



Report Title	EPRR Core Standards 2024/25 Update
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Previous committees/groups	None
Recommended action(s) Approval, Assurance, Information	Assurance
Purpose of the paper	Assurance
Recommendation(s)	To note the report

**Executive summary (overview of main points)**

The annual self-assessment against the NHS England EPRR Core Standards 2024/25 is underway and this report sets out a provisional assessment of 93.1% 'Substantially Compliant' against the standards. The final submission to West Yorkshire ICB will be made by 31 October 2024.

The 'deep dive' for 2024/25 is on cyber security. The self-assessment against these standards has not yet been finalised, but no significant risks have been identified at this time.

The annual EPRR report that was presented to the Board Strategic Forum on 25 July, is appended to this report to discharge the requirement for it to be presented to a public Board meeting.

Trust Strategy Bold Ambitions Select the most relevant points from the bold ambitions.	Our Patients	Deliver the highest standards of emergency preparedness, resilience and response and continually improve, to ensure we provide the best possible response to the most complex incidents impacting the region.
	Our People	Invest in developing our people (staff and volunteers), ensuring they have the skills, support and resources they need to deliver high-quality care and services, now and in the future.
	Our Partners	Collaborate with emergency service partners, not only to provide a great emergency response but to maximise our collective resource for the benefit of our populations.
	Our Planet and Pounds	Develop and deliver improvement, through learning and adoption of best practice.
Link to Board Assurance Framework Risks (board and level 2 committees only)		5. Develop and maintain effective emergency preparedness, resilience, and response arrangements.

## 1. BACKGROUND

- 1.1 The NHS England Board has a statutory requirement to formally assure its own and the NHS in England's readiness to respond to emergencies. This is provided through the emergency preparedness, resilience and response (EPRR) annual assurance process and assurance report. Providers and commissioners of NHS-funded services complete an assurance self-assessment based on these core standards. This assurance process is led nationally and regionally by NHS England and locally by Integrated Care Boards.
- 1.2 The NHS core standards for EPRR are the basis for this assurance process. These standards apply to all NHS service providers. An additional set of standards cover 'interoperable capabilities' and apply to all ambulance trusts. Each year there is also a themed set of 'deep dive' questions. The interoperable and deep dive standards do not count towards the overall assessment.
- 1.3 In 2023 there was a new check and challenge process, which resulted in a difference between the Trust's assessment of 71% compliance and the NHSE regional EPRR team's assessment of 59%, which was not resolved through this process. Although the check and challenge process has changed slightly this year, the EPRR team have been working on the areas of feedback from NHSE last year to ensure consistency between self-assessment and the challenge process.
- 1.4 The final submission to West Yorkshire ICB for the self-assessment is 31 October. The Accountable Emergency Officer and Head of EPRR and Special Operations will meet with the ICB in November to discuss the submission, prior to presenting the self-assessment to the West Yorkshire Local Health Resilience Partnership. NHS regional chief operating officers will submit the assurance ratings for each organisation in their region and a description of their regional process before Friday 27 December 2024.
- 1.5 The timing of this report means that it pre-dates the final submission date and therefore the self-assessment scores are all provisional. A report confirming the final position will be brought to a public Board meeting early next year.

## 2. EPRR CORE STANDARDS 2024/25 ANNUAL SELF ASSESSMENT

### 2.1 Core Standards

The provisional YAS self-assessment, following the challenge process, has resulted in an overall assessment of 93.1%, which is **Substantially Compliant**. A breakdown of the standards is set out in the table below.

Core Standards	Total standards applicable	Fully compliant	Partially compliant	Non compliant
Governance	6	5	1	0
Duty to risk assess	2	2	0	0
Duty to maintain plans	11	9	2	0
Command and control	2	1	1	0
Training and exercising	4	4	0	0

Response	5	5	0	0
Warning and informing	4	4	0	0
Cooperation	5	5	0	0
Business Continuity	11	11	0	0
Hazmat/CBRN	1	1	0	0
CBRN Support to acute Trusts	7	7	0	0
<b>Total</b>	<b>58</b>	<b>54</b>	<b>4</b>	<b>0</b>

2.1.1 Three of the partially compliant standards relate to the gaps in capability associated to the Manchester Arena Inquiry business case that was submitted in 2023, but for which no funding has been received. These standards are “EPRR Resource”, “Incident Response” and “Mass Casualty”. Work is on-going to identify means of closing those gaps within current budgets, as well as identifying where business cases for additional funding may still be required.

2.1.2 The other partially compliant standard is “Trained on-call staff”. Although the training for command and major incidents is comprehensive and meets current standards, there are some areas where the compliance is low. Work is underway to review some of the recording mechanisms for this training to make it easier to demonstrate command compliance with occupational standards, as well as a renewed focus on attendance at mandatory courses.

## 2.2 Deep Dive

The deep dive for 2024/25 focusses on Cyber Security. At the time of writing this assessment has not been completed. Early indications are that there may be some documentation gaps around the testing and exercising that has been undertaken regarding cyber security, but there do not appear to be any significant risks in the Trust’s arrangements. Due to the potential security risks of publicly identifying any issues related to this area of work, a more detailed update will be provided to Trust Board at a private meeting, once the assessment is complete.

## 2.3 Interoperable Capabilities

The provisional self-assessment indicates that the Trust is fully compliant against 123 of the 136 interoperable capability standards and partially compliant against 13. This gives an overall assessment of 89.7%, which is **Substantially Compliant**. (The assessment in 2023/24 was 86.8%).

Of the 13 areas of partial compliance, eight relate to the SORT provision, one to HART, one to Casualty Clearing Station arrangements, two to Medical Advisor roles, and one for low compliance on JESIP training. There are plans in place to resolve these issues within 12 months, so they are assessed as partially compliant.

Interoperable capabilities	Total standards applicable	Fully compliant	Partially compliant	Non compliant
HART <sup>1</sup>	32	31	1	0
SORT <sup>2</sup>	41	33	8	0
Mass Casualty	14	13	1	0
Command and Control	36	34	2	0
JESIP <sup>3</sup>	13	12	1	0

Total	135	123	13	0
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<sup>1</sup>Hazardous Area Response Team

<sup>2</sup>Special Operations Response Team

<sup>3</sup>Joint Emergency Services Interoperability Programme

### 3. EPRR REPORT TO PUBLIC BOARD

- 3.1 One of the core standards requires the Accountable Emergency Officer to provide EPRR reports to the Board, no less than annually. Although this report was presented to Board Members at the Board Strategic Forum on 25 July, in order to be compliant with the standard this report should be presented to a public board. Therefore, the same report is set out at Appendix A, for information.

### 4. NEXT STEPS

- 4.1 Once the final assessment has been agreed with West Yorkshire ICB, an action plan for the core and deep dive standards will be developed then reported to, and monitored by, the Resilience Governance Group, which is attended by the Chief Operating Officer.

### 5. RECOMMENDATION

- 5.1 Trust Board are asked to note the report.

### 6. SUPPORTING INFORMATION

- 6.1 APPENDIX A – Annual EPRR Report 2024  
APPENDIX B – Letter from NHS England, EPRR annual assurance process

Owen Hayward  
Head of EPRR and Special Operations  
13 September 2024

## 1. BACKGROUND

- 1.1 NHS England Core Standards for EPRR (emergency preparedness, resilience and response) set out requirements for all NHS organisations. The detail of this work is overseen by the Trust's Resilience Governance Group, but one of the specific requirements is for the Accountable Officer to provide EPRR reports to the Board, no less than annually and that the "organisation publicly states its readiness and preparedness activities in annual reports within the organisation's own regulatory reporting requirements". Another requirement is that "The Board / Governing Body is satisfied that the organisation has sufficient and appropriate resource to ensure it can fully discharge its EPRR duties". This paper aims to meet both of those requirements for the period from 1<sup>st</sup> April 2023 to 31<sup>st</sup> March 2024.

## 2. EPRR RISKS

- 2.1 Nationally, the most serious risks facing the UK are identified by the Government and published in the National Risk Register<sup>1</sup>. The national risks are then assessed locally by each local resilience forum (LRF) to identify those that may impact that area (there are four LRFs in the Yorkshire region). These risks together form a Community Risk Register for each area. Under the CCA 2004, it is a statutory duty to publish all or part of the community risk register, where such information would allow members of the public to mitigate the consequences of particular risks. The EPRR team routinely consider these risks to ensure that there are sufficient plans in place to mitigate these risks.
- 2.2 There are also, more local risks that are specific to YAS. These are managed using the Trust's risk management system. Risks are raised and recorded on Datix and when they meet a certain risk score, they are escalated to the Corporate Risk Register. The EPRR risks that were on the Corporate Risk Register in 2023/23 are set out in the table below.

Risk Description	Risk score 1 April 23	Risk score 31 March 24	Comments
Advanced casualty clearing station - pre-identified sites	12	3	Project on site specific plans
Resilience Support Team Quantity and Capability	20	8	Improved processes reduced risk
Initial Operational Response (IOR) Training	12	9	Training roll-out reduced risk
Storage facilities at Manor Mill for HART	12	6	New build underway in March
Resilience of tactical command rota (2 risks combined)	12	N/A	Now reported at CBU level
Ballistic vets supply	16	N/A	Closed May 23
HART CBRN capability	15	N/A	Closed May 23
Major Incident Capability	15	15	Related to Manchester Arena Inquiry recommendations
Major Incident Exercising	12	12	Related to Manchester Arena Inquiry recommendations

<sup>1</sup> [2023\\_NATIONAL\\_RISK\\_REGISTER\\_NRR.pdf \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/118118/2023_NATIONAL_RISK_REGISTER_NRR.pdf)

Continuous Improvement (incidents and exercises)	12	12	Related to Manchester Arena Inquiry recommendations
National HART training courses	12	20	Change of NARU governance led to reduction in course availability.

Table 1: EPRR Risks on Corporate Risk Register 2023/24

### 3. EPRR AND SPECIAL OPERATIONS PLANS

3.1 All EPRR and Special Operations policies, plans, and procedures are reviewed once every one or two years. All those that were due in 2023/24 were reviewed during the year. However, several policies or plans were new or underwent significant changes. These are set out below:

- Debrief policy: reviewed in line with the new Continuous Improvement process (see section 10 below)
- Marauding Terrorist Attack (MTA) Plan: major review following the publication of revised national guidance that followed the Manchester Arena incident. The roll out of this was supported by joint training sessions with fire services and police forces across the region for all commanders.
- New power outage response plan: new plan developed in response to the national power outage exercises
- Fuel plan: major review linked to learning from power outage review to consider loss of fuel supply
- Critical Incident Management Plan: new plan as a result of learning from previous incidents
- Incident Response Activation Plan (resource allocation to incidents: major review), in part to align to revised MTA plan

### 4. EPRR TRAINING & TRAINING COMPLIANCE

4.1 During 2023/24, the Command and Resilience Education (CARE) team, delivered classroom-based sessions of EPRR related training to 2,096 staff (some of whom will have attended more than one session) and facilitated 59 places on external command courses. Staff also undertook 14,802 e-learning sessions of EPRR related training. A breakdown of courses is set out in table 2 below.

Course	Completions	Method
CBRN (Chemical Biological Radiological Nuclear) Commander	146	Classroom
CBRN Tactical Command	1	External
Commander Foundation	65	Classroom
Initial Operational Response (CBRN)	4055	eLearning
JESIP Awareness (multi agency working)	4028	eLearning
JESIP Commander	107	Classroom
Major Incident & Special Operations	879	Classroom
Major Incident Response	3650	eLearning
MTA (Marauding Terrorist Attack) Commander	73	Classroom
MTA Commander Refresher	205	Classroom
MTA JOPs (new MTA guidance - one off course)	218	Classroom
Multi Agency Gold Incident Command	5	External
Operational Commander	33	External

SORT Initial Training	223	Classroom
SORT Refresher Training	180	Classroom
Tactical Command	20	External
TST and MITT (new triage tools - one off course)	3069	eLearning
<b>Total No of Delegate Sessions</b>	<b>16957</b>	

Table 2: Command and Major Incident Courses 2023/24

- 4.2 There are four key courses that all commanders need to undertake. These are an initial commander foundation course, then the JESIP, CBRN, and MTA courses that are included in table 2 above, at set intervals. The compliance levels (i.e. the number of commanders who are in date) are set out in table 3 below. Additional checks are made through the completion of a commander portfolio, 33% of which are dip sampled each year by the CARE team. As this is a new process in 2023/24 compliance levels have not been reported this year, but the expectation is that these will be reported in future years.

Course	No. of Compliant Staff	Compliance Level
Commander Foundation – one off course	281	94%
JESIP Commander – 3 yearly	270	92%
CBRNe Commander – 2 yearly	284	95%
MTA Commander – 2 yearly	228	77%
<b>Total</b>		<b>89%</b>

Table 3: Commander course compliance (data as of June 2024)

- 4.3 One development of note is the purchase of a high-fidelity simulation command training tool. This allows commanders to undergo immersive experience of being in a command role at an incident. For new commanders in particular, their previous experience of day-to-day ambulance deployments has not usually exposed them to a command environment very often, so this will be a significant improvement in supporting them.
- 4.4 Although, initially the tool will be used to support commander training and skills development, future plans are to move towards commander assessments and, potentially assessing suitability for command roles, and this tool will be used as part of those processes (for Operational and Tactical Commanders – Strategic Commanders will require different tools). This work is being done in collaboration with local fire and rescue services.

## 5. EXERCISES

- 5.1 YAS have engaged with a total of 34 operational exercises, covering a wide range of scenarios. A focus across all Yorkshire and Humber partners in relation to exercise planning has been the embedding of learning from the Manchester Arena Inquiry recommendations. All exercises were supported with YAS players and umpires to ensure organisational and multi-agency learning was obtained. The number of exercises, and the scenario and format of each, can be found in table 4 below.

Exercise Scenario	Format	Number of exercises
Chemical Biological Radiation Nuclear (CBRN)	Live	1
Clandestine	Live	1
Control Of Major Accidents Hazards (COMAH)	Tabletop and Live	11

Counter Terrorism	Tabletop	2
Local Resilience Forum	Tabletop	10
Marauding Terrorist Attack (MTA)	Tabletop and Live	4
Military	Live	3
National Power Outage	Tabletop	2

Table 4: Exercises 2023/24

## 6. BUSINESS CONTINUITY UPDATE

- 6.1 In March 2024 the ISO22301 recertification audit took place over six days with two auditors, and once again the Trust retained its certification. This is the tenth anniversary of the first certification to the standard. YAS remains the only statutory ambulance service and one of a handful of NHS organisations to have achieved this. The audit identified six minor non-conformities and some opportunities for improvement, all of which are being monitored at RGG.
- 6.2 As part of its certification to the ISO 22301 standard the Trust is required to have an internal audit. Last year the audit took place on the 6 September 2023 and the audit focussed on Clause 8: Operation of the ISO22301 standard: There was only one minor recommendation that is being actioned. The next audit is scheduled for September 2024, which will focus on Performance Evaluation and Improvement. This is the last of a five-year audit programme, so consideration will need to be given to future internal audit.
- 6.3 Each year every department undertakes a business continuity exercise to validate their plans. Exercise Lumiere was adapted from the West Yorkshire Local Resilience Forum exercise (one of the two in the exercise table above), which focussed on the recovery element of a national power outage. This exercise was rolled out at the BC leads day in October 2023. All departments were represented at the exercise giving 100% compliance. Departments were then required to undertake the exercise within their own teams. All but one department completed this exercise, giving 96% compliance.

## 7. OPERATIONAL AND BUSINESS CONTINUITY INCIDENTS

- 7.1 Significant or notable incidents from 2023/24 are set out below, including some of the key features of each:
- Health industrial action (ambulance, consultants, junior doctors, and nurses), continued from 2022/23, various dates throughout the year.
    - The lessons learned from these earlier periods of Industrial Action allowed the Trust to minimise the impact on BAU.
  - A national 999 outage, 25 June 2023
    - This affected some ambulance trusts, along with other blue light services. EOC Business Continuity Plans were enacted to good effect, including the use of 111. However, the incident identified a need for a specific telephony loss Business Continuity Plan to be developed
  - Five additional YAS telephony outages between July and December 2023
    - These resulted from local issues with a supplier. Technical solutions were subsequently identified and are being implemented in EOC
  - Region-wide flooding and aircraft incident at Leeds Bradford Airport, 20 October 2023
    - Flooding affecting South and West Yorkshire required a YAS response to support evacuation of homes, as well as attendance a local resilience forum coordination group meetings. On the same day, a plane landing at



Leeds Bradford Airport skidded off the runway, resulting in the full activation of the pre-determined response to an on-site incident.

- Ice hockey accident, Sheffield, 28 October 2023
  - High profile accident where a professional ice hockey player died following an accident in front of a large crowd. Legal case in progress, so no further details provided for this report.
- Car into crowd, Sheffield, 28 December 2023
  - One fatality and several injuries when a car drove into a crowd. Legal case in progress, so no further details provided for this report.

## **8. HAZARDOUS AREA RESPONSE TEAM**

- 8.1 Hazardous Area Response Teams, more commonly known as HART, are comprised of specially recruited personnel who are trained and equipped to provide the ambulance response to high-risk and complex emergency situations. YAS has one HART team based in Leeds to cover the region.
- 8.2 For 2023-2024 HART there were a total of 4,380 shifts. Only 12 shifts did not have the required minimum staffing, resulting in overall availability of 99.7%. This was an increase from 99% availability the previous year.
- 8.3 Following a national review, there was an uplift in HART funding and the teams are currently in the process of increasing from teams of seven to teams of eight, increasing the total HART team staffing from 49 to 56. As well as further increasing the availability, this increases the number of shifts that a HART Specialist Paramedic can be released into A&E Operations to support patient care in the community.
- 8.4 HART were allocated to 1,848 incidents in 2023/24, which is an average of 154 jobs per month and have arrived at 1,185 of these. HART attend 17 categories of incident, broken down by their capabilities. The majority of HART deployments are for clinical support, followed by incidents at height, fires, and firearms operations.
- 8.5 To give a sense of the type of incidents HART attend, some incidents of note are set out below:
- Protracted incident, Sheffield, 3 July 2023
    - An individual had climbed to the top of a crane approximately 50m high. HART provided clinical cover on the crane, using working at height equipment. This was protracted incident that lasted 27 hours.
  - Chemical rescue, Castleford, 22 September 2023
    - Patient deliberately exposed to some chemicals which were extremely dangerous. HART worked in breathing apparatus and gas tight suits with West Yorkshire Fire and Rescue Service, to rescue the patient who was transported to hospital by ambulance.
  - Patient in Water, Rotherham, 19 September 2023
    - HART deployed to provide clinical support in search for patient. HART are the only ambulance resource able to work in water. Advanced life support skills used.
  - Male trapped under HGV, Leeds, 19 October 2023
    - HART deployed to incident due to it being in a confined space. Extended clinical skills used, including supporting with pre-hospital analgesia.
  - Chemical Decontamination, Goathland 14 March 2024

- Confused individual mixing chemicals was overcome with phosphine gas fumes. HART deployed in breathing apparatus to decontaminate the patient who was later transported to James Cook Hospital

## **9. SPECIAL OPERATIONS RESPONSE TEAM**

- 9.1 The Special Operations Response Team (SORT) are frontline staff who receive additional training to support complex emergencies. This training covers responding to marauding terrorist attacks and incidents involving CBRN (chemical, biological, radiological, and nuclear risks).
- 9.2 NHS England EPRR Interoperable Capability standards require a fully trained and compliant SORT establishment of 290 operatives across the Trust. 35 SORT operatives must be available to respond to an incident between the hours 0600 and 0200, 365 days per year.
- 9.3 At the end of March 2024 there were 158 SORT staff who were fully compliant (although a further 34 were recruited shortly afterwards). The SORT daily figures are reported twice a day, and during 2023/24 there were 66 times when the Trust dropped below 35, resulting in full availability of 91%. Work is ongoing to increase recruitment and availability and in October 2023 a dedicated SORT Manager post was created to assist this.
- 9.4 SORT operatives are required to complete seven days of dedicated SORT training per year. This is split into a 5-day course and a 2-day refresher. The Command and Resilience Education Team (CARE) deliver the SORT training. Throughout 2024/25 CARE plans to deliver 23 x 5-day and 23 x 2-day SORT courses to meet this demand.
- 9.5 During the year SORT staff have taken part in two large-scale counter-terrorism exercises, one at Leeds Arena and one at York Minster. Localised training has also taken place with multiagency partners in West and South Yorkshire. Creating these opportunities for SORT staff has led to much positive feedback and engagement, which aids recruitment and retention.
- 9.6 The nationally mandated (and funded) arrangements for SORT brings challenges in the use of the staff at incidents. This is primarily due to the need to release them from the day-to-day operational and clinical duties, which then has an adverse effect on resource availability. Work is underway to consider how better to utilise these dedicated and trained staff, for example at pre-planned events or operations.

## **10. CONTINUOUS IMPROVEMENT (LEARNING FROM INCIDENTS AND EXERCISES)**

- 10.1 Throughout the second half of the year, YAS started to fully use a learning system which enables us to capture lessons from exercises and incidents, identify recommendations, assign actions, and track completion status. This continuous improvement process allows for the learning cycle to be achieved and has been incorporated into a revised debrief policy. Learning and notable practice is shared throughout the trust and overseen by the Resilience Governance Group.

10.2 Significant learning has been identified the incidents outlined above, as well as some of the large exercises. Learning outcomes from incidents in previous years and the Manchester Arena Inquiry report, have also been input to the system. Some key themed emerging from these lessons are:

- Communications at incidents remains difficult at times, particularly in respect of Airwave talk group usage and radio discipline
- There is room for improvement in the interoperable communications between blue light partners
- Although JESIP is well embedded generally, there are still occasional lapses in practice, particularly around co-location

## **11. MANCHESTER ARENA INQUIRY**

- 11.1 Of the 149 Manchester Arena Inquiry Volume 2 report recommendations, 84 of those have been assessed<sup>2</sup> as being directly relevant to ambulance trusts. 46 of these were complete in YAS at the end of March 2024. 37 were reported as on track, but 12 of those were subject to additional money being received from commissioners and 17 are dependant of national actions by the National Ambulance Resilience Unit or the Department of Health and Social Care. This is comparable progress to other ambulance trusts.
- 11.2 A funding bid was submitted to the Commissioners following a review of the Trust's capability to respond to a mass casualty incident, as recommended by the Inquiry (recommendations 105 and 106). However, that has not been supported at present, so work is underway to see what improvements can be made within current budgets, as well as developing business cases for Trust funding, where appropriate. Some items within the funding bid, such as the eastern HART provision, will not be able to be delivered within budgets and cannot be delivered in part, whereas other items, such as increased exercise may be able to be delivered on a smaller than anticipated scale. However, while the Trust is unable to progress the work to meet the Inquiry recommendations in full, a risk remains that a response to a major or multiple casualty incident could fall short of current expectations.
- 11.3 A small number of the items within the funding bid are being progressed within core funding. These include some of the command elements within EOC and a road-based doctor provision (known as MERIT).
- 11.4 One outcome of the Inquiry's recommendations is a sense that perhaps what was previously considered 'adequate' prior to the report, may longer be accepted as such. This could have implications for this year's core standard assessment.

## **12. CORE STANDARDS UPDATE**

- 12.1 Following last year's NHS England EPRR Core Standards assessment process, work has been underway to meet those standards that were assessed as partially compliant. The Trust self-assessed at 79% compliant and NHS England assessed the Trust at 59% (the difference in scores being a result of a new methodology employed by NHS England). Currently the EPRR team are expecting to self-assess at circa 90%. However, once the self-assessment is submitted, which is likely to be in September, if the check and challenge process is similar to last year, the aim will be to try and get agreement on a single compliance level, as far as possible.

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<sup>2</sup> This assessment combines a previous internal assessment with one undertaken by a national group.

- 12.2 As part of the process of continuous improvement, the self-assessment each year, considered the standards in full, including those that were previously compliant. This year, related to expectations following the Manchester Arena Inquiry recommendations, two of the core standards that were assessed as compliant last year, Incident Response and Mass Casualty arrangements, may be re-assessed as partially compliant.

### **13. EPRR RESOURCE ASSESSMENT**

- 13.1 An assessment has been undertaken of the EPRR resources and accepted by the Chief Operating Officer in his role as Accountable Emergency Officer. Based on the ability to meet the core and interoperable capabilities standards prior to the Manchester Arena Inquiry recommendations, the level of resourcing was sufficient and is likely to result in those standards being close to or achieving substantial compliance. However, as set out the Manchester Arena Inquiry funding bid, additional resources are required to fully meet the standards and expectations. It is worth noting that resource requirements could change as learning emerges from other incidents in the UK and further afield. It is also possible that as the core standards are due to be reviewed, these change significantly such that resource requirements may change again.
- 13.2 Based on the current resources, the focus for 2024/25 is to meet the current core and interoperable standards, as well as taking forward work to meet the Manchester Arena Inquiry recommendations, as far as funding allows.

**Owen Hayward**  
**Head of EPRR and Special Operations**  
**28 June 2024**