

## TOPIC ASSURANCE REPORT

REPORT DETAILS		ASSESSMENT	
<b>Topic</b>	Emergency Preparedness, Resilience and Response (EPRR)	Recommended level	
<b>Topic Lead</b>	Andrew Sinclair, Head of Resilience	<b>Blue</b>	
<b>Exec Lead</b>	Phil Brice, Director of Governance	<b>Assessment overview</b>	
<b>GS Link</b>	Gill Ridgway, Head of Health, Safety and Risk	There are good processes in place for EPRR, with external assurance identified against the NHS Core Standards (substantial assurance) and an internal audit by BDO audit. An action plan is in place for any areas of partial compliance.	
<b>Meeting</b>	Integrated Quality Assurance Board	<b>Recommendation(s)</b>	
<b>Date</b>	20 October 2021	Accept as adequate assurance	
<b>Period Covered</b>	Sept 2020 – Sept 2021		
<b>Previous Reporting</b>	October 2020		

COMPLIANCE REQUIREMENTS	
<b>Objectives/goals</b>	Somerset NHS Foundation Trust has a duty to protect and promote the health of the local community, including at times of emergency. As such it has a critical role in planning for and responding to any incident with major consequences for health or health services locally in partnership with other NHS trusts, the emergency services and the local authorities.
<b>CQC Fundamental Standards</b>	
<b>Legislative Requirements</b>	<p>Emergency Preparedness, Resilience and Response (EPRR) is a core function of the Trust, required as a Category 1 responder in line with the Civil Contingencies Act 2004 and the Health and Social Care Act 2012.</p> <p>Under the Civil Contingencies Act, the Trust has a duty to plan for emergencies and respond as appropriate when they occur. The Trust is expected to comply with these duties as responders, in which the Trusts are required to:</p> <ul style="list-style-type: none"> <li>• Assess the risk of emergencies occurring and use this to inform contingency planning</li> <li>• Put emergency plans in place</li> <li>• Put business continuity management arrangements in place</li> <li>• Put arrangements in place to make information available to the public about civil protection matters and maintain arrangements to</li> </ul>

	<p>warn, inform and advise the public in the event of an emergency</p> <ul style="list-style-type: none"> <li>• Share information with other local responders to enhance co-ordination and efficiency.</li> </ul>
<p><b>National Guidance / Assessment Frameworks</b></p>	<p>Other national guidance includes:</p> <ul style="list-style-type: none"> <li>• NHS Commissioning Board planning framework (<i>'Everyone Counts: Planning for Patients'</i>)</li> <li>• NHS Standard Contract</li> <li>• NHSE/I EPRR documents and supporting materials</li> <li>• NHSE/I Business Continuity Management Framework (service resilience) (2013)</li> <li>• NHSE/I Command and Control Framework for the NHS during significant incidents and emergencies (2013)</li> <li>• NHSE/I Model Incident Response Plan (national, regional and area team)</li> <li>• NHSE/I Core Standards for Emergency Preparedness, Resilience and Response</li> <li>• National Occupational Standards (NOS) for Civil Contingencies – Skills for Justice</li> <li>• BSI PAS 2015 – Framework for Health Services Resilience</li> <li>• ISO 22301 Societal Security - Business Continuity Management Systems – Requirements.</li> </ul>
<p><b>Trust Policy – key requirements</b></p>	<p>The aim of EPRR and its associated major incident and specific contingency plans is to set out the strategic, tactical and operational arrangements and overarching EPRR framework and responsibilities of the Trust to enable the continued provision of safe and effective services and protect the safety and wellbeing of the Trust's colleagues in an emergency or a disruptive event. It is also intended to provide an agreed framework to enhance recovery of the Trust and the community it serves following a major or significant incident.</p> <p>The objectives of the policy are to:</p> <ul style="list-style-type: none"> <li>• Define the role and responsibilities of the Trust in responding to a major incident</li> <li>• Ensure the Trust can continue to provide appropriate services in a major incident</li> <li>• Set out the alerting mechanism and the procedures for activating the Major Incident Plans</li> <li>• Ensure the support provided by the Trust to a multi-agency response is effective and well-coordinated</li> <li>• Make sure, when responding to an incident, the Trust considers the needs of all communities and ensures no group suffers discrimination</li> <li>• Define a process for effective joint coordinated response to any major incident which threatens the business continuity of the Trust's services</li> </ul>

	<ul style="list-style-type: none"> <li>• Meet the requirements of the NHS England Emergency Preparedness Framework 2013 and related legislation and guidance.</li> </ul>
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**EXTERNAL ASSURANCE**

<p><b>External Reviews / Assessments</b></p>	<p>The National NHS EPRR Core Standards set out the minimum requirements expected of NHS organisations and providers of NHS-funded care. They enable agencies to co-ordinate activities and provide a consistent framework for self-assessment, peer review and more formal control processes carried out by regulatory organisations. The Trust self-assesses its EPRR activities against these standards on an annual basis.</p> <p>The previous assessment against these national standards was in 2019 as a letter declaring compliance only was required in 2020 due to the ongoing pandemic at that time. In 2019 the former Somerset Partnership and Taunton &amp; Somerset NHS Foundation Trusts were assessed as being fully compliant with the core standards.</p> <p>This year it was agreed a joint confirm and challenge meeting on our self-assessment would be held with EPRR colleagues from Yeovil District Hospital NHS Foundation Trust as part of the EPRR workstream of the proposed merger between the two trusts.</p> <p>As part of its EPRR assurance process, the Trust is required to sign off a statement of its compliance following the self-assessment and confirm/challenge meeting against the EPRR core standards. This paper presents the results of this moderated assessment and forms its Statement of EPRR Compliance against the Core Standards</p> <p>This year’s EPRR assessment took a “deep dive” into oxygen supplies and infrastructure in response to the pandemic which has been the subject of ongoing reporting and assurance since the pandemic began. But the results of this deep dive do not affect overall Trust compliance. Areas where further work are procedural due to delays caused by the pandemic and it should be stressed do not affect the critical supplies of oxygen. Oxygen infrastructure is not normally included within the EPRR remit and its inclusion was unexpected. NHS England will review this position in response to feedback from NHS organisations.</p> <p>At a meeting held in September 2021 with the Somerset CCG it was advised both trusts have achieved <u>substantial compliance</u> against the core standards, subject to NHSE/I moderation (see letter attached as Appendix 1). While not achieving full compliance as in 2019, the Trust had received in advance clear steers from regional and national levels that full compliance was not expected or likely due to the ongoing response and recovery from the Covid-19 pandemic preventing, for example, releasing staff for EPRR training activities.</p> <p>The full assessment and O<sup>2</sup> deep dive are attached to this paper as Appendix 2.</p> <p>Somerset NHS Foundation Trust was found to be <u>Substantially Compliant</u> against <u>45/47</u> of the EPRR core standards.</p> <p>The <u>two standards rated as achieving partial compliance</u> were as follows:</p> <ul style="list-style-type: none"> <li>• The organisation has adequate and appropriate decontamination capability to manage self-presenting patients (minimum four patients</li> </ul>
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	<p>per hour), 24 hours a day, 7 days a week;</p> <ul style="list-style-type: none"> <li>• Staff who are most likely to come into contact with a patient requiring decontamination understand the requirement to isolate the patient to stop the spread of the contaminant.</li> </ul> <p>Full compliance could not be achieved due to the significant Covid-19 and high demand operational pressures placed on Emergency Dept. and Minor Injuries Units colleagues since February 2020. This was compounded by decontamination suits not being able to be used for training for Covid-19 infection prevention reasons. Guidance on the way forward to deliver this training has been requested at a national level and is awaited. In the meantime audio-visual and e-learning solutions are being developed by the Trust and the decontamination facility has been erected at Musgrove Park Hospital to train staff on its use. We confidently expect to be fully compliant on these two remaining standards by January 2022</p>
<p><b>External / Internal organisational Audits</b></p>	<p>BDO carried out an internal audit of the Trust's EPRR arrangements in December 2020. As part of its review, BDO selected a sample of 10 services to interview. These were:</p> <ul style="list-style-type: none"> <li>• Procurement</li> <li>• Somerset-wide Integrated Sexual Health Services</li> <li>• Primary Care Dental</li> <li>• Emergency Dept.</li> <li>• Mental Health Home Treatment</li> <li>• Diabetes and Endocrinology</li> <li>• Inpatient Paediatrics</li> <li>• Facilities</li> <li>• Intensive Dementia Support Services</li> <li>• Oncology.</li> </ul> <p>As part of their interviews, they covered:</p> <ul style="list-style-type: none"> <li>• Whether the service had a Business Continuity Plan/Business Impact Analysis in place;</li> <li>• How helpful they were in managing the COVID-19 incident (in particular, the extended nature of the incident);</li> <li>• Where services did not have a formal plan in place, how they structured and prioritised activity;</li> <li>• How key service priorities were decided (either with regard to any prior planning undertaken or new processes put in place);</li> <li>• How key individuals in incident management were identified;</li> <li>• Perceived effectiveness of planning;</li> <li>• How risks were identified, discussed, escalated and managed during this time;</li> <li>• Lessons learnt (both positive and areas for improvement);</li> <li>• Recovery/future planning.</li> </ul> <p><b><u>Areas of Good Practice</u></b></p>

**Templates** - the Trust has a structured template for business impact assessments (BIAs) and had already identified a programme of work required to ensure all services had a formal BIA and associated business continuity plans (BCPs) in place

**Structured approach taken by services** - while not always formally documented or carried out in a consistent way, the majority of colleagues interviewed (9/10) shared that a structured approach is taken to prioritise work and to consider key risks that would impact the service. For three services sampled (SWISH, Facilities and IDSS), service-specific BCPs were in place. Two services sampled (Procurement and Primary Care Dental) produced COVID-19 service-specific standard operating procedures (SOPs)

**Effective team working** - in six out of 10 interviews, team working was specifically highlighted as a strength

**Perceived effectiveness of risk escalation** - all 10 of the service leads we interviewed indicated they felt able to raise concerns and risks throughout the duration of the incident. Examples of escalation routes include regular incident management, good practice forums, or in 1:1 discussions with direct line management.

**Change Wall Project undertaken by Paediatrics Inpatient** - the Paediatrics service worked with colleagues in the Trust to undergo a change wall project, which documented key lessons learnt and innovations during the incident management of COVID-19.

### Key Findings

BDO highlighted four key findings arising from their audit. The Head of Resilience was asked to formally respond to these for the Trust October 2021 Audit Committee. The findings and Trust responses are given below:

#### RECOMMENDATION 1:

*The Trust should continue its programme to complete all BIAs as overseen by the Head of Resilience. A risk assessment should be carried out to determine areas of priority and that would need more support. Priority should also be given to equip senior leaders with the skills to undertake a BIA so that the process can be cascaded down and embedded across the Trust and are appropriately service/directorate-specific.*

**Response:** A standardised BIA template has been developed and agreed by the Trust (attached) as part of a new merged Business Continuity and Critical Incident Management Policy (final draft attached). This will build on lessons learnt from the ongoing Covid-19 pandemic and will be used at tactical and strategic levels which will then inform a review of existing operational Business Continuity plans. A programme of Business Continuity training for managers will also be implemented in 2022 on the principles of BIA and Business Continuity planning. Clearly a great deal of learning and development has taken place in response to the pandemic which has put the Trust in a strong position to assess and document its post pandemic Business Continuity arrangements.

#### RECOMMENDATION 2:

*While it is important each service area or team has their local business continuity plan, the Trust should consider completing these in a collaborative setting either through a proximity or patient pathway approach. This will ensure that critical interdependencies have been adequately scoped, and contain more holistic consideration of risks to the patient pathway as well as to the service itself. This could then form the basis of directorate business continuity planning.*

**Response:** The revised Trust approach to Business Continuity and Critical Incident planning mirrors its incident command and control arrangements, namely service directorate tactical BIAs will inform a strategic prioritisation of services and functions across the Trust and consequently a revision of existing Business Continuity plans at operational and team levels to ensure they capture both organisational and local priorities and hazards. This will also be informed by a more systemic approach in Somerset to risk management and Business Continuity planning which has developed as a result of the pandemic.

### **RECOMMENDATION 3:**

*All teams should ensure they have had an opportunity to reflect on ongoing lessons learnt and staff are given an opportunity to reflect on what went well and what innovations and improvements can be taken forward either for business-as-usual practices or for future incident management. These should be documented and included in BIAs and business continuity plans*

**Response:** The Trust has developed a Post Incident Review template and lessons learnt process (attached) which has been used in response to a number of Business Continuity and critical incidents which have taken place within the Trust in addition to our pandemic response. Two examples are attached for information. The first is a post incident review of a bomb threat incident at Musgrove Park Hospital in March 2021; this has resulted in new Trust guidance and action cards being developed and ongoing conversations with police colleagues on mutual roles and responsibilities. The second report relates to an IT incident in November 2020 which has resulted in a revised IT Business Continuity Plan (attached) and tabletop exercises to test these plans.

### **RECOMMENDATION 4:**

*A) The Trust should use data gathered in the 'first wave' of the pandemic to inform business continuity and major incident management planning and training at the Trust.*

*B) Scenario modelling should be used for planning and training purposes, which should inform the collaborative BIA/BCP development process (as outlined in the recommendation to Finding 2).*

*C) As lessons learnt are undertaken formally (as outlined in the recommendation to Finding 3), risks identified should be assessed for their potential impact on recovery and managed accordingly.*

**Response:** Since the start of the pandemic in February 2020 the Trust has had to continually review and revise its Business Continuity planning and arrangements in response to the change pressures during its first and subsequent waves. These were in response to often rapidly changing local,

	<p>regional and national demands working closely with partner agencies in Somerset and the SW region. In addition, the Trust has seen unprecedented levels of demand on its services this year and currently has been at critical incident escalation for the last four weeks due to service pressures. The Trust is undertaking a review of Covid-19 lessons and has contributed to Somerset and regional reviews. The Trust’s Recovery Coordination Group oversees its recovery programme; this will change to an incident response group should Covid-19 activity escalate again. The Trust has also managed the Business Continuity arrangements of the Somerset mass vaccination programme.</p>
<p><b>National Audits / Surveys</b></p>	<p>A wide range of surveys and audit assessments were carried out during the reporting period in response to the Covid-19 pandemic. These included ongoing supplies and procurement reports, staffing surveys, clinical responses, mortuary capacity and others. These wide ranging and ongoing surveys were managed through an EPRR/Covid 19 Project Management Office (PMO) IT solution with 7 days per week monitoring of a Covid-19 Inbox.</p>

**INTERNAL ASSURANCE**

<p><b>Self-Assessment (Gap analysis)</b></p>	<p>The year has been extremely challenging and EPRR has been required to support the Trust’s response to the ongoing Covid-19 pandemic together with a number of concurrent business continuity and critical incidents. For most of the pandemic to date the NHS was at a Level Major Incident Alert which necessitated the Trust setting up command and control arrangements at strategic, tactical and operational levels together with a managed Covid-19 Inbox monitored 7 days per week. The Trust also participated in regular Covid-19 system calls from operational to Chief Executive levels.</p> <p>Ongoing review of response and recovery arrangements take place to ensure the Trust continue to respond and recover from the pandemic. System learning events have taken place and a formal review of Covid-19 lessons has been started by the Trust.</p> <p>Clearly a wide range of lessons have been learnt in response to the pandemic and in fact continue to be learned. Amongst these are:</p> <ul style="list-style-type: none"> <li>• Use of IT remote working for colleagues able to work from home;</li> <li>• Prioritisation of critical services;</li> <li>• Escalating and deescalating Business Continuity responses to pandemic pressures;</li> <li>• Use of a virtual major incident control room;</li> <li>• Development of Covid-19 escalation plans;</li> <li>• Use of a virtual PMO solution;</li> <li>• Management of long term major incidents rather than “big bang” events;</li> <li>• Colleague welfare and support.</li> </ul> <p>The necessary focus on pandemic response and recovery has resulted in what would have been the regular EPRR training and exercising of plans not being possible.</p> <p>However, the Trust experienced a number of non-pandemic incidents during the reporting period which have necessitated response and recovery over and above its Covid-19 work. The Trust developed and adopted a Post</p>
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	<p>Incident Review template to identify and capture lessons arising from such incidents and this has proved an effective tool.</p> <p>Among the incidents which Trust colleagues have responded to and have been subject to post incident reviews are:</p> <ul style="list-style-type: none"> <li>• A bomb hoax incident at Musgrove Park Hospital in March 2021; a post incident review report was prepared and new action cards developed in case needed in the future;</li> <li>• A server related IT failure affecting a number of clinical systems in September 2021;</li> <li>• An IT Business Continuity incident in November 2020 which resulted in revised IT Business Continuity plans;</li> <li>• Reported outbreak of avian flu in neighbouring counties;</li> <li>• Prolonged critical incident declaration in response to record operational pressures at Musgrove Park Hospital;</li> <li>• Heatwave and severe cold weather;</li> <li>• Road fuel supply issues in September 2021;</li> <li>• Emergency lockdown of facilities in response to security incidents;</li> <li>• Reduced critical supplies of BD blood tubes.</li> </ul> <p>The Somerset Mass Vaccination Programme required the Trust at short notice to develop Business Continuity solutions across the two county vaccination sites together with vaccination delivery points in both acute hospitals and a network of primary care network sites. This was achieved through the support of Trust colleagues and site managers for whom Business Continuity and lockdown/evacuation plans were developed. Ongoing work has taken place with Counter Terrorism Police Officers in response to the assessed threat of anti-vaccination protests among other security threats to the vaccination programme.</p> <p>A number of new EPRR contingency plans have been developed and tabletop exercises have been planned to test these:</p> <ul style="list-style-type: none"> <li>• Musgrove Park Hospital Tactical Major Incident Plan;</li> <li>• Business Continuity and Critical Incident Policy;</li> <li>• EPRR Communications Plan;</li> <li>• Chemical, Biological, Nuclear, Radiological (CBRN) Decontamination Plan;</li> <li>• Tactical Mass Casualties Plan;</li> <li>• Protected Individuals/ Operation Consort Plan;</li> <li>• Evacuation and Shelter (Non-Fire) Policy;</li> <li>• Emergency Lockdown Policy;</li> <li>• Guidance and Procedure for On Call Management Colleagues;</li> <li>• Bomb Threat Action Cards.</li> </ul>
<p><b>Audit &amp; Measurement</b></p>	<p>A number of post incident reviews have been carried out to seek lessons arising from incidents and to embed learning from these. In addition, the Trust is working with partner agencies to prepare for the Covid-19 public inquiry due to commence in 2022.</p>

	No clinical or other audits have been undertaken.
<b>Reporting Structure/ Specialist Committee</b>	<p>EPRR issues are reported to the EPRR Strategic Group chaired by the Director of Governance and Corporate Development.</p> <p>Meetings are held on a quarterly basis with clear Terms of Reference.</p> <p>In addition, through the year the Trust has run its command and control structure comprising the Covid-19 Strategic Group (GOLD), Incident Response Tactical team and Recovery Coordinating Group (SILVER) meetings and Operational Response (BRONZE) which have met at varying frequencies throughout the pandemic response in line with our COVID trigger level framework.</p>
<b>Directorate-level assurance</b>	<p>The Head of Resilience will attend Directorate meetings in response to EPRR concerns or incidents. Directorate colleagues have been closely involved in post incident reviews and the development of new contingency plans and action cards. Ongoing discussions take place with Service Directors, Chief Operating Officers and Security Director.</p> <p>The BDO internal audit tested business continuity arrangements in a number of services and teams, the results of which were shared at directorate level for learning.</p>

**POLICY COMPLIANCE**

<b>Policy Status</b>	<p>The principal EPRR policies are:</p> <ul style="list-style-type: none"> <li>• EPRR Strategic Policy;</li> <li>• Business Continuity and Critical Incident Policy;</li> <li>• Evacuation and Shelter (Non-Fire) Policy;</li> <li>• Emergency Lockdown Policy</li> </ul> <p>These are all in date.</p> <p>These are supported by a range of specific contingency plans which include:</p> <ul style="list-style-type: none"> <li>• Musgrove Park Tactical Major Incident Plan;</li> <li>• Community and Mental Health Tactical Major Incident Plan</li> <li>• EPRR Communications Plan;</li> <li>• Chemical, Biological, Nuclear, Radiological (CBRN) Decontamination Plan;</li> <li>• Tactical Mass Casualties Plan;</li> <li>• Protected Individuals/ Operation Consort Plan;</li> <li>• Severe Weather Policy;</li> <li>• Heatwave Plan;</li> <li>• Management On Call Guidance and Procedure;</li> <li>• Pandemic Influenza Policy (awaiting national guidance to be updated);</li> <li>• IM&amp;T Business Continuity Plan.</li> </ul>
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<p><b>Policy Compliance</b></p>	<p>All four principal policies have been tested through operational demand during the year. Business Continuity and Major Incident plans have been in continued use in response to the pandemic and have been reviewed in light of live incidents.</p> <p>Supporting plans and policies likewise have largely been tested through operational reality in the year (e.g. Royal visit to the Bath &amp; West Showground; IM&amp;T outages; internal critical incidents). Tests were also made of the CBRN plan on the MPH site. Policies have been adapted in year to reflect learning.</p> <p>The Trust has been assured of their effectiveness by the 2022 EPRR Core Standards review with the CCG and NHSE/I.</p>
<p><b>Policy / process development</b></p>	<p>A key aim of the EPRR merger workstream will be to align and merge the EPRR suite of documents. Work has already commenced on this. Key day 1 deliverables will be to have a Strategic EPRR policy, Tactical Major Incident Plans and on call command and control systems in place in advance of the merger will be to align both policies with those of Yeovil Hospital as part of the merger project. Both Trusts currently have very similar processes in place already, with some variance which has been identified in the EPRR work stream charter.</p>

**TRAINING AND COMPETENCIES**

<p><b>Learning Framework</b></p>	<p>A new EPRR strategic training needs analysis and learning framework is currently being developed as part of the merger workstream. Joint training under development include:</p> <ul style="list-style-type: none"> <li>• EPRR induction e-learning;</li> <li>• CBRN decontamination e-learning and audio visual materials;</li> <li>• Business continuity management for managers;</li> <li>• Tabletop exercises to test major incident planning and response;</li> <li>• An EMERGO exercise in 2023/24</li> </ul>
<p><b>Training Compliance</b></p>	<p>Training opportunities have been limited due to the pandemic response and Trust operational pressures. Without the pandemic has provided a wide range of training opportunities for colleagues.</p> <p>A programme of Strategic Leadership in Crisis/Major Incidents has been delivered to executive directors, senior and on call operational managers over five virtual sessions. Nearly 70 colleagues have attended this which was delivered jointly by the Trust, Yeovil district Hospital and Somerset CCG.</p> <p>The Trust participated in EX Dorado to test Hinkley Point nuclear contingency plans in 2021.</p> <p>EX Aquilo 1 was run with ED colleagues to inform the development of their new major incident action cards. A series of Aquilo exercises are planned to test different elements of the major incident plan</p> <p>1:1 and team training has also been delivered on topics such as on call roles/responsibilities and business continuity.</p>

**ONGOING ISSUES & ACTIONS**

<p><b>Current Issues</b></p>	<p>The continued resilience of the Trust workforce to respond to and recover from not only the ongoing pandemic but also additional incident which may</p>
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	<p>occur remains of concern after without doubt the more pressured and for some stressful 19 months in NHS history. Wellbeing services within the Trust are nevertheless able to support and advise our colleagues during these challenging times.</p> <p>EPRR planning has historically concentrated on physically injured casualties being brought to our services. Learning from the Manchester terrorist incident highlighted the mental and psychosocial impacts of such events. National guidance was at last published in August 2021 and we must now take this forward with partner agencies to ensure Somerset has an effective psychosocial response in place.</p>		
<b>Integration status</b>	<p>EPRR policies and plans have now been fully integrated with the exception of the pandemic influenza policies whose review has been delayed pending the publication of new national guidance.</p>		
<b>Link to Risk Register</b>	N/A There is a separate EPRR Risk Register which is reviewed regularly at the EPRR Steering Group	<b>Risk Score</b>	
<b>Action Plan Status and monitoring</b>	<p>There are actions identified to address the two areas of partial compliance in the annual core standards assessment, as outlined above; and the BDO recommendations around business continuity.</p>		

<b>SIGNIFICANT ACHIEVEMENTS</b>	
<ul style="list-style-type: none"> <li>The EPRR function being able to support the Trust’s Covid-19 response and recovery arrangements;</li> <li>Development and publication of a new Musgrove Park Hospital Tactical Major Incident Plan with the close involvement of clinical site, ED, MIU, critical care, surgical and medical colleagues;</li> <li>Much closer EPRR system working within Somerset with increased systemic rather than organisational planning;</li> <li>The delivery of joint EPRR training and planned exercises;</li> <li>The advent and use of a PMO IT solution to manage the very large volume of emails, information and data requests arising from the pandemic;</li> <li>Use of virtual command and control solutions.</li> </ul>	

Reference – levels

Green	Blue	Amber	Red
<p>Good systems of assurance that clearly provide evidence that there were no significant issues in the period covered.</p>	<p>Assurance systems in place</p> <p>AND</p> <p>No evidence of any significant issues in the period. Any issues evident are well-managed via clear, monitored plans.</p>	<p>Assurance systems are not adequate to ensure that there were no significant issues in period</p> <p>OR</p> <p>Issues of concern identified. Issues of concern are not accompanied by assurance of clear, monitored plans to address.</p>	<p>No relevant assurance in place</p> <p>OR</p> <p>Serious issues identified that present risks to the Trust and in the absence of an effective plan to address.</p>

## APPENDIX 1



Our Reference: EPRR Corporate/  
Prov Feedback SFT /YDH

Somerset Clinical Commissioning Group  
Wynford House  
Lufton Way  
Yeovil  
BA22 8HR  
Tel: 01935 385184  
Email:somccg.icc@nhs.net

Sent by email

7 October 2021

**To:**

Phil Brice, Director of Governance and Corporate Devt, Somerset NHS Foundation Trust  
Stacy Barron Fitzsimons, Director of Operations, Yeovil District Hospital

**Copy:**

Andrew Sinclair, Head of Resilience, Somerset NHS Foundation Trust  
Angela Turner, EPRR and PTS Manager, Yeovil District Hospital

Dear Phil and Stacy

**Somerset NHS Foundation Trust/ Yeovil District Hospital  
Joint Emergency Preparedness, Resilience and Response  
core standard assurance confirm and challenge outcome.**

Many thanks for preparing your self-assessment and your engagement at the EPRR assurance review meeting held on Thursday 23 September 2021. This letter, and attached action points, summarises the outcomes from the meeting, capturing agreed actions and points from our discussions.

**Outcome from the 2021 EPRR Core Standards review**

This year the Core Standards had been modified to reflect activity during the response to COVID-19 and other concurrent incidents in which assurance was not required. The table below summarises the outcomes of the assurance review and provides the overall compliance rating.

Organisation	No of Core Standards met of 46	Compliance Level
Somerset NHS Foundation Trust	44 Full / 2 Partial	Substantial compliance
Yeovil District Hospital NHS Foundation Trust	44 Full / 2 Partial	Substantial compliance

**Outcome from the 2021 EPRR Core Standards Deep Dive review**

The focus of the deep dive for 2021 was on the resilience of internal piped oxygen systems, an area directly identified through our response to COVID-19 as an area of

concern. For both Trusts, Covid19 had raised the profile of an area not previously scrutinised but has developed a better understanding of the implications of the maintenance of this system. Some of the failings identified were due to a lack of monitoring and under-investment. However, it was noted that these would be rectified through the building of a new surgical block at Musgrove Park Hospital, and reprioritisation of the capital investment programme.

**Good Practice and Innovation**

The Trusts were working more collaboratively, particularly in respect of training and exercising, for example identifying a solution regarding the restrictions imposed by Covid19 on CBRN training.

The enhancement of the 4x4 driver training would ensure a more robust approach to securing sufficient staffing on site, as winter approaches, to the benefit of both Trusts.

The commitment of both Trusts to the system wide EPRR group and the work programme has been fantastic despite all the ongoing pressures in the system and from Covid-19. It has been fundamental to having a coordinated response to the pandemic and provides a strong foundation for our transition into the integrated care system.

**Next Steps**

I am pleased to confirm I am confident that both Trusts meet the requirements of the core standards and are, therefore, both rated as meeting Substantial Compliance. The outcomes of this assurance review will be included in the annual EPRR System assurance summary letter which is submitted to NHS England and Improvement South West and is subject to further scrutiny and challenge by the Local Health Resilience Partnership (LHRP).

The CCG will be required to present a system summary of the assurance process to the LHRP and your assistance will be required to address any specific questions or queries from members.

NHS England and Improvement will produce and present a regional report to the Local Health Resilience Partnership Executive Group in October/November prior to submitting a Regional return to the NHSEI National Team.

Finally, thanks must go to the EPRR team for their hard work over the last year, while managing other concurrent issues and incidents.

Yours sincerely

	
Neil Hales Director of Commissioning Somerset CCG	Peter Osborne Head of Governance/ EPRR Somerset CCG

## Annex 1: Compliance Levels

Organisational rating	Criteria
<b>Full compliance</b>	The organisation is fully compliant against 100% of the relevant NHS EPRR Core Standards
<b>Substantial compliance</b>	The organisation is fully compliant against 89-99% of the relevant NHS EPRR Core Standards
<b>Partial compliance</b>	The organisation is fully compliant against 77-88% of the relevant NHS EPRR Core Standards
<b>Non-compliance</b>	The organisation is fully compliant up to 76% of the relevant NHS EPRR Core Standards

**APPENDIX 2**



Copy of B0628 -  
2021 Core Standard:

**Copy of spread sheet available by request**