

Emergency Preparedness, Resilience and Response (EPRR) Board report October 2025

Background

The Trust has duties and responsibilities in Emergency Preparedness, Resilience and Response. This report provides an update on these requirements and activities in evidence of their completion and competence.

The Civil Contingencies Act (CCA) 2004 is a statutory document detailing the UK's response to civil emergencies. The Act sets out two categories of responders. Category 1 responders have a statutory requirement to fulfil the full remit of the Act, whilst Category 2 responders have a supporting obligation.

As an acute health care provider Buckinghamshire Healthcare NHS Trust (BHT), is a designated Category 1 responder with a duty to:

- Risk Assess (prioritisation and mitigation)
- Ensure plans are in place (covering the organisation and linking with multi-agency partners)
- Warn, inform, and advise (for patients and the public)
- Co-operate in resilience planning and preparations (working with the Thames Valley Local Resilience Forum)
- Engage in Business Continuity Management (within the organisation and linking with multi-agency partners)
- Sharing information (with partner organisations and the Thames Valley Local Resilience Forum)

Assurance

Health organisations evidence their compliance with the CCA via the 'NHS England (NHSE) EPRR Core Standards' which are created by NHS England as a set of criteria to follow and audit against. This report covers our compliance with governance, assurance, and systems working in more detailed sections below.

For 2025/2026: **The Trust is Fully Compliant with the standards.**

Governance

To ensure full compliance as a Category 1 responder, the Trust has several key items in place:

- A designated Accountable Emergency Officer (AEO), a role fulfilled by the Chief Operating Officer
- The AEO chairs the Trust Resilience Committee. This committee meets every two months and includes attendance from across all the Care Groups including senior managers and clinicians
- The Trust employs a full time Emergency Planning Lead and Emergency Planning Support Officer
- Overseen by, and reporting to, the Resilience Committee are the key workstreams. These each have a project group for each specific area in which BHT is required to have plans. These include:
 - Command and Control,
 - Major/Mass Casualties,
 - Contaminated casualties (Hazmat/CBRN),
 - Severe Weather,
 - Mass Fatalities,
 - Pandemic Influenza,
 - Evacuation,

OUTSTANDING CARE

HEALTHY COMMUNITIES

AND A GREAT PLACE TO WORK

- Lockdown and Security,
- Business Continuity

The Trust runs a raft of training for key staff ranging from Strategic and Tactical Leadership training for all on call Gold and Silver commanders, allied training to key staff groups and specific training for example to clinical and reception staff within the emergency department. Much of the training is mandatory for key staff groups and includes a basic EPRR e-learning module for **all** staff.

Current compliance for EPRR training as a Trust (as of 19/08/2025):

EPRR eLearning module for all staff – 90.52% of colleagues are deemed as compliant and having completed the module for 2024.

On-call Strategic and Tactical Leadership Training – 53% of colleagues who are required to undertake training are deemed as fully compliant for 2025. Further dates are planned/scheduled for the remainder of the year.

External/Internal Assurance:

To comply with the CCA 2004 the Trust is also required to host tabletop exercises, and a live exercise every three years. Periods in which a real incident is managed also suffices for the standard.

Regular table-top exercises allow for scenarios and plans to be tested and ensures adequate opportunities for all Gold and Silver Commanders and other key staff to attend.

Table-top exercises run or BHT participation in 2024/2025, since last report, include:

- 1) High Consequence Infectious Disease/Mpox Table top Exercise
- 2) X2 Regional Exercise Holler (Major Incident communication cascade)
- 3) Paediatrics Emergency Department Table top Exercise (Lockdown)
- 4) X2 Regional Exercise Toucan (Major Incident communication cascade)
- 5) Regional Cyber Security Table top Exercise (Business Continuity Plans)
- 6) Infant Abduction 'Exercise Magpie' Exercise (Lockdown)

Compliance against live exercise requirements can be achieved in the event of any live incidents' where plans have been invoked. The Trust has experienced Business Continuity issues in 2024/2025, including:

- Air Handling Unit Fire requiring horizontal Ward evacuation (*December 2024*)
- 2222 emergency line outage affecting Wycombe Hospital site (*December 2024*)
- X5 Significant cold Winter Weather alerts (*December 2024, January 2025, February 2025*)
- Emergency Blood Management Arrangements activation (*January 2025*)
- Maternity Unit closure due to capacity requiring divert (*February 2025*)
- Loss of CT Scanner at Wycombe Hospital (*February 2025*)
- Persons requiring special security arrangements (prisoner) abscond (*March 2025*)
- X2 Bleep system outage events (*March 2025, August 2025*)
- Planned Power outage affecting Wycombe Hospital (*April 2025*)
- Oxygen leak affecting Wycombe Hospital (*May 2025*)
- Loss of Water affecting Stoke Mandeville Hospital Site (*June 2025*)
- Major Incident declared due to burst hot water pipe causing flooding requiring evacuation of patients within Emergency Department (*July 2025*)
- Cardiac Receiving Unit full capacity requiring divert (*July 2025*)

- X2 Significant heat events (*July 2025, August 2025*)
- Loss of Supplier for Community Equipment (*July 2025*)
- X3 Critical Incidents declared due to water pipe leaks causing flooding to 3 separate Spinal Wards requiring multiple decants of 51 patients (*August 2025*)

The above required the Incident Response policy and business continuity plans to also be invoked.

The Trust Fire Safety Officer also runs regular 'live' fire evacuation drills within the clinical areas and reports back regularly on learnings to the Trusts Resilience Committee.

In addition to the above detailed exercises undertaken and business continuity incidents, the Trust has also experienced:

- The impacts of and planning for a 5-day period of Resident Doctors Industrial Action. Full Command & Control and Incident Management Team was stood up for this period to allow for co-ordinated planning and reporting on behalf of the Trust.

Risk Assessments

To be compliant with the CCA 2004 the Trust is required to undertake risk assessments. This is documented on the Trust EPRR risk register and forms a standing agenda item at the Resilience Committee and each of the workstream groups. The EPRR Risks are also formally reviewed monthly by the Trust Governance Manager at the Risk and Compliance Governance meetings which the Trusts Emergency Planning Lead attends. Any high-level risks are included on the Corporate Risk Register.

Whole systems

The Trust cooperates in resilience with the following in place:

- Attendance at the Local Resilience Forum (LRF) County Resilience Group chaired by the Local Authority. This group has representation from all emergency services, health, local authorities, utilities companies and voluntary sector. It meets on a regular basis to share information, review regional risks, and required actions and mitigations, and shares learning from incidents and training. It encourages joint working between the whole system partners.
- Attendance at the Local Health Resilience Partnership (LHRP) Executive Group: This is a strategic group with representation from all health partners including NHS England, UK Health Security Agency (UKHSA), Integrated Care Board (ICB) and Ambulance Service. The Acute providers are represented by their AEO. It provides a strategic plan for Health against the core standards and required actions, and links into the National NHS England Resilience Team.
- Attendance at the LHRP Business Management Group: This is the tactical (working) group at which the provider and ICB Emergency Planning Leads/Officers attend. The role of the group is to ensure completion of the Strategic objectives and to raise any issues or risks to the LHRP.

NHSE EPRR Annual Assurance process:

NHS England publishes NHS core standards for Emergency Preparedness, Resilience and Response arrangements. These are the standards which NHS organisations and providers of NHS funded care must meet. The Accountable Emergency Officer in each organisation is responsible for making sure these standards are met. Trusts are required to provide formal assurance to NHS England on a yearly basis, which takes the form of a compliance matrix against which The Trust assesses itself. This RAG

rating once approved at the Trust Resilience Committee is signed off by the AEO and is submitted to the ICB AEO and Resilience lead. The Trust is required to attend a 'confirm and challenge' meeting with the BOB ICB Emergency Planning team where the details of the ratings and compliance is discussed and agreed. Formal submission of this rating along with an overall compliance rating plus an action plan for any amber or red rated areas is submitted via the ICB to NHS England.

2025/2026 Assurance

NHSE have published the EPRR Core Standards for 2025/2026. There are no issues relating to the Core Standard requirements for this period for the Trust. Submission of the Annual Assurance Process to NHSE will be completed within the timescales requested following approval from the Trust AEO, and after completion of the confirm and challenge meeting with the BOB ICB.

The Trust is Fully Compliant with the standards.

NHS England South EPRR Assurance compliance ratings - To support a standardised approach to assessing an organisation's overall preparedness rating NHS England have set the following criteria:

Compliance Level	Evaluation and Testing Conclusion
Full	Arrangements are in place that appropriately addresses all the core standards that the organisation is expected to achieve. The Board has agreed with this position statement.
Substantial	Arrangements are in place however they do not appropriately address one to five of the core standards that the organisation is expected to achieve. A work plan is in place that the Board has agreed.
Partial	Arrangements are in place, however they do not appropriately address six to ten of the core standards that the organisation is expected to achieve. A work plan is in place that the Board has agreed.
Non-compliant	Arrangements in place do not appropriately address 11 or more core standards that the organisation is expected to achieve. A work plan has been agreed by the Board and will be monitored on a quarterly basis in order to demonstrate future compliance.

Conclusion

Overall, the Trust is in a good position in terms of its EPRR obligations. It has been noted that as a Trust we do have a high level of 'buy in' and co-operation from senior managers, Executives and clinicians in terms of planning, training and exercising.

For consideration / awareness:

The Trust's current HazMat decontamination tent has experienced significant deterioration as a result of its frequent use for training purposes; board awareness is requested, with consideration recommended for either a replacement tent or investment in a purpose-built decontamination container unit to ensure effective emergency response. The ICB EPRR team has invited Trusts to review their clinical decontamination units and consider applying for the national ringfenced capital funding for decontamination equipment. As such, the Trusts Emergency Planning Lead has expressed interest in securing the capital funding for a purpose-built decontamination container unit to ensure the Trusts emergency response remains effective. This funding opportunity requires formal quotes, with payment and delivery by 31 March 2026.