

Somerset NHS Foundation Trust	
REPORT TO:	QUALITY AND GOVERNANCE ASSURANCE COMMITTEE
REPORT TITLE:	EPRR ANNUAL REPORT 2023
SPONSORING EXEC:	Director of Corporate Services
REPORT BY:	Associate Director of Resilience
PRESENTED BY:	Head of EPRR
DATE:	6 October 2023

Purpose of Paper/Action Required (Please select any which are relevant to this paper)		
<input checked="" type="checkbox"/> For Assurance	<input type="checkbox"/> For Approval / Decision	<input type="checkbox"/> For Information

Executive Summary and Reason for presentation to Committee/Board	<p>This paper provides the annual report of EPRR assurance for the Trust and the 2023 statement of compliance against the National EPRR Standards for NHS Trusts.</p> <p>The paper provides oversight and assurance on the Trust's continued resilience to overcome and recover from a wide range of incidents and emergencies which could affect their ability to deliver effective and responsive health care.</p> <p>The NHS England EPRR Core Standards set out the minimum requirements expected of NHS organisations and providers of NHS-funded care. The Trust self-assesses its EPRR activities against these standards on an annual basis. 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.</p> <p>Somerset NHS Foundation Trust achieved full compliance, being assessed as fully compliant against 68 out of the 68 core standards.</p> <p>This year's deep dive assessment was focussed on the Trust's EPRR training arrangements. The Trust's self-assessment for the deep dive achieved substantial compliance. Please note this does not contribute to the Trust's overall compliance rating.</p> <p>The Committee are asked to note the following:</p> <ul style="list-style-type: none"> • The Trust's compliance ratings against the national EPRR Core Standards. • The EPRR workstream activities to ensure the resilience of the organisation post-merger.
Recommendation	The Committee is asked to discuss the report and consider if the report provides the required reassurance on actions



	being taken to maintain and monitor resilience across the Trust
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Links to Joint Strategic Objectives
(Please select any which are impacted on / relevant to this paper)

- Obj 1 Improve health and wellbeing of population
- Obj 2 Provide the best care and support to children and adults
- Obj 3 Strengthen care and support in local communities
- Obj 4 Reduce inequalities
- Obj 5 Respond well to complex needs
- Obj 6 Support our colleagues to deliver the best care and support through a compassionate, inclusive and learning culture
- Obj 7 Live within our means and use our resources wisely
- Obj 8 Develop a high performing organisation delivering the vision of the Trust

Implications/Requirements (Please select any which are relevant to this paper)

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|---|---|---|---|---|---|
| <input checked="" type="checkbox"/> Financial | <input checked="" type="checkbox"/> Legislation | <input checked="" type="checkbox"/> Workforce | <input checked="" type="checkbox"/> Estates | <input checked="" type="checkbox"/> ICT | <input checked="" type="checkbox"/> Patient Safety/ Quality |
|---|---|---|---|---|---|

Details: N/A

Equality and Inclusion

The Trust aims to make its services as accessible as possible, to as many people as possible. We also aim to support all colleagues to thrive within our organisation to be able to provide the best care we can.

How have you considered the needs and potential impacts on people with protected characteristics in relation to the issues covered in this report?

All major service changes, business cases and service redesigns must have a Quality and Equality Impact Assessment (QEIA) completed at each stage. Please attach the QEIA to the report and identify actions to address any negative impacts, where appropriate.

Public/Staff Involvement History

How have you considered the views of service users and / or the public in relation to the issues covered in this report? Please can you describe how you have engaged and involved people when compiling this report.

Previous Consideration

(Indicate if the report has been reviewed by another Board, Committee or Governance Group before submission to the Board or is a follow up report to one previously considered by the Board – e.g., in Part B]

Reference to CQC domains (Please select any which are relevant to this paper)				
<input checked="" type="checkbox"/> Safe	<input checked="" type="checkbox"/> Effective	<input type="checkbox"/> Caring	<input checked="" type="checkbox"/> Responsive	<input checked="" type="checkbox"/> Well Led

Is this paper clear for release under the Freedom of Information Act 2000?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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SOMERSET NHS FOUNDATION TRUST**EMERGENCY PLANNING RESILIENCE AND RESPONSE (EPRR) REPORT 2023****1. BACKGROUND AND PURPOSE**

- 1.1 The Trust must plan for and be able to respond to a wide range of incidents and emergencies which could affect its ability to deliver effective and responsive health or patient care. These could be the effects of severe weather, another pandemic, mass casualty incidents, industrial action or a major transport accident. Under the Civil Contingencies Act (2004), NHS organisations must show they can deal with these incidents while maintaining their services to patients. This work is referred to as 'Emergency Preparation, Resilience and Response' (EPRR) and started on 1 April 2013 as part of the changes to the Health and Social Care Act 2012 made to the health system in England.
- 1.2 Under the requirements of the NHS' EPRR guidance, the Trust must:
- Have suitable and up-to-date incident response plans which set out how it would respond to and recover from a major incident/emergency affecting the wider community or the delivery of their services
 - Adopt business continuity plans to enable them to maintain or recover the delivery of its critical services in the event of a significant disruption.
- 1.3 The NHS England EPRR Core Standards set out the minimum requirements expected of NHS organisations and providers of NHS-funded care. The Trust self-assesses its EPRR activities against these standards on an annual basis. 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.
- 1.4 In 2022 before the merger of Somerset NHS Foundation Trust (SFT) and Yeovil District Hospital NHS Foundation Trust (YDH) two separate assessments against the national standards were completed. These were presented jointly as the EPRR functions in both Trusts had already come together. These last, pre-merger assessments rated YDH as having achieved substantial compliance and SFT also achieved substantial compliance.

2 CORE STANDARDS 2023 SELF ASSESSMENT

- 2.1 The Trust was required to submit its post-merger self-assessment against the national EPRR core standards to the Somerset Integrated Care Board (ICB) and these were discussed and agreed with the ICB at a confirm and challenge meeting on 19 September 2023.
- 2.2 The assessments set out 68 core standards divided into ten domains to provide an overall compliance rating:
- Governance
 - Duty to risk assess
 - Duty to maintain plans

- Command and control
- Training and exercising
- Response
- Warning and informing
- Cooperation
- Business continuity
- Chemical, Biological, Radiological, Nuclear (CBRN)

2.3 This year’s deep dive assessed training and exercising arrangements, but this did not contribute to the Trust’s overall compliance rating.

2.4 The new Somerset NHS Foundation Trust achieved **full compliance**, being assessed as fully compliant against 68 out of the 68 core standards.

3. TRAINING AND EXERCISING DEEP DIVE

3.1 This year’s deep dive assessment was focussed on the Trust’ training and exercising arrangements. Previous topics have included business continuity, emergency evacuation and climate adaptation.

3.2 The Trust’s self-assessment for this deep dive achieved **substantial compliance** with the following meeting partial compliance. Please note this does not contribute to the Trust’s overall compliance rating.

Deep Dive Standard	Level of compliance	Actions required to be fully compliant	Due Date
<p>DD2: Exercising</p> <p>The organisation’s operational, tactical and strategic health commanders TNA and portfolios are aligned, at least, to the Minimum Occupational Standards and using the Principles of Health Command course to support at the strategic level.</p>		<p>Discussion to take place to consider the use of Minimal Occupational Standards or an alternative approach within the Trust.</p> <p>Further Health Command courses to be delivered jointly with ICB partners for those not previously trained.</p>	<p>31 March 2024</p>

4. CHEMICAL BIOLOGICAL, RADIOLOGICAL AND NUCLEAR (CBRN) AUDITS

4.1 An audit of the Trust’s CBRN planning and contingency arrangements at its two acute hospital sites will be carried out by SW Ambulance NHS Foundation Trust in late September 2023 against the national CBRN response standards.

- 4.2 The Trust is confident these audits will confirm the Trust continues to have robust CBRN response arrangements in place and it maintains a significant, high quality stock of equipment for decontamination at Musgrove Park and Yeovil District Hospitals. The Trust currently holds at each acute site 24 respirator suits, plus training suits, a decontamination tent, Ramgene radiation monitors and ancillary equipment ready for use.
- 4.3 CBRN training was recognised as a national issue during the Covid-19 pandemic, particularly the use of respirator training suits due to infection concerns. This has continued to be challenging to deliver the normal training due to operational pressures. The Trust's CBRN trainers have developed a video training package which shows colleagues how to don and doff respirator suits but not actual equipment which would otherwise have to be disposed of. There has also been a lack of train-the-trainer courses on which to refresh trainers' knowledge and to train new colleagues. Two live exercises are planned in the coming months – Exercise Glowing Sky – but tests have also been carried out to set up the tents and other equipment.

5. MERGER WORKSTREAM ACTIVITIES

- 5.1 To support and ensure the newly merged organisation's resilience and ability respond to and recover from disruptive incidents, new arrangements have been established.

The Resilience Team

- 5.2 The Team is now fully established to provide guidance, support and training to all services and teams within the Trust.
- 5.3 The Team consists of the following:
- Director of Corporate Services – Accountable Emergency Officer
 - Associate Director of Resilience B8C 1.0wte
 - Head of EPRR B8B 0.8wte
 - Resilience Support Administrator B4 1.0wte
- 5.4 In addition, the two security managers were brought into the Resilience Team as there are clear cross-cutting issues such as emergency lockdown and counter terrorism.

Command and Control

- 5.5 An EPRR Strategic Policy has been developed setting out the Trust's responsibility as a Category 1 responder, the legal frameworks for emergency response, arrangements for multi-agency working and internal and external command and control.
- 5.6 A single tactical major incident plan across two acute hospital sites would not be helpful due to the different nature and capability of each site. As a result, each acute site has its own tactical plan which reflects local capabilities and services and coordination between the two plans is achieved through the strategic and tactical command and control arrangements.
- 5.7 Each acute site maintains its own major incident room to maintain and ensure localised operational decision making overseen by a virtual tactical group across the whole organisation.

- 5.8 A new strategic on call system was developed ahead of the merger and further work is being undertaken to refine and further develop the tactical and operational on call roles.
- 5.9 The EPRR Strategic Group provides provide oversight and assurance on planning, response and recovery contingency arrangements.

EPRR Policies and Contingency Plans

- 5.10 It was recognised at an early stage of the EPRR merger there were clear opportunities to merge existing plans to ensure a coordinated and combined response to disruptive incidents for the new organisation.
- 5.11 All polices and specific contingency plans have been fully merged across the new organisation.

- 5.12 These documents include:

- EPRR Strategic Policy
- MPH and YDH Tactical Major Incident Plans
- Mass Casualties Plan
- Winter Weather Plan
- Heatwave Plan
- Mass Countermeasures Plan
- New Emerging Pandemic Plan
- Evacuation and Shelter Policy
- Lockdown Policy
- Protected Individuals Plan.

- 5.13 In addition, specific contingency plans have been produced to support the Trust through challenges which it has faced over the last twelve months. These have included:

- Procurement Business Continuity Plan
- Strategic Business Continuity Plan for unplanned digital downtime
- Pager Outage Business Continuity Plan
- Medical Colleagues Industrial Action Operational Plans
- Bed Lift Failure SOP
- County Hall Telephone Contingency Plan
- Electrical Shutdown Plan
- Critical Services Business Impact Analysis
- SWAST Industrial Action Business Continuity Plan
- Oxygen Cylinder Shortage escalation process

Training and Exercising

- 5.14 The delivery of live and tabletop exercises has proved extremely challenging across the Trust due to the ongoing unprecedented operational pressures across its services.
- 5.15 In addition there have of course been actual business continuity, critical and major incidents to which colleagues have had to respond and recover from. These have included ICT failures, two coach crashes, bomb threats, heatwave, industrial action and lockdown incidents. A post incident review process is in place to ensure lessons are learnt and embedded in contingency plans. For example, a significant amount of feedback was received from a wide range of operational colleagues in response to the Cannington Coach Crash in early 2023 and this was included in the post incident review report which has taken forward several changes in planning and response arrangements. The close working and cooperation between MPH ED and Bridgwater MIU were particularly notable.
- 5.16 The Trust will participate as required in the Covid-19 Public Inquiry which is now underway.
- 5.17 A new EPRR Training and Exercising Needs Analysis has been carried out and a Strategy to deliver training has been developed.
- 5.18 Despite the operational pressures and the difficulties in releasing colleagues to participate in exercises, a significant programme of exercising and testing has been rolled out. These have included:

EX MOTTO SERIES: SFT Digital Team BCM Tabletop Exercise	Ongoing
EX AQUILO SERIES MPH, YDH and MIUs Tactical MI Plan Tabletop Exercises (TTX) - preparing to receive casualties	Ongoing
EX CROWDED HOUSE SERIES MPH, YDH AND MIUs Tactical MI Plan Tabletop Exercises – Receiving casualties	Ongoing
EX HIGHTAIL SERIES: Acute hospital Live Evacuation Exercises (LX) – MPH and YDH	First LX planned November 2023
EX GLACIER SERIES Severe Weather TTX	Annual
EX LOCKING SERIES: TTX Lockdown Exercises Community and Mental Health sites	Ongoing
EX MISSING BRAVO SERIES Missing Baby Live Exercise MPH and YDH	Quarterly
EX PATHOLOGIA IT BC TTX	4 August 2023
EX KING CANUTE Flooding TTX	Early 2024
EX YOUTOO Estates BC TTX	October 2023
EX GLOWING SKY LX	Two planned

Risk Management

- 5.19 A new EPRR management process is being developed with partners in Somerset and will reflect the risks within the Avon and Somerset Community and National Risk Registers. Further work to embed EPRR risks within operational registers is currently being developed.
- 5.20 The new risk management process is set out below.

SOMERSET LOCAL HEALTH AND CARE RESILIENCE PARTNERSHIP (LHCRP) STRATEGIC EPRR RISK REGISTER

- Reviewed at each LHCRP meeting
- Targeted review of high consequence or emerging risks
- LHCRP members provide updates and feedback at the LRF RAWG
- Provide updates from LRF Risk Group to LHCRP

LHCRP AGENCIES TACTICAL EPRR RISK REGISTERS

- Provider and partner agencies maintain and own tactical EPRR risk registers
- Reviewed and updated as standing agenda items at LHCRP partners' EPRR or equivalent governance meetings in accordance with internal risk management processes
- Provide updates and escalate risks to LHCRP

OPERATIONAL EPRR RISK REGISTERS

- Maintained at an operational level within LHCRP agencies
- Reviewed and updated as standing agenda items at operational management meetings or equivalent in accordance with internal risk management processes
- Provide updates and escalate risks to LHCRP partners' EPRR or equivalent governance meetings

6. SOMERSET LOCAL HEALTH AND CARE RESILIENCE PARTNERSHIP (LHCRP)

- 6.1 With the advent of Integrated Care Boards (ICBs) there has been a significant change in the coordination of NHS services during major and disruptive incidents.
- 6.2 ICBs were afforded Category 1 status under the Civil Contingencies Act and will coordinate the Somerset health and care system during major and other incidents.

- 6.3 The new Somerset Local Health and Care Resilience Partnership was established and is jointly chaired by Somerset ICB and the Director of Public Health with senior representatives from Somerset ICB, the Trust, Somerset County Council, primary care, ambulance service and other partner agencies.
- 6.4 The new LHCRP will provide systemwide oversight and assurance of contingency arrangements and will be a critical forum for system planning, training and interagency discussion.

7. CONCLUSION

- 7.1 The coming winter is likely to present very significant continued challenges from increasing Covid-19 rates, increased winter pressures experienced by the NHS, ongoing industrial action, possible high seasonal influenza rates, the UK's economic situation and the ongoing war in Ukraine.
- 7.2 But the many lessons arising merger activities, from the pandemic and other incidents over the last three years which have been embedded into practice provide continued assurance the Trust are in a good position to tackle adversity and recover from further incidents if they occur. This year's full compliance against the national EPRR standards provides further evidence of this preparedness and resilience.

Associate Director of Resilience

25 September 2023