# Emergency Preparedness, Resilience and Response (EPRR) Policy

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## This document is NOT intended for emergency use

**In the event of a business disruption or incident then please consult the Senior Manager Incident Response On-Call Pack immediately**

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**Document Status:**

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| Document Control | |
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| Document Owner: | Chief of System Assurance & Corporate Services |
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| **Version** | **Date** | **Reviewer(s)** | **Revision Description** |
| v1.0 | 01-07-2022 | | The Board of the Integrated Care Board adopted the policy as approved. |

Emergency Preparedness, Resilience and Response (EPRR) Policy (v1.0)
NHS Bedfordshire, Luton and Milton Keynes Integrated Care Board

Page 2 of 17

# Implementation Plan

| | |
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| **Development and Consultation:** | The following individuals were consulted and involved in the development of this document:<br>▪ Deputy Head of Organisational Resilience |
| **Dissemination:** | Staff can access this document via the website and will be notified of new / revised versions via the staff briefing.<br>This document will be included in the organisation's Publication Scheme in compliance with the Freedom of Information Act 2000. |
| **Training:** | The following training will be provided to make sure compliance with this document is understood:<br>▪ See section 6.9 |
| **Monitoring:** | Monitoring and compliance of this document will be carried out via:<br>▪ See section 6.13 |
| **Review:** | The Document Owner will ensure this document is reviewed in accordance with the review date on page 2. |
| **Equality, Diversity and Privacy:** | Appendix 1 - Equality Impact Assessment<br>Appendix 2 - Data Protection Impact Assessment |
| **Associated Documents:** | The following documents must be read in conjunction with this document:<br>▪ Business Continuity Policy<br>▪ Senior Manager Incident Response On Call Pack<br>▪ Health and Safety at Work Policy |
| **References:** | For furthermore detailed information regarding the contents of this policy please refer to the following documents:<br>▪ Civil Contingencies Act 2004;<br>▪ The NHS England Emergency Preparedness Framework 2013;<br>▪ NHS England Business Continuity Management Framework (service resilience) (2013)<br>▪ NHS England Command and Control Framework for the NHS during significant incidents and emergencies (2013);<br>▪ NHS England Core Standards for Emergency Preparedness Resilience and Response;<br>▪ ISO 22301 – Societal Security – Business Continuity Management Systems – Requirements. |

# Table of Contents

**1.0     Introduction**

1.1     NHS Bedfordshire, Luton and Milton Keynes Integrated Care Board (ICB) aims to ensure robust governance through its formal written procedural documents, such as this document, which communicate standard organisational ways of working.   These documents help clarify operational requirements and consistency within day-to-day practice.  They can improve the quality of work, increase the successful achievement of objectives and support patient safety, quality and experience.  The ICB aims to ensure its procedural documents are user friendly, up-to-date and easily accessible.

1.2     The ICB must design and implement procedural documents that meet the diverse needs of our service and workforce, ensuring that none is placed at a disadvantage over others, in accordance with the Equality Act 2010.  The Equality Impact Assessment initial screening, which was used to determine the potential impact this policy might have with respect to the individual protected characteristics is incorporated at Appendix 1.

1.3     A Data Protection Impact Assessment is a process which helps assess privacy risks to individuals in the collection, use and disclosure of personal information. The Data Protection Impact Assessment initial screening, which was used to determine the potential impact this policy might have with respect to an individual's privacy is incorporated at Appendix 2.

1.4     The ICB is defined as Category 1 Responders under the Civil Contingencies Act 2004 (CCA).

1.5     In addition to meeting legislative duties, ICBs are required to comply with guidance and framework documents, including but not limited to:
   * NHS England Emergency Planning Framework 2015;
   * NHS England Core Standards for Emergency Preparedness, Resilience and Response 2015;
   * NHS England (Operating Framework) Everyone Counts: Planning for Patients 2015/16.

1.6     This is achieved through the publication, testing and exercising of plans for critical functions and key services in accordance with the aforementioned guidance.

1.7     This document outlines the requirements for Emergency Preparedness, Resilience and Response (EPRR) across the ICB, detailing the minimum requirements for planning and responding to a major incident.

**2.0     Scope**

2.1     This policy applies to all ICB staff members, including Ordinary Members of the Board of the ICB, involved in policy-making processes, whether permanent,

temporary or contracted-in under a contract for service (either as an individual or through a third-party supplier).

2.2     The purpose of this document is to ensure that the ICB act in accordance with the Civil Contingencies Act 2014 (CCA), The Health and Social Care Act 2012 (H&SCA) and the NHS England national policy and guidance, by undertaking the following                                                                                   duties:

- To ensure that major incident and continuity plans have been established and are well communicated;
- To ensure that the plans address the consequences of all situations that might feasibly occur;
- To ensure that plans involve robust arrangements for the operational recovery from all such incidents;
- To ensure that all key stakeholders are consulted and collaborated with concerning their role in the plan and that they understand those responsibilities;
- To ensure that the plans are tested and are regularly reviewed;
- To ensure that funding and resources are available to respond effectively to major incidents;
- To ensure that the ICB has access to up to date guidance relating to EPRR;
- To ensure that staff receive emergency preparedness training that is commensurate with their role and responsibilities;
- To ensure that indicators demonstrating emergency preparedness and/or early warning of risk are used within contracts and service specifications;
- To ensure that the whole system is monitored and audited regularly.

## 3.0     Definitions

3.1     This section provides staff members with an explanation of terms used within this policy.

3.2     **EPRR:** Emergency Preparedness, Resilience and Response

3.3     **Business Continuity:** Business continuity is about having a plan to deal with difficult situations, so services can continue to function with as little disruption as possible.

3.4     **Category 1 Responder:** Category 1 responders are those organisations at the core of emergency response (e.g., emergency services, local authorities, NHS bodies). Category 1 responders are subject to the full set of civil protection duties.

3.5     **Local Resilience Forums:** Local resilience forums (LRFs) are multi-agency partnerships made up of representatives from local public services, including the emergency services, local authorities, the NHS, the Environment Agency and others.

3.6     **Local Health Resilience Partnerships:** The Local Health Resilience Partnership (LHRP) is a strategic forum for organisations in the local health sector

Emergency Preparedness, Resilience and Response (EPRR) Policy (v1.0)
NHS Bedfordshire, Luton and Milton Keynes Integrated Care Board

Page 6 of 17

(including private and voluntary sector where appropriate). The LHRP facilitates health sector preparedness and planning for emergencies at Local Resilience Forum (LRF) level.

3.7    **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.

3.8    **Surge Management:** Management of challenges that health and social care organisations face which affect service delivery, including the balance of emergency and elective activity, together with the flow of patients from admission to secondary care through to discharge.

3.9    **Command and Control:** Structured approach to leadership under pressure when responding to significant incidents and emergencies

## 4.0    Policy Statement

4.1    An integrated approach for Emergency Preparedness Resilience and Response (EPRR) across Bedfordshire, Luton and Milton Keynes ICB will require a single generic plan to be used across the ICB. The ICB accept their statutory duties as Category 1 Responders under the Civil Contingencies Act 2004 (CCA) to enhance co-ordination, efficiency and to share information as required, prior to, during and following an incident.

4.2    The ICB will have in place business continuity plans that allow them to continue to provide their core functions during a major incident, as far as practicable and to recover from the additional pressure that an incident may place on an organisation.

4.3    In addition to its duties contained within the Civil Contingency Act, the ICB recognise the EPRR responsibilities as detailed within Section 46 of the Health & Social Care Act 2012 (H&SCA) and will, in partnership with its commissioned services meet this responsibility through:
- Building upon the existing strengths of current multi-agency coordination and cooperation which includes local NHS Trusts and other Category 1 Responders;
- Ensuring that responsibilities of the Resilience Forums and Local Health Resilience Partnership enhance any response to emergency arrangements, both during the response and recovery phase;
- Fully integrating with partner agencies' emergency arrangements, in supporting the local health economy;
- Reviewing the state of readiness and operability to extend further, with the assistance of new and improved partnerships, the capability to handle a new kind and potential magnitude of threat;
- Ensuring that plans for business continuity are in place;
- Cultivating a culture within the ICB to make emergency preparedness an intrinsic element of management and operations.

4.4 In order to achieve this the ICB will need to operate a two-tier 24/7 on-call with a Senior Manager as First Responder and a Director as Tier One on-call. The first Responder will be contacted by the Medicom (CallEEAST) call centre. Should the first Responder fail to respond with 20 minutes, Medicom will contact the Tier One On-Call.

4.5 The on-call will manage:
- Major Incident Notifications;
- Surge Management/Capacity Issues.

4.6 The On-Call rota is managed by the Head of Organisational Resilience, and published, along with all other relevant on call information, via a weekly EPRR email circulated to both Tiers of On-Call.

## 5.0 Roles and Responsibilities

### 5.1 On-Call Director

5.1.1 The On-Call Director is responsible for supporting the Tier Two On-Call and to manage all serious incident response to an incident, responding to any NHS England East of England and South East resource requests and is responsible for providing NHS England East of England and South East with situation reports. The On-Call Director is responsible for briefing and updating the AEO and Accountable Officer of the incident response.

### 5.2 Accountable Emergency Officer

5.2.1 The Accountable Emergency Officer (AEO), as required under the H&SC Act 2012, is responsible for the strategic implementation of major incident and business continuity planning in accordance with the aims as detailed within section three of this policy. Furthermore, the AEO or a nominated deputy has a duty to attend the Local Health Resilience Partnership (LHRP) Group

### 5.3 Head of Organisational Resilience

5.3.1 The Head of Organisational Resilience is responsible for all aspects of operational implementation of the aims contained within section three of this procedure and reports to the Accountable Emergency Officer.

5.3.2 Specific responsibilities include:
- Ensuring that the ICB's plans jointly with NHS England East of England and South East, Acute Trusts, Community and Mental Health Providers, Primary Care, Local Authorities and other Category 1 and 2 responders as required;
- Chairing the ICB Local Health Resilience Partnership (LHRP) Support Group;
- Developing and continuously monitoring the EPRR arrangements;
- Ensuring that staff are appropriately trained and have the necessary skills to carry out their role;
- Providing regular updates and reports as required to the Accountable Emergency Officer and Board of the ICB;
- Overseeing the audit and fit for purpose requirements for both emergency planning and business continuity;
- Represent the ICB at Resilience Forums, NHS EPRR Network meetings and multi-agency EPRR events.

Emergency Preparedness, Resilience and Response (EPRR) Policy (v1.0)
NHS Bedfordshire, Luton and Milton Keynes Integrated Care Board

Page 8 of 17

5.4     **Staff with Specific Emergency Planning Roles and Responsibilities**

5.4.1   Members of staff identified in EPRR arrangements have a responsibility for attending training and responding to any incidents as detailed within the appropriate plans. It shall be the responsibility of each member of staff to identify a suitable substitute representative and ensure they are trained in accordance with the relevant EPRR functions.

**6.0     Command and Control (including On-Call)**

**6.1     Command and Control**

6.1.1   An integral element of command and control is a clear chain of command from the top of the organisation to the lowest level and across agencies as required. Every person involved in the response to an incident must know exactly their role and responsibility.

6.1.2   All Civil Contingencies Act Responders follow the nationally recognised 'Strategic, Tactical, Operational' framework.

**6.2     On Call**

6.2.1   In order to fulfil our EPRR requirements the ICB will operate a 24/7, 365 days On-Call Director function.

6.2.2   Each On-Call Director is on-call for a two day period commencing at 09:00.

6.2.3   Tier Two On-Call

        Is the nominated first point of contact;
        - Will initially triage calls and manage accordingly;
        - Will activate the appropriate Incident Management Team(s) and the appropriate staff to respond to the incident, with agreement of Tier One;
        - Must carry their mobile at all times (not to be turned off at any time);
        - Must be able to respond in person to a call-out;
        - Must be able to attend an incident coordination centre preferably within a two hour of a call-out;
        - Must carry their work issued Identity Card at all times;
        - Must carry the On-Call Procedures pack and action card;
        - Must make themselves familiar with the Action Card for their role.

6.2.4   Tier One On-Call

        Is the nominated point of contact for all Major Incident notification, via Tier Two;
        - Will initially assume the role of Incident Director;
        - Will activate the appropriate Incident Management Team(s) and the appropriate staff to respond to the incident;
        - Must carry their mobile all times (not to be turned off at any time);

- Accountable Officer/Accountable Emergency Officers (AEO) must always be briefed in the event of a major incident;
- Must be able to respond in person to a call-out;
- Must be able to attend an incident coordination centre preferably within a two hour of a call-out;
- Must carry their work issued Identity Card at all times;
- Must carry the On-Call Directors Procedures pack and action card;
- Must make themselves familiar with the Action Card for their role.

**6.3     Administration of On-Call**

6.3.1   The ICB EPRR On-Call admin support will manage the rota, which covers a twelve-month period and will be circulated weekly on Thursday. Over the Christmas and New Year period exemptions are made to those staff who were on-call on special days the previous year.

6.3.2   Any On-Call manager who rearranges their allocated rota dates should advise the Emergency Planning Manager and the EPRR and Risk Administrator.

**6.4     On-Call Documentation**

6.4.1   There are a number of documents available to assist the on-call staff. These documents include:
- Senior Manager Incident Response On-Call Pack (incident response plan) (SMOC pack)
- Contact Directory (in SMOC pack)
- Loggist Directory
- Emergency Contact List.

6.4.2   All of these documents are available within Resilience Direct: https://www.resilience.gov.uk and SharePoint: BLMK EPRR Collaboration - SMOC Pack - All Documents (sharepoint.com)

**6.5     ICB Emergency Planning Forum**

6.5.1   This group is made up of representatives from ICB and Providers, the meeting is chaired by a Non- Executive Member. Members of this Group will have responsibility for their operational area and will have responsibility for ensuring that the resilience policies, procedures and emergency plans are adopted, and that appropriate staff are trained and made aware of their roles and responsibilities.

6.5.2   The Emergency Planning Forum shall also be responsible for ensuring that exercises are undertaken and that improvements are implemented where required.

**6.6     Local Health Resilience Partnership (LHRP)**

6.6.1   The AEO or a nominated representative has a duty to attend LHRP. The LHRP will provide a strategic forum for NHS organisations to facilitate health sector preparedness and planning for emergencies.

**6.7     Risk Management Strategy**

6.7.1   In implementing effective EPRR system the ICB will ensure that EPRR processes are integrated within the Risk Management Strategy allowing consistent risk identification, assessment, mitigation and escalation to the Board.

**6.8     Development of Plans**

6.8.1   EPRR arrangements will be developed to enable the ICB to respond to the identified risks at present specific plans include:
- Major Incident Response Plan;
- Business/Service Continuity Plan;
- Cold Weather;
- Severe weather;
- Heatwave;
- Fuel Disruption;
- Pandemic Influenza.

6.8.2   However the above list will be expanded in accordance with NHS England's EPRR Core Standards.

6.8.3   Multi agency plans will be developed through the Local Health Resilience Forums (LHRP) and Health Protection Forums.

6.8.4   Assurance in respect of EPRR arrangements will be provided to the ICB Board.

**6.9     Training**

6.9.1   Those individuals undertaking roles and responsibilities within EPRR must undertake appropriate training for their function, including in line with the competencies for their role/function provided in NHS England 'Model Competencies for Members of Emergency On-call Rotas'.

6.9.2   'NHS On-Call Arrangements' is mandatory for all staff with on-call responsibilities. The course is access via E-Health Learning and to be completed 2 yearly.

6.9.3   Training will be undertaken in line with the annual training and exercise schedule agreed by ICB Executive Board and should occur regularly to familiarise staff with Command and Control procedures and to ensure there is no erosion of skills.

6.9.4   Senior managers are responsible for ensuring that all staff within their department are aware of the training available for Planning and Business continuity and encourage attendance on recommended courses.

**6.10    Testing & Exercising**

6.10.1  Plans developed to allow organisations to respond efficiently and effectively, must be tested regularly using recognised and agreed processes such as tabletop or live exercises.

6.10.2 Roles within the plan (not individuals) are exercised to ensure any specific role is fit for purpose and encapsulates all necessary functions and actions to be carried out during an incident.

6.10.3 Through the exercising process, individuals have the opportunity to practice their skills and increase their confidence, knowledge and skill base in preparation for responding at the time of a real incident.

6.10.4 Testing and exercising will be undertaken in line with the annual Training and Exercise Schedule agreed by ICB Executive Board and in line with NHS England 'Emergency Planning Framework (2015)' which defines the process and timescales for exercising. This includes a minimum expectation of a communications exercise every 6 months, a tabletop exercise ever year, and a live exercise every three years, in addition to any activation.

| Training Exercises: | |
| --- | --- |
| **LRF Bird Series** | Twice yearly (arranged locally) |
| **Strategic (Gold) Emergency and Crisis Management Training** | 2 yearly (arranged locally) |
| **Tactical (Silver) Emergency Management Training** | 3 yearly (arranged locally) |

### 6.11 Lessons Identified

6.11.1 After an incident the Head of Organisational Resilience will conduct a hot debrief (were possible) and a cold debrief, the results of the debrief will form a lessons identified report which will include an action plan for implementation of lessons identified.

6.11.2 Lessons Learnt Report will be shared with the Executive Team and will form part of the yearly Board paper.

### 6.12 Dissemination, Implementation and Access to this Document

6.12.1 This policy will be available to all staff on the internet or from the Governance department if requested. Awareness will be raised to managers of this policy via the Global Email system and other relevant corporate communication channels. Each department is required to disseminate this policy through normal governance procedures.

### 6.13 Monitoring Arrangements

6.13.1 To ensure effectiveness, efficiency and compliance, the Accountable Emergency Officer with the assistance of the Head of Organisational Resilience, will carry out bi-annual reviews of this policy to ensure that it remains in line with current employment law and NHS guidance.

### 6.14 Audit arrangements

6.14.1 The policy will be audited throughout the year both internally and externally. The Head of Organisational Resilience will also ensure that any appropriate external

audits tools and assurance processes are conducted on a regular basis, examples of external audit tools include:

- Civil Contingencies Secretariat assurance;
- Provision of assurance to NHS England;
- ISO 22301;
- Cabinet Office Civil Contingencies Secretariat National Capabilities Survey.

# Appendix 1 - Equality Impact Assessment Initial Screening

Please answer the questions against each of the protected characteristic and inclusion health groups.  If there are significant impacts and issues identified a full Equality / Quality Impact Assessment (EQIA) must be undertaken.  It is against the law to discriminate against someone because of these protected characteristics. For support and advice on undertaking EQIAs please contact: agcsu.equalities@nhs.net

| Name of Policy: | Emergency Preparedness, Resilience and Response (EPRR) Policy |
|---|---|
| Date of assessment: | November 2021 |
| Screening undertaken by: | Emergency Planning Manager |

| Protected characteristic and inclusion health groups.<br><br>Find out more about the Equality Act 2010, which provides the legal framework to tackle disadvantage and discrimination: https://www.equalityhumanrights.com/en/equality-act/protected-characteristics | Could the policy create a disadvantage for some groups in application or access?<br><br>(Give brief summary) | If Yes - are there any mechanisms already in place to mitigate the potential adverse impacts identified?<br>If not, please detail additional actions that could help.<br>If this is not possible, please explain why |
|---|---|---|
| **Age**<br>A person belonging to a particular age (for example 32 year olds) or range of ages (for example 18 to 30 year olds). | No | |
| **Disability**<br>A person has a disability if she or he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities. | No | |
| **Gender reassignment**<br>The process of transitioning from one gender to another. | No | |
| **Marriage and civil partnership**<br>Marriage is a union between a man and a woman or between a same-sex couple.  Same-sex couples can also have their relationships legally recognised as 'civil partnerships'. | No | |
| **Pregnancy and maternity**<br>Pregnancy is the condition of being pregnant or expecting a baby.  Maternity refers to the period after the birth and is linked | No | |

| | | |
|---|---|---|
| to maternity leave in the employment context.  In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding. | | |
| **Race**<br><br>Refers to the protected characteristic of race.  It refers to a group of people defined by their race, colour and nationality (including citizenship) ethnic or national origins. | No | |
| **Religion or belief**<br><br>Religion refers to any religion, including a lack of religion.  Belief refers to any religious or philosophical belief and includes a lack of belief.  Generally, a belief should affect your life choices or the way you live for it to be included in the definition. | No | |
| **Sex**<br><br>A man or a woman. | No | |
| **Sexual orientation**<br><br>Whether a person's sexual attraction is towards their own sex, the opposite sex, to both sexes or none. | No | |
| **Carers**<br><br>Individuals within the ICB which may have carer responsibilities. | No | Individuals On-Call must make sufficient arrangements to ensure their availability during their on-call period |

**Please summarise the improvements which this policy offers compared to the previous version or position.**

Not applicable to this Policy

**Has potential disadvantage for some groups been identified which require mitigation?**

~~Yes~~ / No – (If there are significant impacts and issues identified a full Equality / Quality Impact Assessment (EQIA) must be undertaken.)

Emergency Preparedness, Resilience and Response (EPRR) Policy (v1.0)
NHS Bedfordshire, Luton and Milton Keynes Integrated Care Board

Page 15 of 17

<h1 style="text-align:center">Appendix 2 - Data Protection Impact Assessment Initial Screening</h1>

Data protection is the fair and proper use of information about people.  Before completing this form, please refer to the Data Protection Impact Assessment (DPIA) Guidance in the Information Governance (IG) section on the staff Intranet or contact the Data Protection Officer for support via blmkccg.ig@nhs.net

A DPIA is a process to help you identify and minimise the data protection risks.  You must do a DPIA for processing that is likely to result in a high risk to individuals.  You can use our screening checklist below to help you decide when to do one.  If you have answered 'Yes' to any of the 10 screening questions, you must then carry out a full DPIA using the Stage 2 form, which is also available on the Intranet in the IG section.

| Name of Policy: | Emergency Preparedness, Resilience and Response (EPRR) Policy |
|---|---|
| Date of assessment: | November 2021 |
| Screening undertaken by: | Emergency Planning Manager |

**Stage 1 – DPIA form**                                                    **please answer 'Yes' or 'No'**

| | | |
|---|---|---|
| 1. | **Will the policy result in the processing of personal identifiable information / data?** This includes information about living or deceased individuals, including their name, address postcode, email address, telephone number, payroll number etc. | ~~Yes~~ / No |
| 2. | **Will the policy result in the processing of sensitive information / data?** This includes for living or deceased individuals, including their physical health, mental health, sexuality, sexual orientation, religious belief, National Insurance No., political interest etc. | ~~Yes~~ / No |
| 3. | **Will the policy involve the sharing of identifiers which are unique to an individual or household?** e.g., Hospital Number, NHS Number, National Insurance Number, Payroll Number etc. | ~~Yes~~ / No |
| 4. | **Will the policy result in the processing of pseudonymised information by organisations who have the key / ability to reidentify the information?** **Pseudonymised data -** where all identifiers have been removed and replaced with alternative identifiers that do not identify any individual.  Re-identification can only be achieved with knowledge of the re-identification key.  **Anonymised data -** data where all identifiers have been removed and data left does not identify any patients. Re-identification is remotely possible, but very unlikely. | ~~Yes~~ / No |
| 5. | **Will the policy result in organisations or people having access to information they do not currently have access to?** | ~~Yes~~ / No |
| 6. | **Will the policy result in an organisation using information it already holds or has access to, but for a different purpose?** | ~~Yes~~ / No |
| 7. | **Does the policy result in the use of technology which might be perceived as being privacy intruding?** e.g., biometrics, facial recognition, CCTV, audio recording etc. | ~~Yes~~ / No |
| 8. | **Will the policy result in decisions being made or action being taken against individuals in ways which could have a significant impact on them?** Including profiling and automated decision making. (This is automated processing of personal data to evaluate certain things about an individual i.e., diagnosis and then making a decision solely by automated means - without any human involvement) | ~~Yes~~ / No |
| 9. | **Will the policy result in the collection of additional information about individuals in addition to what is already collected / held?** | ~~Yes~~ / No |
| 10. | **Will the policy require individuals to be contacted in ways which they may not be aware of and may find intrusive?** e.g., personal email, text message etc. | ~~Yes~~ / No |

**Appendix 3 - EPRR Organisation Structure**