Learning/ Action Plan
	<i>Emergency Preparedness</i> Compliance to Civil Contingencies Act 2004 guidance <i>Emergency Response and Recovery</i> Compliance to NHS Core Standards for EPRR	Annual assurance submission of EPRR capability through NHS England Cumbria and North East			

Appendix 4 Equality Impact Assessment

Initial Screening Assessment (STEP 1)

As a public body organisation we need to ensure that all our current and proposed strategies, policies, services and functions, have given proper consideration to equality, diversity and inclusion, do not aid barriers to access or generate discrimination against any protected groups under the Equality Act 2010 (Age, Disability, Gender Reassignment, Pregnancy and Maternity, Race, Religion/Belief, Sex, Sexual Orientation, Marriage and Civil Partnership).

This screening determines relevance for all new and revised strategies, policies, projects, service reviews and functions.

Completed at the earliest opportunity it will help to determine:

- The relevance of proposals and decisions to equality, diversity, cohesion and integration.
- Whether or not equality and diversity is being/has already been considered for due regard to the Equality Act 2010 and the Public Sector Equality Duty (PSED).
- Whether or not it is necessary to carry out a full Equality Impact Assessment.

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

Name: Marc Hopkinson

Job Title: Associate Director

Organisation: Newcastle Gateshead CCG

Title of the service/project or policy: NENC ICB EPRR Policy

Is this a;

Strategy / Policy **Service Review**

Project

Other [Click here to enter text.](#)

What are the aim(s) and objectives of the service, project or policy:

The aim of the policy statement and the supporting Incident Response Plan is to demonstrate how North East and North Cumbria Integrated Care board (the ICB) will meet its obligations with regard to Emergency Preparedness, Resilience and Response (EPRR).

Who will the project/service /policy / decision impact?

(Consider the actual and potential impact)

- **Staff**
- **Service User / Patients**
- **Other Public Sector Organisations**
- **Voluntary / Community groups / Trade Unions**
- **Others, please specify**

Questions	Yes	No
Could there be an existing or potential negative impact on any of the protected characteristic groups?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Has there been or likely to be any staff/patient/public concerns?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Could this piece of work affect how our services, commissioning or procurement activities are organised, provided, located and by whom?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Could this piece of work affect the workforce or employment practices?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Does the piece of work involve or have a negative impact on: <ul style="list-style-type: none"> • Eliminating unlawful discrimination, victimisation and harassment • Advancing quality of opportunity • Fostering good relations between protected and non-protected groups in either the workforce or community 	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If you have answered no to the above and conclude that there will not be a detrimental impact on any equality group caused by the proposed policy/project/service change, please state how you have reached that conclusion below:

There is no significant/material impact or change to the working practices of staff who would support the EPRR workstream.

If you have answered yes to any of the above, please now complete the ‘STEP 2 Equality Impact Assessment’ document

Accessible Information Standard	Yes	No
Please acknowledge you have considered the requirements of the Accessible Information Standard when communicating with staff and patients. https://www.england.nhs.uk/wp-content/uploads/2017/10/accessible-info-standard-overview-2017-18.pdf	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above have not been implemented, please state the reason:		
Click here to enter text.		

Governance, ownership and approval

Please state here who has approved the actions and outcomes of the screening		
Name	Job title	Date
Jacqueline Myers	Director of Systems Oversight	July 2022
Presented to (Appropriate Committee)		Publication Date
ICB Board		July 2022

Publishing

This screening document will act as evidence that due regard to the Equality Act 2010 and the Public Sector Equality Duty (PSED) has been given.