NHS
Yorkshire
Ambulance Service
NHS Trust

MEETING TITLE Trust Board (held in Public)		**MEETING DATE** 1/11/2022	
TITLE of PAPER	**2022 EPRR Core Standards Self-Assessment and Action Plan**	**PAPER REF**	3.2
KEY PRIORITIES	Deliver the best possible response for each patient, first time		
PURPOSE OF THE PAPER	The purpose of this brief is to outline how the Trust has performed against the 2022 NHS EPRR Core Standards Self-Assessment and outline the Action Plan to achieve Substantial Compliance by the end of the reporting period.		

For Approval	☐	**For Assurance**	X
For Decision	☐	**Discussion/Information**	☐
AUTHOR / LEAD	John Holden, Head of EPRR	**ACCOUNTABLE DIRECTOR**	Nick Smith, Executive Director of Operations

DISCUSSED AT / INFORMED BY – Annual Process. This year initiated in July 2022 and briefed into the Resilience Governance Group in August 2022. TMG submission on 23rd October 2022. Trust Board submission on 1st November 2022.

PREVIOUSLY AGREED AT:	**Committee/Group:** Trust Management Group	**Date:** 23 October 2022
RECOMMENDATION(S)	The Board is asked to approve the final assessment grade prior to submission to NHSE.	

RISK ASSESSMENT	**Yes**	**No**
Corporate Risk Register and/or Board Assurance Framework amended *If 'Yes' – expand in Section 4. / attached paper*	☐	☐
Equality Impact Assessment *If 'Yes' – expand in Section 2. / attached paper*	☐	☐
Resource Implications (Financial, Workforce, other - specify) *If 'Yes' – expand in Section 2. / attached paper*	☐	☐
Legal implications/Regulatory requirements If 'Yes' – expand in Section 2. / attached paper	X	☐

ASSURANCE/COMPLIANCE	
Care Quality Commission **Choose a DOMAIN(s)**	4: Responsive 5: Well led
NHSI Single Oversight Framework **Choose a THEME(s)**	2. Quality of Care (safe, effective, caring, responsive) 6. Leadership & Improvement Capability (Well-Led)

Board of Director Meeting
(held in Public)

1 November 2022

Report of the Executive Director of Operations

1. PURPOSE

1.1 The purpose of this brief is to outline how the Trust has performed against the 2022 NHS EPRR Core Standards Self-Assessment and outline the Action Plan to achieve Substantial Compliance by the end of the reporting period.

2. INTRODUCTION

2.1 The Core Standards for 2022 are divided into three main components:

- **EPRR Core Standards**. There are 50 EPRR Core Standards against which Ambulance Trusts are required to undertake self-assessment
- **Interoperable Capabilities**. There are 163 Standards aligned to the Interoperable Capabilities against which Ambulance Trusts are required to undertake self-assessment.
- **Deep Dive**. The 2022 Deep Dive is set against evacuation and shelter. Ambulance Trusts have been aligned to twelve of the 13 Deep Dive Standards. These do not count against the overall grading of compliance.

2.2 Grading:

- **Full Compliance**. In order for the Trust to meet the overall grade of Full Compliance, it must achieve 100% compliant with all Core Standards.
- **Substantially Compliant**. In order for the Trust to achieve an overall grade of Substantially Compliant, it must achieve compliance of between 89 – 99% of the 213 Standards
- **Partially Compliant**. In order for the Trust to achieve an overall grade of Partially Compliant, it must achieve compliance of between 77 – 88% of the 213 Standards
- **Non-Compliant**. The Trust will record an overall grade of Non-Compliance if it fails to achieve compliance against 76% of the 213 Standards

3. BACKGROUND AND CONTEXT

3.1 **Background**. YAS spent 2021/2022 implementing a robust action plan to address non-compliance against a number of standards. YAS progressed from an overall start point of NON-COMPLIANT, having achieved compliance

against only 66% of all standards, but ended the year at 88% compliant and therefore only 1% away from reaching its end of year goal.

3.2 **Context**.

- **EPRR Core Standards**. The EPRR Core Standards have returned to a full reporting format, after a requirement to submit assurance against a number of standards was suspended last year due to COVID. Numbering and naming conventions have changed in a number of standards making direct comparisons difficult. To that end, the trust has undertaken a full 'evidenced' review of each of the 50 EPRR Core Standards.

- **Interoperable Capabilities**. The standards aligned to the 163 Interoperable Capabilities were not included in the original correspondence from NHS England. The reasoning for this is unclear but most likely due to the fact that the contractual and response standards aligned to the HART, Mass Casualties, MTA, CBRN and C2 Contractual Standards are under review. The standards were finally published and distributed in late August and were a repeat of last year's Interoperable Standards. Any Action Plan associated with these standards may, therefore, become obsolete part way through the year if new standards (currently in DRAFT) come into force, and so YAS has updated the existing evidence from last year's EPRR Core Standard Quarter 4 Report and will focus instead on gathering new evidence ahead of the planned NARU Audit scheduled for Spring 2023.

- **Deep Dive**. Having reviewed the Deep Dive Standards, YAS does not believe it can report against all of the standards aligned to Ambulance Trusts. YAS has interpreted the standards as a requirement to assess itself against its ability to evacuate its own premises and shelter its own staff in relation to fire or other estate related BC incidents, as well as supporting the triage and evacuation of casualties from the scene of mass casualty/Major Incidents but not as part of another Trust's requirement to evacuate/shelter patients in accordance with the other Trust's BC plans. As a result, YAS submits a holding reply against standards for which it submits a 'nil return':

  "On the declaration of a Critical or Major Incident by another Trust, YAS will – wherever possible – always provide support in the evacuation of patients or staff, either through bi-lateral arrangements or as part of a multi-agency plan agreed at SCG/TCG. This support however is not as part of any pre-agreed tactical option stated in third party Business Continuity plans. YAS is, however, included in bespoke plans with specific Trusts that are managing identified risks associated with RAAC, but this is outside of the Deep Dive".

4. SELF ASSESSMENT

4.1 **Overall Assessment**. YAS commences the 2022/2023 period as fully compliant against 187 (or 87.8%) of the 213 Core Standards[1], which equates to an overall grading of PARTIALLY COMPLIANT. This is only 1% short of achieving the overall grade of SUBSTANTIALLY COMPLIANT.

YAS has **no** areas of NON-COMPLIANCE.

The compliance is broken down as follows:

- **EPRR Core Standards**.
  YAS is compliant against 41 of the 50 EPRR Core Standards (82%) and partially compliant against 9 (18%).

  Core Standard 6, *Continuous Improvement* and Core Standard 17, *Lockdown,* continue to be the main standards that hold further development as the other 7 partially compliant standards should become fully compliant quickly as per the Action Plan outlined in Appendix 1.

- **Interoperable Capabilities**.
  YAS commences the year fully complaint against 146 of the 163 Interoperable Capability Standards (89%) which equates to the Trust being SUBSTANTIALLY COMPLIANT for this element of the Core Standards. The Trust is partially compliant against 16 and non-compliant against 1 of the remaining 17 standards. The high level of compliance must not be seen as an opportunity to prioritise effort away from Interoperable Capabilities, as attention must be maintained if the Trust is to ensure that the NARU audit echoes this report.

- **Deep Dive**
  YAS has reviewed the 12 Deep Dive standards assigned to Ambulance Trusts and has reported full compliance against 5, partial compliance against 3 and has submitted a nil return against 4. The wording in Deep Dive Standards 4, 6, 7, 10 and 11 has been interpreted by YAS against its responsibilities to transfer casualties from the scene of a Major Incident and not as part of a third party's evacuation of a health setting in response to a Business Continuity/Critical Incident.

5. PEER REVIEW

5.1 A peer review of this year's self-assessment was conducted by NEAS on the 12 October. NEAS reviewed the Trust's overall assessment and conducted a deep dive of a number of standards. As a result of the peer review, YAS

[1] Excluding the Deep Dive Core Standards.

downgraded one of the EPRR Core Standard to ensure consistency of assurance between the two Trusts. Core Standard 10 has, therefore, become partially compliant and is added to the Trusts self assessment.

6. ACTION PLAN

6.1 The Action Plan for the 9 EPRR Core Standards and the 18 Interoperable Core Standards, as well as the Deep Dive Standards can be found at Appendix 1.

7. RECOMMENDATIONS

7.1 The Board is asked to approve the final assessment grade prior to submission to NHSE.

8. APPENDICES/BACKGROUND INFORMATION

Appendix 1. Action Plan.

APPENDIX 1

EPRR CORE STANDARDS ACTION PLAN

EPRR CORE STANDARDS

Ref	Domain	Standard	Standard Detail	Action Plan	Target Completion	Owner
6	**Governance**	**Continuous improvement process**	The organisation has clearly defined processes for capturing learning from incidents and exercises to inform the development of future EPRR arrangements.	• Induct the Senior EPRR Manager. • Commence trial of alternate learning software (lesson flow) • Receive the Manchester Arena Inquiry (Volume 2) report.	Dec 22	Senior EPRR Manager
				Senior EPRR Manager to support TLG in updating the TLG ToRs to accommodate EPRR learning.	Jan 23	
				Provide initial update and assurance of lessons from Volume 2 of the Manchester Arena Inquiry have been assessed, from which an Action Plan has been developed and assured through RGG	Feb 23	
10	**Duty to maintain Plans**	**Incident Response**	In line with current guidance and legislation, the organisation has effective arrangements in place to define and respond to Critical and Major incidents as defined within the EPRR Framework.	Draft the Trust's Critical Incident Response Plan and submit to RGG for peer review/approval	Dec 22	Head of EPRR and Special Operations
11	**Duty to maintain plans**	**Adverse Weather**	In line with current guidance and legislation, the organisa-	Submit reviewed plan to RGG for approval	Nov 22	Senior EPRR Manager

Ref	Domain	Standard	Standard Detail	Action Plan	Target Completion	Owner
			tion has effective arrangements in place for adverse weather events.			
21	**Duty to maintain plans**	**Lockdown**	In line with current guidance and legislation, the organisation has effective arrangements in place to safely manage site access and egress for patients, staff and visitors to and from the organisation's facilities. This should include the restriction of access / egress in an emergency which may focus on the progressive protection of critical are	Quarterly update on progress of rollout of the implementation of lockdown plans throughout the YAS estate.	Jul 23	Security Management
28	**Response**	**Management of Business Continuity incidents**	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to a business continuity incident (as defined within the EPRR Framework).	Draft a Trust wide Critical Incident Escalation Plan as per Core Standard 10 Peer Review and approve Draft at RGG	Dec 22	Head of EPRR and Special Ops
				Exercise Plan and update accordingly,	Mar 23	
29	**Response**	**Decision Logging**	To ensure decisions are recorded during business continuity, critical and major incidents, the organisation must ensure: • Key response staff are aware of the need for creating their own per-	Formalisation of CPD portfolios for CSA's and wider review of CSA recruitment.	Mar 23	EPRR

Ref	Domain	Standard	Standard Detail	Action Plan	Target Completion	Owner
			sonal records and decision logs to the required standards and storing them in accordance with the organisations' records management policy. • Has 24 hour access to a trained loggist(s) to ensure support to the decision maker			
44	**Business Continuity**	**BC Policy Statement**	The organisation has in place a policy which includes a statement of intent to undertake business continuity. This includes the commitment to a Business Continuity Management System (BCMS) that aligns to the ISO standard 22301.	Quarterly reporting to update on inclusion of climate change into BC Plans.	Mar 23	Environment and Sustainability
49	**Business Continuity**	**Data Protection and Security Toolkit**	Organisation's Information Technology department certify that they are compliant with the Data Protection and Security Toolkit on an annual basis.	Quarterly reporting to update on continuation of training and delivery of 95% compliance with Data Security Awareness training	Feb 23	CIS

INTEROPERABLE CAPABILITIES

Ref	Domain	Standard	Standard Detail	Action Plan	Target Completion	Owner
H13	**HART**	**Effective deployment policy**	Organisations maintain a local policy or procedure to ensure the effective prioritisation and deployment (or redeployment) of HART staff to an incident requiring the HART capabilities.	Established MOU requires testing/assurance. Assurance required of a robust Trauma Desk staffing plan, with BC plans updated to mitigate staff shortages.	Dec 22 Jan 23	EOC/HART EOC
H14	**HART**	**Identification appropriate incidents / patients**	Organisations maintain an effective process to identify incidents or patients that may benefit from the deployment of HART capabilities at the point of receiving an emergency call.	Established MOU requires testing/assurance. Assurance required of a robust Trauma Desk staffing plan, with BC plans updated to mitigate staff shortages.	Dec 22 Jan 23	EOC/HART EOC
H33	**HART**	**Capital estate provision**	Organisations ensure that a capital estate is provided for HART that meets the standards set out in the National HART Estate Specification.	Quarterly reporting at RGG required on progress of tactical options identified in TEG paper	July 23	Head of EPRR and Special Operations
M15	**MTFA**	**Record of compliance with response time standards**	Organisations must maintain accurate records of their compliance with the national MTFA response time standards and make them available to their local lead commissioner, external regulators (including both NHS and the Health & Safety Executive) and NHS England (including NARU).	Feedback from Ex F2G and ADONIS OSCAR. If insufficient data is available to evidence this standard, subsequent Ex F2G's will need to ensure response standards are tested and assured, and/or YAS's	Nov 22 Mar 23	 Special Operations

Ref	Domain	Standard	Standard Detail	Action Plan	Target Completion	Owner
				contribution to Ex SPRING RESOLVE (Spring 2023) should ensure validation can be achieved.		
M16	**MTFA**	**Notification of changes to capability delivery**	In any event that the organisation is unable to maintain the MTFA capability to the these standards, the organisation must have a robust and timely mechanism to make a notification to the National Ambulance Resilience Unit (NARU) on-call system. The provider must then also provide notification of the default in writing to their lead commissioners.	Update MTA Guidance to reflect the need to alert NARU of any inability to maintain capability according to standards	Dec 22	Special Operations
M18	**MTFA**	**Local Risk Assessments**	Organisations must maintain a set of local MTFA risk assessments which compliment the national MTFA risk assessments (maintained by NARU). Local assessments should cover specific training venues or activity and pre-identified local high-risk sites. The provider must also ensure there is a local process to regulate how MTFA staff conduct a joint dynamic hazards assessment (JDHA) or a dynamic risk assessment at any live deployment.. This should be consistent with the JESIP approach to risk assessment.	• Finalise the review of site specific MTFA/CBRN risk assessments that compliment the national MTFA risk assessments (maintained by NARU).	Jan 23	. EPRR (Project led) under Head of EPRR and Special Ops
				• Identify and additional sites/venues/locations where YAS require site specific risk assessments	Mar 23	
				•. Determine the requirement for additional resources over and above those already in place within the Trust.	Jun 23	

Ref	Domain	Standard	Standard Detail	Action Plan	Target Completion	Owner
M19	**MTFA**	**Lessons Identified Reporting**	Organisations must have a robust and timely process to report any lessons identified following a MTFA deployment or training activity that may affect the interoperable service to NARU within 12 weeks using a nationally approved lessons database.	Action aligned to the successful implementation of EPRR Core Standard 6	Feb 23	Senior EPRR Manager
M23	**MTFA**	**10 Minute Response Time**	Organisations must ensure that ten MTFA staff are released and available to respond within 10 minutes of an incident being declared to the organisation.	Feedback from Ex F2G and ADONIS OSCAR. If insufficient data is available to evidence this standard, subsequent Ex F2G's will need to en-sure response standards are tested and assured, and/or YAS's contribution to Ex SPRING RESOLVE (Spring 2023) should ensure validation can be achieved.	Nov 22 Mar 23	 Special Operations
B15	**CBRN**	**Deployment process for CBRN staff**	Organisations must maintain effective and tested processes for activating and deploying CBRN staff to relevant types of incident.	Feedback from Ex F2G and ADONIS OSCAR. If insufficient data is available to evidence this standard, subsequent Ex F2G's will need to en-sure response standards are tested and assured, and/or YAS's contribution to Ex SPRING RESOLVE (Spring 2023) should ensure validation can be achieved.	Nov 22 Mar 23	 Special Operations

Ref	Domain	Standard	Standard Detail	Action Plan	Target Completion	Owner
B16	**CBRN**	**Identification of locations to establish CBRN facilities**	Organisations must scope potential locations to establish CBRN facilities at key high-risk sites within their service area. Sites to be determined by the Trust through their Local Resilience Forum interfaces.	Finalise the review to determine the requirement for any pre planning for individual sites, such as the need to scope potential locations to establish CBRN facilities at key high-risk sites.	Mar 23	Special Operations support to the project lead for Standard M18
B23	**CBRN**	**Risk assessments for high risk areas**	Organisations must maintain local risk assessments for the CBRN capability which cover key high-risk locations in their area.	Follow on action on completion of B16	Jun 23	Special Operations
C4	**C2**	**AEO governance and responsibility**	The Accountable Emergency Officer in each NHS Ambulance Service provider is responsible for ensuring that the provisions of the Command and Control Standards and Guidance including these standards are appropriately maintained. NHS Ambulance Trust Boards are required to provide annual assurance against these standards.	Approve and upload the new EPRR Framework	Nov 22	CARE
C17	**C2**	**Lessons Identified**	The NHS Ambulance Service provider must ensure it maintains an appropriate system for identifying, recording, learning and sharing lessons from complex or protracted incidents in accordance with the wider EPRR core standards.	Action aligned to the successful implementation of EPRR Core Standard 6	Feb 23	Senior EPRR Manager

Ref	Domain	Standard	Standard Detail	Action Plan	Target Completion	Owner
C32	**C2**	**Availability of Strategic Medical Advisor, Medical Advisor and Forward Doctor**	The Medical Director of each NHS Ambulance Service provider is responsible for ensuring that the Strategic Medical Advisor, Medical Advisor and Forward Doctor roles are available at all times and that the personnel occupying these roles are credible and competent (guidance provided in the Standards for NHS Ambulance Service Command and Control).	Quarterly reporting will update progress against this Standard. Priorities include recruiting to posts and re-writing the SMA JD.	Jul 23	Clinical Directorate
C33	**C2**	**Medical Advisor of Forward Doctor - exercise attendance**	Personnel that discharge the Medical Advisor or Forward Doctor roles must refresh their skills and competence by discharging their support role as a 'player' at a training exercise every 12 months. Attendance at these exercises will form part of the mandatory Continued Professional Development requirement and evidence must be included in the form of documented reflective practice for each exercise.	Feedback from Ex F2G and ADONIS OSCAR. If insufficient data is available to evidence this standard, subsequent Ex F2G's will need to en-sure response standards are tested and assured, and/or YAS's contribution to Ex SPRING RESOLVE (Spring 2023) should ensure validation can be achieved.	Feb 23	Clinical Directorate/CTLO
J12	**JESIP**	**Command function - interoperability command course**	All staff required to perform a command must have attended a one day, JESIP approved, interoperability command course.	Review Quarterly and re-assess increase in % of staff trained.	Dec 22	CARE

Ref	Domain	Standard	Standard Detail	Action Plan	Target Completion	Owner
J20	**JESIP**	**Training records - 90% operational and control room staff are familiar with JESIP**	All NHS Ambulance Trusts must maintain records and evidence which demonstrates that at least 90% of operational staff (that respond to emergency calls) and control room staff (that dispatch calls and manage communications with crews) are familiar with the JESIP principles and can construct a METHANE message.	Review Quarterly and re-assess increase in % of staff trained.	Dec 22	CARE

DEEP DIVE

Ref	Domain	Standard	Standard Detail	Action Plan	Target Completion	Owner
DD1	**Evacuation and Shelter**	**Up to date plans**	The organisation has updated its evacuation and shelter arrangements since October 2021, to reflect the latest guidance. https://www.england.nhs.uk/publication/shelter-and-evacuation-guidance-for-the-nhs-in-england/	Review, update and test the Trust's Fire Safety Plan	Feb 23	Estates
DD2	**Evacuation and Shelter**	**Identification appropriate incidents / patients**	The organisation has defined evacuation activation arrangements, including the decision to evacuate and/or shelter by a nominated individual with the authority of	Review, update and test the Trust's Fire Safety Plan	Feb 23	Estates

Ref	Domain	Standard	Standard Detail	Action Plan	Target Completion	Owner
			the organisation's chief executive officer.			
DD13	**Evacuation and Shelter**	**Exercising**	The evacuation and shelter arrangements have been exercised in the last 3 year. Where this isn't the case this will be included as part of the organisations EPRR exercise programme for the coming year..	Review, update and test the Trust's Fire Safety Plan Exercise the evacuation element of site specific BC plans.	Feb 23 Jun 23	Estates Site Specific BC Plan owners