


MEETING DATE:	10 April 2014	 North Lincolnshire Clinical Commissioning Group REPORT TO THE CLINICAL COMMISSIONING GROUP GOVERNING BODY
AGENDA ITEM NUMBER:	Item 7.6.1	
AUTHOR: JOB TITLE: DEPARTMENT:	Julie Killingbeck/Catherine Wylie Relationship Manager – Commissioning/Director – Quality and Assurance NHS North Lincolnshire Clinical Commissioning Group	

EMERGENCY PREPAREDNESS, RESILIENCE AND RESPONSE POLICY

PURPOSE/ACTION REQUIRED:	Decisions for Approval
CONSULTATION AND/OR INVOLVEMENT PROCESS:	
FREEDOM OF INFORMATION:	<i>Is this document releasable under FOI at this time? If not why not? (decision making guide being developed)</i> Public

1. PURPOSE OF THE REPORT:

Under the Health and Social Care Act 2012, the CCG is required to develop sufficient plans to ensure that the organisation and all commissioned services are well prepared to respond effectively to major incidents/emergencies, so that they can mitigate the risk to public and patients and maintain a functioning health service. NHS NL CCG is a designated Category 2 responder and their main role will be in support of Category 1 responders, under the direction of Public Health England (PHE) and NHS England (Area Team), depending on the nature of the major incident/emergency.

Whilst business continuity and major incident planning are usually separate processes within an organisation, a major incident may occur at the same time as a business continuity issue, or be triggered by it. These two policies provide an overview of key functions, roles and responsibilities of the new Emergency Preparedness, Resilience and Response (EPRR) system and North Lincolnshire CCG's arrangements for EPRR response and Business Continuity; the two policies should be read in conjunction and provide assurance that NHS North Lincolnshire CCG have robust processes in place to meet its statutory duties as a Category 2 Responder.

2. STRATEGIC OBJECTIVES SUPPORTED BY THIS REPORT:

Continue to improve the quality of services	x
Reduce unwarranted variations in services	x
Deliver the best outcomes for every patient	x
Improve patient experience	x
Reduce the inequalities gap in North Lincolnshire	x

3. IMPACT ON RISK ASSURANCE FRAMEWORK:

Yes		No	
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4. IMPACT ON THE ENVIRONMENT – SUSTAINABILITY:

Yes	x	No	
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The EPRR Policy and Business Continuity Plan for NHS North Lincolnshire Clinical Commissioning Group supports the sustainability of the organisation through having robust plans and policies in place to respond to any incident that may threaten the delivery of key critical services.

5. LEGAL IMPLICATIONS:

Yes	x	No	
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The EPRR Policy and Business Continuity Plan meet the statutory requirements as set out in the Health and Social Care Act 2012 and the Civil Contingencies Act 2004 for NHS North Lincolnshire CCG to fulfil its duties as a Category 2 Responder.

6. RESOURCE IMPLICATIONS:

Yes		No	x
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7. EQUALITY IMPACT ASSESSMENT:

Yes	x	No	
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8. PROPOSED PUBLIC & PATIENT INVOLVEMENT AND COMMUNICATIONS:

Yes		No	x
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9. RECOMMENDATIONS:

The CCG is asked to: -

- To approve the NHS North Lincolnshire's Clinical Commissioning Group 'Emergency Preparedness, Resilience and Response Policy' and NHS North Lincolnshire Clinical Commissioning Group 'Business Continuity Plan'.

**NHS NORTH LINCOLNSHIRE CLINICAL COMMISSIONING GROUP
EMERGENCY PREPAREDNESS, RESILIENCE & RESPONSE
POLICY**

March 2014

Authorship:	NHS NL CCG
Committee Approved:	Quality Group/Governing Body
Approved date:	
Review Date:	March 2017
Equality Impact Assessment	-Screening Completed
Sustainability Impact Assessment:	Completed
Target Audience:	All CCG employed staff

Version Number: 1.0

The on-line version is the only version that is maintained. Any printed copies should, therefore, be viewed as ‘uncontrolled’ and as such may not necessarily contain the latest updates and amendments.

POLICY AMENDMENTS

Amendments to the Policy will be issued from time to time. A new amendment history will be issued with each change.

New Version Number	Issued by	Nature of Amendment	Approved by & Date	Date on Intranet
1.0	J Killingbeck	New policy	Quality Group /Governing Body	

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1 INTRODUCTION

1.1 Introduction

The NHS needs to be able to plan for and respond to a wide range of incidents that could impact on health or patient care. These could be anything from an infectious disease outbreak, severe weather, prolonged periods of severe pressure, or a major transport accident. A significant event or emergency is any event that cannot be managed within routine service arrangements; It requires the implementation of special procedures and involves one or more of the emergency services, the NHS or the local authority (NHS CB 2013).

The Health and Social Care Act 2012 laid the foundation for a series of changes to the established emergency preparedness, resilience and response (EPRR) systems and processes with effect from 1st April 2013. The effect of these changes means that the newly established Clinical Commissioning Groups (CCGs) become Category 2 responders as defined by the Civil Contingencies Act 2004 (CCA 2004).

The Act requires that all such responders have plans in place to respond to emergencies/disruption to services and have an up-to-date Business Continuity Management Plan (BCMP). These plans are to be regularly reviewed, up-dated and tested. BCMP and EPRR plans ensure that robust systems are in place to provide guidance about what measure need to be taken in the event of normal service provision being disrupted.

This policy provides an overview of key functions, roles and responsibilities of the new EPRR system before detailing North Lincolnshire CCG's arrangements for EPRR response; it should be read in conjunction with NHS North Lincolnshire CCG Business Continuity Plan.

1.2 Context - EPRR Underpinning Principles

NHS NL CCG acknowledges and adheres to the following key principles underpinning the arrangements for Emergency Preparedness, Resilience and Response (EPRR) with effect from 1st April 2013:

- In emergencies, the Secretary of State will have a direct line of sight to the front line through the NHS Commissioning Board (NHS CB) and Public Health England (PHE).
- The NHS CB and PHE will work together at all levels to ensure nationally consistent health emergency preparedness and response capability.
- Incidents will be dealt with at the most appropriate level (in most cases at local level with escalation occurring when necessary).

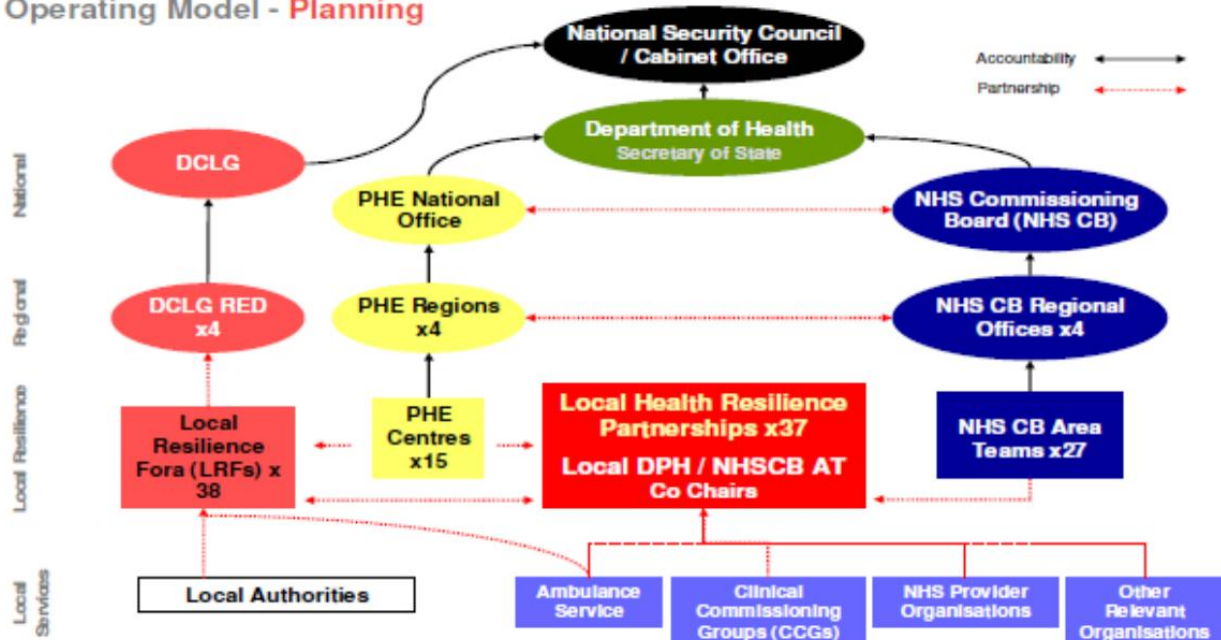
In the event of an emergency or incident, NHS CB, at an appropriate level, will lead the NHS response to any emergency that has the potential to or impacts on the delivery of NHS services, **or** requires the services or assets of the NHS to be mobilised, taking scientific and technical advice from PHE.

- PHE will provide national leadership and co-ordination of the public health response to the emergency preparedness, resilience and response system.
- The local authority, and the Director of Public Health (DPH) acting on its behalf, has a key role in protecting the health of its population. They will be required to provide assurance that plans are in place to protect the health of their geographical population from threats ranging from relatively minor outbreaks to full-scale emergencies.

- Directors of Public Health will carry out the local authority's new public health functions, including those that relate to planning for and responding to emergencies involving a risk to public health.
- This local authority role in health protection planning is to provide local public health leadership and highlight and escalate issues as necessary, providing advice, challenge and advocacy to protect the local population, working with Public Health England which will provide specialist health protection services
- Each NHS funded organisation must ensure it has robust and well tested arrangements in place to respond and recover from a significant event/emergency
- GP practices will work with and support NHS North Lincolnshire CCG to fulfil the role of a Category 2 responder, as directed by the Area Team.

The diagram below shows the NHS CB Emergency preparedness, resilience and response (EPRR) planning structure and its interaction with key partner organisations.

Health System EPRR Operating Model - Planning



1.3 Legislation & Guidance

The following legislation and guidance has been taken into consideration in the development of this procedural document:

- The Civil Contingencies Act 2004
- The Health and Social Care Act 2012
- The requirements for Emergency Preparedness as set out in the NHS Commissioning Board planning framework
- The requirements for Emergency Preparedness, Resilience & Response as set out in the applicable NHS standard contract
- NHS Commissioning Board EPRR documents and supporting materials, including the NHS Commissioning Board Business Continuity Management Framework (service resilience) 2013,
- The NHS Commissioning Board Core Standards for Emergency Preparedness, Resilience and Response (EPRR)

2 ENGAGEMENT

This policy has been developed with input from senior managers and NHS NL CCG Quality Group.

3 IMPACT ANALYSES

3.1 Equality

As a result of performing the analysis, the policy does not appear to have any adverse effects on people who share *Protected Characteristics* and no further actions are recommended at this stage.

3.2 Sustainability

A completed sustainability impact assessments is included in Appendix 3

4 SCOPE

This policy applies to those members of staff that are directly employed by NHS NL CCG and for whom NHS NL CCG has legal responsibility. For those staff covered by a letter of authority / honorary contract or work experience this policy is also applicable whilst undertaking duties on behalf of NHS NL CCG or working on NHS NL CCG premises and forms part of their arrangements with NHS NL CCG. As part of good employment practice, agency workers are also required to abide by NHS NL CCG policies and procedures, as appropriate, to ensure their health, safety and welfare whilst undertaking work for NHS NL CCG.

5 POLICY PURPOSE & AIMS

5.1 This policy outlines how NHS North Lincolnshire CCG (NHS NL CCG) will meet the duties set out in legislation and associated statutory guidelines, as well as any other issues identified by way of risk assessments as identified in the national/local risk register.

5.2 The aims of this policy document are to ensure NHS NL CCG acts in accordance with the Civil Contingency Act 2004, the Health & Social Care Act 2012 and any relevant national policy and guidance as issued by the Department of Health in the role of a Category 2 Responder.

5.3 As detailed in the NHS Commissioning Board framework, the emergency preparation, resilience and response role of CCGs is to:

- Ensure contracts with provider organisations contain relevant emergency preparedness, resilience (including business continuity) and response elements
- Support the NHS Commissioning Board in discharging its emergency preparedness, resilience and response functions and duties locally
- Provide a route of escalation for the Local Health Resilience Partnership (LHRP) should a provider fail to maintain necessary emergency preparedness, resilience and response capacity and capability
- Fulfil the responsibilities as a Category 2 Responder under the Civil Contingencies Act 2004 including maintaining business continuity plans for their own organisation
- Be represented on the Local Health Resilience Partnership (either on their own behalf or through representation by a 'lead' CCG)
- Seek assurance that provider organisations are delivering their contractual obligation in relation to EPRR.

6 DEFINITIONS

- EPRR – Emergency Preparedness, Resilience and Response
- Category Two Responder – Civil Contingency Act 2004 (see Appendix 1)

7 ROLES / RESPONSIBILITIES / DUTIES

7.1 Overall accountability for ensuring that there are systems and processes to effectively respond to emergency resilience situations lies with the Chief Officer and the Accountable Emergency Officer.

7.2. The Accountable Emergency Officer has responsibility for:

- Ensuring that the organisation is compliant with the Emergency Preparedness Resilience & Response requirements as set out in the Civil Contingencies Act (2004), the NHS planning framework and the NHS standard contract as applicable.
- Ensuring that the organisation is properly prepared and resourced for dealing with a major incident or civil contingency event
- Ensuring the organisation and any providers it commissions, has robust business continuity planning arrangements in place which reflect standards set out in the Framework for Health Services Resilience (PAS 2015) and ISO 22301
- Ensuring the organisation has a robust surge capacity plan that provides an integrated organisational response and that it has been tested with other providers and parties in the local community(ies) served
- Ensuring that the organisation complies with any requirements of the NHS Commissioning Board, or agents thereof, in respect of the monitoring of compliance

- Providing the NHS Commissioning Board, or agents thereof, with such information as it may require for the purpose of discharging its functions
- Ensuring that the organisation is appropriately represented at any governance meetings, sub-groups or working groups of the Local Health Resilience Partnership (LHRP)– which locally is the North Yorkshire and Humberside LHRP

7.3. The Director of Commissioning and Contracting leads have responsibility for ensuring emergency preparedness, resilience and response requirements are embedded within provider contracts.

7.4 The Senior Manager -Commissioning has responsibility for effectively managing Surge and Winter Planning on behalf of the CCG.

7.5 The Emergency Planning Officer will ensure that all CCG constituent practices are informed in the event of an emergency. NHS North Lincolnshire Business Continuity Plan provides escalation procedures, including contact details of all North Lincolnshire GP practices and should be read in conjunction with the EPRR policy.

8 IMPLEMENTATION

The policy will be available on the CCG intranet along with accompanying plans. The Chief Officer/Accountable Director for EPRR or the most senior member of the team available may invoke the Business Continuity/Emergency Plan in response to any major incident/emergency - as appropriate to the needs of any given situation.

All staff will be familiarised with the policy and procedures every 6 months at team meetings.

Breaches of this policy may be investigated and may result in the matter being treated as a disciplinary offence under the CCG's disciplinary procedure.

9 TRAINING & AWARENESS

9.1 All staff will be offered relevant training commensurate with their duties and responsibilities. Staff requiring support should speak to their line manager in the first instance. The policy will be available for all staff to familiarise themselves with on the CCG intranet. Awareness sessions will take place during team meetings every 6 months.

10 MONITORING & AUDIT

Activation of the Business Continuity Plan will be monitored and following the recovery period a full review will take place. Any relevant changes to policy and processes following this review will be incorporated to the policy as soon as is practically possible..

Any major incident/emergency within the area will trigger an automatic review of emergency plans/business continuity plan and follow the process described in the previous paragraph.

11 POLICY REVIEW

This policy will be reviewed every three years. Earlier review may be required in response to exceptional circumstances, following a major incident, organisational change or relevant changes in legislation/guidance.

12 REFERENCES

- The Civil Contingencies Act 2004 and associated formal Cabinet Office Guidance
- The Health and Social Care Act 2012
- The requirements for Emergency Preparedness as set out in the NHS Commissioning Board planning framework
- The requirements for Emergency Preparedness, Resilience & Response as set out in the applicable NHS standard contract
- NHS Commissioning Board EPRR documents and supporting materials, including the NHS Commissioning Board Business Continuity Management Framework (service resilience) 2013,
- The NHS Commissioning Board Command and Control Framework for the NHS during significant incidents and emergencies (2013),
- The NHS Commissioning Board Model Incident Response Plan (national, regional and area team) 2013,
- The NHS Commissioning Board Core Standards for Emergency Preparedness, Resilience and Response (EPRR)
- National Occupational Standards (NOS) for Civil Contingencies – Skills for Justice BSI PAS 2015 – Framework for Health Services Resilience ISO 22301 Societal Security - Business Continuity Management Systems – Requirements

13 ASSOCIATED DOCUMENTATION

NHS NL CCG Business Continuity Plan

APPENDIX 1

Civil Contingencies Act 2004 – Role of CCGs as Category Two Responders

From 1st April 2014 CCGs will be Category 2 responders. Category 2 responder organisations are “co-operating bodies” that are placed under slightly lesser obligations under the Civil Contingencies Act (2004) than Category 1 responders. As such they have a role in both 1) planning and prevention and 2) responding to emergencies.

1) Planning and prevention

Generically, their roles will be to co-operate and share relevant information with category 1 responders but they will be engaged in (LHRP) discussions where they will add value. They must maintain robust business continuity plans for their own organisations. Further information can be found at:

<http://www.cabinetoffice.gov.uk/content/civil-contingencies-act>

- Corporately, CCGs will support the NHS CB in discharging its EPRR functions and duties locally, ensuring representation on the LHRP.
- As commissioners, CCGs will be required to include relevant EPRR elements (including business continuity planning) in contracts with provider organisations in order to:
 - Ensure that resilience is “commissioned-in” as part of standard provider contracts and to reflect local risks identified through wider, multi-agency planning
 - Reflect the need for providers to respond to routine operational pressures, e.g. winter, failure of providers to continue to deliver high quality patient care, provider trust internal major incidents
 - Enable NHS-funded providers to participate fully in EPRR exercise and testing programmes as part of NHS CB EPRR assurance processes

¹ <http://www.dh.gov.uk/health/2012/07/resilience-partnerships/>

- Should providers fail to maintain their performance levels, CCGs need to provide their commissioned providers with a route of escalation on a 24/7 basis.
- Conversely, the NHS CB will need a conduit in which to mobilise relevant providers during significant and widespread incidents (see Response below).
- They will also be expected to develop, test and update their own business continuity plans to ensure they are able to maintain business resilience during any disruptive event or incident.

2) Response

As Category 2 Responders under the CCA, CCGs must respond to reasonable requests to assist and co-operate. This will include supporting the NHS CB Area Team should any emergency require wider NHS resources to be mobilised. CCGs must have a mechanism in place to support NHS Area Teams to effectively mobilise all applicable providers that support primary care services should the need arise. CCGs are responsible for maintaining service delivery across their local health economy to prevent business as usual pressures and minor incidents within individual providers from becoming significant incidents or emergencies.

This could include the management of commissioned providers to effectively coordinate increases in activity across their health economy. CCGs need a process that enables them to escalate significant incidents and emergencies to the NHS CB area team as applicable. Some, but not all, CCGs may become more involved in the provision of emergency response, for example:

- Where there are specific risks identified in local risk registers, such as nuclear, chemical or biological
- Where there is a significant issue of geographic remoteness, which may compromise a NHS CB area team to act alone as a Category 1 responder. In such circumstances, the area team may request support from CCG members to become part of the initial health response. This will be through agreement between the area team and the relevant CCG staff who will act on behalf of the NHS CB locally during the initial stages of an incident. Under any such agreement, the NHS CB is still responsible for ensuring an effective response is delivered and retains command and control.

Appendix 2

1. Equality Impact Analysis	
Policy / Project / Function:	EMERGENCY PLANNING, RESILIENCE AND RESPONSE
Date of Analysis:	December 2013
This Equality Impact Analysis was completed by: (Name and Department)	Julie Killingbeck Relationship Manager / Emergency Planning Lead NHS NL CCG
What are the aims and intended effects of this policy, project or function ?	To ensure that NHS NL CCG can fulfil its duties as set out in the Health and Social Care Act 2012 and the Civil Contingencies Act 2004 to plan for and respond to emergencies/major incidents that have the potential to cause disruption to service delivery.
Please list any other policies that are related to or referred to as part of this analysis?	NHS NL CCG Business Continuity Plan NHS NL CCG Emergency Response Framework
Who does the policy, project or function affect ? Please Tick ✓	Employees x <input type="checkbox"/> Service Users x <input type="checkbox"/> Members of the Public x <input type="checkbox"/> Other (List Below) <input type="checkbox"/>

2. Equality Impact Analysis: Screening

	Could this policy have a positive impact on...		Could this policy have a negative impact on...		Is there any evidence which already exists from previous (e.g. from previous engagement) to evidence this impact
	Yes	No	Yes	No	
Race	<input type="checkbox"/>	x <input type="checkbox"/>	<input type="checkbox"/>	x <input type="checkbox"/>	
Age	<input type="checkbox"/>	x <input type="checkbox"/>	<input type="checkbox"/>	x <input type="checkbox"/>	
Sexual Orientation	<input type="checkbox"/>	x <input type="checkbox"/>	<input type="checkbox"/>	x <input type="checkbox"/>	
Disabled People	<input type="checkbox"/>	x <input type="checkbox"/>	<input type="checkbox"/>	x <input type="checkbox"/>	
Gender	<input type="checkbox"/>	x <input type="checkbox"/>	<input type="checkbox"/>	x <input type="checkbox"/>	
Transgender People	<input type="checkbox"/>	x <input type="checkbox"/>	<input type="checkbox"/>	x <input type="checkbox"/>	
Pregnancy and Maternity	<input type="checkbox"/>	x <input type="checkbox"/>	<input type="checkbox"/>	x <input type="checkbox"/>	
Marital Status	<input type="checkbox"/>	x <input type="checkbox"/>	<input type="checkbox"/>	x <input type="checkbox"/>	
Religion and Belief	<input type="checkbox"/>	x <input type="checkbox"/>	<input type="checkbox"/>	x <input type="checkbox"/>	
Reasoning					

If there is no positive or negative impact on any of the Nine Protected Characteristics go to Section 7

3. Equality Impact Analysis: Local Profile Data

Local Profile/Demography of the Groups affected (population figures)	
General	Total population of North Lincolnshire– 167,000 approximately
Age	
Race	
Sex	
Gender reassignment	
Disability	
Sexual Orientation	
Religion, faith and belief	
Marriage and civil partnership	
Pregnancy and maternity	

4. Equality Impact Analysis: Equality Data Available

<p>Is any Equality Data available relating to the use or implementation of this policy, project or function?</p> <p>Equality data is internal or external information that may indicate how the activity being analysed can affect different groups of people who share the nine <i>Protected Characteristics</i> – referred to hereafter as ‘<i>Equality Groups</i>’.</p> <p>Examples of <i>Equality Data</i> include: (this list is not definitive)</p> <ol style="list-style-type: none"> 1. Application success rates <i>Equality Groups</i> 2. Complaints by <i>Equality Groups</i> 3. Service usage and withdrawal of services by <i>Equality Groups</i> 4. Grievances or decisions upheld and dismissed by <i>Equality Groups</i> 5. <i>Previous EIAs</i> 	<p>Yes <input type="checkbox"/></p> <p>No <input checked="" type="checkbox"/></p> <p>Where you have answered yes, please incorporate this data when performing the <i>Equality Impact Assessment Test</i> (the next section of this document).</p>
<p>List any Consultation e.g. with employees, service users, Unions or members of the public that has taken place in the development or implementation of this policy, project or function</p>	
<p>Promoting Inclusivity</p>	

How does the project, service or function contribute towards our aims of eliminating discrimination and promoting equality and diversity within our organisation	
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5. Equality Impact Analysis: Assessment Test

What impact will the implementation of this policy, project or function have on employees, service users or other people who share characteristics protected by *The Equality Act 2010* ?

Protected Characteristic:	No Impact:	Positive Impact:	Negative Impact:	Evidence of impact and if applicable, justification where a <i>Genuine Determining Reason</i> exists
Gender (Men and Women)	x			
Race (All Racial Groups)	x			
Disability (Mental and Physical)	x			
Religion or Belief	x			
Sexual Orientation (Heterosexual, Homosexual and Bisexual)	x			

What impact will the implementation of this policy, project or function have on employees, service users or other people who share characteristics protected by *The Equality Act 2010* ?

Protected Characteristic:	No Impact:	Positive Impact:	Negative Impact:	Evidence of impact and if applicable, justification where a <i>Genuine Determining Reason</i> exists
Pregnancy and Maternity	x			
Transgender	x			
Marital Status	x			
Age	x			

6. Equality Impact Analysis Findings

Analysis Rating:	<input type="checkbox"/> Red	<input type="checkbox"/> Red/Amber	<input type="checkbox"/> Amber	<input checked="" type="checkbox"/> X Green
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Brief Summary/Further comments	<p>This policy ensures that NHS NL CCG can respond to emergencies and disruption to services across North Lincolnshire and strengthens the resilience of the organisation to meet the health needs of the population of North Lincolnshire.</p>
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Approved By		
Job Title:	Name:	Date:
Relationship Manager/Emergency Planning Lead	Julie Killingbeck	03/01/14

Appendix 3

SUSTAINABILITY IMPACT ASSESSMENT

Staff preparing a Policy / Board Report / Committee Report / Service Plan / Project are required to complete a Sustainability Impact Assessment. Sustainability is one of the Trust's key Strategies and the Trust has made a corporate commitment to address the environmental effects of activities across Trust services. The purpose of this Sustainability Impact Assessment is to record any positive or negative impacts that this activity is likely to have on each of the Trust's Sustainability Themes. For assistance with completing the Sustainability Impact Assessment, please refer to the instructions below.

Policy / Report / Service Plan / Project Title: NHS NL EPRR Policy				
Theme (Potential impacts of the activity)	Positive Impact	Negative Impact	No specific impact	What will the impact be? If the impact is negative, how can it be mitigated? (action)
Reduce Carbon Emission from buildings by 12.5% by 2010-11 then 30% by 2020			X	
New builds and refurbishments over £2million (capital costs) comply with BREEAM Healthcare requirements.			X	
Reduce the risk of pollution and avoid any breaches in legislation.			X	
Goods and services are procured more sustainability.			X	
Reduce carbon emissions from road vehicles.			X	
Reduce water consumption by 25% by 2020.			X	
Ensure legal compliance with waste legislation.			X	
Reduce the amount of waste produced by 5% by 2010 and by 25% by 2020			X	
Increase the amount of waste being recycled to 40%.			X	
Sustainability training and communications for employees.			X	
Partnership working with local groups and organisations to support sustainable development.	x			Strengthening EPRR will ensure the sustainability of NHS NL CCG to deliver essential services in the event of disruption.

Financial aspects of sustainable development are considered in line with policy requirements and commitments.			x	Supports the sustainability of the organisation as a whole.
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