

Emergency Preparedness, Resilience and Response (EPRR) Policy

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Emergency Preparedness, Resilience and Response (EPRR) Policy

Version Control Sheet

Version	Section / Para / Appendix	Version / Description of Amendments	Date	Author / Amended by
1		New Policy	06/08/12	Jill Anderson
2		Full review following new guidance	02/11/13	Jill Anderson
3		Full review	04/09/15	Ali Biegaj
4		Full review	21/09/17	Ali Biegaj
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Emergency Preparedness, Resilience and Response (EPRR) Policy

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Procedural Document Statement

Background Statement	<p>Under the Civil Contingencies Act (2004), NHS organisations must show that they can deal with incidents while maintaining services to patients. This work is referred to in the health community as 'emergency preparedness resilience and response' (EPRR).</p> <p>The Trusts EPRR and Risk Management arrangements supplement risks identified in the Community Risk Register and the National Risk Register.</p> <p>LCHS, as a NHS funded organisation, is committed to the development, maintenance and continual improvement of the business continuity management system (BCMS) that follows the principles of ISO 22301 (International Standard for Business Continuity) and the Department of Health PAS 2015 (Framework for Health Services Resilience).</p> <p>The Trust intends to demonstrate an ongoing commitment to improving the management of EPRR throughout the organisation by ensuring that suitable and effective resources, strategies, systems, training, exercising, policies and procedures are in place.</p>
Responsibilities	<p>Compliance with the policy will be the responsibility of all Lincolnshire Community Health Services NHS Trust staff.</p>
Training	<p>Training will be provided to any member of the organisation who is likely to be involved in the management of a major incident. All staff will have access to EPRR awareness sessions through mandatory and induction training.</p>
Dissemination	<p>LCHS Website Staff intranet Resilience Direct</p>
Resource implication	<p>It is expected that this policy will be delivered within the existing resources of Lincolnshire Community Health Services NHS Trust.</p>
Consultation	<p>A formal process for consultation and approval is required for both the initial production and subsequent reviews of this policy. Formal consultation has been undertaken with/through:</p> <ul style="list-style-type: none">• Heads of Clinical Services / Corporate Service Directors via the Emergency Planning Group

- Local Health Resilience Partnership

Monitoring

Monitoring requirements at Appendix A

Equality Statement

As part of our on-going commitment to promoting equality, valuing diversity and protecting human rights, Lincolnshire Community Health Services NHS Trust is committed to eliminating discrimination against any individual (individual means employees, patients, services users and carers) on the grounds of gender, gender reassignment, disability, age, race, ethnicity, sexual orientation, socio-economic status, language, religion or beliefs, marriage or civil partnerships, pregnancy and maternity, appearance, nationality or culture.

1. Introduction

LCHS has statutory duties, under the CCA (2004) to assess local risks and put in place emergency plans, co-operating with other local responders to enhance co-ordination and efficiency. LCHS is also required to have in place contingency plans that allow it to continue to provide services during a major incident, so far as is practicable and to recover from the additional pressure that an incident would place on it as an organisation.

While LCHS does not meet the legal definition of a Category One responder, under EPRR guidance the Department of Health and Social Care and NHS England expects all NHS funded organisations to plan for and respond to incidents in the same way as a Category One responder.

LCHS must be capable of responding to major incidents of any scale in a way that delivers optimum care and assistance to the victims, that minimises the consequential disruption to healthcare services and that brings about a speedy return to normal levels of functioning.

LCHS will meet this responsibility through:-

- Building upon the existing strengths of current multi-agency and Health Partner co-ordination and co-operation in Emergency Planning.
- Fully integrating with partner agencies emergency arrangements, in particular providing Mutual Aid in supporting the Acute Trust and Local Authorities as appropriate.
- Working collaboratively to enhance responses to emergencies and the arrangements to meet them, both during the response and recovery phases.
- Reviewing the Trusts state of readiness and operability to deal with a Major Incident, to ensure the Trusts capability to handle any new kind and potential magnitude of threat.
- Ensuring that plans for Business Continuity are in place.
- Engendering a culture within LCHS to make emergency preparedness an intrinsic element of management and operations.

2. Purpose

The NHS England Core Standards for Emergency Preparedness, Resilience and Response EPRR (NHS England, 2017) requires organisations to have an overarching EPRR policy in place for building resilience across the organisation so that EPRR and business continuity issues are mainstreamed in processes, strategies and action plans across the organisation. This policy describes the Emergency Preparedness, Resilience and Response (EPRR) statutory duties and sets out arrangements within the Trust.

3. Scope

This Policy addresses statutory requirements specific to emergency preparedness issues. It is a trust wide document, and is applicable to all employees, as well as seconded and sub-contracted staff at all levels of the organisation.

This policy does not contain detail on plans and procedures in place for incident response. In these circumstances, staff should refer to the Trust **Emergency Preparedness Portfolio** which details the Trusts operational response to a Major Incident / Emergencies.

4. Aim and Objectives

4.1 Aim

The aim of this document is to enable the Trust to ensure effective arrangements are in place to deliver appropriate care to patients affected during an emergency (as defined by the Civil Contingencies Act (CCA) (2004) or major incident.

4.2 Objectives

- To prepare for the common consequences of emergencies rather than for every individual emergency scenario
- To have flexible arrangements for responding to emergencies, which can be scalable and adaptable to work in a wide-range of specific scenarios
- To supplement this with specific planning and capability building for the most concerning risks in the National Risk Register (NRR)
To ensure that plans are in place to recover from incidents and to provide appropriate support to affected communities

5. Definitions

Accountable Emergency Officer (AEO) - NHS England expects all NHS funded organisations to have an AEO with regard to EPRR. Chief executives of organisations commissioning or providing care on behalf of the NHS will designate the responsibility for EPRR as a core part of the organisations governance and its operational delivery programmes. Chief Executives will be able to delegate this responsibility to a named director, the AEO. The AEO will be a Board level director responsible for EPRR. They will have executive authority and responsibility for ensuring that the organisation complies with legal and policy requirements. They will provide assurance to the Board that strategies, systems, training, policies and procedures are in place to ensure an appropriate response for their organisation in the event of an incident.

Business Continuity Management (BCM) - a holistic management process that identifies potential threats to an organisation and the impacts to business operations that those threats, if realised, might cause, and which provides a framework for building organisational resilience with the capability for an effective response that safeguards the interests of its key stakeholders, reputation, brand and value-creating assets.

Business Continuity Management System (BCMS) - part of the overall management system that establishes, implements, operates, monitors, reviews, maintains and improves business continuity.

Civil Contingencies Act 2004 (CCA) - the Civil Contingencies Act 2004 (CCA) establishes a clear set of roles and responsibilities for those involved in emergency preparation and

response at the local level. It requires organisations in the health system (emergency services, local authorities, NHS bodies) to prepare for adverse events and incidents.

Category 1 Responder - category 1 responders under the CCA have legal responsibilities and are those organisations at the core of emergency response, including all acute and ambulance NHS Trusts, Public Health England and NHS England.

Category 2 Responder – co-operating bodies who act in support of Category 1 responders.

Emergency – the CCA defines an emergency as an event or situation which threatens serious damage to human welfare and/or the environment in a place with the UK; war, or terrorism, which threatens serious damage to the security of the UK

Emergency Preparedness, Resilience and Response (EPRR) – the programme of work to support NHS organisations in dealing with incidents and emergencies which could affect health or patient care while maintaining services.

Local Health Resilience Partnership (LHRP) - a strategic forum for organisations in the local health sector including the voluntary sector. The LHRP facilitates health sector preparedness and planning for emergencies at Local Resilience Forum (LRF) level. It supports the NHS, Public Health England (PHE) and local authority (LA) representatives on the LRF in their role to represent health sector EPRR matters.

Local Resilience Forum (LRF) – a multi-agency partnership made up Category 1 and Category 2 responders as the principal mechanism for multi-agency collaboration and co-ordination. LRFs are not legal entities and as such they do not have the power to direct members. Within the Lincolnshire Health Community, the Clinical Commissioning Groups (CCGs) act as the Lead for Emergency Preparedness. As such, the Health Community is represented at the LRF by a nominated Accountable Officer or deputy.

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.

Recovery – the process of rebuilding, restoration and rehabilitation following an emergency.

6. Roles and Responsibilities

6.1 Trust Board

The Trust Board is responsible for monitoring the Trusts arrangements for the management of EPRR and associated governance to ensure compliance with the regulatory framework and legislation.

The Trust Board will:

- Receive EPRR reports, no less frequently than annually, including, where appropriate, reports on significant incidents and exercises undertaken by the organisation
- Ensure that adequate resources are made available to enable the Trust to meet the requirements of the EPRR Core Standards. This budget and resource should be proportionate to the size and scope of the organisation
- Receive an annual report from the AEO on the Trusts position in relation to the EPRR Core Standards

6.2 Chief Executive

The Chief Executive has overall responsibility for Emergency Preparedness and is accountable to the Trust Board for ensuring systems are in place to facilitate an effective major incident response.

The Chief Executive will:-

- Ensure that the Director of Nursing, AHPs and Operations is nominated as the Executive Lead/Accountable Emergency Officer (AEO) for Emergency Preparedness.
- Ensure that a qualified officer will be designated to support the Executive Lead for Emergency Preparedness in implementing the Emergency Preparedness Policy.

6.3 Executive Lead for Emergency Preparedness (Accountable Emergency Officer)

The Director of Nursing, AHPs and Operations, nominated by the Chief Executive will act as the Executive Lead for Emergency Preparedness, Resilience and Response, and will:

- Assume overall responsibility for the EPRR and Business Continuity Management agendas
- Assume responsibility to the Trust Board to ensure compliance with EPRR Core Standards, providing an annual report on the Trust's position in relation to the Core Standards
- Provide a strategic lead on EPRR matters including attendance at Local Health Resilience Partnership (LHRP) meetings
- Work closely with the EPRRO to implement the Emergency Preparedness policy
- Ensure that an on-call rota is developed and maintained for the provision of senior managers to control the Trusts response to a major incident/emergency

6.4 Specialist Emergency Preparedness, Resilience and Response Officer (EPRRO)

The EPRRO will:-

- Ensure that the organisation meets its statutory obligations under the CCA (2004) and complies with all relevant EPRR guidance for the NHS, including non-statutory guidance that accompanies the CCA (2004) and also for business continuity and resilience preparedness
- Develop and deliver the organisation's emergency preparedness and resilience function, improve standards of such preparedness across the organisation and provide leadership on specialist emergency preparedness and resilience issues
- Ensure that EPRR corporate responsibilities are met and provide assurance to the organisation's Board that it complies with relevant legislation and guidance (as summarised by NHS England core standards for EPRR)
- Develop and contribute to professional relationships within the organisation, with other commissioners and NHS funded organisations and multi-agency partners that facilitate the continual development of EPRR arrangements;
- Lead the development and implementation of EPRR delivery plans
- Ensure appropriate representation at Local Health Resilience Partnerships (LHRPs), Local Resilience Fora (LRFs) and their associated sub-groups and work streams

- Coordinate emergency preparedness and training exercises for the organisation and with resilience partners
- Work with communications staff to ensure an appropriate communications and media response by the NHS to significant events and emergencies.

6.5 Communications Team

The Communications Team will:

- Develop, disseminate and maintain arrangements for handling the media and communicating with the public in line with the duty to 'warn and inform the public'.
- Develop and deliver appropriate training for the Trust staff who are likely to be involved with handling the media before, during or after an emergency response.
- Represent LCHS at multi-agency working groups focussing on the duty to 'warn and inform the public' and handling the media.
- Make arrangements in due course for the communication function in the event of an emergency (to be led by a single nominated agency for the whole Lincolnshire health community).

6.6 Loggists

Loggists are responsible for:

- Providing support for the Trust's emergency response during an incident
- Recording all decisions and actions made in the management of an incident.
- Recording to the appropriate quality and completeness for use if necessary in any subsequent review, whether internal or public.

6.7 All staff (including sub-contractors) are responsible for:

- Ensuring that they are familiar with the arrangements detailed in the Trust's Major Incident Plan / Emergency Response Plan.
- Ensuring that they are familiar with their roles and responsibilities.
- Undertaking training commensurate with their emergency response role.

7. Statutory and Legal Responsibilities

7.1 Risk Register

The CCA (2004) places a statutory duty upon Category 1 responders to develop and maintain a local Community Risk Register based upon risks identified within a National Risk Register which is produced by the Cabinet Office and reviewed annually. The Lincolnshire Local Resilience Forum (LRF) has produced a local Community Risk Register in accordance with the CCA (2004). LCHS will utilise Lincolnshire Local Community Risk Registers to prioritise and schedule emergency preparedness activities and contribute to this as appropriate, maintaining a risk register specific to LCHS risk.

The risk management process is detailed in the Trust Risk Management Strategy (P_RM_02)

7.2 Emergency Planning

LCHS will develop, disseminate and maintain a generic major incident / emergency response plan detailing how the Trust will respond to an emergency, including:

- The definition of major incident
- The activation, notification and stand-down procedures
- Ensuring robust on call rotas for LCHS Directors and Managers (which incorporates Major Incident / Business Continuity emergency response).
- Roles and Responsibilities.
- Control and Co-ordination arrangements.
- Communications arrangements.
- Response activities.
- Recovery arrangements.

Where appropriate, LCHS will develop, disseminate and maintain specific emergency plans for identified hazards and threats. The [Core Standards for Emergency Preparedness, Resilience and Response \(EPRR\) \(NHS England\)](#), requires that all NHS organisations and providers of NHS funded care will have plans setting out how they contribute to co-ordinating planning for emergency preparedness and resilience. All emergency plans will be validated by tests and exercises conducted where possible within 12 months of the publication of the arrangements.

7.3 Business Continuity Management

Under the CCA (2004), LCHS has a duty to develop and maintain arrangements to ensure continuity of service whilst responding to an emergency, be it internal or external.

LCHS recognises ISO 22301 and PAS 2015 as the definitive guidance for Business Continuity Management. In accordance with these standards, LCHS will develop, disseminate and maintain business continuity policies, strategies and plans and work to embed a culture of business continuity management within the organisation.

7.4 Cooperation

Under the CCA (2004) the Trust has a duty to cooperate with other Category 1 and Category 2 responders within the local area. This is achieved via the LRF and LHRP and representation at LHRP Operational Groups:

- Lincolnshire - The LHRP is underpinned by an operational group - both groups have representation from LCHS, United Lincolnshire Hospitals NHS Trust (ULHT), Lincolnshire Partnership NHS Foundation Trust (LPT), East Midlands Ambulance Service (EMAS), the Voluntary Sector and other providers.
- Cambridgeshire and Peterborough – Lchs is represented at the Health and Social Care Emergency Planning Group by the Specialist EPRRO or Peterborough Urgent Treatment Centre Matron.

7.5 Information Sharing

Under the CCA (2004), the Trust has a duty to share information requested by Category 1 responders. Information requests between NHS organisations within the Midlands Health Community will be addressed informally through the Trust Specialist EPRR Officer

(EPRRO), LHRP or LRF. Where informal requests for information cannot be resolved within the business of these forums, a formal request for information will need to be made under the provisions of the CCA (2004) using the proforma supplied in the statutory guidance document 'CCA Emergency Preparedness'.

LCHS will endeavour to respond to all informal requests for information made by partner agencies and will comply with formal requests for information within the time period specified.

7.6 Warning & Informing

LCHS has a statutory responsibility to advise the public of risks before an emergency and warning and keeping the public informed in the event of an emergency.

The Trust along with the CCG / NHS England (Midlands) will develop, disseminate and maintain arrangements for communicating with the public before and during an emergency. The Trust will work with the communication team from the Greater East Midlands Commissioning Support Unit (GEMS) when developing messages for the public. These arrangements are included in the LCHS Major Incident Plan and supported by the Lincolnshire LRF Warning and Informing Plan.

7.7 Training & Exercising

LCHS will identify individuals who have specific responsibilities when responding to an emergency and ensure that they are given adequate and appropriate training to enable them to discharge their roles.

LCHS recognises the need for collaboration with other Trusts and partner agencies in organising, running and participating in exercises. Where appropriate LCHS will, in partnership with other organisations within the Lincolnshire Health Community, develop and maintain a joint training strategy for the effective delivery of emergency preparedness and response training.

In line with the NHS England Emergency Preparedness, Resilience and Response (NHSE EPRR) Framework (2015) and CCA (2004), LCHS will test its emergency arrangements through:

- Cascade communication tests at least every six months.
- Command Post Exercise every six months
- Table-top exercises at least every year.
- Live exercises at least every three years.

7.8 Budget & Financial Commitment

LCHS will identify the budget elements required to implement the Emergency Preparedness Policy and make provisions where the existing dedicated budget is likely to be insufficient to meet the requirements.

8. Core Standards

The minimum requirements which commissioners and providers of NHS funded services must meet are set out in the current NHS England Core Standards for EPRR (Core

Standards). These standards are in accordance with the CCA 2004 and the NHS Act 2006 (as amended).

The organisation's Accountable Emergency Officer is required to submit a letter of compliance on behalf of the Trust to the LHRP, NHS England and interested Clinical Commissioning Groups (CCGs).

The findings of the Self-Assessment generate actions for the Trust which will form part of the annual EPRR work plan which will be monitored by NHS England and CCGs.

9. Incident Levels

As an event evolves it may be described in terms of its level as shown below. For clarity these levels must be used by all organisations across the NHS when referring to incidents.

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.

10. References

- Civil Contingencies Act (2004)
- The NHS Act 2006
- The Health and Social Care Act 2012
- ISO 22301 (International Standard for Business Continuity)
- PAS 2015 (Department of Health Framework for Health Services Resilience)
- NHS Standard Contract
- NHS England EPRR Framework
- NHS England Core Standards for EPRR
- NHS England Business Continuity Management Framework

The following documents should be consulted in partnership with this Policy.

- LCHS Emergency Preparedness Portfolio:
 - Strategic Overview
 - Section 1 – Major Incident and Emergency Plan Response
 - Section 2 – Command and Control
 - Section 3 – Incident Control Centre
 - Section 4 – Escalation and Surge
 - Section 5 – Chemical, Biological, Radiological, Nuclear and Explosives (CBRNe)
 - Section 6 – Severe Weather
 - Section 7 – Communications
 - Section 8 – Outbreak Plan (including Pandemic Influenza and Norovirus)
 - Section 9 – Mass Casualty
 - Section 10 – Lockdown
 - Section 11 – Lockdown
 - Section 12 – Recovery
 - Section 13 – Managing Strike Action
 - Section 14 - Telecommunications
- LCHS Business Continuity Policy and Procedure
- LCHS Risk Registers
- Local Resilience Forum (LRF) Community Risk Register
- LCHS Emergency Planning Group Terms of Reference

11. Review of document

This policy will be reviewed annually by the Emergency Planning Group (EPG) and approved by the Trust Board.

Appendix A EPRR Training Matrix

	Chief Exec / On-call Directors (Gold)	Heads of Service / On-call Managers (Silver)	Operational Matrons (Bronze)	Service Management Team / Corporate Managers	Service Leads	Service Clinical Staff	Hospital Clinical Staff	Admin & Clerical <i>(Those who have been identified within their service to undertake this role)</i>	All staff	Comments
Gold Commander	X									
Silver Commander		X								
Bronze Commander			X							
Control Room Set-up	X	X	X	X						
Training to Work with Loggists	X	X	X	X						
Communication / Media Training	X	X	X	X						
Resilience Direct	X	X	X	X						
Business Continuity Planning	X	X	X	X	X					
Emergency Planning Mandatory	X	X	X	X	X	X	X	X	X	
Emergency Planning Induction	X	X	X	X	X	X	X	X	X	
Lock-down	X	X	X	X	X	X	X	X	X	
CBRNe Basic Introduction	X	X	X	X	X	X	X	X		UTC / MIU
Business Continuity Awareness						X	X	X	X	

FIT Testing					X	X	X			Identified by
Loggist Training								X		

Appendix B Monitoring Requirements

Minimum requirement to be monitored	Process for monitoring e.g. audit	Responsible individuals/ group/ committee	Frequency of monitoring /audit	Responsible individuals / group/ committee (multi -disciplinary) for review of results	Responsible individuals / group/ committee for development of action plan	Responsible individuals / group/ committee for monitoring of action plan
Number and Types of Incidents/ Service Disruption	Incidents formally reported via the Emergency Planning Group	Emergency Planning Group	Quarterly <i>(more frequently if required)</i>	EPRRO / Emergency Planning Group	EPRRO / Emergency Planning Group	EPRRO / Emergency Planning Group
Annual EPRR Report	Annual Report to Q&R / Trust Board	EPRRO / AEO	Yearly	EPRRO / Emergency Planning Group	EPRRO / Emergency Planning Group	EPRRO / Emergency Planning Group
NHS Core Standards for EPRR	Yearly Report to CCG / NHS E&I	EPRRO / AEO	Yearly	EPRRO / Emergency Planning Group	EPRRO / Emergency Planning Group	EPRRO / Emergency Planning Group

Appendix C Equality Analysis

NB - It is the responsibility of the author / reviewer of this document to complete / update the Equality Analysis each time it has a full review and to contact the Equality Diversity and Inclusion Lead if a full equality impact analysis is required

Equality Impact Analysis Screening Form

Title of activity	Emergency Preparedness, Resilience and Response (EPRR) Policy		
Date form completed		Name of lead for this activity	Rachel Higgins

Analysis undertaken by:		
Name(s)	Job role	Department
Ali Biegaj	Specialist EPRR Officer	

What is the aim or objective of this activity?	To outline how LCHS will meet its statutory and mandatory duties as set out in the Civil Contingencies Act, 2004, the Emergency Preparedness Framework (NHS England, 2015), the Health and Social Act (2012), The NHS Planning Guidance – Everyone Counts Planning for Patients 2014 - 19 and the NHS Standard Contract.
Who will this activity impact on? <i>E.g. staff, patients, carers, visitors etc.</i>	The policy defines LCHS responsibilities for Emergency Preparedness, which would impact on staff, patients, carers or the wider community dependent on the incident.

Potential impacts on different equality groups:

Equality Group	Potential for positive impact	Neutral Impact	Potential for negative impact	Please provide details of how you believe there is a potential positive, negative or neutral impact (and what
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				evidence you have gathered)
Age	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Disability	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Gender reassignment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Marriage & civil partnerships	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Pregnancy & maternity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Race	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Religion or belief	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Sex	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Sexual Orientation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Additional Impacts <i>(what other groups might this activity impact on? Carers, homeless, travelling communities etc.)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

If you have ticked one of the above equality groups please complete the following:

Level of impact

	Yes	No
Could this impact be considered direct or indirect discrimination?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, how will you address this?		

	High	Medium	Low
What level do you consider the potential negative impact would be?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If the negative impact is high, a full equality impact analysis will be required.

Action Plan

How could you minimise or remove any negative impacts identified, even if this is rated low?
How will you monitor this impact or planned actions?

Future review date: