**POLICY AUTHORISATION FORM**

|  |  |
| --- | --- |
| **1****NAME OF POLICY:**  | Emergency Preparedness Resilience and Response (EPRR) Policy |
| **JOB TITLE OF AUTHOR:**  | Senior EPRR Manager |
| **SPONSOR:** | Dr Marion Andrews-Evans |
| **NAME OF GROUP:**(if applicable) | Quality & Nursing |
| **2****EQUALITY AND DIVERSITY – Mandatory Requirement** |
| An Equality & Diversity assessment has been completed*(Please contact the Equality & Diversity Lead)* | **Date Completed:** \* |  |
| **CONSULTATION**  |
| **NAME OF GROUP (S)** (complete where relevant) | **DATE CONSIDERED** |
| Name of Local Committee or Specialist Group?Quality & Governance Committee | 12th August 2021 |
| Name of Countywide Committee or Specialist Group? County Wide Policy  NO  | N/A |
| Other relevant Forum/Individual? | N/A |
| **3** **APPROVED BY GOVERNING BODY / Q&GC**  |
| **NAME** i.e. Governing BodyQuality & Governance Committee | **DATE APPROVED** |
| August 2021 |
| **TO BE REVIEWED BY: (Author)** | **DATE TO BE REVIEWED:** |
| Senior EPRR Manager | August 2022 |
| **4*****TO BE COMPLETED BY CO-ORDINATOR*** |
| ***DATE PUT ONTO POLICY REGISTER:*** | August 2021 |
| ***POLICY NUMBER:***  | 106 |
| ***DATE PLACED ON INTRANET:*** | August 2021 |

|  |
| --- |
| ***POLICY UPDATES/CHANGES*** *(AFTER GOVERNING BODY/Q&GC APPROVAL)* |
| Date  | Summary of Changes  | Author/Editor  | Approved by  | Version |
|  |  |  |  |  |
|  |  |  |  |  |

The Policy Authorisation Form is part of the overall policy template and forms the front of the document and must be completed in all cases

**Equality and Diversity** - Part 2 of the form (Appendix 1)

The policy should be checked to see if it has any adverse effect on any personal group covered by Discrimination Legislation. In order to do this an ‘Impact Assessment’ must be completed. Further advice can be obtained from the Equality and Diversity Lead.

**Approval & Review -** Part 3 of the form

Once the Policy has been approved the name of the group / individual and date of approval should be included. The policy document should be sent to the Policy Co-ordinator to log on the Policy Register.

Review and amendments are the responsibility of the Author and Director of the Policy and a date for review must be set and included on the form. However, the Policy Co-ordinator will give a reminder to an author when a policy is overdue a review. The review date must be at least annually.

If, after a review, changes are made the document must be resubmitted, by the Author, for approval and therefore the ‘Policy for Policies’ must be followed again. Any changes should be included in the necessary ‘Policy updates/changes’ section at the beginning of the document.

**CCG Policy Spreadsheet ‘ Information Register’**- Part 5 of the form

The Policy Co-ordinator will input the approved policy onto the Policy Register and allocate a Policy Number which will be inserted onto the authorisation form and also communicated to the Author via email. The Policy Co-ordinator will also ensure that after a review a new version number is allocated and noted on the register.

Emergency Preparedness Resilience and Response Policy

# Document Control

|  |  |
| --- | --- |
| Title of Document | 106. Emergency Preparedness Resilience and Response Policy |
| Placement within Organisation | This document covers all staff within NHS Gloucestershire CCG |
| Consultation / Stakeholders | Senior Leadership Team 15th June 2020 |
| Author | Andy EwensSenior EPRR ManagerQuality and Nursing Directorate |
| Approved by | NHS GLOUCESTERSHIRE Governing Body |
| Approval Date | August 2021 | Review Date | August 2022 |
| Implementation Date | August 2022 |
| Implementation Method | Distribution to appropriate staff and training where required |
| Version Control | 1.0 | August 2021 |

Contents

[Document Control 4](#_Toc79416482)

[1. Policy 7](#_Toc79416483)

[1.1 Scope 7](#_Toc79416484)

[1.2 Accountability 8](#_Toc79416485)

[2. Implementation 8](#_Toc79416486)

[2.1 Responsibilities of the CCG 8](#_Toc79416487)

[2.2 Governing Body 9](#_Toc79416488)

[2.3 Accountable Emergency Officer (AEO) 9](#_Toc79416489)

[2.4 Senior Emergency Preparedness Resilience and Response (EPRR) Manager 10](#_Toc79416490)

[2.5 Non-Executive Director 10](#_Toc79416491)

[2.6 Colleagues 10](#_Toc79416492)

[3. Assurance 11](#_Toc79416493)

[3.1 Assurance Compliance 11](#_Toc79416494)

[3.2 Risk Assessment 11](#_Toc79416495)

[3.3 24/7 Response Arrangements 12](#_Toc79416496)

[4. Continuous Development 12](#_Toc79416497)

[4.1 Training 12](#_Toc79416498)

[4.2 Exercising 12](#_Toc79416499)

[4.3 Review and continuous development 13](#_Toc79416500)

[5. References 13](#_Toc79416501)

[5.1 Definitions and Glossary 13](#_Toc79416502)

[5.2 Reference Documents 15](#_Toc79416503)

6. [Equality and Engagement Impact Assessment 16](#_Toc79416504)

1. **Policy**

NHS England and NHS Improvement (NHSEI) requires that all CCGs prepare and test arrangements in response to emergency and business continuity incidents. This policy outlines the requirements to which NHS Gloucestershire CCG must adhere to and how these will be delivered. The policy applies to all aspects of the CCG’s operations and services. The process of EPRR is the responsibility of the whole organisation and is driven by NHS Gloucestershire CCG Governing Body through the Accountable Emergency Officer. The aim of the EPRR policy is to ensure that the CCG can support the local health economy in its response to an emergency incident whilst maintaining high levels of service for the local population.

## 1.1 Scope

The scope of the arrangements for the response to emergency incidents covers all levels of incident as described in NHS England Emergency Preparedness, Resilience and Response Framework – See figure 1.

The CCG will be responsible for the coordination of Level 1 and 2 incidents within its area of operations. The CCG will provide support to NHS England and NHS Improvement (NHSEI) in the response to Level 3 and 4 incidents.

Figure 1: NHS Incident Response Levels

|  |
| --- |
| NHS Incident Response Levels |
| Level 1 | An incident that can be responded to and managed by a local health provider organisation within their respective business as usual capabilities and business continuity plans in liaison with local commissioners. |
| Level 2 | An incident that requires the response of a number of health providers within a defined health economy and will require NHS coordination by the local commissioner(s) in liaison with the NHS England local office. |
| Level 3 | An incident that requires the response of a number of health organisations across geographical areas within a NHS England region. NHS England to coordinate the NHS response in collaboration with local commissioners at the tactical level. |
| Level 4 | An incident that requires NHS England National Command and Control to support the NHS response. NHS England to coordinate the NHS response in collaboration with local commissioners at the tactical level. |

It should be noted that the table above was published in 2015 and does not recognise the structural changes in the NHS. As such with NHS Gloucestershire CCG working as an Integrated Care System, as set out in the NHS Long Term Plan, may be responsible for coordinating the response to a Gloucestershire wide incident which may previously have been the responsibility of NHSEI.

## Accountability

The person with senior level responsibility for the delivery EPRR arrangements is the Accountable Emergency Officer (AEO).

The Accountable Emergency Officer who is the NHS Gloucestershire Director of Quality and Nursing will report no less than annually to the Governing Body of the CCG on the progress against EPRR assurance framework and the response to incidents and disruptions when they occur.

The responsibilities of the Accountable Emergency Officer may be discharged through one or more deputies; however, the responsibility for ensuring compliance remains with the Accountable Emergency Officer.

1. **Implementation**

The CCG will maintain plans and procedures documenting its response to emergency and business continuity incidents.

This will include:

* Incident Response Plan (for Major / Critical Incidents)
* Business Continuity Management Plan
* Entries on the Corporate Risk Register

The incident response plan will enable the CCG to respond to and coordinate local provider responses to incidents and document how it will liaise with NHSEI and facilitate the response to incidents led by NHSEI. Incident response planning will be developed with regard to NHSEI guidance and available national guidance.

The CCG will maintain a corporate business continuity management plan to enable it to respond to business disruptions. This plan will be scalable, enabling an individual team to manage low level disruptions whilst also providing a framework for the Executive Team to manage disruptions that affect the whole organisation.

Business Continuity Plans will be developed with regard to best practice both with the NHS and from industry standards.

## 2.1 Responsibilities of the CCG

It is the responsibility of the CCG to:

* Ensure contracts with all provider organisations (including independent and third sector) contain relevant EPRR elements, including business continuity
* Monitor compliance by each provider organisation with their contractual obligations in respect of EPRR and with applicable Core Standards in conjunction with NHSEI
* Ensure robust escalation procedures are in place so that if a commissioned provider has an incident the provider can notify the CCG 24/7
* Ensure effective processes are in place for the CCG to properly prepare for and rehearse incident response arrangements with local partners and providers
* Be represented at the Local Health Resilience Partnership (LHRP) by the AEO and other authorised Senior Member of staff
* Monitor the EPRR preparedness of designated commissioned providers on behalf of the LHRP
* Support NHSEI in discharging its EPRR functions and duties locally, including supporting health economy tactical coordination during incidents and if required at a strategic level
* 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).

## 2.2 Governing Body

The Governing Body will seek assurances as to the overall strategic direction of the CCG’s EPRR programme and ensure that it is implemented and resourced appropriately.

The Governing Body will appoint a Lay Member to formally hold the EPRR portfolio for the CCG who will be kept briefed on the progress of the EPRR work plan outside of Governing Body meetings via regular updates from the AEO or EPRR Lead. Colin Greaves, Lay Member for Governance, has agreed to take on this role.

## 2.3 Accountable Emergency Officer (AEO)

The AEO will be responsible for:

* Ensuring that the CCG 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 NHSEI Core Standards for EPRR
* Ensuring that the CCG is properly prepared and resourced for dealing with an incident
* Ensuring that the CCG, any providers they commission and any sub-contractors have robust business continuity planning arrangements in place which are aligned to ISO 22301 or subsequent guidance which may supersede this
* Ensuring that the CCG comply with any requirements of NHSEI, or agents of NHSEI, in respect of monitoring compliance
* Providing NHSEI with such information as it may require for the purpose of discharging its functions
* Ensuring that the CCG is appropriately and effectively represented at a director level, at any governance meetings, sub-groups or working groups of the LHRP and/or Local Resilience Forums (LRF).

## 2.4 Senior Emergency Preparedness Resilience and Response (EPRR) Manager

The Senior EPRR Manager will work under delegation from the AEO and will be responsible for:

* Coordination of the CCG’s day-to-day EPRR and Business Continuity Management (BCM) systems, structures and procedures to ensure integrated planning takes place
* Developing and maintaining a work plan for EPRR and BCM
* Providing advice and guidance at all levels of the CCG
* Developing, reviewing and maintaining the corporate level EPRR and BCM plans ensuring robust consultation as part of that process
* Maintaining professional competency in emergency preparedness and business continuity management
* Risk assessing the likelihood and impact of potential incidents occurring, based on local hazards, which could affect the CCG and require planning for and mitigation
* Providing assurance to the AEO, Governing Body and NHSEI of the CCG’s level of compliance with statutory and non-statutory guidance
* Representing the CCG in liaison with other NHS and partner organisations, planning, training and exercising groups with respect to EPRR and BCM
* Coordinating the NHS Gloucestershire Training and Exercising Programme
* Leading on post incident and exercise debriefs and producing reports including lessons identified and action plans for the Governing Body.
* Ensuring that where necessary relevant directorate level plans are completed and maintained.
* Supporting the Executive Management Team in the response to emergency and business continuity incidents.

## 2.5 Non-Executive Director

Whilst this is a planning only role with no emergency response duties, the Non-Executive Director for EPRR is required to work in conjunction with the organisations’ Accountable Emergency Officer (AEO) and Senior EPRR Manager to stay informed of the planning and response required of NHS Gloucestershire CCG. This will include:

* Meeting with the AEO/Senior EPRR Manager to discuss highlights of internal and external developments relating to EPRR
* Attending any relevant EPRR training and exercising events
* Working with the AEO/Senior EPRR Manager to prepare the annual report for EPRR

## 2.6 Colleagues

All colleagues must ensure that they read this policy and understand their role in any emergency or business continuity incident. Where they have a role within an EPRR or business continuity response plan that requires specific training, it will be their responsibility to maintain their competence to carry out that role.

# 3. Assurance

The CCG will participate in the annual assurance exercise against the EPRR Core Standards, managed by NHSEI through the Local Health Resilience Partnership. The AEO will present the CCG’s level of compliance with the NHSEI Core Standards for EPRR to the Governing Body and will issue a statement of EPRR compliance in the CCG’s annual report.

The Senior EPRR Manager will develop the EPRR Work plan for agreement by the AEO and the Senior Leadership Team.

The Senior Leadership Team will support directorates to develop their business continuity plans and will develop and review corporate level plans. It will scope the training and exercising needs and develop a training and exercising programme yearly which will make up part of the annual work plan.

## 3.1 Assurance Compliance

Each NHS Organisation is required to take part in the annual NHSEI Assurance process. In meeting this obligation the CCG will coordinate a review of each of its commissioned providers against the core standards published by NHSEI and will meet with NHSEI to provide assurance of the compliance against these core standards by its commissioned providers.

Where a provider has not been able to demonstrate that it is substantially compliant with the core standards, the Senior EPRR Manager will meet with the Provider regularly throughout the year to provide support to deliver progress improvement against the Core standards throughout the year.

The CCG will meet with NHSEI annually to discuss its own compliance with the core standards and will provide assurance to the LHRP of the level of compliance achieved by the CCG and their commissioned providers.

## 3.2 Risk Assessment

To comply with the NHS England EPRR Framework and EPRR Core Standards, the CCG is required to assess the risk, no less frequently than annually, of any emergencies or business continuity incidents occurring, which affect or may affect the ability of the CCGs to deliver its functions. The risk assessment process is in line with partner organisations, Local Health Resilience Partnerships (LHRP) and other risk registers such as the LRF Community Risk Register for Gloucestershire.

The Senior EPRR Manager will be responsible for ensuring that any risk that has the potential of resulting in an emergency or business continuity interruption is included on the risk register and appropriate mitigating actions identified. Where a particular risk requires a specific response plan is created, the EPRR Lead will include this in the EPRR work plan.

## 3.3 24/7 Response Arrangements

The CCG will maintain a 24/7 rota of On Call Managers to respond to any arising incident. The manager on call will be supported by an On Call Director who may be contacted by the On Call Manager if required.

# 4. Continuous Development

This EPRR Policy, supporting plans and other associated documents will be placed in an appropriate place on the CCG’s internal website and will be actively promoted to staff.

The Senior EPRR Manager will be responsible for ensuring that the EPRR Policy and associated plans and procedures are maintained in line with the standard organisational processes for document control and version management. Where these documents are reviewed and improvements identified the revised versions will be made available to all relevant staff and partner organisations.

## 4.1 Training

The AEO with support from the Senior EPRR Manager is responsible for identifying appropriate levels of training and awareness sessions for relevant staff who will be involved with a response to an emergency or business continuity incident. On Call Directors and Managers must undertake training that meets the relevant National Occupational Standards and NHSEI competencies.

The Senior EPRR Manager will conduct a training needs analysis and will maintain a training plan to focus the training delivered within the CCG. The AEO will ensure that staff attend required training and that training records are maintained. On Call Directors and Managers will maintain individual training portfolios that demonstrate their competencies.

## 4.2 Exercising

Plans and procedures will be tested on a regular basis, ideally no less than annually or following significant changes to the CCG’s structures. Plans and procedures will be exercised in line with the requirements of the NHS England Emergency Preparedness Framework (2015) and will involve:

* a communications exercise every six months
* a desktop exercise once a year and
* a major live exercise every three years

The CCG will maintain an exercise plan based upon these requirements as part of the overall annual EPRR work plan. The responsibility to exercise plans can be discharged through participation in multi-agency exercises or the response to a real event.

## 4.3 Review and continuous development

As part of its commitment to continual development, the CCG will undertake reviews of its response and procedures following major exercises or real incident response. Where appropriate this may take place as part of a multi-agency process. The Senior EPRR Manager will maintain appropriate procedures for debriefing staff and acting on lessons identified.

Lessons identified will be addressed through changes to policy, plan and procedures and or staff training. The AEO will be responsible for ensuring that this process takes place and that appropriate actions are included in the EPRR annual work plan.

This Policy and all associated plans will be monitored and reviewed in line with the NHSEI Annual Assurance process. Each year the annual review process generates a work plan which will enable the CCGs to effectively review this policy against national standards.

The EPRR Policy and associated plans will be reviewed at least annually or in the event of any changes to:

* Business objectives and processes
* Organisational function
* Organisational structures and staff
* Key suppliers or contractual arrangements
* If an updated risk assessment highlights a new or changed vulnerability.

The Policy, plans and procedures may also be reviewed following the response to a real incident or exercise. Where changes are made these will be communicated with all relevant staff and partner organisations and where necessary, updated documents will be circulated.

# 5. References

## 5.1 Definitions and Glossary

Within this policy the following words shall have the meanings set out below:

|  |  |
| --- | --- |
| **AEO** | Accountable Emergency Officer |
| **BCM** | Business Continuity Management |
| **BIA** | Business Impact Analysis |
| **Business Continuity** | The capability of an organisation to continue delivery of products or services at acceptable predefined levels following a disruptive incident. |
| **Business Continuity Incident** | An event or occurrence that disrupts, or might disrupt, an organisation’s normal service delivery, below acceptable predefined levels, where special arrangements are required to be implemented until services can return to an acceptable level. (This could be a surge in demand requiring resources to be temporarily redeployed). |
| **Business Continuity Management** | A holistic management process that identifies potential threats to an organisation and the impacts to business operations those threats, might cause, and which provides a framework for building organisational resilience with the capability of an effective response that safeguards the interests of its key stakeholders, reputation, brand and value-creating activities. |
| **Business Continuity Plan** | Documented procedures that guide organisations to respond, recover, resume and restore to a predefined level of operation following a disruption. |
| **Business Impact Analysis** | Process of analysing activities and the effect that a business disruption might have on them. |
| **CCA** | Civil Contingencies Act 2004 |
| **CCG** | Clinical Commissioning Group |
| **Critical Incident** | 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** | Under Section 1 of the CCA 2004 an “emergency” means“(a) an event or situation which threatens serious damage to human welfare in a place in the United Kingdom;1. an event or situation which threatens serious damage to the environment of a place in the United Kingdom;
2. war, or terrorism, which threatens serious damage to the security of the United Kingdom”.
 |
| **EPRR** | Emergency Preparedness, Resilience and Response |
| **Incident** | Situation that might be, or could lead to, a disruption, loss, emergency or crisis. |
| **LHRP** | Local Health Resilience Partnership |
| **LRF** | Local Resilience Forum |
| **Major Incident** | Any occurrence that presents serious threat to the health of the community or causes such numbers or types of casualties, as to require special arrangements to be implemented. For the NHS this will include any event defined as an emergency. |
| **NHS** | National Health Service |
| **NHSEI** | NHS England and NHS Improvement |
| **Resilience** | Adaptive capacity of an organisation in a complex changing environment. |
| **Response** | Decisions and actions taken in accordance with the strategic, tactical and operational objectives defined by emergency responders. |
| **Risk Assessment** | Overall process of risk identification, risk analysis and risk evaluation. |

## 5.2 Reference Documents

* The Civil Contingencies Act 2004 [www.legislation.gov.uk/ukpga/2004/36/contents](http://www.legislation.gov.uk/ukpga/2004/36/contents)
* The Health and Social Care Act 2012 [www.legislation.gov.uk/ukpga/2012/7/contents/enacted](http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted)
* NHSEI EPRR Guidance and Framework [www.england.nhs.uk/ourwork/eprr/gf/](http://www.england.nhs.uk/ourwork/eprr/gf/)
* NHS standard contract [www.england.nhs.uk/nhs-standard-contract/](http://www.england.nhs.uk/nhs-standard-contract/)
* National Occupational Standards (NOS) for Civil Contingencies – Skills for Justice 22 [www.effectivecommand.org/Content/docs/Civil\_Contingencies\_Act\_Nati](http://www.effectivecommand.org/Content/docs/Civil_Contingencies_Act_Nati) onal\_Occupational\_Standards.pdf
* BSI PAS 2015 – Framework for Health Services Resilience shop.bsigroup.com/ProductDetail/?pid=000000000030201297
* ISO 22301 Societal Security - Business Continuity Management Systems Requirements

[www.iso.org/standard/50038.html](http://www.iso.org/standard/50038.html)

* NHSEI Core Standards For EPRR [www.england.nhs.uk/publication/nhs-england-core-standards-for-eprr/](http://www.england.nhs.uk/publication/nhs-england-core-standards-for-eprr/)
* Preparation and planning for emergencies: responsibilities of responder agencies and others [www.gov.uk/guidance/preparation-and-planning-](http://www.gov.uk/guidance/preparation-and-planning-) for-emergencies-responsibilities-of-responder-agencies-and-others

# 6. Equality and Engagement Impact Assessment

Please refer to the Guidance for Completion of the Equality and Engagement Impact Assessment. If you require any assistance in completing this form please contact the Patient Engagement and Experience team.

|  |  |
| --- | --- |
| **Title of service, policy or programme:** | **Emergency Preparedness Resilience Response (EPRR) Policy** |
| **Name and job title involved in the completion of this assessment:** | Senior EPRR Manager |
| **Date of this assessment:***(It is good practice to undertake an assessment at each stage of the project)* | 09/08/2021 |
| **Stage of service, policy or programme change**  *(earlier versions of this impact assessment should be included in your submission)*  | **Development** ☐  | **Implementation** 🗹  | **Evaluation/review** ☐  |
| **1. Outline** |
| **Give a brief summary of your policy, service or programme. Include reference to the following:** Is this a new or existing policy, service or programme? If it is not new, detail any proposals for change.  | NHS England and NHS Improvement (NHSEI) requires that all CCGs prepare and test arrangements in response to emergency and business continuity incidents. This policy outlines the requirements to which NHS Gloucestershire CCG must adhere to and how these will be delivered. The policy applies to all aspects of the CCG’s operations and services. The process of EPRR is the responsibility of the whole organisation and is driven by NHS Gloucestershire CCG Governing Body through the Accountable Emergency Officer. The aim of the EPRR policy is to ensure that the CCG can support the local health economy in its response to an emergency incident whilst maintaining high levels of service for the local population.It is a new policy and requested for implementation. |
| **What aims/outcomes do you want to achieve?** | The adoption of the EPRR Policy to support the CCG in recognising and achieving EPRR Core Standards set by NHS EI. |
| **Give details of any evidence, data or research used to support your work. Consider the following:** Health Needs AssessmentJSNA/Inform dataNational/regional dataPatient experience data | The policy is a requirement of the NHS England and Improvement Core standards as described in the NHS England Emergency Preparedness, Resilience and Response Framework Document of 2015. |
| **2. Engagement**  |
| **What relevant patient experience data/feedback is already available?** Include information from any relevant national/regional patient groups, eg. Healthwatch, national surveys | Not relevant to patients |
| **How have patients, carers and families, staff been involved in shaping your proposals.** If your policy/programme is currently being developed, please explain any further plans for engagement and/or consultation. *(\*Plans for additional engagement should also be included in the Section 5: Action Plan below)*  | The document has been shared with The Director and staff responsible for EPRR within the CCG and assured for completeness by BaNES, Swindon and Wiltshire CCG. |
| **If your plans/policies are implemented please explain:**  |
| **Any impact on the way in which services are delivered?** E.g. Change in location, frequency of appointments. | None |
| **Any impact on the range of health services available?** | None |
| **Have you considered whether any change could be considered significant variation? If yes, formal public consultation will be required** *(See Guidance or ask your Engagement Team for advice).* | There is no significant change caused by this policy. |
| **3. Equality considerations**This is the core of the Equality Impact Analysis; what information do you have considering any potential or existing *impact on protected groups, as defined by the Equality Act 2010*. Consideration should also be given regarding wider inequalities that people may experience because of social, domestic, environmental and economic circumstances, eg. Unpaid carers, rural isolation, areas of deprivation. If your proposals contain more than one solution for service delivery, you should consider the potential impact for **each** of the solution in this section. |
| **(Please complete****each area[[1]](#footnote-1))** | **What key impact have you identified at this stage?** |  **Explain any positive or negative impact below. What action, if any, has been taken to address these issues?** | **Further action required?***(\*Include details in Section 5: Action Plan below)* |
| **Positive****Impact** 🗹 | **Neutral****impact** | **Negative****Impact** |
| **Age** | ☐ | 🗹 | ☐ | No impact |  |
| **Disability** | ☐ | 🗹 | ☐ | No impact |  |
| **Gender reassignment** | ☐ | 🗹 | ☐ | No impact |  |
| **Marriage and civil partnership** | ☐ | 🗹 | ☐ | No impact |  |
| **Pregnancy and maternity**  | ☐ | 🗹 | ☐ | No impact |  |
| **Race** | ☐ | 🗹 | ☐ | No impact |  |
| **Religion or belief** | 🗹 | ☐ | ☐ | No impact |  |
| **Sex** | 🗹 | ☐ | ☐ | No impact |  |
| **Sexual orientation** | ☐ | 🗹 | ☐ | No impact |  |
| **Other considerations** | ☐ | ☐ | ☐ | No impact |  |

|  |
| --- |
| **4. Monitoring and review**  |
| **If you are at the implementation or evaluation stage of your policy development/service or programme change:**  |
| **Has an earlier Impact Assessment been undertaken?** | **Yes** ☐ | **No** 🗹 | **N/A** ☐ |
| **If yes, please include details of any action plan below:**  |
| **What issues/actions have previously been identified?** | **None** |
| **Are any further actions required?** | **N/a** |

|  |
| --- |
| **5. Action Plan** |
| **Issues/impact identified in Section 2, 3 or 4 above** | **Explain any further actions required** | **How will you measure and report impact/progress** | **Timescale for completion** |
|  |  |  |  |
| **When will the proposal be next reviewed?** | 2022 |

|  |  |  |
| --- | --- | --- |
| **6. Completion:**  | **Name and Job title** | **Date** |
| Completed by:  | Senior EPRR Manager |  |
| Equality Lead:  | Christina Gradowski  |  |
| Project Sponsor:  | Marion Andrews-Evans |  |
| Policy/programme signed off by: (*E.g. Governance and Quality, Governing Body, etc)*  |  |  |

1. Positive Impact: will actively promote the values of the CCG and ensure equity of access to services;

 Neutral Impact: where there are no notable consequences for any group;

 Negative Impact: negative or adverse impact for any group. If such an impact is identified, you should ensure, that as far as possible, it is eliminated, minimised or counter balanced by other measures. [↑](#footnote-ref-1)