Emergency Preparedness, Resilience and Response (EPRR) and Business Continuity Policy

Author:	Head of EPRR
Document Owner:	Chief Operating Officer
Revision No:	8.1
Document ID Number	POLCOM045
Approved By:	Divisional Management Boards
Implementation Date:	July 2020
Date of Next Review:	July 2022

Document Control / History		
Revision No	**Date**	**Reason for change**
1.0		Detail the arrangements of the Trust in relation to the Local Health Resilience Partnership (LHRP) and Kent Resilience Forum (KRF).
2.0		Reference to include National Risk Register 2014
3.0		Change of Organisational leads.
4.0		Streamlined into Corporate Trust Policy for Board approval. Responsibilities of the Board and EPRR Group added. References to supporting documents added.
5.0		Change of author, owner, Accountable Executive and update of Trust Logo
6.0		Role and Responsibility of Non-Executive Director with EPRR Portfolio Trust Annual Report requirement
7.0	August 2019	Revision of terminology in line with the NHS England EPRR Standards and update of roles in place. Critical Plan referenced superseding the Significant Incident Plan, Structure
8.0	July 2020	Combination of EPRR and Business Continuity Policy into one document

Consultation
Divisional Management Boards (Planned and Unplanned)

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Table of Contents

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Policy

To be read in conjunction with any policies listed in Trust Associated Documents.

1   Introduction

1.1   Medway NHS Foundation Trust have a duty to plan for and respond to a wide range of incidents and emergencies that could affect health or patient care.

1.2   Under the Civil Contingencies Act (2004) the Trust, as a Category One responder has special duties and standards which need to be met in relation to Emergency Preparedness, Resilience and Response (EPRR).

1.3   As an NHS funded organisation the Trust must be able to demonstrate that it can deal with an incident whilst maintaining services to patients.

1.4   This Policy ensures that the Trust is compliant with the Civil Contingencies Act (2004), and the NHS England EPRR Framework (2015), outlining objectives, processes and Governance to facilitate this compliance.

2   Purpose / Aim and Objective

2.1   The purpose of this policy is to provide assurance that the framework is in place to enable the Trust to prepare, respond and recover from incidents or emergencies.

2.2   The Civil Contingencies Act (2004)

- The Civil Contingencies Act (2004) and accompanying non-legislative measures, deliver a single framework for civil protection in the United Kingdom capable of meeting the challenges of the twenty-first century. The Act is separated into two substantive parts: local arrangements for civil protection (Part 1) and emergency powers (Part 2).

- Part 1 of the Act and supporting Regulations and statutory guidance Emergency Preparedness establish a clear set of roles and responsibilities for those involved

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in emergency preparation and response at the local level. The Act divides local responders into two categories, imposing a different set of duties on each.

- Those in Category 1 are those organisations at the core of the response (e.g. emergency services, local authorities, NHS bodies).

2.3 The Civil Contingencies Act (2004), requires Category 1 responders to:

- assess the risk of emergencies occurring and use this to inform contingency planning

- put in place emergency plans

- put in place business continuity management arrangements

- put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency

- share information with other local responders to enhance co-ordination

- co-operate with other local responders to enhance co-ordination and efficiency

- provide advice and assistance to businesses and voluntary organisations about business continuity management (local authorities only)

2.4 NHSE Emergency Preparedness Resilience and Response Framework (2015)
The Trust Policy is to ensure the requirements set out in the NHS England EPRR Framework are met.

NHS funded organisations are required to submit evidence of their conformity to the required EPRR standards via the completion of a pro-forma template and the provision of a statement of EPRR Conformity. The Trust Board is responsible for reviewing and approving the submission annually.

2.5 The National Health Service Standard Contract.

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SC30 – Service Matters, require that the Trust have a clear reporting process and assess the impact and recovery of Elective Care in relation to Major Incident.
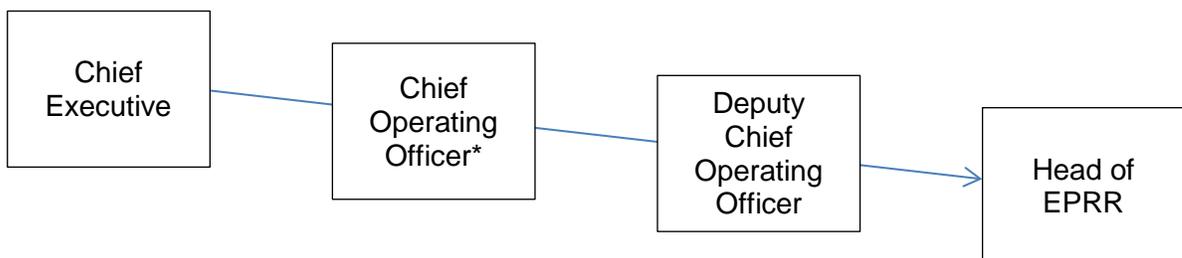
2.6 Business Continuity

The Trust Policy is to ensure that business continuity arrangements are aligned to ISO 22301. This International Standard specifies requirements for setting up and managing an effective Business Continuity Management System (BCMS) thereby;

- Understanding the organisation's needs and the necessity for establishing business continuity management policy.

- Implementing and operating controls and measures for managing an organisation's overall capability to manage disruptive incidents

- Monitoring and reviewing the performance and effectiveness of the BCMS

- Continual improvement.

2.7 Trust Objectives

EPRR supports the Trust objectives by ensuring the continuous improvement and rolling programme of Business Continuity and Emergency Preparedness across the

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Chief          Chief           Deputy
Executive  →   Operating   →   Chief        →   Head of
               Officer*        Operating        EPRR
                               Officer
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Holds the role of Accountable Emergency Officer

organisation and at all appropriate levels of staffing by ensuring that its people are trained and exercised in EPRR best practice with the support to carry out the skills required when required.

2.8 On Call

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Medway NHS Foundation Trust ensures it can receive notifications relating to business continuity incidents, critical incidents and major incidents by employing a resilient and dedicated on-call mechanism, which is supported by the Head of EPRR.

This function has both 24/7 senior manager and director level robust availability and capability. On-call staff are trained and competent to perform their role, and are in a position of delegated authority on behalf of the Chief Executive Officer. The Identified Individuals;

- Are trained according to the NHS England EPRR competencies (National Occupational Standards).

- Can determine whether a Major, Critical or Business Continuity incident has occurred

- Has a specific process to adopt during decision making

- Is aware of who should be consulted and informed during decision making

- Should ensure appropriate records are maintained throughout

2.9   Testing and Exercising

Exercising schedule should incorporate the response needed for Major, Critical and Business Continuity Incident, whilst considering local risks and meeting the needs of the organisation in the form of;

- Six-monthly communications cascade test

- Annual Table top

- Live Exercise; and a

- Command post exercise

2.10   Incident Control

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The Incident Control Centre currently resides on the second floor at the front of the hospital (next to the Site Office), during an incident it will function side by side with the site office to manage the incident as well as the rest of the Hospital.

The completion of incident SitReps can be found as an appendix to the Major Incident Plan on Q-Pulse.

A list of trained Loggists sits with switch board who can be contacted 24/7.

2.11   Business Continuity Management System (BCMS)

The organisation has a system to evaluate BCMS and this is part of the 2020/22 programme of work which will include the monitoring and evaluation of Business Continuity arrangements against KPIs, Support arrangements and Emergency Ward boxes for Critical Hospital Functions.

3   Definitions

3.1   Business Continuity Management (BCM) identifies critical activities and highlights potential impacts that could threaten an organisation. It provides a framework for building resilience and the capability for an effective response that safeguards the interests of its key stakeholders, reputation, brand and value creating activities

3.2   Category 1 responders. Core responders, as defined by the Civil Contingencies Act (2204), to emergencies and are responsible for carrying out the legislation set down by the Act.

3.3   Critical Activity. An activity which an organisation needs to ensure its continuity, in order to meet business objectives.

3.4   Critical Incident. Any localised incident where the level of disruption results in the organisation temporarily or permanently losing its ability to deliver critical functions,

patients may have been harmed or the environment is not safe requiring special measures and support from other agencies, to restore normal operating functions.

3.5 **Emergency Preparedness, Resilience and Response (EPRR)** - A programme of work which prepares and responds to a wide range of emergencies and incidents that could affect health or patient care.

3.6 **Incident -** An event that causes disruption to the organisation.

3.7 **Local Health Resilience Partnership (LHRP) -** Group representatives at Executive level from local health sector organisations. A forum for joint working in EPRR.

3.8 **Local Resilience Forum -** Multiagency partnership made up of representatives from category 1 and 2 responders.

3.9 **Major Incident -** An event or situation, with a range of serious consequences, which requires special arrangements to be implemented by one or more emergency responder agencies.

4   (Duties) Roles & Responsibilities

4.1 **Trust Board**

Responsible for;

- Approving the Trust's Corporate Policy for EPRR.
- Reviewing and approving the annual report to the Board on EPRR arrangements.
- Understanding the statutory framework and assuring itself on the adequacy of the Trust arrangements for meeting requirements.
- Supporting the delegated responsibility of Command and Control during an incident that requires such processes to be implemented.

4.2 **Chief Executive**

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Department of Health Guidance (2005) dictates the Chief Executive is named as the person accountable for Emergency Preparedness, Resilience and Response. To support this arrangement the chief Executive;

- is responsible for designating the responsibility of EPRR as a core part of the organisation's governance and operational delivery programmes
- Is aware of the factors within the organisation which could negatively impact on public protection within their health community as a result of a major incident
- Is aware of their legal duty to respond to a major incident
- Is responsible for nominating an Accountable Emergency Officer

4.3   Non-Executive Director

The Trust has an identified, active Non-executive Director representative who formally holds the EPRR portfolio for the organisation.

The Non-executive Director Representative will;

- Be publicly identified via the public website and annual report

- Be a regular and active member of the Board/Governing Body

- Be briefed via a formal and establish process on the progress of the EPRR work plan outside of Board meetings.

- Attend EPRR Group meetings, be familiar with the minutes and engage in current EPRR issues as required.

4.4   Chief Operating Officer

The Chief Operating Officer is the designated Executive for EPRR and the delegated Accountable Emergency Officer with responsibility to ensure;

- that the Trust has Resources committed and funds available to the EPRR Function,

- that Plans and policies are in place to fulfil the requirements of the statutory framework;

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- Commitment from staff and Senior Leadership towards Emergency Planning, Business Continuity and Training and Exercising

- The Chief Executive and the Trust Board are provided Assurance that the organisation is meeting its obligations in respect to EPRR and relevant statutory obligations under the Civil Contingencies Act (2004)

- The organisation is properly prepared and resourced to respond

They will;

- Attend the Local Health Resilience Partnership Group,

- Discharge their responsibility to provide EPRR reports to the board no less frequently than annually, the reports must go to board, and as a minimum, include an overview on;

  o Training and exercising undertaken by the organisation

  o Summary of any business continuity, critical incidents and major incidents

  o Summary of lessons identified from Incidents and exercises

  o The organisations compliance position in relation to the latest NHS England EPRR Assurance process

4.5 Emergency Preparedness, Resilience and Response Group

This group is established to assist the Trust Board in fulfilling its responsibilities in relation to the Civil Contingencies Act 2004. It will fulfil its purpose by having responsibility for oversight of the Trust EPRR Policies, documentation, and learning from exercises and incidents.

The group must address issues regarding EPRR and providing assurance in relation to governance to the board.

4.6 Head of Emergency Preparedness Resilience and Response

The Head of EPRR is responsible for;

- Reviewing and facilitating Emergency plan updates through the correct Trust procedure.

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- ensuring the EPRR corporate responsibilities are met in line with NHS England Core Standards for EPRR (2020 – 2022)
- training and exercising resilience response plans throughout the Trust
- representing the Trust at local sub groups related to EPRR and the LRF
- coordinating a post incident debrief and using lessons learnt to improve existing plans
- Supporting the accountable Emergency Officer in providing assurance to the Trust Board regarding EPRR.
- Preparing assurance reports to relevant Committees and Boards.
- Carrying out and documenting risk assessments in relation to national and local risk.

4.7 Directors, General Managers and Heads of Department

Directors, General Managers, Service Managers, Heads of Departments (including Nursing) will;

- Agree the Trust Core Functions and Critical Dependencies for their areas and undertake detailed Service and IT System Business Impact Assessments following the Trust Management of Business Continuity Policy,
- Be responsible for ensuring that their appropriate departments comply and engage in EPRR and support the Accountable Emergency Officer in providing assurance to the Trust Board
- Ensure that business continuity plans and arrangement are in place which are agreed and remain as live documents.
- In line with the EPRR Training Needs Analysis release staff accordingly for training and ensure they are fully compliant with EPRR training within the Trust.
- Release staff (including those that are, but not limited to, Medical, Nursing and Operational) to undertake Exercises to test EPRR Plans.
- Directors, General Managers and Heads of Department who are aligned to the Trust on call Rota's will evidence attendance against the agreed EPRR training programme ensuring an up to date EPRR portfolio is kept

- Directors, General Managers and Heads of Department must ensure they are accessible and are fit to carry out their duties at all times whilst on call and have access to the required information, policies and communications

4.8 Service Leads

Service leads;

- Must ensure that their departments/areas have comprehensive Service Level Business Continuity Plans (BCP) in place
- Are responsible for reviewing and updating plans
- Are responsible for ensuring that all relevant staff are aware of the service plan and have received instruction in the use of the plan
- Must collaborate with the Head of EPRR to exercise service level BCPs once a year.

4.9 Communications Team

The communications Team are responsible for Trust Communications during an incident and liaison with external communication partners

4.10 Head of Infection Control

The Head of Infection Control is responsible for supporting the EPRR agenda via communications with and direction from the Health Protection Agency or other Agencies as required.

4.11 The Head of IT

The Head of IT will;

- ensure that there is a Disaster Recovery Plan (Covering loss of physical assets and recovery with a recovery time objective)
- ensure that the Trust can demonstrate Cyber Security (as outlined within https://www.gov.uk/government/publications/10-steps-to-cyber-security-advice-sheets

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4.12 Associate Director of Procurement

The Associate Director of Procurement will ensure that a system is in place to risk assess, request and obtain business continuity plans from providers that the organisation commissions and any sub-contractors have arrangements in place.

4.13 Switchboard Supervisor

The Switchboard Supervisor will maintain the contact details of staff on 'on-call rotas' Will assist with the testing of the Incident Response cascade at least 6 monthly.

4.14 Consultant Nuclear Medicine

The Consultant Nuclear Medicine will ensure that the Radiation Monitoring Devices based in the Emergency Department (RAMGENE) are adequately assured on an annual basis via an approved appointed person.

4.15 Chemical, Biological, Radioactive and Nuclear (CBRN) Leads of the Emergency Department.

The CBRN Leads of the Emergency Departments will be responsible for maintaining the CBRN Standards (LHRP, 2013) covering:

- Risk Assessment.
- Equipment
- Training
- Management of CBRN and Radiation Monitoring trained Staff.

4.16 In response to any EPRR incident, which requires activation of an emergency plan and/or the command and control structure, the Senior Manager on Call and Director on call have a duty to assume the relative command position. The SMOC will assume the role of the Tactical Commander and the Director on Call will become the Strategic Commander. This policy permits those commanders the authority to act outside of their normal scope of duties in direct response to an evolving incident in order to promote or save life, reduce humanitarian suffering but within keeping with the Trust's vision and values.

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5   Business Continuity Management

5.1   Business Continuity Management (BCM) identifies critical activities and highlights potential impacts that could threaten an organisation. It provides a framework for building resilience and the capability for an effective response that safeguards the interests of its key stakeholders, reputation, brand and value creating activities.

5.2   **BCM Planning**

Effective programme management will ensure capability is established and maintained within the Trust

5.2.1   **Step 1 – Understanding the organisation**

Business Impact Analysis (BIA) identifies and documents key services and critical activities required to deliver them, the impact of a disruption and the resources required to recover.

5.2.2   **Step 2 – Determine the BCM Strategy**

Identify actions to maintain the critical activities.

5.2.3   **Step 3 – Developing and Implementing BCM response**

The development and implementation of appropriate plans and arrangements to ensure management of an incident and continuity as well as recovery of critical activities.

5.2.4   **Step 4 – Exercising, Maintaining and Reviewing**

Ensure the BCM arrangements are validated by exercising and reviewed according to policy and revised accordingly.

The BCM will be reviewed to ensure that it is effective. Peer review and internal audit process will facilitate BCMS review.

5.3   **BCM Scope**

Business Continuity Plans relate to all health care services provided in the inpatient, outpatient and community settings.

5.4   **BCM Ownership**

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5.4.1 Plans (including BIAs) will be kept up to date in line with current legislation, guidance and good practice.

5.4.2 Directorates and departments will produce and maintain a business continuity plan (with the included BIA). These plans will be kept locally within the directorates and on Q-Pulse.

5.5 Business Continuity Plans of Commissioned Suppliers and Providers

5.5.1 Business Continuity Plans of commissioned suppliers and providers need to be assessed to ensure they are in place and dovetail with Trusts plans and critical activities.

5.5.2 These activities can be managed through the procurement contractual process and the Head of EPRR working with service leads in the commissioning and implementation phases. BCPs for services commissioned by the CCG for multiple organisations, such as patient transport, equipment providers and NHS 111 will be assessed by the CCGs. Business Continuity plans should be tested with multiple providers as part of the exercising programme.

5.6 EPRR Plans

5.6.1 The Head of EPRR is responsible for developing, maintaining, reviewing and revising emergency resilience plans including;

- MFT EPRR and Business Continuity Policy
- MFT Major Incident Plan
- MFT Mass Casualty Plan
- MFT Infant Abduction Plan
- MFT Incident Response Plan

- MFT Heatwave Plan
- MFT Winter Plan
- MFT Critical Incident Plan
- MFT Pandemic Flu Plan
- MFT Evacuation Plan

5.6.2 EPRR plans will be written and revised in consultation with key stakeholders both internally and external to the organisation. This will be documented on the plans' version control.

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5.6.3   Plans are ratified through the EPRR Group and relevant other committees. Emergency resilience plans will be available to all staff via the Trust's Intranet. Paper copies of the plans will be held in key locations across the Trust including the Incident Control Centre.

6   Key Performance Indicators

6.1   Clinical Groups will be measured against Key Performance Indicators for EPRR and reported biannually through the EPRR Group and annually through the EPRR Report.

7   Work Plan

7.1   An annual EPRR Work Plan, which includes the annual exercise plan, will be submitted to the EPRR Group at the end of the previous calendar year. The work plan outlines the proposed schedule of work in relation to plan development, EPRR logistics, training and exercises

7.2   The work programme to be delivered will be to:

- Meet statutory requirements

- Address lessons learnt from incidents and exercises

- Identify risks

- Identify outcomes of assurance and audit processes

7.3   The work and exercise plan may be influenced by arising risks as well as local and national agendas throughout the year

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8   Training and Exercising

8.1   The Head of EPRR is responsible for coordinating and facilitating the EPRR training and exercise programme for the Trust

8.2   **Training**

8.2.1   Mandatory Emergency Resilience Training is required every 2 years for;

- Matrons/ward sisters including midwifery (band 6 and above)

- Allied Health Professionals (Band 7 and above)

- Operational Service Managers (Band 7 and above)

Records of Training will be recorded on ESR.

8.2.2   Senior Managers and Directors who carry out an on call role must take part in the Commander training programme and maintain a portfolio in line with National Occupational Standards.

8.2.3   Records of training will be recorded by the Head of EPRR. The Head of EPRR will also provide non mandatory training to other staff groups through local arrangements, staff development days and staff meetings.

8.2.4   Training sessions will incorporate National Occupational Standards as best practice.

8.2.5   CBRN training is facilitated in partnership with Acute Trusts across Kent to ensure a system-wide consistency. The training is essential for all Emergency Department staff but the courses are open to all Trust staff.

8.3   **Exercising**

8.3.1   The Trust has a legal obligation under the Civil Contingencies Act (2004) to carry out regular exercising of resilience arrangements.

8.3.2   The Trust must carry out;

- A Live Exercise every three years

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- A Table top exercise every year

- Communications exercises at least every 6 months

8.3.3 The Head of EPRR will coordinate these exercises. These exercises may be run in conjunction with partnership organisations including Kent Fire and Rescue, Kent Police and South East Coast Ambulance.

8.3.4 All Trust Emergency Exercising carried out should be both proposed into and agreed by the EPRR Group, and exercising report should then be presented to the group within 1 month of the exercise, This includes (but is not limited to) any Emergency Simulation exercises, Security or Fire response Exercises. This allows the organisation to coordinate and ensure that the quality of participation is effective and safe.

8.3.5 The Head of EPRR and other operational staff will endeavour to participate in external exercises facilitated by other Category One and Two responders to support interoperability. The Head of EPRR will make available opportunities for other staff to take part in multiagency exercises not only in the incident response but in surge capacity and winter planning.

8.3.6 The Head of EPRR is responsible for ensuring that the lessons learnt and recommendations are gathered and actioned following exercises or real incidents. This information will be presented at the next EPRR Group, risks will be assessed and mitigated where possible and when the risk cannot be mitigated, reported to the Executive Group.

8.3.7 A record of all lessons learnt and recommendations is maintained by the Head of EPRR.

9   Funding

9.1 The Head of EPRR will have control and hold the Emergency Preparedness, Resilience and Response budget. This will be set each year with the Chief Operating Officer and The Chief Executive.

9.2 Each department will fund the costs of staff going on training and exercises and any resilience equipment required within its department.

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9.3 In the event of a Major Incident all departments must keep a record of additional expenditure and forward this to Divisional Finance Business Partners, so that where possible reserves can be allocated by the Director of Finance however the costs of responding to a major incident rest with the directorate concerned. In the event of a large scale incident, costs will be met through Trust reserves.

10 Risk Assessment

10.1 The Head of EPRR will develop and maintain the Emergency Resilience Risk Register in line with National and the Kent Community Risk Register. This is the External Factors EPRR Risk Register which is reviewed every two years, after an external risk register publication or significant change in risk.

10.2 EPRR risks will be reviewed as a standing item at the EPRR Group

11 Assurance and Governance

11.1 The EPRR Group will provide assurance to the Executive Group that the resilience programme is being developed and maintained and that EPRR and Business Continuity Issues are being addressed within the Trust.

11.2 The Head of EPRR will submit an annual report to the Executive Group and the Trust Board regarding EPRR. Additional exception reports may be required for assurance purposes.

11.3 The Head of EPRR will complete the annual NHS E/I Core Standards for EPRR self-assessment as required. The outcome will be submitted to the Trust board through an exception report.

12 Information Sharing

12.1 Under the civil contingencies act 2004 (CCA), Category 1 and 2 responders have a duty to share information with other Category 1 and 2 responders. This is required

for those responders to fulfil their duties under the CCA. Information sharing is also encouraged as being good practice.

12.2 To allow appropriate information sharing to take place, Trust Commanders must ensure that the following legislation has been considered:

- Freedom of Information Act 2000

- General Data Protection Regulation 2018

- Data Protection Act 2018

12.3 Trust Commanders must follow the organisational policies and seek guidance if unsure if the information can be shared.

12.4 Data Protection legislation requires all organisations which handle personal information to comply with a number of principles regarding privacy and disclosure.

12.5 It is important that emergency response is not hampered by organisations or individual's reluctance to share information which could be deemed confidential.

13   Monitoring and Review

What will be monitored	How/Method/ Frequency	Lead	Reporting to	Deficiencies/ gaps Recommendations and actions
Policy review	First review in one year and then every three years	Author	Chief Operating Officer	Where gaps are recognised action plans will be put into place
NHS EPRR framework – compliance with the core standards	EPRR Group – Each meeting	EPRR Manager	Executive Group, Trust Board	Where gaps are recognised, action plans will be put into place
EPRR work plan	EPRR Group – Each meeting	EPRR Manager	Executive Group	Where gaps are recognised, action plans will be put into place
Learning from exercises	EPRR Group – Each meeting	EPRR Manager	Executive Group	Where gaps are recognised, action plans will be put into place

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14 Training and Implementation

14.1 A training needs analysis is prepared as part of the annual work plan and its adequacy is reviewed by the EPRR Group.

15 Equality Impact Assessment Statement & Tool

15.1 Public bodies have a statutory duty under The Equality Act 2010 (Statutory Duties) Regulations 2011 to provide "evidence of analysis it undertook to establish whether its policies and practices would further, or had furthered, the aims set out in section 149(1) of the [Equality Act 2010]".

15.2 The policy owner must insert here a statement to summarise how they have assessed the policy for impact on the protected characteristics under the Equality Act 2010. Guidance on how to do this can be found in the Guidance Note on Equality Impact Assessment [AGN00168 - Equality Impact Assessment guidance note]. Key issues to include are:

- An assessment of how relevant the policy is to equality and diversity
- The key informants (e.g. data and/or consultees) of the assessment
- What, if anything, was learnt, and any actions that need to be taken to ensure that the policy can be delivered equitably.
- Where the impact assessment can be located (e.g. available from the document author)

16 References

Document	Ref No
References:	
Civil Contingencies Act 2004 Part 1 and 2	
Emergency Preparedness, Resilience and Response Framework (NHS England, 2015)	
NHS England Core Standards for Emergency Preparedness, Resilience and Response (NHS England, 2015)	

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The Health and Social Care Act, 2012	
Trust Associated Documents:	
Major Incident Plan	
Chemical, Biological, Radiological and Nuclear CBRN Incident Plan	
Kent and Medway – Information Sharing Agreement	
Kent and Medway Local Health Resilience Partnership – Mutual Aid Agreement	

END OF DOCUMENT

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