

## Appendix 2 – EPRR Core Standards Action Plan 2022/23

Core standard reference	Core standard description	Improvement required to achieve compliance	Action to deliver improvement	Leads	Timescale	Comments
5	<b>EPRR Resource</b>  The Board / is satisfied that the organisation has sufficient and appropriate resource to ensure it can fully discharge its EPRR duties.	Support from newly formed CSU's on getting EPRR and business continuity more embedded in their areas.	Need to ensure through new September CBU structure that where areas are not adequately covered by the generic BCP that they complete additional sections and support the Trust EPRR function.	S Milburn / S Amos	30.06.2023	.
16	<b>Evacuation and shelter</b>  Shelter and evacuation- In line with current guidance and legislation, the organisation has arrangements in place to evacuate and shelter patients, staff and visitors.	Trust to have a plan that covers for full evacuation and shelter and align it to the recent Evacuation and shelter guidance for the NHS in England. Once new plan is published it will need to be tested	Work on the existing partial site evacuation plan has begun to ensure that all criteria in NHSE plan is in the Trust plan	S Amos / J Stedman	31.03.2023	Trust has a plan in place for partial site evacuations and local evacuation plans for wards, Critical Care network support system are already in place. Work is ongoing within the region on a regional so we can then align to this.
17	<b>Lockdown</b>  In line with current guidance, regulation and legislation, the organisation has arrangements in place to control access and egress for patients, staff	The plan has not been tested recently.	Plan needs to be tested; this is to be completed through the activation of the abduction procedure and lockdown of a ward which has already been agreed with Associate Director of Nursing. S Amos is working with ward matron and security to test the plan in early	S Amos/ M Wilson / W Hall	20.10.2022	This should be fully compliant by October submission date.

	and visitors to and from the organisation's premises and key assets in an incident.		October 2022, so this standard will become fully compliant before the October submission date.			
18	<p><b>Excess fatalities</b></p> <p>The organisation has contributed to, and understands, its role in the multiagency arrangements for excess deaths and mass fatalities, including mortuary arrangements. This includes arrangements for rising tide and sudden onset events.</p>	Need to have updated arrangements in place	Work has already begun on this and we are waiting for updated SOP's from the Mortuary lead and then we will test an aspect of the plan so this will become fully compliant before the October submission date.	S Amos / J Wilson	30.09.2022	This should be fully compliant by October submission date.
21	<p><b>Trained on-call staff</b></p> <p>The identified individual:</p> <ul style="list-style-type: none"> <li>• Should be trained according to the NHS England EPRR competencies (National Minimum Occupational Standards)</li> <li>• Should ensure appropriate records are maintained throughout.</li> <li>• Trained in accordance with the TNA identified frequency.</li> </ul>	<p>An up to dated Training Needs Analysis (TNA) for on call staff needs to be in place as it is out of date.</p> <p>To support the introduction of the Principles in Health Command (PHC) programme which aims to support the development of Strategic, Tactical and Operational health commanders by enhancing their</p>	TNA to be updated to reflect the new addition of staff being trained in accordance with the PHC programme and NHS England EPRR competencies (National Minimum Occupational Standards). Once this is updated the relevant staff will need to be provided with training where any gaps exist.	S Milburn / S Amos	31.12.2023	In conjunction with the North East & Yorkshire EPRR Assurance Framework it is anticipated that the full cycle for the PHC programme will take 3 years, however it is expected that all health organisations to be able to demonstrate not only compliance with the PHC as a minimum requirement but that

		knowledge and building their competencies as an effective NHS leader.				all health commanders and roles identified within the MOS for EPRR have PDPs in place with 100% compliance by 31st December 2023.
22	<b>EPRR Training</b>  The organisation carries out training in line with a training needs analysis to ensure staff are current in their response role.	As this is a new requirement for maintaining training records and evidence of personal training and exercising portfolios for key staff. Staff currently are not collating evidence of personal training and exercising portfolios.	TNA to be updated to reflect the new addition of staff being trained in accordance with the NHS England EPRR competencies (National Minimum Occupational Standards) and the Principles of Health Command training. Process for collating evidence of personal training and exercising portfolios for key staff needs to be introduced (currently waiting for NHSE guidance on how this should be structured).	S Milburn / S Amos	31.12.2023	As above
24	<b>Responder training</b>  The organisation has the ability to maintain training records and exercise attendance of all staff with key roles for response in accordance with the Minimum	Evidence of personal training and exercising portfolios for key staff to be introduced.	Links in with standard 21	S Milburn / S Amos	31.12.2023	As above

	Occupational Standards.					
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**Deep Dive Action Plan 2022/23:**

<b>Core standard reference</b>	<b>Core standard description</b>	<b>Improvement required to achieve compliance</b>	<b>Action to deliver improvement</b>	<b>Leads</b>	<b>Timescale</b>	<b>Comments</b>
DD1	<b>Up to date plans</b>  The organisation has updated its evacuation and shelter arrangements since October 2021, to reflect the latest guidance.	Trust to have a plan that covers for full evacuation and shelter and align it to the recent Evacuation and shelter guidance for the NHS in England. Once new plan is published it will need to be tested.  To note this links to core standard 16.	Work on the existing partial site evacuation plan has begun to ensure that all criteria in NHSE plan is in the Trust plan.	S Amos / J Stedman	31.03.2023	Trust has a plan in place for partial site evacuations and local evacuation plans for wards, Critical Care network support system already in place.
DD2	<b>Activation</b>  The organisation has defined evacuation activation arrangements, including the decision to evacuate and/or shelter by a nominated	Need to be able evidence fire evacuations (planned or unplanned) so that any learning can be captured. Additional training of more fire wardens required.	To undertake more planned fire evacuations to identify learning, more fire wardens to be trained	D Mitchell	30.06.2023	

	individual with the authority of the organisation's chief executive officer.					
DD3	<b>Incremental planning</b>  The organisation's evacuation and shelter plan clearly defines the incremental stages of an evacuation, including in situ sheltering, horizontal, vertical, full building, full site and off-site evacuation.	To ensure that the Trust evacuation plan covers full site evacuation	As DD1	S Amos / J Stedman	31.03.2023	
DD6	<b>Patient transportation</b>  The organisation's arrangements, equipment and training includes offsite transportation of patients required to be transferred to another hospital or site.	Updated evacuation plan to list the offsite Ambulance arrangements	As DD1	S Amos / J Stedman	31.03.2023	

DD7	<b>Patient dispersal and tracking</b>  The organisation has an interoperable patient tracking process in place to safely account for all patients as part of patient dispersal arrangements.	Updated evacuation plan to have patient dispersal and tracking documents included.	As DD1	S Amos / J Stedman	31.03.2023	
DD8	<b>Patient receiving</b>  The organisation has arrangements in place to safely receive patients and staff from the evacuation of another organisations inpatient facility. This could with little advanced notice.	Locations for receiving patients to be added in to the Trust evacuation plan.	As DD1	S Amos / J Stedman	31.03.2023	