

# **Emergency resilience and response and business continuity policy**

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# Document control sheet

**Title of document:** Emergency resilience and response and business continuity policy

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**Originating team:** Emergency planning, resilience, and response (EPRR)

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**Target audience:** Business continuity leads, directors on call, incident commanders

**Can this policy be released under FOI?** Yes

## Version control

Version number	Revision date	Revision by	Nature of revisions
1.1	20 April 2021	EPRR manager	Combined BCP and EPRR policy; new appointments reflected.
1.2	16 August 2021	Head of EPRR and EPRR manager	Removal of duplicated information held within the business continuity plan, added definitions of business continuity.
1.3	21 September 2021		Policy ratified by People and organisational governance committee.
1.4	October 2021	Head of EPRR	Final accessibility checks completed.

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# 1. Introduction

All NHS organisations have a responsibility to prepare for, and respond to, emergency incidents and other disruptive events that impact upon their community or their service delivery.

Within the NHS incidents are classed as either:

- business continuity incident
- critical incident
- major incident

## Business continuity incident

A business continuity incident is an event or occurrence that disrupts or might disrupt an organisation's normal service delivery below acceptable predefined levels where special arrangements are required to be implemented until services can be returned to an acceptable level. This could be a surge in demand requiring resources to be temporarily redeployed.

## Critical incidents

A critical incident is any localised incident where the level of disruption results in the organisation temporarily or permanently losing its ability to deliver critical services, patients may have been harmed or the environment is not safe requiring special measures and support from other agencies to restore normal operating functions

## Major incident

A major incident is any occurrence that presents serious threat to the health of the community or causes such numbers or types of casualties as to require special arrangements to be implemented. For the NHS this will include any event defined as an emergency.

Each will impact on service delivery within the NHS, may undermine public confidence and require contingency plans to be implemented. NHS organisations should be confident of the severity of any incident that may warrant a major incident declaration, particularly where this may be due to internal capacity pressures, if a critical incident has not been raised previously through appropriate local escalation procedure.

NHS Kernow Clinical Commissioning Group (NHS Kernow) has a leadership role both in ensuring that the delivery of essential healthcare to the community is maintained and in support of NHS England and NHS Improvement (NHSEI), leading the local health response to emergencies that affect our communities.

By implementing this policy, NHS Kernow will integrate its response into the wider NHS response to emergencies in the community; it will also enable NHS Kernow to maintain its critical functions, despite disruption affecting its services.

## 2. Purpose

This policy sets out how NHS Kernow will ensure that it meets its emergency preparedness, resilience, and response (EPRR) responsibilities, as required by statute and national policy.

## 3. Definitions

As a discipline, EPRR has its own terminology which is used by all NHS emergency response organisations. The definitions of those terms which are used in this document are set out below.

Term	Definition
AEO	Accountable emergency officer. An executive director with responsibility for discharging the organisation's EPRR duties under the NHS Act 2006, Section 252A.
BCMS	Business continuity management system. The system through which business continuity preparedness will be managed.
BCP	Business continuity plan. A plan for how the response to a disruptive incident will be managed, ensuring that the organisation's critical functions are maintained or swiftly re-established.
CRR	Community risk register. A risk assessment of the hazards and threats faced by the local area, undertaken by local resilience forum participants based upon historical evidence and the advice of national experts.
DCIoS BMG	Devon, Cornwall and Isles of Scilly business management group. An EPRR practitioner group responsible for implementing the strategic direction set out by the local health resilience partnership.
EPRR	Emergency preparedness, resilience, and response. This is the nationally used NHS term for what was previously known as emergency planning
LHRP	Local health resilience partnership. A national policy mandated group of NHS accountable emergency officers from all NHS organisations in Devon, Cornwall and the Isles of Scilly, who provide an integrated strategic direction to the EPRR work undertaken by their constituent organisations.
Loggist	An individual trained to record decisions in a manner that promotes the credibility and defensibility of the incident log in which the organisation's incident response decisions are written.

Term	Definition
LRF	Local resilience forum. A statutory process under the Civil Contingencies Act 2004, whereby emergency responding organisations co-operate and co-ordinate their emergency planning to promote an integrated emergency response. Chaired by the police and based upon police force boundaries. Divided into an executive group of chief officers' group and an EPRR practitioners' group. Takes place monthly on a Thursday.

## 4. Legislation and policy

As an NHS organisation, NHS Kernow is subject to legislation and national policy that govern the EPRR landscape; these are set out below.

### Legislation

- NHS Act 2006, sections 252A and 253 (as amended by the Health and Social Care Act 2012)
- NHS Constitution
- Civil Contingencies Act 2004
- Health and Social Care Act 2012
- Health and Safety at Work Act 1974

### Policy

- NHS England EPRR Framework 2015
- NHS England Business Continuity Management Framework (Service Resilience) 2013
- NHS England and NHS Improvement annual Core Standards for EPRR (2019)

## 5. Roles and responsibilities

### Accountable officer

The accountable officer is accountable for the preparedness of NHS Kernow and for its response to emergency incidents and other disruptive events; this may be delegated to another executive director in the role of accountable emergency officer.

### Accountable emergency officer

The accountable emergency officer is an executive director to whom the accountable officer has delegated the executive responsibility for NHS Kernow's EPRR obligations.

## Non-executive director

NHSEI core standards for EPRR state that a non-executive director or suitable alternative should be appointed to support the accountable emergency officer in their role. This role is that of a critical friend on the Governing Body. Within NHS Kernow this role is currently undertaken by the deputy director of corporate governance.

## Head of EPRR

The Head of EPRR will lead the provision of an efficient, effective, and high-quality professional and well-co-ordinated EPRR function capable of meeting all statutory, regulatory and NHS requirements, ensuring alignment with the activity of the organisation.

The post holder will be the strategic lead, supporting directors, managers, and staff across NHS Kernow. The role provides strategic leadership across the local system in the planning for, and response to, incidents and emergencies whilst also offering assurance that the system can develop and maintain a good level of emergency preparedness.

The delivery of this function will require the post-holder to undertake the annual EPRR assurance process on behalf of NHS Kernow, liaising with provider EPRR Leads and NHSEI South-West regional EPRR team as necessary to deliver this.

## EPRR manager

The EPRR manager is responsible for the day-to-day delivery of the EPRR function, ensuring that NHS Kernow meets its statutory and other obligations in line with the NHS England's core standards for EPRR.

The primary functions of the role are to:

- develop and maintain emergency plans
- develop and support business continuity preparedness within NHS Kernow
- maintain and support the 24/7 director on-call system
- develop, arrange, and deliver the training necessary for key staff to enable preparedness
- develop, arrange, and deliver exercises to validate emergency and business continuity plans
- liaise with health and multi-agency partners, as necessary, in the pursuit of the above
- prepare and provide evidence in support of the NHS Kernow submission for the annual EPRR assurance
- alongside the head of EPRR, undertake the annual EPRR assurance of Cornwall providers as part of the national process



## On-call staff

On-call staff are responsible for leading NHS Kernow in response to any emergency incident or disruptive event that occurs during their period of on-call duty. They have the delegated authority to commit and direct NHS Kernow resources in support of the health response to an incident, as they deem it necessary and appropriate.

If requested, during an emergency in the community, on-call staff will support NHSEI by attending a multi-agency tactical co-ordinating group to represent the local healthcare system and provide leadership to providers responding at that level. This is related to ongoing NHSEI change in incident response policy and their delegation of responsibility to clinical commissioning groups (CCGs).

On-call staff are available and contactable 24/7 for the duration of their period of duty. Staff are required to ensure their preparedness and familiarity with the role by committing themselves to:

- on-call induction training prior to commencement of on-call duties
- annual on-call refresher training
- healthcare strategic leadership in crises and emergencies (H-SLICE) training, with a refresher undertaken at least every 3 years
- other training identified as necessary for undertaking the on-call role
- participation in internal NHS Kernow, external health, and multi-agency [emergency preparedness exercises](#), to validate their training and NHS Kernow plans

## Business continuity leads

Directorate business continuity leads will have the necessary seniority and knowledge of their directorate to be able to complete a business impact analysis to then develop the directorate business continuity plan to provide a robust basis for a response to a disruptive event.

## Loggists

The loggist role is recognised in national policy as being necessary to ensure decisions made by the incident directors and the rationale for those decisions made during emergency incident responses are recorded in an incident logbook.

Loggists will be trained to enable on-call staff to be supported by them in the fulfilment of their duties, and a list of loggists maintained by the EPRR team will be accessible within the on-call rota. On-call staff will be briefed on the role of the loggist in order to understand their importance to them and NHS Kernow, and how best to work with them.

## 6. Resources

In order that EPRR plans, and policies are properly scrutinised and authorised, they will undergo the following sign off steps:

- initial approval by the accountable emergency officer
- approval by the accountable emergency officer's senior management team or people and organisational governance committee in line with our policy on policies, for example latter is required where any major changes are requested
- Governing Body will receive a copy of the notes of the people and organisational governance committee

## 7. On-call system

The on-call system will comprise a single tier director on-call rota, staffed by executive directors and senior managers.

On-call staff will participate in an on-call rota that allocates them to duty periods that are primarily a period of 7 days, starting at 10am on a Tuesday and finishing at 10am the following Tuesday. The on-call period is 24/7 duty.

On-call staff will be activated via a single point of contact telephone number which will enable partners and staff to contact whoever is on-call at the time they dial the number. This will be via Bodmin switchboard.

On-call staff will be supported by an on-call pack prepared and maintained by the EPRR team.

On-call staff may swap duty periods by finding another rota participant to cover their duty period and then notifying the EPRR team of the change; the EPRR team or nominated administrative support will then amend the on-call rota.

## 8. Emergency plans

NHS Kernow will develop and exercise a suite of emergency plans, as required by the NHSEI core standards for EPRR. The plans that are required will provide for a response to (this list is not exhaustive):

- emergency incidents
- severe weather
- fuel disruption
- pandemic influenza
- communicable disease
- mass casualty (regional mass casualty plan)

All the above can be found within our business continuity plan.

## 9. Risk management

NHS Kernow's emergency plans will be based upon assessed risk. This risk assessment will take into consideration the assessment of risks undertaken by the local resilience forum and published in the community risk register. It will also take into consideration any risk assessment undertaken by the local health resilience partnership and any high rated risks on the national risk register.

The risk assessment will be undertaken by the EPRR team and, where a risk is identified as high or very-high, consideration must be given to escalating it onto our corporate risk register.

The corporate risks have been assessed and can be found within the corporate business continuity plan.

Based on the outcomes of the risk assessment and [impact assessment](#), NHS Kernow will explore the options that exist to minimise the level of risk faced by the organisation. Strategies will be devised for all risks identified from very high to low scores, based on the following proposed framework.

- Mitigation: identifying strategies, activities, modifications, or controls aimed at reducing the risk.
- Acceptance: ensuring the risk is owned at the appropriate level (normally director level) within the organisation.
- Transferring: changing the process, ceasing the practice, outsourcing the service, or transferring the risk.
- Eliminating: if possible, removing the cause, avoiding the risk or introduce preventative measures.
- Recovery: developing and testing recovery plans to deal with any threats and hazards identified. For significant risks (rated high or extreme) this will involve developing specific contingency plans, if appropriate, as part of the corporate business continuity plan. Other risks (rated medium or low) will be managed at directorate level as part of directorate business continuity plans.

## 10. Business continuity management system

To be able to maintain its critical business functions, NHS Kernow has a business continuity management system aligned to ISO 22301. The system will be maintained by the EPRR team, supported by directorate business continuity leads.

NHS Kernow's priorities to a significant disruption (whether actual or impending) will always be to:

- ensure the safety and welfare of its personnel and patients in accordance with relevant sections of the Health and Safety at Work Act 1974 and other primary legislation
- endeavour to meet its obligations under the Civil Contingencies Act 2004 and EPRR core standards 2015
- protect its reputation
- minimise risks to its financial position and reputation
- facilitate a return to normal operations as soon as practicable
- ensure the delivery of statutory functions and objectives

The business continuity management system will comprise the following elements:

- NHS Kernow EPRR and business continuity policy and business continuity plan, maintained by the EPRR team
- business impact analysis used by services to:
  - define the activity and its supporting processes
  - map the distinct stages of each activity and process
  - determine the impacts of a disruption
  - define the maximum tolerable period of disruption for each process and the recovery time objectives (where ISO 22301 defines recovery time objective as the target time set for the resumption of a service delivery after an incident)
  - determine the minimum resources needed to meet recovery objectives
  - to develop directorate business continuity plans maintained by directorate business continuity leads

As part of the ongoing business continuity cycle, NHS Kernow will periodically re-evaluate its arrangements, identify the most vulnerable processes, improve resilience, and thereby reduce the level of risk faced by the CCG. At the very least business continuity plans will, where possible, be reviewed as part of a yearly audit cycle and after each activation. Any identified learning will be built into the EPRR workplan, an action plan developed, associated actions allocated and monitored through to completion.

NHS Kernow sites covered by the policy are:

- Peninsula House, Saltash
- Daromaba House, Liskeard
- Truro Health Park, Truro
- Cudmore House, Truro
- Praze-an-Beeble
- Penwinnick Road, St Austell
- Victoria Beacon, Roche

Other sites may be added during the lifetime of this policy.

## 11. Participation in health and multi-agency EPRR structures

### Local health resilience partnership

The local health resilience partnership (LHRP) for Devon, Cornwall and the Isles of Scilly provides the strategic direction for Health EPRR work within its area. It is an executive level group attended by accountable emergency officers from all CCGs and providers, co-chaired by an NHSEI director and a lead local director of public health. The CCG will be represented at the partnership by the deputy director of corporate governance, delegated from the accountable emergency officer.

### Devon, Cornwall and Isles of Scilly business management group

The business management group is the EPRR operational level group with the responsibility for implementing the strategic direction of the LHRP. It is an EPRR practitioner group, chaired by an NHSEI EPRR manager, whose purpose is to implement the strategic directions provided by the local health resilience partnership. The CCG will be represented at the partnership by the head of EPRR.

### Local resilience forum

The local resilience forum is a statutory process for the integration of emergency preparedness in the local area, to the benefit of the community. The forum has an executive meeting element (the chief officers' group) and an emergency planning practitioner element (the monthly on Thursday meeting).

The NHS is formally represented at the local resilience forum chief officers' group by NHSEI and NHS Kernow attends the monthly on Thursday meetings, on behalf of system partners in Cornwall. All emergency responding organisations listed as category 1 or 2 in the Civil Contingencies Act 2004 are invited to participate in the forum monthly on Thursday meetings. CCGs are listed as category 2 emergency responding organisations in the Act and have delegated duties from NHSEI.

NHS Kernow is represented by the EPRR team at the monthly on Thursday meetings.

## 12. Training and exercising

To ensure that they are prepared for their on-call role, key staff must undergo regular training. This training required for different roles is set out below:

Training	Who	Frequency
On-call induction training	Director on-call	Once, prior to first on-call duty
On-call refresher training	Director on-call	Annually

Training	Who	Frequency
Healthcare strategic leadership in crises and emergencies (H-SLICE)	Director on-call	Every 3 years
Media training	Accountable officer or selected execs	Once (recommended)
Surviving public inquiries	Director on-call	Once (recommended)
Decision loggist training	Loggist volunteers	Every 3 years
Business continuity leads training	Directorate business continuity leads	Every 3 years

All NHS organisations are required to exercise their emergency and business continuity plans and the NHSEI Core Standards for EPRR sets out the following frequencies:

- communications exercise every 6 months
- table-top exercise every year
- live exercise every 3 years\*

\* This requirement may also be met by a live incident response which has required a plan to be activated, followed by a post-incident debrief, with lessons identified and a post-incident report having been written.

EPRR is a cyclical process. Risk registers associated arrangements and plans will be revisited on a regular basis. NHS Kernow will conduct incident or exercise debriefs and update plans and associated documentation based on the lessons identified.

The responsibility for ensuring that the training and exercising requirements are met lies with the head of EPRR.

### 13. Annual EPRR assurance

Each year, NHSEI require that all NHS organisations are assured against the NHSEI core standards for EPRR.

The responsibility for undertaking the assurance of Cornwall and Isles of Scilly NHS providers lies with NHS Kernow and will be carried out by the EPRR team under the oversight of NHSEI.

Following the assurance of all Cornwall and Isles of Scilly NHS providers, the EPRR team will provide the Governing Body with a written report on the state of NHS Kernow and Cornwall and Isles of Scilly NHS providers' emergency preparedness.

NHS Kernow will provide a written submission to the local health resilience partnership, presented by the accountable emergency officer, on the EPRR assurance outcomes for NHS Kernow and all Cornwall and Isles of Scilly providers.

## 14. Policies referred to in this document

- [National Health Service Act 2006](#)
- [The NHS Constitution for England](#)
- [Civil Contingencies Act 2004](#)
- [Health and Social Care Act 2012](#)
- [Health and Safety at Work Act 1974](#)
- [NHSE EPRR Framework 2015](#)
- [NHSE Business continuity Management Framework \(2013\)](#)
- [NHSE Core Standards for EPRR 2019](#)

## Appendix 1: Impact scoring table example

Score	Descriptor	Description
1	Negligible	<ul style="list-style-type: none"> <li>• No loss, damage or injury to service users, organisation, or stakeholders.</li> <li>• No serious threat to the health of the community.</li> <li>• Little or no inconvenience caused by service or business interruption.</li> </ul>
2	Minor	<ul style="list-style-type: none"> <li>• Minor loss, injury or damage to service users, the organisation, or stakeholders.</li> <li>• Minor threat to the health of the community (or parts of the community).</li> <li>• Effects of service or business disruption immediately addressed, little inconvenience caused.</li> <li>• Adverse publicity unlikely.</li> </ul>
3	Moderate	<ul style="list-style-type: none"> <li>• Moderate loss, injury or damage to service users, the organisation, stakeholders, or health of the community (or part of the community).</li> <li>• External assistance may be required from neighbouring trusts or organisations to address business interruption.</li> <li>• Local adverse publicity likely.</li> </ul>
4	Major	<ul style="list-style-type: none"> <li>• Extensive loss, injuries or damage to service users, the organisation, stakeholders, or the health of the community (or part of the community).</li> <li>• Internal critical incident may need to be declared.</li> <li>• Effects on external stakeholders.</li> <li>• Financial loss of £50k to £250k.</li> <li>• Litigation of £250k to £1 million.</li> </ul>
5	Catastrophic	<ul style="list-style-type: none"> <li>• Death, extensive loss, injuries or damage to service users, organisation, stakeholders or health of the community or wider community.</li> <li>• Internal critical incident declared.</li> <li>• Protracted, national, adverse publicity.</li> <li>• Extended closure of services.</li> </ul>



## Appendix 2: Equality impact assessment

An equality impact assessment is used to establish how a policy or similar document may impact on individuals, communities, or equality groups to identify and minimise or remove any disproportionate impact. A full impact assessment should be undertaken for policies, strategies, procedures, or projects which are anticipated to have an impact on members of the public.

**Name of policy or service to be assessed:** Combined EPRR and Business Continuity Policy

**Department or section:** Emergency preparedness, resilience, and response (EPRR)

**Date of assessment:** 17 August 2021

**Person(s) responsible for the assessment:** Claire Penellum

**Is this a new or existing policy?** Existing

### Aims, objectives and purpose of the policy

#### **Describe the aims, objectives, and purpose of the policy.**

The policy outlines how NHS Kernow will meet its legal obligations and NHS requirements and will provide documented evidence of continued commitment to delivery of critical services in the event of disruption and/or an incident. The policy outlines the accountable individuals, operating principles and activation process which will apply in response to incidents.

#### **Who is intended to benefit from this policy, and in what way?**

NHS Kernow staff will benefit from the implementation of robust incident response structures to ensure continued service delivery. Patients will benefit as disruption to the function of NHS Kernow in maintaining commissioning services will be minimised wherever possible

#### **What outcomes are wanted from this policy?**

Staff awareness of the content of the policy and key staff completing EPRR training will contribute to incident response

#### **What factors or forces could contribute or detract from the outcomes?**

Unawareness of the policy and the responsibilities of the organisation in responding to incidents.

#### **Who are the main stakeholders in relation to the policy?**

NHS Kernow business continuity leads, directors on call and incident commanders and all staff.

#### **Who implements the policy, and who is responsible for the policy?**

Implemented by the incident commanders and business continuity leads and policy responsibility rests with the EPRR team.

## Differential impacts

**Does this have a positive or negative impact on people who have a black, Asian and minority ethnic (BAME) background? How will any negative impact be mitigated?**

The policy reflects the current national guidance and best practice and is designed to protect the rights of all, irrespective of racial groups.

**Does this have a positive or negative impact on people who identify as male, female or intersex? How will any negative impact be mitigated?**

The policy reflects the current national guidance and best practice and is designed to protect the rights of all, irrespective of sex or how they identify themselves. There are no sections within the policies that distinguish between sexes.

**What is the positive or negative differential impact on people from the perspective of disability? How will any negative impact be mitigated?**

This policy is designed to protect all staff and it is anticipated that this should not impact on any one group of people over another, however it is acknowledged that the detail of the policy may prove difficult to understand and monitoring of the number of queries raised by this group of staff to ensure that they are not disproportionately affected will be undertaken. Information can be made available in alternative formats so that staff are able to access the policy. Adjustments will be made for any member of staff with a disability requiring assistance to enable them to understand how to implement incident response to the necessary standards

**Does this have a positive or negative impact on people who identify as heterosexual, lesbian, gay, bisexual, pansexual or asexual? How will any negative impact be mitigated?**

This policy is designed to protect all colleagues and does not impact on any one group of people over another.

**What is the positive or negative differential impact on people from the perspective of age? How will any negative impact be mitigated?**

This policy is designed to protect all colleagues and does not impact on any one group of people over another.

**What is the positive or negative differential impact on people from the perspective of religion or belief? How will any negative impact be mitigated?**

This policy is designed to protect all colleagues and does not impact on any one group of people over another.

**What is the positive or negative differential impact on people from the perspective of marriage and civil partnership? This is particularly relevant for employment policies. How will any negative impact be mitigated?**

None, this plan provides guidance to staff regardless of marriage or civil partnership.

**Does this have a positive or negative impact on people who identify as trans or transgender, non-binary, or gender fluid? How will any negative impact be mitigated?**

This policy is designed to protect all colleagues and does not impact on any one group of people over another.

**Does this have a positive or negative impact on people who are pregnant, breast-feeding mothers, or those on maternity leave? How will any negative impact be mitigated?**

This policy is designed to protect all colleagues and does not impact on any one group of people over another.

**Are there any other identified groups? How will any negative impact be mitigated?**

This policy is designed to protect all colleagues and does not impact on any one group of people over another.

## **Human rights values**

**How have the core [human rights values](#) of fairness, respect, equality, dignity, and autonomy been considered in the formulation of this policy, service, or strategy?**

The plan gives guidance to staff in implementing and in support of these values.

**Which of the human rights articles does this document impact?**

None of these values are impacted.

- ☐ To life
- ☐ Not to be tortured or treated in an inhuman or degrading way
- ☐ To liberty and security
- ☐ To a fair trial
- ☐ To respect for home and family life, and correspondence
- ☐ To freedom of thought, conscience, and religion
- ☐ To freedom of expression
- ☐ To freedom of assembly and association
- ☐ To marry and found a family
- ☐ Not to be discriminated against in relation to the enjoyment of any of the rights contained in the European Convention
- ☐ To peaceful enjoyment of possessions

**What existing evidence (either presumed or otherwise) do you have for this?**

The plan gives guidance to staff in implementing the on-call function and its support of these values.

**How will you ensure that those responsible for implementing the policy are aware of the human rights implications and equipped to deal with them?**

Human rights training is available and there is organisational guidance.

## Public Sector Value Act 2020

NHS Kernow is committed and obliged to fulfil the requirements of the Public Sector Social Value Act 2012. This Act requires the organisations to consider how services commissioned or procured might improve the economic, social, and environmental wellbeing of an area.

**Please describe how this will support and contribute to the local system, wider system, and community.**

This policy details how we will plan for, respond to, and recovery from incidents to enable a return to business as usual with minimal disruption.

**Describe how the policy contributes towards eliminating discrimination, harassment, and victimisation.**

Not applicable.

**Describe how the policy contributes towards advancing equality of opportunity.**

Not applicable.

**Describe how the policy contributes towards promoting good relations between people with protected characteristics.**

Not applicable.

**If the differential impacts identified are positive, explain how this policy is legitimate positive action and will improve outcomes, services and or the working environment for that group of people.**

Not applicable.

**Explain what amendments have been made to the policy or mitigating actions have been taken, and when they were made.**

Not applicable.

**If the negative impacts identified have been unable to be mitigated through amendment to the policy or other mitigating actions, explain what your next steps are using the following equality impact assessment action plan.**

Not applicable.

**Signed (completing officer):** Claire Penellum

**Date:** 19 August 2021

**Signed (head of department or section):** Jess Child

**Date:** 20 August 2021