

Thames Valley ICB

Emergency Preparedness, Resilience and Response (EPRR) Policy and Strategy

2026 V0.1

Title	EPRR Policy and Strategy
Policy no	COR-008
Lead Officer	EPRR Manager
Purpose of document	To state the ICB's policy and strategy in relation to emergency preparedness, resilience and response.
Status	Draft
Version No.	0.2
Date	06/03/2026
Author(s)	EPRR Manager
Date approved by Senior / Exec Management Team	16 March 2026
Review Date	Three years or sooner if material change required.
Groups/individuals overseeing development	EPRR Team
Publication	Intranet: Yes / Public Website: Yes

Version	Date	Details of changes	Author
0.1	06/03/2026	New document	Sophie Bellars
0.2	27/03/2026	Changes to formatting and diagrams.	Sophie Bellars

Contents

1	Introduction	3
2	Definitions	4
3	Roles and Responsibilities	5
4	EPRR Programmes of Work	7
4.1	Governance	7
4.1.1	Continuous Improvement	7
4.2	Risk Management Strategy	8
4.2.1	Risk Identification & Assessment	8
4.2.2	External Risks	9
4.2.3	Internal Risks	9
4.2.4	Risk Mitigation	10
4.2.5	Risk Escalation and Review	10
4.3	Duty to Maintain Plans	11
4.4	Command and Control	11
4.5	Training and Exercising	12
4.6	Response	13
4.7	Warning and Informing	14
4.8	Cooperation	14
4.9	Business Continuity	15
5	Monitoring and Review	16
6	Equality Impact Assessment	16

1 Introduction

The NHS needs to be able to plan for and respond to a wide range of incidents and emergencies which could affect health or patient care. These could be anything from extreme weather conditions, an infectious disease outbreak, a major transport accident, a cyber security incident or a terrorist act. This is underpinned by legislation contained in the Civil Contingencies Act (2004), the NHS Act 2006 and the Health and Care Act 2022. These require NHS organisations, and providers of NHS-funded services, to show that they can deal with such incidents while maintaining services.

This programme of work is referred to in the health community as EPRR. New arrangements for local health EPRR form some of the changes the Health and Care Act 2022 made to the health system in England.

The Civil Contingencies Act (2004) (CCA) and the NHS England Emergency Preparedness, Resilience and Response Framework (2022) requires NHS organisations and providers of NHS-funded care to have plans and arrangements in place to respond to such incidents while maintaining services to patients.

Under the CCA, the NHS Thames Valley Integrated Care Board (from here on referred to as 'the ICB') is defined as a Category 1 Responder, meaning it is subjected to the list of statutory duties listed in the Civil Contingencies Act (2004) Contingency Planning Regulations (2005).

In addition to meeting the CCA legislative duties, the ICB is required to comply with guidance and framework documents, including but not limited to:

- NHS ACT, 2006
- Health and Care Act, 2022
- The NHS Constitution
- NHS England Emergency Preparedness, Resilience and Response Framework
- NHS England Core Standards for Emergency Preparedness, Resilience and Response
- NHS England Business Continuity Framework
- EPRR requirements laid out in the NHS Standard Contract
- Minimum Occupational Standards for NHS Emergency Preparedness, Resilience and Response (MOS)
- ISO 22301:2019 Security and resilience – Business continuity management systems
- Nation Risk Register
- Thames Valley Local Resilience Forum Community Risk Register
- Equality and health inequalities legal duties

This document outlines how the ICB complies with its statutory responsibilities and EPRR obligations, detailing the minimum requirements for planning and responding to risks, incidents and significant events. Furthermore, it outlines the strategy for how the ICB will structure its management and delivery of EPRR activity.

2 Definitions

The ICB has adopted the following definitions from the CCA 2004, NHS England EPRR Framework 2022 and other related guidance:

Emergency preparedness	The extent to which emergency planning enables the effective and efficient prevention, reduction, control, mitigation of and response to incidents and emergencies.
Resilience	Ability of the community, services, area or infrastructure to detect, prevent and, if necessary, withstand, handle and recover from incidents and emergencies.
Response	Decisions and actions taken in accordance with the strategic, tactical and operational objectives defined by emergency responders, including those associated with recovery.
Business Continuity Incident	An event or occurrence that disrupts, or might disrupt, an organisation's normal service delivery, to below acceptable predefined levels. This would require special arrangements to be put in place until services can return to an acceptable level. Examples include surge in demand requiring temporary re-deployment of resources within the organisation, breakdown of utilities, significant equipment failure or hospital acquired infections. There may also be impacts from wider issues such as supply chain disruption or provider failure.
Critical Incident	Any localised incident where the level of disruption results in an organisation temporarily or permanently losing its ability to deliver critical services; or where patients and staff may be at risk of harm. It could also be down to the environment potentially being unsafe, requiring special measures and support from other agencies, to restore normal operating functions. A Critical Incident is principally an internal escalation response to increased system pressures/disruption to services.
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 within the CCA 2004 (see below).
Emergency	(a) an event or situation which threatens serious damage to human welfare in a place in the United Kingdom;

	<p>(b) an event or situation which threatens serious damage to the environment of a place in the United Kingdom;</p> <p>or (c) war, or terrorism, which threatens serious damage to the security of the United Kingdom</p>
Business Continuity Management System	The overall management system that establishes, implements, operates, monitors, reviews, maintains and improves business continuity.
Business Impact Analysis	The process of analysing activities and the effect that disruption might have upon them, to identify critical activities to support prioritisation and mitigation.
Business Continuity Plan	Documents the procedures that guide the organisation to respond, recover, resume, and restore to a pre-defined level of operation following a disruption to business activities.
On-Call	Individuals who are on-call are rostered for a pre-determined period to respond to an actual or potential disruption or emergency in line with the ICB Incident Response Plan or other approved incident response plan.

3 Roles and Responsibilities

Accountable Emergency Officer	<p>The Accountable Emergency Officer (AEO), as required under the Health and Social Care Act 2012, is responsible for the strategic oversight of major incident and business continuity planning in accordance with the ICB's legal obligations and the purpose of this policy. This will be a board-level director with executive authority and responsibility for ensuring that the organisation complies with the organisation's statutory duties. The AEO will provide assurance to the ICB's Board that strategies, systems, training, policies and procedures are in place to ensure that the ICB is appropriately assessing the risk of, and preparing for, a range of incidents that may affect the delivery of NHS services or that the NHS may be required to respond to. Furthermore, the AEO will provide assurance to the ICB's Board that the appropriate response structures are in place in respect of any ongoing incident.</p> <p>The AEO will be the lead representative of the ICB at the executive meetings of the Local Health Resilience Partnership (LHRP) and Local Resilience Forum (LRF)</p>
Deputy Accountable	A Deputy Accountable Emergency Officer (DAEO) shall be appointed to support the AEO in discharging their

Emergency Officer	responsibilities. This will include being available to deputise at LHRP and LRF executive meetings.
Board	The Board will seek assurance from the AEO, through the committee structure, that the ICB complies with all EPRR statutory and non-statutory requirements.
Associate Director (AD) Emergency Preparedness, Resilience and Response	<p>The AD of EPRR is accountable and responsible for all aspects of the ICB's EPRR programmes of work, including development and review of the ICB's EPRR Policy and Strategy.</p> <p>The AD EPRR will ensure the ICB is meeting its statutory and non-statutory obligations and ensure the ICB is appropriately engaging with Local Resilience Forums, Local Health Resilience Partnerships and NHS England's EPRR structures.</p>
Emergency, Preparedness, Resilience and Response Senior Managers	The EPRR Senior Manager(s) are accountable for tactical oversight and delivery of the EPRR programmes of work.
Emergency Preparedness, Resilience and Response Managers and Officers	The EPRR Officer(s) are responsible for operational delivery of the EPRR programmes of work.
On-Call Directors	<p>On-Call Directors are responsible for the ICB's leadership of incidents and emergencies during on-call out-of-hours duty periods. This may include leading ICB representation at local incident response coordinating group meetings and regional NHS England led meetings.</p> <p>On-Call Directors are responsible for maintaining their knowledge and skills to perform their role through engagement with the EPRR training and exercising programme of activity.</p>
Directors and Heads of Departments	<p>All Directors and Heads of Departments are responsible for ensuring that their departments provide all necessary support as requested during the ICB's responses to an incident.</p> <p>In addition, Directors and Heads of Departments are responsible for ensuring their compliance with and participation in the ICB's Business Continuity Management System, through annual review of Business Impacts Analysis and development of Business Continuity Plans.</p>

EPRR Programmes of Work

The ICB shall maintain a defined EPRR Work Programme that is driven and informed by:

- statutory obligations
- NHS England Core Standards for EPRR
- guidance and best practice
- Local Resilience Forum work programmes
- Local Health Resilience Partnership work programmes
- NHS England national or regional EPRR work programmes
- National Security Risk Assessments
- Local and Community Risk Registers

The ICB's overarching EPRR Work Programme will be structured around the following core programmes of activity:

- Governance
- Duty to Risk Assess
- Duty to Maintain Plans
- Command and Control
- Training and Exercising
- Response
- Warning and Informing
- Cooperation
- Business Continuity

3.1 Governance

The ICB will maintain robust governance arrangements for EPRR through the appointment of an AEO, a board-level director with executive authority to ensure compliance with statutory EPRR duties. The ICB will operate an overarching EPRR policy that sets out the processes required to deliver all elements of the preparedness cycle. The AEO will provide an annual public report to the Board detailing incidents and emergencies, training and exercising activity, lessons identified, progress against action plans, outcomes of the NHS EPRR annual assurance process, and the organisation's latest self-assessment against the NHS Core Standards for EPRR. The ICB will maintain an annual EPRR work programme, informed by assurance outcomes, current guidance, lessons from incidents and exercises, audit findings, organisational context, equalities considerations, and the preparedness cycle. This programme will be regularly reviewed, reported on, and shared with partners where appropriate. The ICB will ensure sufficient resources are in place to discharge all statutory EPRR responsibilities, and the organisation will operate clear processes to capture, review, and embed learning from incidents and exercises into its EPRR and business continuity arrangements.

3.1.1 Continuous Improvement

This portfolio brings together a suite of intelligence, information and processes to inform how we holistically learn and improve all elements of EPRR activity.

The learning domain includes the process of debriefing from incidents and exercises through to the production of a suite of corrective actions or recommendations. Additionally, this includes our interaction with external learning systems such as the Joint Organisational Learning platform hosted by Joint Emergency Service Interoperability Programme (JESIP) more details can be located on the following link:

- [Joint Organisational Learning - JESIP Website](#)

The improvement domain includes strategic horizon scanning and recommendation for proactive action to recognise and address risks or threats before they materialise.

It will also include the coordination of centrally funded Higher Educational courses such as the Diploma in Health Emergency Preparedness, Resilience and Response (DipHEPRR). These courses will be directed at ensuring EPRR practitioners within the ICB and ICS have access to recognised learning opportunities, in turn developing the knowledge and experience across the ICS footprint.

The ICB will maintain a log of lessons identified through incident or event response, training, and exercising as part of the after-action review process. These lessons will be associated, where relevant, with corrective actions to be taken within the ICB or ICS.

The ICB will regularly review lessons identified from external sources, whether the NHS regionally or nationally, or debriefs and reports from other agencies, ensuring any lessons that might be relevant for the ICB are appropriately adopted into the ICB log.

The ICB will convene ICS-wide EPRR debriefs or reviews, where necessary. The ICB will contribute to debriefs or reviews convened by other agencies, where the ICB had a role in response.

The ICB will assure that all NHS providers within the ICS maintain effective processes for the debriefing of incidents and tracking of lessons and actions.

3.2 Risk Management Strategy

The ICB will maintain a systematic and continuous approach to assessing risks that may impact the population it serves. This includes regular consideration of all relevant risk registers, such as community risk registers, LHRP risk assessments, and the National Risk Register, to ensure the ICB maintains awareness of emerging and evolving threats.

The ICB will operate robust internal and external mechanisms for reporting, recording, monitoring, communicating, and escalating all EPRR-related risk detailed in the risk Management Strategy outlined in the *Figure 1 overleaf*.

3.2.1 Risk Identification & Assessment

The purpose of completing risk assessments and defining choices by allocating mitigating factors is to:

- Reduce the likelihood of a disruption to prioritised activities.
- Shorten the period of disruption to prioritised activities.

- Limit the impact of a disruption to the ICB's key services.

Risk identification and assessment will focus on two main areas:

3.2.2 External Risks

External risks which may impact prioritised activities will be identified by the AD of EPRR using:

- The National Security Risk Assessments (NSRA).
- Regional Risk Registers.
- Community Risk Registers.
- LRF/LHRP Risk Registers.

Risks identified from National and Community Risk Registers will be assessed using the worst credible case scenario.

3.2.3 Internal Risks

Internal risks which may impact prioritised activities should be included within the ICB's BIA to establish:

- The impact using the descriptors of the Corporate Risk Register.
- Mitigating factors.
- Residual risk score.

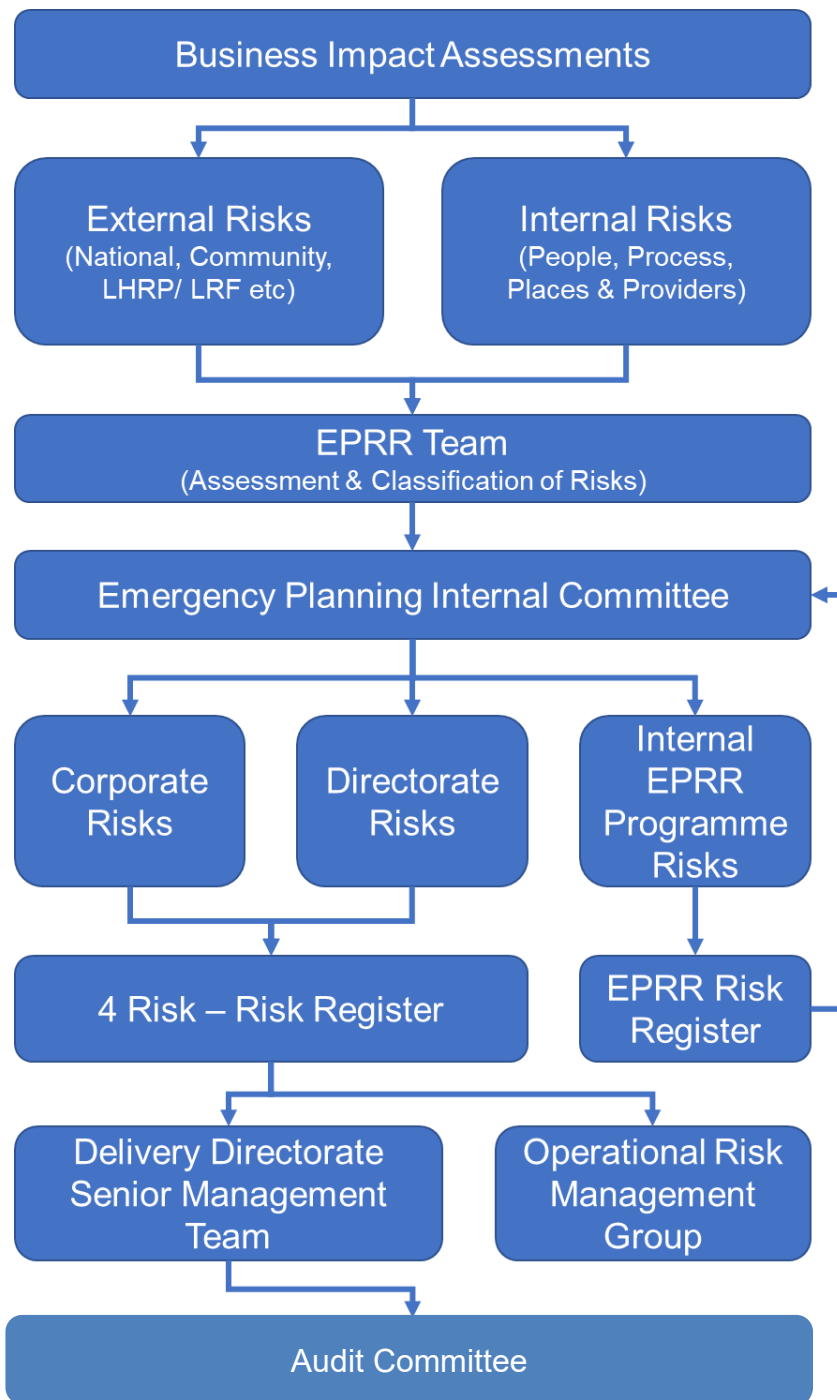


Figure 1: EPRR Risk Management Strategy Diagram

3.2.4 Risk Mitigation

The EPRR Team, and Directorate Leads / Heads of Service where it relates to internal Business Continuity, will be responsible for implementing risk mitigation to reduce the likelihood and/or impact of risks identified, with further assessment of any residual risk.

3.2.5 Risk Escalation and Review

All risks will be included within the monthly Emergency Planning Internal Committee (EPIC) meetings, attended by the ICB's AD of EPRR and Accountable Emergency Officer. Programme risks that only impact the EPRR team's internal ability to deliver will

primarily be discussed in this space and maintained on an EPRR programme risk register.

Those risks that relate to pan-ICB delivery impact, such as terrorism, adverse weather and pandemic disease, will be entered onto and maintained within the Corporate 4Risk management system, as corporate or directorate risks (depending on the scale of impact). Such risks will be reviewed monthly by the EPRR team, with occasional escalation to the Executive as required.

These risks will additionally be included in the EPRR routine six-monthly update to the ICB's Audit Committee.

3.3 Duty to Maintain Plans

The ICB will ensure that all plans and associated arrangements are developed collaboratively with relevant internal and external stakeholders. Collaborative planning will support the development of coherent, interoperable response arrangements and strengthen the ICB's ability to coordinate and deliver an effective, system-wide response to incidents.

These plans, policies, and operational arrangements consider and appropriately mitigate the potential impact on groups with protected characteristics, as required under the Equality Act 2010, as well as groups disproportionately affected by health inequalities. All planning and preparedness activities will pay due regard to equity and health inequalities during emergencies to safeguard the health, wellbeing and safety of patients, staff, and the wider community. Equality and health inequalities impact assessments will be embedded into relevant components of EPRR planning and decision-making.

The ICB will maintain effective arrangements to identify, declare, and respond to Business Continuity Incidents, Critical Incidents and Major Incidents. Plans will be regularly reviewed, tested, and updated to ensure organisational readiness. In conjunction with its Incident Response Plans, the ICB will maintain robust planning arrangements for adverse weather events, infectious disease outbreaks, pandemics, clinical countermeasures, mass casualty, mass fatality or excess fatality incidents, evacuation and shelter, lockdown, the management and care of Protected Individuals (including VIPs and high-profile patients), cyber security incidents or IT-related disruptions. There will be clear governance for decision making during prolonged or widespread disruption and under severe operational pressure.

3.4 Command and Control

The ICB maintains a resilient, tested and dedicated 24/7 on-call mechanism to ensure the prompt receipt, assessment and escalation of incident notifications from both internal and external sources. This system enables timely operational, tactical and strategic decision-making and ensures that the ICB can mobilise an appropriate response at all times.

The Tactical tier provides the initial point of contact for urgent issues and typically acts as Incident Manager during major incidents. The Tactical tier shall be comprised of Band 8d and Band 9 employees of the ICB. The rota shall be maintained at a ratio of

1:9 to 1:12 and employees will be entitled to an on call remuneration as per Agenda for Change Standard Terms and Conditions.

The purpose of the Strategic tier is to provide a point of escalation for the Tactical tier and to ensure the ICB has recourse to executive decision making 365-days a year. In the event of a major incident, the Strategic on-call is likely to take the role of Incident Director and be responsible for communication to-and-from the NHS England regional team. The Strategic tier shall be comprised of VSM employees of the ICB.

Both tiers of the rota will work together in the event of a major, critical or business continuity incident or any situation requiring coordination beyond business as usual and will provide strategic and tactical command to any local or multi-agency incident. In hours incidents or issues will be managed by business-as-usual teams.

In addition to the Tactical and Strategic on-call tiers, the ICB may also maintain Subject Matter Expert (SME) teams on-call, for example Communications.

Strategic and Tactical On-call Rotas shall be produced by the EPRR Team on a six-monthly basis, aside from holiday periods such as Christmas, based on nominated availability provided by on-call staff to the EPRR team during the 'rota build' period'. After point of publication, it is the responsibility of the individual to arrange suitable swaps, or cover should they no longer be available.

Should an individual have an unexpected absence or period of sickness that would affect their on-call duties, it is the responsibility of their line manager to notify the EPRR team so that cover can be arranged.

It is the responsibility of all on-call staff to ensure they maintain their skills, knowledge and competencies with respect to performing their on-call duties. This will include an annual self-assessment, and commander portfolio on a three yearly basis. The EPRR Team will provide a series of training, exercising and engagement opportunities throughout the year to support this, and will monitor attendance to collate a log of competency.

The ICB On-Call Standard Operating Procedure provides further detail on the implementation of the ICB On-Call systems, in addition to this Policy.

3.5 Training and Exercising

Training and exercising are integral to the development and maintenance of preparedness. This relates both to an individual's skills, knowledge and experience, as well as broader organisational capabilities, plans and processes.

The organisation will maintain a comprehensive Training Needs Analysis (TNA) to ensure that all staff with designated responsibilities in an incident have access to the training required to perform their role safely and effectively. The TNA will identify mandatory and role-specific competencies, aligned to national guidance and organisational risk, and will inform the planning, commissioning and delivery of all EPRR training activity. Training will incorporate national doctrine, lessons identified from incidents and exercises, and the ICB's broader assurance and improvement activities.

The ICB will maintain a rolling programme of EPRR exercising and testing in accordance with the minimum requirements set out in the NHS England EPRR Framework. The ICB's exercising programme shall identify exercises relevant to local risks, meet the needs of the ICB and its stakeholders, and ensure warning and informing arrangements are effective.

Specifically, the ICB shall undertake, as a minimum:

- Six-monthly communications tests.
- An annual table-top exercise.
- A live exercise every three years.
- A command post exercise every three years.

In meeting the NHS England Core Standards for EPRR, certain live incident responses may be accepted in lieu of the above exercising requirements, where it has not been possible to exercise due to persistent or enduring response efforts. In these situations, an agreement shall be reached annually with the NHS England regional team.

The ICB will ensure that responders and decision-makers maintain competency in line with the NHS Minimum Occupational Standards and organisational expectations. Training records and exercise participation will be maintained for all staff undertaking key response roles. Individuals will be supported to develop and maintain a continuous professional development portfolio demonstrating training undertaken, participation in exercises, involvement in incident response activities, and reflection on learning to support ongoing capability growth.

In addition, the ICB will ensure that all staff have an appropriate level of awareness of EPRR, local community risks and business continuity arrangements. Mechanisms will be in place to ensure staff know how to access relevant plans for their service area, understand the organisational response structure, and are aware of their responsibilities during an incident. This will support a well-informed, prepared workforce and strengthen organisational resilience across all departments.

3.6 Response

The ICB must maintain effective mechanisms to both respond to and coordinate the system response to any incident or event that may occur, 24 hours a day, 365 days a year. Mechanisms will be maintained to ensure that staff understand their responsibilities during an incident, how to access response documentation, and where to seek support or escalation. The ICB will ensure that all staff receive appropriate levels of awareness training in EPRR.

The IRP shall outline the associated Command, Control and Coordination (C3) arrangements for response and recovery, as well as how the ICB would establish an Incident Coordination Centre (ICC) physically or virtually if required. The IRP shall also outline the ICB's approach to incident recovery.

The ICB will maintain processes to support shared situational awareness during emergencies.

To ensure operational readiness, version-controlled response documents will be always kept up to date and available to staff who may need to access them. Staff will be made

aware of where these documents are stored and how to retrieve them during an incident. In addition, the ICB will ensure that key decision-makers and responders maintain accurate personal decision logs in accordance with organisational records management policies. A 24-hour logging function will be available to support incident leaders in capturing critical decisions, actions and rationale throughout an incident. The ICB shall maintain an Incident Response Plan that details the processes and structures that shall be brought into place to coordinate a response within and across the ICB footprint.

3.7 Warning and Informing

The ICB will maintain an integrated communications capability that is fully aligned with the EPRR function. The Communications team will participate in EPRR governance and planning cycles, remain sighted on the EPRR risk profile and annual work plan, and maintain surge capacity to respond at pace and scale during incidents. This includes access to on-call communications leadership, defined escalation routes into executive decision-making, and pre-agreed mutual aid arrangements to ensure continuity of function during protracted or concurrent events.

A comprehensive Incident Communications Plan will be maintained, approved, and readily enactable. Staff assigned to incident communications roles will receive role-specific training, with currency maintained via regular updates, skills refreshers, and participation in multi-agency exercises.

Following an incident, the ICB will provide recovery communications, transparency on impact and restoration of services, and targeted engagement with affected communities and staff, contributing to formal debriefs and lessons-learned processes. These arrangements will ensure that communications activity is consistent with legal, clinical safety, data protection, and information governance requirements, and interoperable with system partners and multi-agency structures.

3.8 Cooperation

Effective EPRR is built upon the foundations of quality relationships both internally and externally to any organisation. Good relationships are often cited in incident debriefs as having contributed to the efficacy of response.

This portfolio is focused on ensuring the ICB invests in maintaining relationships with external stakeholders that are necessary to successfully discharge statute requirements – specifically the Civil Contingencies Act 2004 legal duties to: -

- *‘share information with other local responders to enhance co-ordination’ and ‘co-operate with other local responders to enhance co-ordination and efficiency’.*

The ICB is committed to effective leadership and representation. The AEO will attend LHRP meetings. In addition, the AEO or delegated representative will actively participate in LRF meetings, reinforcing the ICB’s commitment to partnership working, interoperability, and shared situational awareness.

To support system resilience and operational continuity, the ICB maintains formal mutual aid arrangements that define the processes for requesting, coordinating, and

maintaining shared resources, ensuring readiness for exceptionally complex or high-impact events. The ICB has established mechanisms to prepare for, coordinate, and respond to incidents that span multiple LHRP or LRF areas, recognising the need for flexible, scalable command and control arrangements during cross-boundary emergencies.

The ICB ensures that AEO-level participation in the Local Health Resilience Partnership occurs at least quarterly, providing regular oversight, assurance, and strategic alignment across the integrated care system. These meetings facilitate joint risk assessment, shared planning, and coordinated preparedness activities that enhance collective resilience across health and multi-agency partners.

3.9 Business Continuity

The ICB is committed to maintaining robust and resilient business continuity arrangements that safeguard essential services and ensure the protection of patients, staff, and partners in the event of disruption. This commitment underpins the ICB's strategic approach to preparedness, response, and recovery, ensuring continuity of critical functions under all foreseeable circumstances.

Business Impact Analyses (BIAs) are conducted annually to assess the potential effects of disruption on the ICB's services. These analyses provide essential insight into the time-critical activities, resource dependencies, and tolerances for disruption that inform the development and prioritisation of continuity strategies. In addition to the annual review, BIAs are re-assessed when significant organisational changes occur or following major incidents, ensuring that the BCMS remains dynamic, current, and reflective of evolving operational realities.

The ICB maintains Business Continuity Plans (BCPs) for all relevant services, detailing how it will respond to, manage, and recover from disruptions affecting people, information and data, premises, key suppliers and contractors, IT systems, and critical infrastructure. These plans ensure a structured and coordinated response, providing clear procedures, escalation routes, decision-making frameworks, and recovery strategies to enable continuity of operations during adverse events. This includes well-defined manual contingency processes for Emergency Operations Centre and Computer Aided Dispatch systems, which are tested annually, with learning captured and acted upon as part of continuous improvement.

To maintain assurance, the organisation monitors, measures, and evaluates the performance of its BCMS against established Key Performance Indicators. Findings from exercises, incidents, and corrective actions are formally reported to the Board on an annual basis, strengthening oversight and strategic accountability. Planned audits are also conducted to confirm compliance with organisational business continuity policies and broader governance standards. These audits support transparency, provide assurance to regulators and stakeholders, and help to embed a culture of resilience across the organisation.

Additionally, the ICB operates a structured process to assess the business continuity arrangements of commissioned providers and suppliers. This process ensures that partners maintain effective, exercised, and interoperable BCPs that align with organisational expectations and support system-wide resilience. Through this assurance framework, the organisation strengthens the resilience of its wider supply chain and reduces vulnerability to external disruption.

4 Monitoring and Review

Monitoring and evaluating the effectiveness of this policy, and the EPRR arrangements associated with it, will take place formally annually through the NHS England Core Standards for EPRR assurance process.

This Policy will be reviewed routinely on an annual basis as part of the NHS England assurance process, however, will only seek formal ratification every three-years via the ICB executive leadership team, unless material change is required.

5 Equality Impact Assessment

		Yes/No	Comments
1	Does the policy affect one group less or more favourably than another on the basis of:		
	Race	No	
	Ethnic origins (including gypsies and travellers)	No	
	Nationality	No	
	Gender	No	
	Culture	No	
	Religion or belief	No	
	Sexual orientation including lesbian, gay and bisexual people	No	
	Age	No	
	Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
2	Is there any evidence that some groups are affected differently?	No	
3	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	None identified	
4	Is the impact of the policy likely to be negative?	No	
5	If so can the impact be avoided?	N/A	
6	What alternatives are there to achieving the policy without the impact?	No impact identified	

