

**EMERGENCY PLANNING RESILIENCE AND RESPONSE
 SELF ASSESSMENT ASSURANCE AND
 STATEMENT OF COMPLIANCE 2021/22**

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.
1.2	Whilst a number of standards were removed during our response to Covid19 (ie training and exercising), the 2022 EPRR assurance process has resumed to full capacity. The deep dive for this year was evacuation and shelter.
1.3	The below provides a summary of assurance for NHS Somerset, and a combined summary of assurance for Somerset NHS Foundation Trust and Yeovil District Hospital NHS Foundation Trust as they continue to prepare to merge in April 2023. Attached, at Appendix 2, is the annual Statement of Compliance, which is presented to the Integrated Care Board for approval.
2	ANNUAL ASSESSEMENT OF SYSTEM PARTNERS
2.1	NHS Somerset
2.1.1	NHS Somerset was awarded Substantial Compliance for the 2021/22 process which is considered a strong and positive rating. .
2.1.2	<p>The areas of partial compliance, requiring improvement action are:</p> <p>Core Standard 14 – Countermeasures – as we move to a Category 1 responder, we are now required to meet this standard. Whilst we demonstrated our ability to deliver mass vaccination in response to Covid19, we are reviewing the Pandemic Flu Plan to include a section on the arrangements for operationalising countermeasures deployment.</p> <p>Core Standard 44 – Business Continuity Policy Statement – further narrative required to align with ISO 22301</p> <p>Core Standard 46 – Business Impact Assessments – development of a work programme to include review dates</p> <p>Core Standard 47 – Business Continuity Plan – further narrative required to evidence mitigating actions to assure business continuity</p>

	<p>Core Standard 50 – Business Continuity Management System monitoring and evaluation – further explanation required to evidence method of monitoring, measurement, analysis and evaluation.</p> <p>The actions are required to standards 44, 46, 47 and 50 to demonstrate part of a sustainable continuous improvement process.</p> <p>It should be noted that the ICB has commenced a work programme with teams on business continuity planning and completed an internal audit of its business continuity processes since the completion of the annual assurance process. The audit concluded that overall, good controls have been introduced and embedded since the ICB being newly established in July 2022. With the majority of BCM framework, governance structure, and incident management arrangement adopted from the CCG, no fundamental impact was observed that could give rise to significant risks to the ICB. There was one medium finding in relation to training completion recognising the impact from the pandemic. This work will be taken forward and updates provided to the Audit Committee. The audit provided substantial assurance over control design and moderate assurance over operational effectiveness.</p>
2.1.3	<p>We were assessed as Fully Compliant for the deep dive, which was based on Evacuation and Shelter. As the organisation recovers from the response to Covid19, staff are adopting a hybrid pattern of work, meaning that more staff are working at Wynford House, Yeovil. As a result, it was appropriate timing to update and test our evacuation plan, which was successfully undertaken on Monday 7 November 2022.</p>
2.1.4	<p>Notable achievements/ improvements in the last 12 months include:</p> <ul style="list-style-type: none"> • Continued executive level leadership to respond to the pandemic • Continual review of the on call capacity and capability scheduling to assure a more robust system • In partnership with BNSSG ICB, delivered Health - Strategic Leadership in Crisis and Emergency training to senior leaders within both organisations. This was particularly timely with the new management structure within the ICB and demonstrates the close working relationships we enjoy with our system partners • The EPRR Manager has continued to deliver “bite size” awareness sessions to members of the Director on Call function, to accommodate specific training needs and time pressures, which includes Responsibilities as a Category 1 Responder and Principles in Health Command to support the members as we move to a category 1 responder • Developing an environment in which new ideas and solutions to existing problems are discussed and progressed by encouraging curiousness and exploratory discovery work • NHS Somerset continues to run a virtual ICC across seven days a week, which has now been well tested and embedded. Specific roles have been established to continue to run the ICC, as the organisation returns to business as usual • The strong partnerships developed through the Somerset Health and Social Care Emergency Planning Group acted as a sound foundation to the formation of the Somerset Local Health Resilience Partnership

	<p>(LHRP), which is now managed by NHS Somerset, co-chaired by the Director of Corporate Affairs and Deputy Director of Public Health, and continues to stimulate excellent collaboration and information sharing, and act as a conduit to collect evidence and narrative in support of our submission to learning events both internally and externally</p> <ul style="list-style-type: none"> • The establishment of a Covid19 response page on NHS Futures Platform to record and share information has been extended to the LHRP • Development of remote and agile working practices continue to support and enhance our business continuity plans and resilience • Restoration has become a dynamic process which has run in tandem with the incident response with the recovery of services being closely linked to learning from the response and new ways of working adopted during the pandemic • We have adopted an approach to learning based on continual improvement, using events such as workshops, surveys and debrief events to build our learning and develop our incident response, as well as regular forums, such as the system tactical calls, to identify issues and respond quickly to find and adopt solutions. The key has been to delegate decision making to the appropriate forum or executive level and then record these decisions and actions accordingly. • Processes and procedures are continually updated to reflect good practice identified during the response to Covid19 and other incidents experienced across Somerset.
2.2	Somerset NHS Foundation Trust / Yeovil District Hospital NHS Foundation Trust
2.2.1	At their request, NHS Somerset undertook a joint review with both Trusts in view of the impending merger.
2.2.2	Having reviewed the self assessment returns, and supporting evidence, both Trusts were awarded Substantial Compliance, which is a strong and positive rating.
2.2.3	<p>Somerset NHS Foundation Trust (SFT) were rated as Partially Compliant on two standards; this recognises the opportunities for further enhancement in some areas</p> <p>Core Standard 51 – BC Audit – an external audit will be included in the 2023/24 internal audit plan</p> <p>Core Standard 53 – Assurance of commissioned providers – further assurance to be sought and established as part of the procurement process</p>
2.2.4	<p>Yeovil District Hospital NHS Foundation Trust (YDH) were rated as partially compliant on the following two standards:</p> <p>Core Standard 29 – Decision Logging – trained loggists awaiting refresher training</p> <p>Core Standard 51 – BC Audit –awaiting further audit</p>
2.2.5	The focus of the deep dive was Evacuation and Shelter. As SFT cover a multitude of sites, there were opportunities for more testing but. Whilst YDH had tested their evacuation processes, these are awaiting sign off.

2.2.6	<p>Notable achievements/ improvements for both Trusts in the last 12 months include:</p> <ul style="list-style-type: none"> • Enhanced collaborative working, particularly in respect of training and exercising, resulting in a more robust resilient team • A number of elements of mandatory training were being approached through e-learning • Enhancement of 4x4 driver training to ensure a more robust approach to securing sufficient staffing on site as winter approaches, to the benefit of both Trusts • Gradual development of joint plans, customised to each site, thereby avoiding duplication of effort
2.2.7	<p>From attendance at Trust EPRR meetings, discussions and on reviewing the Trust's evidence, NHS Somerset is confident that both Trusts meet the core standard requirements.</p>
3	<p>SYSTEM EPRR ASSURANCE</p>
3.1	<p>In addition to the annual assurance process, the EPRR leads for NHS Somerset, the Trusts, Somerset County Council and Public Health work very closely team 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 be further developed through the Somerset LHRP.</p>
3.2.	<p>There is a framework of formal groups which provide assurance that plans and procedures are being actively monitored and maintained. In particular:</p> <ul style="list-style-type: none"> • Somerset LHRP, co-chaired by NHS Somerset EPRR Accountable Officer and Local Authority Deputy Director of Public Health, 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 SCC 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 coordinates all responders in emergency planning for the region and which NHS Somerset and Local Authority actively participate in • NHS England Regional Health Resilience Partnership (RHRP), which the AEO will attend to maintain links with Somerset LHRP.
3.3.	<p>In addition, NHS Somerset and Trusts works closely with the NHSE South West EPRR teams through their working groups to collectively develop plans and to share and adopt best practice wherever possible.</p>
4	<p>INCORPORATING PROGRESS AND LEARNING INTO EPRR PLANNING</p>
4.1	<p>All organisations in the system have run an ongoing programme of events to debrief and learn from the ongoing pandemic. The learning and action plans</p>

	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	NHS Somerset has established a multi-agency System Resilience Room which are expected to manage demand and capacity and be responsive to incidents as they arise, , and will monitor real time data for a clear picture of the situation across the system,.
4.3	The ICC and Urgent Care teams continue to support the On Call Director system, and the ICC continues to operate at the weekends, with resources funded nationally until March 2023.
4.4	NHS Somerset continues to demonstrate winter resilience through remote and agile working, exploiting digital opportunities.
5	SUMMARY
5.1	NHS Somerset continues to reinstate systems which were put on hold, in order to concentrate resources on the response to Covid19.
5.2	We have worked very closely with all our providers and are fully assured that, as a system, we are in a strong position and well prepared for any further incidents or emergencies, and that the core EPRR standards have been maintained throughout the year. The previously strong position which existed prior to the pandemic between our organisations has considerably strengthened our ability to respond effectively.
5.3	NHS Somerset has informally sought emergency planning assurance from the other key providers in addition to the formal assurance process carried out as follows: <ul style="list-style-type: none"> • Dorset CCG led on the EPRR assurance review for the South Western Ambulance Service NHS Trust, and have confirmed they were assessed as Fully Compliant against the EPRR Core Standards • As commissioners, DevonDoctors have assessed Practice Plus Group (Out of Hours), and report there are no concerns with their performance • E-zec Patient Transport Services are being assessed nationally by Suffolk ICB, but an indication of their level of assurance is awaited. However, NHS Somerset undertook an independent assessment and were satisfied there were no concerns
6	RECOMMENDATIONS
6.1	The ICB Board is asked to: <ul style="list-style-type: none"> • note the results of the assurance process for 2022 and the position of NHS Somerset and its partners • approve the Statement of Compliance for 2022