Emergency Preparedness, Resilience and Response (EPRR) Strategy

v2.1

Oct 2018
1. Introduction

1.1. The Royal Cornwall Hospitals NHS Trust (hereafter referred to as the Trust) has statutory and contractual duties to have in place arrangements to respond to a wide range of incidents and emergencies including business continuity issues that could affect health or patient care. This includes Critical Incidents (Internal), Major Incidents and Business Continuity.

1.2. The Trust is defined as a Category 1 responder under the Civil Contingencies Act 2004 (CCA) which imposes a series of duties in relation to contingency planning. In broad terms these are to assess the risk of an emergency occurring, to maintain plans to respond to an emergency, to publish the assessments and plans in so far as this is necessary or desirable to deal with an emergency and to maintain arrangements to warn, inform and advise members of the public in the event of any emergency.

1.3. Care Quality Commission outcomes (4 and 6) require the Trust to make plans in advance of foreseeable emergencies to ensure the needs of people who use services will continue to be met before, during and after the emergency, and to have in place a planned response to major incidents, critical incidents and to business continuity incidents.


1.5. NHS England has produced Emergency Preparedness, Resilience and Response (EPRR) guidance to reflect changes to the NHS made under the Health and Social Care Act. This supersedes previous NHS Emergency Planning Guidance.

1.6. NHS England has also produced Core Standards for Emergency Preparedness, Resilience and Response (EPRR) which NHS organisations and providers of NHS funded care must meet to ensure that they are able to respond to a wide range of incidents and emergencies that could affect health or patient care. The core standards provide a consistent framework for self-assessment and more formal review.

1.7. This version supersedes any previous versions of this document.

2. Purpose of this Strategy

2.1. This strategy describes how the Trust’s emergency preparedness, resilience and response arrangements will be coordinated to comply with the CCA, the NHS England EPRR guidance and core standards and to minimise the impact of disruptive events on patients, staff and stakeholders.

3. Scope

3.1. This plan is for all Trust staff.
4. Definitions / Glossary

4.1. Category 1 Responders (Acute Trusts, Area Team, Local Authority and all blue light services) – organisations defined under the CCA with duties to assess the risk of emergencies occurring, put in place emergency plans, Business Continuity arrangements, arrangements to make information available to the public about emergency plans, arrangements to warn, inform and advise the public in the event of an emergency, share information and co-operate with other local responders, including the implementation of mutual aid as directed by the Area Team.

4.2. Category 2 Responders (CCG, Utilities) – Organisations defined under CCA with duties to co-operate and share information with Category 1 and 2 responders.

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

Major Incident – An event or situation that threatens serious damage to human welfare in a place in the UK or to the environment of a place in the UK, or war or terrorism which threatens serious damage to the security of the UK. The term “major incident” is commonly used to describe such emergencies. These include multiple casualty incidents, terrorism or national emergencies such as pandemic flu.

Business Continuity – Arrangements need to be in place within the Trust to be able to have the ability to continue to provide some or all of its services. The Trust needs to have in place effective Business Continuity Management arrangements to minimise the impact to patients, staff, stakeholders and the Trust’s reputation.

4.4. Should a critical incident, major incident or a business continuity issue occur (such as severe weather) it is expected that special robust management arrangements will be put in place to effectively manage the situation. This would be through the ‘command and control’ structure that remains a consistent process regardless of the incident type.

5. Ownership and Responsibilities

5.1. The Chief Executive is responsible for:

- The overall accountability for the Trust’s emergency preparedness, resilience and response arrangements.
- Nominating an Accountable Officer to provide executive responsibility and leadership for emergency preparedness, resilience and response.

5.2. Role of the Accountable Officer

The Accountable officer is a board level director, currently the Chief Operating Officer, with executive authority and is responsible for:
- Ensuring the organisation complies with legal and policy requirements for emergency preparedness, resilience and response.

- Chair meetings of the Trust’s Emergency Preparedness, Resilience and Response Committee.

- Ensuring that the organisation is properly prepared and resourced for dealing with a major incident.

- Providing assurance to the Trust Board that the organisation is compliant with EPRR requirements.

- Ensuring that 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 communities served.

- Ensuring that the organisation complies with any requirements of NHS England, or agents thereof, in respect of the monitoring of compliance.

- Providing NHS England, 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 Local Health Resilience Partnership (LHRP) meetings, Local Resilience Forum meetings and any governance, sub groups or working groups as required.

5.3. **Role of Divisional Management Teams**

- Ensuring Divisions are prepared and resourced for dealing with a major or critical incident, this includes producing a local major incident plan/action card for relevant areas.

- Ensuring that Divisions have robust business continuity planning arrangements in place supported by appropriate risk assessments and Business Impact Analysis.

- Ensuring appropriate representation at the Emergency Preparedness, Resilience and Response Committee in accordance with the Groups Terms of Reference.

- Making staff and resources available for training and exercises.

5.4. **Role of the Emergency Preparedness, Resilience and Response Committee**

The Committee is responsible for:

- Ensuring that emergency preparedness, resilience and response arrangements are embedded in the organisation and that legislation and all standards are met.
• Providing assurance to the Board through the Trust Management Group and/or Governance Committee that the Trust has effective and tested plans in place to manage the consequence of a range of disruptive events that could impact on the Trust's ability to provide patient care and deliver other critical services.

• The Committee has its own separate Terms of References.

6. Emergency Preparedness, Resilience and Response Arrangements

6.1. Local Health Resilience Partnership (LHRP):

• The LHRP is a multi-agency strategic forum that facilitates health sector preparedness and planning for emergencies at Local Resilience Forum Level.
• The LHRP meets at least quarterly and is co-chaired by the NHS England Area Team Director responsible for EPRR and a Director of Public Health.
• The Trust will be represented at the LHRP by the Accountable Officer. This may be in person or by conference call.

6.2. Local Health Resilience Group (LHRG):

• The LHRG is a practitioner level multi-agency group that undertakes health related work streams on behalf of the LHRP.
• The group membership includes NHS organisations, Local Authorities, Voluntary Agencies and the Emergency Services.
• The group meets quarterly and is chaired by an NHS England EPRR Manager.
• The Emergency Planning Lead attends meetings of the LHRG.

6.3 Emergency Planning Team

Work Plan

• A work plan of planning, training, exercises and resource requirements will be developed and maintained by the Emergency Planning Lead.

• The work plan will be based predominantly on the previous year’s EPRR assurance process.

• However, it will be updated as and when necessary to include actions:

  - To implement lessons learnt from incidents, exercises and training that the Trust has been involved in, or have happened elsewhere but have implications for the Trust.
  - Arising from changes in legislation and guidance.
The Emergency Preparedness, Resilience and Response Committee will monitor the work plan.

**Annual Report**

- An annual report will be produced for the Trust Board following the NHS England Core Standards Assurance Process.

**Resources and Funding**

- The Trust employs a full time Emergency Planning Lead to co-ordinate EPRR planning, training and exercises.
- Funding will be managed in accordance with the Trust's financial procedures. The Emergency Planning team has financial responsibility for all CBRN/HAZMAT decontamination equipment that is kept and used in ED and also ensuring that the kit is maintained as appropriate.

**Planning**

- Plans will be written based on:
  - NHS England EPRR guidance
  - Devon, Cornwall and Isles of Scilly Health LHRP plans/guidance
  - LRF Multi-agency plans
  - Any other best practice guidance
- Partner organisations that are included in the plans will be consulted to ensure actions contained in the plan are consistent with their plans.
- Plans will be written in accordance with the Trust ‘Policy on Policies’.
- The Trusts legal team will be consulted if legal advice is required in relation to the CCA or other matters.
- Plans will be subject to an equality impact assessment, using the Trust standard process.

**Training**

- The Emergency Planning Lead will maintain a Training Needs Analysis outlining the requirements of key response staff to achieve and maintain suitable knowledge and skills.
- Training will be based on the National Occupational Standards for Civil Contingencies.
- The work plan will include training based on the Training Needs Analysis.
- On-Call Managers and Executive Directors On-Call will receive an annual incident command update/initial training as will CBRN/HAZMAT Decontamination Trained staff.
- ESR will contain the details of training completed and exercise attendance.

**Exercises**

- EPRR guidance requires plans to be tested through:
  - A communications exercise every six months
- A desktop exercise once a year
- A major live or simulated exercise every three years

- Exercises will be included in the work plan and a record will be maintained of exercises and reports of these provided to the EPRR Committee.
- RCHT will contribute to multi-agency exercises where appropriate.
- Development actions from exercises will be incorporated into the work plan.
- All exercises (and live incident deployments) will be subject to a debrief process.

6.4 Management of EPRR Risks

- EPRR risks will be managed in line with the ‘RCHT Risk Assessment and Management Strategy and Policy’. The Emergency Planning Lead is able to add, amend, assess and close relevant risks on the Trust Risk Register.
- The EPRR Committee is designated at Tier 3 ‘Divisional’ governing level for risks within the Trust. It will monitor and manage EPRR risks score 12-15. If necessary, it can escalate risks to the Quality Assurance Committee which is at Tier 1 ‘Board’ level. The purpose of this escalation will be for resolution, actions or attention (this is the EPRR Committee normal governance reporting structure and not specific to risk).
- Some EPRR risks may need to be accepted even though they are ‘high consequence’, Pandemic Influenza being an example. This is because all preparatory and reasonable actions have been completed. Such accepted risks should be reviewed on an annual basis.
- The Corporate Risk Register (CRR) contains all risks scored at 15 or above which are considered to have a Trust wide impact. EPRR risks are likely to meet this criteria because they are high consequence and pan-divisional.

7. Dissemination and Implementation

7.1. This strategy will be disseminated through the EPRR Committee and stored on the Document Library.

7.2. There are no training requirements.

8. Monitoring Compliance and Effectiveness

<table>
<thead>
<tr>
<th>Element to be monitored</th>
<th>The strategy will be monitored throughout the year to ensure compliance.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lead</td>
<td>Emergency Planning Lead</td>
</tr>
<tr>
<td>Tool</td>
<td>The EPRR Committee will monitor activity of the EP Lead to ensure that the work achieved meets the strategy.</td>
</tr>
<tr>
<td>Frequency</td>
<td>The strategy will be monitored on a yearly basis.</td>
</tr>
</tbody>
</table>
Reporting arrangements | An annual report will be produced by the Emergency Planning Lead and ratified by the EPRR Committee, Quality Assurance Committee and finally Trust Board. An action plan will be developed with the report with identified timeframes. This will be led by the Emergency Planning Lead.

Acting on recommendations and Lead(s) | The EPRR Committee will undertake subsequent recommendations and action planning for any or all deficiencies and recommendations within identified timeframes with the support of the relevant departments.

Change in practice and lessons to be shared | Lessons learnt will be developed through debrief of exercises/incidents and shared with the EPRR Committee.

9. Updating and Review

9.1. This strategy will be reviewed no less than every 3 years.

10. Equality and Diversity

10.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the ‘Equality, Diversity & Human Rights Policy’ or the Equality and Diversity website.

10.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.
## Appendix 1. Governance Information

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Emergency Preparedness, Resilience and Response Strategy v2.1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Issued/Approved:</td>
<td>17 October 2018</td>
</tr>
<tr>
<td>Date Valid From:</td>
<td>3 Oct 2018</td>
</tr>
<tr>
<td>Date Valid To:</td>
<td>16 October 2021</td>
</tr>
<tr>
<td>Directorate / Department responsible (author/owner):</td>
<td>Matthew Overton, Emergency Planning Lead</td>
</tr>
<tr>
<td>Contact details:</td>
<td>01872 256356</td>
</tr>
<tr>
<td>Brief summary of contents</td>
<td>This strategy outlines the RCHT approach to managing EPRR.</td>
</tr>
<tr>
<td>Suggested Keywords:</td>
<td>Emergency preparedness, resilience, response, emergency planning</td>
</tr>
<tr>
<td>Target Audience</td>
<td>RCHT</td>
</tr>
<tr>
<td>Executive Director responsible for Policy:</td>
<td>Chief Operating Officer</td>
</tr>
<tr>
<td>Date revised:</td>
<td>N/A</td>
</tr>
<tr>
<td>This document replaces (exact title of previous version):</td>
<td>Emergency Preparedness, Resilience and Response Strategy v2.0</td>
</tr>
<tr>
<td>Approval route (names of committees)/consultation:</td>
<td>Emergency Preparedness, Resilience and Response Committee, Trust Management Group</td>
</tr>
<tr>
<td>Divisional Manager confirming approval processes</td>
<td>N/A</td>
</tr>
<tr>
<td>Name and Post Title of additional signatories</td>
<td>Not Required</td>
</tr>
<tr>
<td>Signature of Executive Director giving approval</td>
<td>{Original Copy Signed}</td>
</tr>
<tr>
<td>Publication Location (refer to Policy on Policies – Approvals and Ratification):</td>
<td>Internet &amp; Intranet</td>
</tr>
<tr>
<td>Document Library Folder/Sub Folder</td>
<td>Chief Operating Officer/Emergency Planning</td>
</tr>
<tr>
<td>Links to key external standards</td>
<td>NHS England Core Standards for EPRR, CQC Outcomes 4 &amp; 6</td>
</tr>
</tbody>
</table>

Training Need Identified? No

Version Control Table

<table>
<thead>
<tr>
<th>Date</th>
<th>Version No</th>
<th>Summary of Changes</th>
<th>Changes Made by (Name and Job Title)</th>
</tr>
</thead>
<tbody>
<tr>
<td>23 Jul 13</td>
<td>V1.0</td>
<td>Strategy produced.</td>
<td>Beverley Hales, Emergency Planning Lead</td>
</tr>
<tr>
<td>27 Feb 14</td>
<td>V1.0</td>
<td>Ownership amended. Minor job title changes.</td>
<td>Simon Wilkins, Emergency Planning Lead</td>
</tr>
<tr>
<td>21 Aug 14</td>
<td>V1.1</td>
<td>Minor alterations as part of due review.</td>
<td>Simon Wilkins, Emergency Planning Lead</td>
</tr>
<tr>
<td>18 May 16</td>
<td>V2.0</td>
<td>Minor amendments based on change in national guidance.</td>
<td>Matthew Overton, Emergency Planning Lead</td>
</tr>
<tr>
<td>3 Oct 18</td>
<td>V2.1</td>
<td>Incorporation of section 6.4 to outline management of EPRR risks.</td>
<td>Matthew Overton, Emergency Planning Lead</td>
</tr>
</tbody>
</table>

All or part of this document can be released under the Freedom of Information Act 2000

This document is to be retained for 10 years from the date of expiry.

This document is only valid on the day of printing

Controlled Document
This document has been created following the Royal Cornwall Hospitals NHS Trust Policy on Document Production. It should not be altered in any way without the express permission of the author or their Line Manager.
Appendix 2. Initial Equality Impact Assessment Screening Form

| Name of service, strategy, policy or project (hereafter referred to as policy) to be assessed: Emergency Preparedness, Resilience and Response Strategy |
| Directorate and service area: Emergency Planning |
| Is this a new or existing Procedure? Existing |
| Name of individual completing assessment: Matthew Overton |
| Telephone: 01872 256356 |

1. **Policy Aim**
   - To provide an understanding of the EPRR framework within the NHS

2. **Policy Objectives**
   - The EPRR strategy prepares the hospital to manage all types of emergencies and thereby maintaining service delivery

3. **Policy – intended Outcomes**
   - To ensure that the organisation meets its requirements for EPRR

4. **How will you measure the outcome?**
   - Annual EPRR assurance process

5. **Who is intended to benefit from the Policy?**
   - All staff, patients and their relatives

6a. **Is consultation required with the workforce, equality groups, local interest groups etc. around this policy?**
   - The strategy was reviewed by the EPRR Committee which has representatives from all divisions.

6b. **If yes, have these groups been consulted?**

6c. **Please list any groups who have been consulted about this procedure.**

7. **The Impact**
   Please complete the following table.

<table>
<thead>
<tr>
<th>Equality Strands:</th>
<th>Yes</th>
<th>No</th>
<th>Rationale for Assessment / Existing Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sex (male, female, transgender / gender reassignment)</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Race / Ethnic communities / groups</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disability - Learning disability, physical disability, sensory impairment and mental health problems</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Religion / other beliefs</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Are there concerns that the policy could have differential impact on:

- **Age**
- **Sex** (male, female, transgender / gender reassignment)
- **Race / Ethnic communities / groups**
- **Disability** - Learning disability, physical disability, sensory impairment and mental health problems
- **Religion / other beliefs**

Emergency Preparedness, Resilience and Response Strategy
<table>
<thead>
<tr>
<th>Topic</th>
<th>✓</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marriage and civil partnership</td>
<td>✓</td>
</tr>
<tr>
<td>Pregnancy and maternity</td>
<td>✓</td>
</tr>
<tr>
<td>Sexual Orientation, Bisexual, Gay, heterosexual, Lesbian</td>
<td>✓</td>
</tr>
</tbody>
</table>

You will need to continue to a full Equality Impact Assessment if the following have been highlighted:
- You have ticked “Yes” in any column above and
- No consultation or evidence of there being consultation - this excludes any policies which have been identified as not requiring consultation. or
- Major service redesign or development

8. Please indicate if a full equality analysis is recommended.  
<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>

9. If you are not recommending a Full Impact assessment please explain why.

Signature of policy developer / lead manager / director  
Matthew Overton  
Date of completion and submission  
29 March 2016

Names and signatures of members carrying out the Screening Assessment  
1.  
2.

Keep one copy and send a copy to the Human Rights, Equality and Inclusion Lead,  
c/o Royal Cornwall Hospitals NHS Trust, Human Resources Department, Knowledge Spa, Truro, Cornwall, TR1 3HD

A summary of the results will be published on the Trust’s web site.

Signed ____________________  
Date ____________________