

Emergency Preparedness, Resilience and Response (EPRR) Strategy

V5.1

September 2026

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Data Protection Legislation

The Trust must comply with the UK GDPR, Data Protection Act 2018, and Data (Use and Access) Act 2025 by ensuring all personal data is processed lawfully, fairly, transparently, and for a defined purpose.

Before processing personal data, an appropriate Article 6 UK GDPR lawful basis must be identified and recorded. Where special category data is involved, a relevant Article 9 condition must also be documented.

All staff, contractors, students, volunteers, agency workers, and third parties working on behalf of the Trust are responsible for complying with data protection legislation.

Further guidance is available in the Trust's Information Use Framework and Information Governance policies. Advice can also be obtained from the Information Governance Team.

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, 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 business continuity incidents.
- 1.4. The NHS England Standard Contract specifies Service Conditions for emergency preparedness, business continuity and resilience.
- 1.5. 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.
- 1.6. This version supersedes any previous versions of this document.

2. Purpose of this Strategy

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

This strategy is for all Trust staff.

4. Definitions/Glossary

- 4.1. Category 1 Responders (NHS bodies, 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.

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

Critical Incident – A 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 – Any occurrence which presents a serious threat to the health of the community, disruption to the service, or causes (or is likely to cause) such numbers of casualties as to require special arrangements to be implemented by hospitals, ambulance services or health bodies. It is Trust policy not to declare a Major Incident for extreme operational pressures such as prolonged OPEL 4 / Black.

Business Continuity – A business continuity incident is an event or occurrence that disrupts, or might disrupt, an organisation's normal service delivery, below acceptable predefined levels, where special arrangements are required to be implemented until services can return to an acceptable level.

- 4.3. 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. This is completed through the Core Standards Assurance Process.
- 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 Management Teams

- Ensuring Divisions and Corporate Departments 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 and Corporate Departments 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 Committee's 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 Quality Assurance 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. This is completed through the Core Standards Assurance Process. The committee has responsibility for signing off the self-assessment pre-assurance meeting.
- Monitoring lessons that need to be implemented following exercises, training, and live incidents. Post incident/exercise reports will be added to the Committee agenda, minuted and actions recorded on the action log and if significant added to the EPRR Work Plan. It should be noted that some incidents will be subject to Patient Safety Incident Investigation process, and this will take precedence.

- Considering what related risks are appropriate for adding to the RCHT Risk Register.
- The Committee has its own separate Terms of Reference.

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 Trust will be represented at the LHRP by the Accountable Emergency Officer or appropriate deputy such as the Deputy Chief Operating Officer. This may be in person or by conference call/Teams.

6.2. Local Health Resilience Partnership – Business Management Group:

- The Business Management Group 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 ICB Head of EPRR (alternating between Cornwall and Devon).
- The Head of Emergency Preparedness, Resilience and Response attends meetings of the Business Management Group.

6.3. Emergency Planning Team

6.3.1. Work Plan

- The work plan will include work identified on the previous year's EPRR assurance process along with business as usual work to ensure compliance for the next year.
- 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.
 - Related to new risks identified both internal and external.

- The Emergency Preparedness, Resilience and Response Committee will monitor the work plan.

6.3.2. **Annual Report**

- An annual report will be produced for the Trust Board (Public) following the NHS England Core Standards Assurance Process. This will be signed off by the Quality Assurance Committee before presentation at Trust Board (Public). Whilst the Core Standards are set by NHS England the assurance process is completed by the Cornwall Isles of Scilly ICB.

6.3.3. **Resources and Funding**

- The Trust employs a full time Head of EPRR to co-ordinate Emergency Preparedness, Resilience and Response (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 Chemical, Biological, Radiological and Nuclear materials (CBRN) / Hazardous Materials (HAZMAT) decontamination equipment that is kept and used in emergency Department (ED) and also ensuring that the kit is maintained as appropriate. Any equipment/supplies that are required will be funded through the Major Incident Management non-pay budget. If the costs exceeds this budget then an investment case will be submitted.

6.3.4. **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.

6.3.5. Training

- The Head of Emergency Preparedness, Resilience and Response will maintain a Training Needs Analysis outlining the requirements of key response staff to achieve and maintain suitable knowledge and skills. This will also include the needs of EPRR staff. This is contained as [Appendix 3](#) within this strategy document.
- Training will be based on the NHS England Minimum Occupational Standards.
- Senior Managers On-Call and Directors On-Call will receive an annual incident command update/initial training as will CBRN/HAZMAT Decontamination Trained staff. The incident command update can be substituted for actual incident response or participation in an exercise.
- ESR will contain the details of incident command, CBRN/HAZMAT decontamination competency.
- The general command and control principles in nearly all contingency plans is that the Director On-Call becomes Strategic Commander, and the Senior Duty Manager becomes Tactical Commander.

6.3.6. 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.
- RCHT will contribute to multi-agency exercises where appropriate.
- All exercises (and live incident deployments) will be subject to a debrief process. Reports from these debriefs will be presented to the EPRR Committee for monitoring of the actions and recommendations that need to be implemented. These will be added to the action log and if significant added to the EPRR Work Plan. It should be noted that some incidents will be subject to Patient Safety Incident Investigation process, and this will take precedence.

6.4. Management of EPRR Risks

- EPRR risks will be managed in line with the 'RCHT Risk Assessment and Management Strategy and Policy'. The Head of EPRR 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 advise on 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 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 affect several departments.

7. Dissemination and Implementation

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

7.2. There are no training requirements.

8. Monitoring Compliance and Effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	All.
Lead	Matt Overton, Head of EPRR.
Tool	The EPRR Committee will monitor activity of the Head of EPRR to ensure that the work achieved meets the strategy.
Frequency	The strategy will be reviewed every three years.
Reporting arrangements	An annual report will be produced by the Head of EPRR and ratified by the EPRR Committee, Quality Assurance Committee and finally Trust Board. This is the Core Standards Assurance Process. An action plan will be developed with the report. This will be led by the Head of EPRR.
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 monitored by the EPRR Committee.

9. Updating and Review

- 9.1. This strategy will be reviewed no less than every three years.
- 9.2. The NHS England EPRR Framework requires EPRR related documents to be retained for 30 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 and Inclusion Policy](#) or the [Equality and Diversity website](#).

- 10.2. Quality and Equality Impact Assessment (QEIA)

The QEIA process allows RCHT to monitor the impact of changes to its policies and services, ensuring that nobody is unduly disadvantaged. The Quality and Equality Impact Assessment (QEIA) Form is available via the link in [Appendix 2](#).

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	Emergency Preparedness, Resilience and Response Strategy V5.1
This document replaces (exact title of previous version):	Emergency Preparedness, Resilience and Response Strategy V5.0
Date Issued/Approved:	September 2026
Date Valid From:	September 2026
Date Valid To:	January 2029
Author/Owner:	Matthew Overton, Head of Emergency Preparedness, Resilience and Response.
Contact details:	01872 256356
Brief summary of contents:	This strategy outlines the RCHT approach to managing EPRR.
Suggested Keywords:	Emergency preparedness, resilience, response, emergency planning.
Target Audience:	RCHT: Yes CFT: No CIOB ICB: No
Executive Director responsible for Policy:	Chief Operating Officer.
Approval route for consultation and ratification:	Emergency Preparedness, Resilience and Response (EPRR) Committee.
Manager confirming approval processes:	Matthew Overton, Head of EPRR.
Name of Governance Lead confirming consultation and ratification:	Matthew Overton, Head of EPRR.
Links to key external standards:	NHS England EPRR Core Standards .
Related Documents:	None.
Training Need Identified:	No.

Information Category	Detailed Information
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet
Document Library Folder/Sub Folder:	Chief Operating Officer / Emergency Planning

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
23 July 2013	V1.0	Strategy produced.	Beverley Hales, Emergency Planning Lead
27 February 2014	V1.0	Ownership amended. Minor job title changes.	Simon Wilkins, Emergency Planning Lead
21 August 2014	V1.1	Minor alterations as part of due review.	Simon Wilkins, Emergency Planning Lead
18 May 2016	V2.0	Minor amendments based on change in national guidance.	Matthew Overton, Emergency Planning Lead
3 October 2018	V2.1	Incorporation of section 6.4 to outline management of EPRR risks.	Matthew Overton, Emergency Planning Lead
16 November 2021	V3.0	Full review.	Matthew Overton, Emergency Planning Lead
22 November 2023	V4.0	Full review/updated following feedback from the ICB during the EPRR Core Standards Assurance Process.	Matthew Overton, Emergency Planning Lead
November 2025	V5.0	Full review/update following feedback from SWAST/ICB during the EPRR Core Standards Assurance Process. Training Needs Analysis included as an Appendix.	Matt Overton, Head of EPRR
September 2026	V5.1	Care Group now Divisions, TNA changed to reflect 3 yearly frequency for CBRN/Hazmat Front of House Awareness. NHS England Minimum Occupational Standards for EPRR added as Appendix 4.	Matt Overton, Head of EPRR

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

The NHS England EPRR Framework requires EPRR related documents to be kept for 30 years. RCHT requires all Policies, Strategies and Operating Procedures, including Business Plans, to be kept for the lifetime of the organisation plus 6 years.

This document is only valid on the day of printing.

Controlled Document. This document has been created following the Royal Cornwall Hospitals NHS Trust [The Policy on Policies \(Development and Management of Knowledge Procedural and Web Documents Policy\)](#). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Quality and Equality Impact Assessment (QEIA) Form

The QEIA process allows RCHT to monitor the impact of changes to its policies and services, ensuring that nobody is unduly disadvantaged.

Please ensure you have completed a Quality and Equality Impact Assessment (QEIA) using this link to complete the form:

[E11 QEIA Policy](#).

For guidance, please see the [QEIA Essentials – Quick Reference Guide](#) or contact as required below:

Equality, Diversity and Inclusion guidance, please contact: rcht.inclusion@nhs.net.

Quality Governance guidance, please contact Jillian Tozer: jillian.tozer3@nhs.net

Appendix 3. EPRR Training Needs Analysis

	Principles of Health Command	Incident Command Training	Incident Command Live/Tabletop Exercise	CBRN / HAZMAT Decon Training (including annual PRPS wear)	Surviving Public Enquiries or equivalent	CBRN/HAZMAT Front of House Awareness for ED Receptionist/ Security	Loggist	RCHT Induction	Media Training
Linked to National Occupational Standard	A1, A2, A3, B1, D2, F1, G1, G4, H1, H2	A1, A2, A3, B1, C1, D1, D2, F1, F2, G1, G2, G4, H1	A1, A2, A3, B1, C1, D1, D2, F1, F2, G1, G2, G4, H1	SFHEC25 K2-6,8,10-12,14-17,19,21, P1-5,9-20	A3, C1, D1, H2	SFHEC25 K5, K15, K19, P4, P20	A3, C1, F1	B1, D2, G3, G4, H1	A1, A2, A3, F1, F2, G1, G4, H1
Length of Training	2 hours	1.5 hours	Varies	2 hours	3 hours	15 mins	3 hrs	15 mins	3 hours
Frequency	Every 3 years	Annually	Annually	Annually	Once	Every 3 years	Annually	Once	Once
Training Provider	ICB or Head of EPRR	Head of EPRR	Head of EPRR or Multi Agency Exercise Lead	Accredited Trainer	Stella Training or other provider	Online	Head of EPRR	E-learning	Scott Hamilton Training or other provider
Director on-call	✓	✓	✓*		✓			✓	✓
Senior Manager on-call		✓	✓*		✓*			✓	✓*

	Principles of Health Command	Incident Command Training	Incident Command Live/Tabletop Exercise	CBRN / HAZMAT Decon Training (including annual PRPS wear)	Surviving Public Enquiries or equivalent	CBRN/HAZMAT Front of House Awareness for ED Receptionist/ Security	Loggist	RCHT Induction	Media Training
Emergency Department staff and Clinical Imaging Assistants				✓				✓	
Emergency Department Receptionists and Security						✓		✓	
Loggists			✓*		✓*		✓	✓	
All other staff								✓	
EPRR staff	T	T	T	T	✓	✓	T	✓	✓

In addition, new Senior Managers on-call and Loggists will be introduced to the layout and procedures within the Incident Coordination Centre as required (1:1 or groups) * = Non-mandatory T = Trainer.

Based on the NHS England Minimum Occupational Standards for EPRR v1.0 June 2022 (Appendix 4).

Appendix 4. NHS England Minimum Occupational Standards for EPRR

M - Mandatory for Role, O – Optional for Role

Skills for Justice NOS	Chief Executive Officer	Accountable Emergency Officer	NHS			NHS Emergency Ambulance Service			EPRR Specialist / Adviser	Business Continuity Lead	Comms Officer	Command Support Roles	On Call staff	Loggist
			Strategic Commander	Tactical Commander	Operational Commander	Strategic Commander	Tactical Commander	Operational Commander						
SFJ CCA A1 Work in cooperation with other organisations	O	O	M	M	M	M	M	M	M	M	M	O	M	
SFJ CCA A2 Share information with other organisations	O	O	M	M	M	M	M	M	M	O	M	O	M	
SFJ CCA A3 Manage information to support civil protection decision making			M	M	M	M	M	M	M		O	O	M	O
SFJ CCA B1 Anticipate and assess the risk of emergencies		O	M	M	M	M	M	M	M					
SFJ CCA C1 Develop, maintain and evaluate emergency plans and arrangements			O	O		O	O		M		O			
SFJ CCA D1 Develop, maintain and evaluate business continuity plans and arrangements		O	O	O	O	O	O	O	M	M				
SFJ CCA D2 Promote business continuity management		M							M	M	O			
SFJ CCA E1 Create exercises to practice or validate emergency or business continuity arrangements									M	M				

Skills for Justice NOS	Chief Executive Officer	Accountable Emergency Officer	NHS			NHS Emergency Ambulance Service			EPRR Specialist / Adviser	Business Continuity Lead	Comms Officer	Command Support Roles	On Call staff	Loggist
			Strategic Commander	Tactical Commander	Operational Commander	Strategic Commander	Tactical Commander	Operational Commander						
SFJ CCA E2 Direct and facilitate exercises to practice or validate emergency or business continuity arrangements									M	M				
SFJ CCA E3 Conduct debriefing after an emergency, exercise or other activity		O	M	M	M	M	M	M	M	M		O	O	
SFJ CCA F1 Raise awareness of the risk, potential impact and arrangements in place for emergencies			O	O		O	O		M	M	M			
SFJ CCA F2 Warn, inform and advise the community in the event of emergencies	O		M	O	O	M	O	O	M		M		O	
SFJ CCA G1 Respond to emergencies at the strategic level	O	O	M			M			M				M	
SFJ CCA G2 Respond to emergencies at the tactical level				M			M		M				M	
SFJ CCA G3 Respond to emergencies at the operational level					M			M	M	O			M	
SFJ CCA G4 Address the needs of individuals during the initial response to emergencies			O	M	O	O	O	O	M			O	M	
SFJ CCA H1 Provide on-going support to meet the needs of individuals affected by emergencies			M	M	O	O	O	O	M				O	
SFJ CCA H2 Manage community recovery from emergencies	M	O	M	O	O	O			M				O	