

<b>REPORT TO:</b>	<b>NHS SOMERSET INTEGRATED CARE BOARD</b>	<b>ENCLOSURE:</b>
		<b>E</b>
<b>DATE OF MEETING:</b>	<b>25 January 2024</b>	
<b>REPORT TITLE:</b>	<b>Emergency Planning, Resilience and Recovery (EPRR) Self Assessment Assurance Update Report 2023</b>	
<b>REPORT AUTHOR:</b>	<b>Peter Osborne, Head of EPRR, Estates and Facilities</b>	
<b>EXECUTIVE SPONSOR:</b>	<b>Jade Renville, Director of Corporate Affairs and AEO</b>	
<b>PRESENTED BY:</b>	<b>Jade Renville, Director of Corporate Affairs and AEO</b>	

<b>PURPOSE</b>	<b>DESCRIPTION</b>	<b>SELECT</b>
<b>Approve</b>	To formally receive a report and approve its recommendations, (authorising body/committee for the final decision)	<input checked="" type="checkbox"/>
<b>Endorse</b>	To support the recommendation (not the authorising body/committee for the final decision)	<input type="checkbox"/>
<b>Discuss</b>	To discuss, in depth, a report noting its implications	<input type="checkbox"/>
<b>Note</b>	To note, without the need for discussion	<input checked="" type="checkbox"/>
<b>Assurance</b>	To assure the Board/Committee that systems and processes are in place, or to advise of a gap along with mitigations	<input type="checkbox"/>

<b>PREVIOUS CONSIDERATION/ENGAGEMENT</b>
Somerset Council Health Protection Board

<b>Executive summary and reason for presentation to Committee/Board</b>	<p>The NHS England Core Standards for Emergency Preparedness, Resilience and Response (EPRR) are the minimum standards which NHS organisations and providers of NHS funded care must meet. Every year commissioners and providers are required to complete a self-assessment to demonstrate that they meet the standards required</p> <p>The below provides a summary of assurance for NHS Somerset ICB and NHS Somerset NHS Foundation Trust. Attached, at Appendix 1, is the annual Statement of Compliance, which is presented to the Integrated Care Board for approval.</p>
<b>Recommendation and next steps</b>	<p>The ICB Board is asked to:</p> <ul style="list-style-type: none"> <li>note the results of the assurance process for 2023 and the position of NHS Somerset and its partners</li> <li>approve the ICB's Statement of Compliance for 2023 (Appendix 1)</li> </ul>

<b>Links to Strategic Objectives</b> (Please select any which are impacted on / relevant to this paper)
<input type="checkbox"/> Objective 1: Improve the health and wellbeing of the population <input type="checkbox"/> Objective 2: Reduce inequalities <input checked="" type="checkbox"/> Objective 3: Provide the best care and support to children and adults

- Objective 4: Strengthen care and support in local communities
- Objective 5: Respond well to complex needs
- Objective 6: Enable broader social and economic development
- Objective 7: Enhance productivity and value for money

Impact Assessments – key issues identified (please enter 'N/A' where not applicable)	
<b>Reducing Inequalities/Equality &amp; Diversity</b>	Equality and Diversity is considered in focusing planning on vulnerable groups who may be at risk in the event of an adverse incident. During any incident the vulnerabilities of people affected are considered as part of the response. For example, during the pandemic response, people with vulnerabilities to the virus were identified on the shielded patient list and provided with additional support.
<b>Quality</b>	A key principle of EPPR planning is to ensure that controls and assurances are in place to manage the identified community risks and to minimise disruption and maintain the quality of services as far as possible.
<b>Safeguarding</b>	No safeguarding issues have been identified, but ensuring vulnerable people are identified and supported during an incident is a key part of an emergency response.
<b>Financial/Resource/ Value for Money</b>	Resources have been identified within the ICB budget for emergency planning and business continuity.
<b>Sustainability</b>	Minor changes from previous EPPR Policy, not affected by our Sustainability Plan.
<b>Governance/Legal/ Privacy</b>	The ICB's Legal duties in relation to Emergency Preparedness Resilience and Response (EPPR) are set out in section 4 of the Emergency Planning and Resilience Policy. Under the Civil Contingencies Act 2004, all NHS funded organisations are required to share information with other responders to maintain public safety. The ICB provides assurance of the system preparedness through the core standards self-assessment and the compliance is assessed by NHS England through the annual governance programme.
<b>Confidentiality</b>	N/A
<b>Risk Description</b>	There are no significant risks to identify in relation to the compliance position. Risks have been identified in relation to each local plan and linked to the Local Resilience Forum Community Risk Register where appropriate. Risk registers for the system are being developed through the new LHRP.

**Please keep these front pages to a maximum of three**

# EMERGENCY PLANNING RESILIENCE AND RESPONSE SELF ASSESSMENT ASSURANCE AND STATEMENT OF COMPLIANCE 2022/23

## 1 INTRODUCTION

- 1.1** The NHS England Core Standards for Emergency Preparedness, Resilience and Response (EPRR) are the minimum standards which NHS organisations and providers of NHS funded care must meet. Every year commissioners and providers are required to complete a self-assessment to demonstrate that they meet the standards required.
- 1.2** The below provides a summary of assurance for NHS Somerset ICB (assessed by NHS England) and NHS Somerset NHS Foundation Trust (assessed by the Somerset ICB). Attached, at Appendix 1, is the annual Statement of Compliance, which is presented to the Integrated Care Board for approval.

## 2 ANNUAL ASSESSMENT OF SYSTEM PARTNERS

### 2.1 NHS Somerset

- 2.1.1** NHS Somerset continues to develop its processes and procedures as a category 1 responder and, positively, achieved Substantial Compliance for 2022/23.
- 2.1.2** For ICBs we are assessed against 47 core standards which covers a range of domains such as governance, assessment of risk, planning, warning and informing, collaborating with partners and business continuity. Of the 47 standards all were fully compliant except for three which were assessed as being areas of partial compliance which led to the Substantial Compliance rating. In effect, these are areas where we have recognised the opportunity for ongoing improvement.

*Core Standard 6 – Governance – Continuous Improvement – the organisation has clearly defined processes for capturing learning from incidents and exercises to inform the review and embed into EPRR arrangements*

Whilst evidence suggests the capability exists, further work is required to ensure it is robust and consistent. There was evidence in place to demonstrate that there is a process to carry out debriefs and to capture the learning from incidents, and there have been many examples of events during the year where this has been carried out. However, it was agreed there were opportunities to further embed this into the governance process, both within the ICB and across the system, and so we are developing a clearer process to ensure the feedback loop is completed and learning embedded.

*Core Standard 14 – Duty to Maintain Plans - Countermeasures – in line with current guidance and legislation, the organisation has arrangements in place to support an incident requiring countermeasures or a mass countermeasure deployment*

## EMERGENCY PLANNING RESILIENCE AND RESPONSE STATEMENT OF COMPLIANCE

A lot of work has been undertaken on this standard to build on best practice and take learning from the approaches adopted during the Covid pandemic. A Mass Countermeasures/ Prophylaxis System Response Plan has been drafted, and is awaiting testing and exercising with internal and system partners through the Local Health and Care Resilience Partnership (LHCRP). It was agreed that the plan was compliant with the core standard, but would remain partially compliant until the testing and exercising was completed.

*Core Standard 23 – Training and Exercising – EPRR Exercising and Testing Programme - In accordance with the minimum requirements, in line with current guidance, the organisation has an exercising and testing programme to safely\* test incident response arrangements, (\*no undue risk to exercise players or participants, or those patients in your care)*

Whilst a programme of training and exercising exists, the requirement is about the development of a forward plan, in support of the work programme, to ensure existing and testing has clear aims and objectives. There are a number of events planned, but this needs to be collated and coordinated with the work programme of the LHCRP and LRF, and drawn into a more detailed forward plan.

**2.1.3** The self-assessment also includes a “deep-dive”, which for this year was training and exercising, which comprised 10 standards of assessment. Whilst the rating for the Deep Dive does not count towards the overall compliance rating, we were graded as complaint on nine out of 10 standards, and partially compliant on DD9, which aligns with the rating and action required for Core Standard 6 to develop processes to demonstrate continuous improvement by embedding learning from incidents and exercises in organisationally delivered/ commissioned EPRR training. This standard links closely to the work being carried out to better embed learning as set out in section 2.12.

**2.1.4** Notable achievements/ improvements in the last 12 months include:

- Strong working relationships across Somerset have been underpinned by the Somerset Local Health and Care Resilience Partnership (LHCRP)
- The LHCRP continues to develop and build on existing strong bonds between us and our partners.
- The workbook approach really focusses the agenda, and the partnership have already co-designed and adopted a number of plans.
- We have responded to a number of serious incidents as a collective, and a working group has been established within the LHCRP to work through the learning

## EMERGENCY PLANNING RESILIENCE AND RESPONSE STATEMENT OF COMPLIANCE

### 2.2 NHS Somerset NHS Foundation Trust

**2.2.1** NHS Foundation Trusts are assessed against a total of 62 core standards with the additional domain of Chemical Biological Radiological and Nuclear (CBRN) planning being assessed. Of the 62 core standards all were assessed as compliant, which reflects the huge amount of work carried out across the Trust over the last 12 months. The merger between Somerset NHS Foundation Trust and Yeovil District Hospital NHS Foundation Trust has been completed, which has enhanced the resilience of the EPRR function, as evidenced through the core standards and their response to incidents over the year.

**2.2.2** The Chemical Biological Radiological and Nuclear (CBRN) standard (which includes 12 separate standards) was assessed by South Western Ambulance Service NHS Foundation Trust on 26 September 2023, and initially raised concerns in relation to:

**CS59** – Decontamination capability available 24/7 but, at the time of the audit, access to the storage area was blocked by parked vehicles.

**CS64** – Staff trained – Recognition and Decontamination – at the time of the audit the staff on reception said that they had received no IOR training, nor were they aware of instructions to give to protect departments or patients.

**2.2.3** CS59 was immediately addressed with the Estates Team. The vehicles were immediately removed and designated parking provided for a maximum of three cars. The area is regularly visited by the Security team to ensure no violation or abuse of the new parking regulations.

**2.2.4** CS64 – A clinical member of staff makes up the team on reception, who is fully trained in IOR. Unfortunately, at the time of the audit, that person was away from the reception area. Mitigations have immediately been put in place, and staff training arranged accordingly.

**2.2.5** As a consequence, NHS Somerset NHS Foundation Trust were awarded Full Compliance for 2022/23.

**2.2.6** The self-assessment also includes a “deep-dive”, which for this year was training and exercising, which comprised 10 standards of assessment. Whilst the rating does not count towards the overall compliance rating, the Trust was compliant on nine of the 10 standards, but declared Partial Compliance on DD2 – Minimum Occupational Standards (MOS). The mapping work against the MOS will continue to be developed.

## **EMERGENCY PLANNING RESILIENCE AND RESPONSE STATEMENT OF COMPLIANCE**

**2.2.7** Notable achievements/ improvements for the Trust in the last 12 months include:

- Strong partnership working in Somerset across EPRR teams. The merger had resulted in a more resilient and robust EPRR team and the development of strong new organisation wide plans.
- Development of a Heatwave Plan.
- In terms of business continuity, the Trust's approach to the ongoing industrial action and the engagement by staff to maintain critical services.
- Development of a number of short guides, rather than large plans and policies, and single documents Trust-wide.
- Staff enthusiasm to engage in exercises and training
- The level of engagement by staff in debriefing and reporting from major incidents.

**2.2.8** From attendance at Trust EPRR meetings, discussions, and on reviewing the Trust's evidence, NHS Somerset is confident that the Trust meets the core standard requirements.

### **3 SYSTEM EPRR ASSURANCE**

**3.1** In addition to the annual assurance process, the EPRR leads for NHS Somerset, Somerset NHS Foundation Trust, Somerset Council and Public Health work very closely throughout the year to ensure that our work programmes are aligned, and that we have ongoing assurance of the system plans and readiness. This will continue through the Somerset LHCRP, which is co-chaired by the NHS Somerset Accountable Executive Officer and Somerset Council Consultant in Public Health.

**3.2** There is a framework of formal groups which provide assurance that plans and procedures are being actively monitored and maintained. In particular:

- Somerset LHCRP provides a regular forum for all partners in Somerset to come together and collectively agree priorities through our work programme, risk register and training and exercise schedule.
- Somerset Health Protection Forum (chaired by Somerset Council Public Health) brings together system partners to manage the priorities associated with health protection and the communicable disease agenda
- Avon and Somerset Local Resilience Forum, and associated working groups, which coordinate all responders in emergency planning for the region, of which we are an active participant
- NHS England Regional Health Resilience Partnership (RHRP), which the AEO attends to maintain links with Somerset LHCRP.

## **EMERGENCY PLANNING RESILIENCE AND RESPONSE STATEMENT OF COMPLIANCE**

**3.3** In addition, NHS Somerset and Somerset NHS Foundation Trust work closely with the NHS England South West EPRR team, through their working groups, to collectively develop plans and to share and adopt best practice wherever possible.

### **4 INCORPORATING PROGRESS AND LEARNING INTO EPRR PLANNING**

**4.1** All organisations in the system have an ongoing programme of events to debrief and learn from ongoing incidents. The learning and action plans have continued to be incorporated into the plans and procedures and the enhanced command and control has been built into our winter plans.

**4.2** The NHS Somerset System Coordination Centre (SCC) and EPRR teams are working to ensure that their processes are well aligned, and complement the management of system escalation pressures and how these can develop into business continuity or major incidents. The SCC provides system coordination for the escalation pressures facing the system across winter and enabling timely intervention to minimise pressures. The SCC will monitor real time data for a clear picture of the situation at any given time, thereby managing and aligning demand and capacity. The room has a dedicated team, and functions across seven days of the week.

### **5 OTHER PROVIDERS**

**5.1** NHS Somerset has informally sought emergency planning assurance from the other key providers in addition to the formal assurance process carried out as follows:

- South Western Ambulance Service NHS Foundation Trust is assessed by Dorset ICB on behalf of the region and have confirmed SWASFT were rated as Fully Compliant.
- HUC (formerly DevonDoctors) were assessed by Hertfordshire and Essex ICB as providers of NHS111 services and were rated as Substantially Compliant.
- Emed (formerly Ezec) Patient Transport Services have been assessed by Cornwall and Isles of Scilly ICB and rated as non compliant. The organisation has only recently merged and so is undergoing a major review of all its processes in relation to EPRR. They are a critical partner for ICBs across the South West and we will all be working closely with Emed to support and review the actions they are taking to improve their compliance with the core standards and we will report back on progress during the year at the LHCRP.

# EMERGENCY PLANNING RESILIENCE AND RESPONSE STATEMENT OF COMPLIANCE

## 6 RECOMMENDATION

6.1 The ICB Board is asked to:

- Note the results of the assurance process for 2022/23 and the position of NHS Somerset and its partners
- Approve the Statement of Compliance for 2023



**EMERGENCY PLANNING RESILIENCE AND RESPONSE  
SELF ASSESSMENT ASSURANCE AND  
STATEMENT OF COMPLIANCE 2022/23**

**APPENDIX 1**

**1 INTRODUCTION**

1.1 Emergency Preparedness Resilience and Response (EPRR) guidance, issued by the Department of Health and NHS England, requires NHS Somerset to plan for and respond to all declared major incidents as a Category 1 responder.

1.2 Under the requirements of NHS EPRR guidance NHS Somerset is required to:

- Have suitable and up to date incident response plans which set out how NHS Somerset would respond to and recover from a major incident / emergency which is affecting the wider community or the delivery of services; and
- Adopt business continuity plans to enable NHS Somerset to maintain or recover the delivery of critical services in the event of a disruption.

1.3 NHS Somerset is compliant in providing an EPRR structure through which:

- NHS Somerset can meet its obligations to all appropriate EPRR guidance and standards and the Civil Contingencies Act 2004
- The emergency preparedness, resilience and response roles and responsibilities of employees are defined
- An Incident Response Plan is maintained in order to implement an effective response to a major incident / emergency
- The reputation of NHS Somerset is not compromised
- NHS Somerset shares information with partner agencies to enhance co-ordination and co-operation
- A comprehensive business continuity management system is established and maintained, following the principles of PAS 2015 and ISO 22301
- NHS Somerset has identified those activities which are critical to the delivery of its responsibilities and applied systems to reduce the impact of a disruption to business continuity
- Business continuity plans are developed, tested and regularly reviewed to ensure that NHS Somerset can deliver an effective response to a disruption to service delivery
- An annual cycle of EPRR exercises are held to test the effectiveness of NHS Somerset's response to a business continuity disruption and major incident
- NHS Somerset annually reviews the business continuity management system and emergency preparedness with the aim of agreeing EPRR objectives and strategies to drive continual improvement

**EMERGENCY PLANNING RESILIENCE AND RESPONSE  
STATEMENT OF COMPLIANCE**

**1.4** The Integrated Care Board and the Director of Public Health can be assured that sufficient resources are in place to manage the business continuity management system and that Directorates have reviewed their plans and that desk top exercises are in place to test this. Assurance is also provided for emergency preparedness through the provision of an active training plan and work programme which are in place to ensure that NHS Somerset can deliver effective and robust support to the response to a major incident or business continuity disruption in line with our EPRR obligations. Our self-assessment position has been assured by NHS England EPRR team as Substantially Compliant.

**Signed** ..... **Date** .....  
**Jonathan Higman, Chief Executive**