

NHS England Core Standards for Emergency preparedness, resilience and response

v5.0

The attached EPRR Core Standards spreadsheet has 6 tabs:

EPRR Core Standards tab: with core standards nos 1 - 37 (green tab)

Governance tab: with deep dive questions to support the EPRR Governance 'deep dive' for EPRR Assurance 2017 -18 (blue tab)

HAZMAT/ CBRN core standards tab: with core standards nos 38- 51. Please note this is designed as a stand alone tab (purple tab)

HAZMAT/ CBRN equipment checklist: designed to support acute and ambulance service providers in core standard 43 (lilac tab)

MTFA Core Standard: designed to gain assurance against the MTFA service specification for ambulance service providers only (orange tab)

HART Core Standards: designed to gain assurance against the HART service specification for ambulance service providers only (yellow tab).

This document is V50. The following changes have been made :

- Inclusion of EPRR Governance questions to support the 'deep dive' for EPRR Assurance 2017-18

Core standard	Clarifying information	Evidence of assurance											Self assessment RAG Red = Not compliant with core standard and not in the EPRR work plan within the next 12 months. Amber = Not compliant but evidence of progress and in the EPRR work plan for the next 12 months. Green = fully compliant with core standard.	Action to be taken	Lead	Timescale							
		Acute healthcare providers	Specialist providers	Ambulance service providers	Primary Care Providers	111	Community services providers	Mental healthcare providers	NHS England local teams	NHS England Regional & national	CCGs	CSUs (business continuity unit)					Primary care (GP, community pharmacy)	Other NHS funded organisations					
Governance																							
1	Organisations have a director level accountable emergency officer who is responsible for EPRR (including business continuity management)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	• Ensuring accountable emergency officer's commitment to the plans and giving a member of the executive management board and/or governing body overall responsibility for the Emergency Preparedness Resilience and Response, and Business Continuity Management agendas • Having a documented process for capturing and taking forward the lessons identified from exercises and emergencies, including who is responsible. • Appointing an emergency preparedness, resilience and response (EPRR) professional(s) who can demonstrate an understanding of EPRR principles. • Appointing a business continuity management (BCM) professional(s) who can demonstrate an understanding of BCM principles. • Being able to provide evidence of a documented and agreed corporate policy or framework for building resilience across the organisation so that EPRR and Business continuity issues are mainstreamed in processes, strategies and action plans across the organisation. • That there is an appropriate budget and staff resources in place to enable the organisation to meet the requirements of these core standards. This budget and resource should be proportionate to the size and scope of the organisation.	YAS has an emergency Accountable Officer, Director Of Operations YAS is involved in the development and review of LRF Community Risk Registers, LHRP risk registers as well as the YAS Corporate Risk Register YAS recorded lessons identified and develops an action plan for the departments where these lessons are mitigated in to lessons learnt. YAS also engages with partners are part of the LRF programmes around lessons learned. YAS works with JESIP				
2	Organisations have an annual work programme to mitigate against identified risks and incorporate the lessons identified relating to EPRR (including details of training and exercises and past incidents) and improve response.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Lessons identified from your organisation and other partner organisations. NHS organisations and providers of NHS funded care treat EPRR (including business continuity) as a systematic and continuous process and have procedures and processes in place for updating and maintaining plans to ensure that they reflect: - the undertaking of risk assessments and any changes in that risk assessment(s) - lessons identified from exercises, emergencies and business continuity incidents - restructuring and changes in the organisations - changes in key personnel - changes in guidance and policy					
3	Organisations have an overarching framework or policy which sets out expectations of emergency preparedness, resilience and response.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Arrangements are put in place for emergency preparedness, resilience and response which: • Have a change control process and version control • Take account of changing business objectives and processes • Take account of any changes in the organisations functions and/or organisational and structural and staff changes • Take account of change in key suppliers and contractual arrangements • Take account of any updates to risk assessment(s) • Have a review schedule • Use consistent unambiguous terminology. • Identify who is responsible for making sure the policies and arrangements are updated, distributed and regularly tested. • Key staff must know where to find policies and plans on the intranet or shared drive. • Have an expectation that a lessons identified report should be produced following exercises, emergencies and/or business continuity incidents and share for each exercise or incident and a corrective action plan put in place. • Include references to other sources of information and supporting documentation					
4	The accountable emergency officer ensures that the Board and/or Governing Body receive as appropriate reports, no less frequently than annually, regarding EPRR, including reports on exercises undertaken by the organisation, significant incidents, and that adequate resources are made available to enable the organisation to meet the requirements of these core standards.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	After every significant incident a report should go to the Board/ Governing Body (or appropriate delegated governing group) . Must include information about the organisation's position in relation to the NHS England EPRR core standards self assessment.	The EPRR team produce bi-annual; hard reports of the current status of EPRR within the Trust and the wider Region measured against the EPRR Assurance Framework.				
Duty to assess risk																							
5	Assess the risk, no less frequently than annually, of emergencies or business continuity incidents occurring which affect or may affect the ability of the organisation to deliver its functions.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Risk assessments should take into account community risk registers and at the very least include reasonable worst-case scenarios for: • severe weather (including snow, heatwave, prolonged periods of cold weather and flooding); • staff absence (including industrial action); • the working environment, buildings and equipment (including denial of access); • fuel shortages; • surges and escalation of activity; • IT and communications; • utilities failure; • response a major incident / mass casualty event • supply chain failure; and • associated risks in the surrounding area (e.g. COMAH and iconic sites)	• Being able to provide documentary evidence of a regular process for monitoring, reviewing and updating and approving risk assessments • Version control • Consulting widely with relevant internal and external stakeholders during risk evaluation and analysis stages • Assurances from suppliers which could include, statements of commitment to BC, accreditation, business continuity plans. • Sharing appropriately once risk assessment(s) completed	YAS can evidence where risk has been assessed and updated where required. This is recorded at LRF/LHRP level and within YAS's own guidance and operational publications. These documents have the appropriate version control as part of YAS's process and is engaged with risk assessment and evaluation at all levels.			
6	There is a process to ensure that the risk assessment(s) is in line with the organisational, Local Health Resilience Partnership, other relevant parties, community (Local Resilience Forum/ Borough Resilience Forum), and national risk registers.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	There is a process to consider if there are any internal risks that could threaten the performance of the organisation's functions in an emergency as well as external risks eg. Flooding, COMAH sites etc.					
7	There is a process to ensure that the risk assessment(s) is informed by, and consulted and shared with your organisation and relevant partners.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Other relevant parties could include COMAH site partners, PHE etc.					
Duty to maintain plans – emergency plans and business continuity plans																							
8	Effective arrangements are in place to respond to the risks the organisation is exposed to, appropriate to the role, size and scope of the organisation, and there is a process to ensure the likely extent to which particular types of emergencies will place demands on your resources and capacity.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Incidents and emergencies (Incident Response Plan (IRP) (Major Incident Plan))	Relevant plans: • demonstrate appropriate and sufficient equipment (inc. vehicles if relevant) to deliver the required responses • identify locations which patients can be transferred to if there is an incident that requires an evacuation; • outline how, when required (for mental health services), Ministry of Justice approval will be gained for an evacuation;	YAS has site and type specific guidance and a Major Incident Procedure guidance (Plan) in place. These are updated as part of a rolling two year cycle, with the caveat of changing earlier if there is a significant change required.			
9	Have arrangements for (but not necessarily have a separate plan for) some or all of the following (organisation dependent) (NB, this list is not exhaustive):	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	corporate and service level Business Continuity (aligned to current nationally recognised BC standards)					
10		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	HAZMAT/ CBRN - see separate checklist on tab overview					
11		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Severe Weather (heatwave, flooding, snow and cold weather)					
12		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Pandemic Influenza (see pandemic influenza tab for deep dive 2015-16 questions)					
13		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Mass Countermeasures (eg mass prophylaxis, or mass vaccination)					
14		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Mass Casualties					
15		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Fuel Disruption					
16		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Surge and Escalation Management (inc. links to appropriate clinical networks e.g. Burns, Trauma and Critical Care)					
17		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Infectious Disease Outbreak					
18		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Evacuation					
19		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Lockdown					
20		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Utilities, IT and Telecommunications Failure					
21		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Excess Deaths/ Mass Fatalities					
22		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	having a Hazardous Area Response Team (HART) (in line with the current national service specification, including a vehicles and equipment replacement programme) - see HART core standard tab					
23		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	firearms incidents in line with National Joint Operating Procedures - see MTFA core standard tab					
24	Ensure that plans are prepared in line with current guidance and good practice which includes:	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	• Aim of the plan, including links with plans of other responders • Information about the specific hazard or contingency or site for which the plan has been prepared and realistic assumptions • Trigger for activation of the plan, including alert and standby procedures • Activation procedures • Identification, roles and actions (including action cards) of incident response team • Identification, roles and actions (including action cards) of support staff including communications • Location of incident co-ordination centre (ICC) from which emergency or business continuity incident will be managed • Generic roles of all parts of the organisation in relation to responding to emergencies or business continuity incidents • Complementary generic arrangements of other responders (including acknowledgement of multi-agency working) • Stand-down procedures, including debriefing and the process of recovery and returning to (new) normal processes • Contact details of key personnel and relevant partner agencies • Plan maintenance procedures (Based on Cabinet Office publication Emergency Preparedness, Emergency Planning, Annexes 5B and 5C (2006))	• Being able to provide documentary evidence that plans are regularly monitored, reviewed and systematically updated, based on sound assumptions: • Being able to provide evidence of an approval process for EPRR plans and documents • Asking peers to review and comment on your plans via consultation • Using identified good practice examples to develop emergency plans • Adopting plans which are flexible, allowing for the unexpected and can be scaled up or down • Version control and change process controls • List of contributors • References and list of sources • Explain how to support patients, staff and relatives before, during and after an incident (including counselling and mental health services).	all plans and guidance are prepared in line with best practice e.g. Use of the JOM and are subject to peer review.			
25	Arrangements include a procedure for determining whether an emergency or business continuity incident has occurred. And if an emergency or business continuity incident has occurred, whether this requires changing the deployment of resources or acquiring additional resources.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Enable an identified person to determine whether an emergency has occurred - Specify the procedure that person should adopt in making the decision - Specify who should be consulted before making the decision - Specify who should be informed once the decision has been made (including clinical staff)	• On call Standards and expectations are set out • Include 24-hour arrangements for alerting managers and other key staff.	YAS utilises triggers within its department BCPs and has also produced Critical Incident Activation Guidance to ensure that it can recognise incidents over and above a normal emergency response and react proportionally			
26	Arrangements include how to continue your organisation's prioritised activities (critical activities) in the event of an emergency or business continuity incident insofar as is practical.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Decide: - Which activities and functions are critical - What is an acceptable level of service in the event of different types of emergency for all your services - Identifying in your risk assessments in what way emergencies and business continuity incidents threaten the performance of your organisation's functions, especially critical activities					
27	Arrangements explain how VIP and/or high profile patients will be managed.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	This refers to both clinical (including HAZMAT incidents) management and media / communications management of VIPs and / or high profile management					
28	Preparedness is undertaken with the full engagement and co-operation of interested parties and key stakeholders (internal and external) who have a role in the plan and securing agreement to its content	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		• Specify who has been consulted on the relevant documents/ plans etc.	where an external party is included in the planning assumptions those parties are consulted and included in the development of the plans and guidance. E.g. Railtrack, NHS England, other Emergency Services, Prisons Service.			
29	Arrangements include a debrief process so as to identify learning and inform future arrangements	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Explain the de-briefing process (hot, local and multi-agency, cold) at the end of an incident.		YAS has a debrief policy and processes internally and supports and engages with partners in any multi-agency debrief requirements such as JOLs.			
Command and Control (C2)																							
30	Arrangements demonstrate that there is a resilient single point of contact within the organisation, capable of receiving notification at all times of an emergency or business continuity incident; and with an ability to respond or escalate this notification to strategic and/or executive level, as necessary.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Organisation to have a 24/7 on call rota in place with access to strategic and/or executive level personnel	Explain how the emergency on-call rota will be set up and managed over the short and longer term.	YAS operates x2 Emergency Operations Centres and a Regional Operations Centre that run 24/7. YAS has a robust and in depth on-call structure that includes supporting departments and contractors where applicable to ensure its critical services are maintained. Each BCP has appropriate triggers and the YAS Critical Activation Guidance also has specific triggered around BC. The rota is maintained by the departs and coordinated by ROC, each day those on the rota also take part in a teleconference. This is also supported by a "YAS on-call" email group for quick dissemination of information.			
31	Those on-call must meet identified competencies and key knowledge and skills for staff.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	NHS England published competencies are based upon National Occupation Standards .	Training is delivered at the level for which the individual is expected to operate (ie operational/ bronze, tactical/ silver and strategic/gold). For example strategic/gold level leadership is delivered via the 'Strategic Leadership in a Crisis' course and other similar courses.	YAS has introduced a Command Framework detailing the competencies required for all levels of Command, this is underpinned by a Commander CPD portfolio. All departments that are non-Ops and on-call have to meet the requirements of their role. YAS supported and engages with all available National courses. YAS has a commander CPD database that can be accessed if required.			

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		Acute healthcare providers	Specialist providers	Ambulance service providers	Patient Transport Providers	111	Community services providers	Mental healthcare providers	NHS England local teams	NHS England Regional & national	CCGs	CSUs (business continuity only)	Primary care (GP, community pharmacy)	Other NHS funded organisations						
32	Documents identify where and how the emergency or business continuity incident will be managed from, ie the Incident Co-ordination Centre (ICC), how the ICC will operate (including information management) and the key roles required within it, including the role of the Loggist .															Arrangements detail operating procedures to help manage the ICC (for example, set-up, contact lists etc.), contact details for all key stakeholders and flexible IT and staff arrangements so that they can operate more than one control/coordination centre and manage any events required.	YAS has a full range of documents to support the command and control function for any event. They are held central via a specific intranet site (YAS ResWebG) that allows access to those at the right level (even off line). YAS holds hard copies in two separate sites and each depart holds copies too.			
33	Arrangements ensure that decisions are recorded and meetings are minuted during an emergency or business continuity incident.															YAS records command meetings via its telephone and radio systems that go through EOC. It also records telephone and commander discussions via its Gold Cell. YAS has a cadre of on-call trained Loggist to assist in the recording of command decisions. YAS utilises specific commander logs and incident documentation to record key events in incidents and these are then archived.				
34	Arrangements detail the process for completing, authorising and submitting situation reports (SITREPs) and/or commonly recognised information pictures (CRIP) / common operating picture (COP) during the emergency or business continuity incident response.															YAS carry's out these duties as part of its Gold Cell Command procedures and in tandem with the YAS Major Incident corporate Communications plan. YAS also distributes a weekly SAP to stakeholders both internally and externally giving a forward look on up and coming events. YAS also supports this process through the TCG and SCG processes.				
35	Arrangements to have access to 24-hour specialist adviser available for incidents involving firearms or chemical, biological, radiological, nuclear, explosive or hazardous materials, and support strategic/gold and tactical/silver command in managing these events.															YAS has NIOs 24/7 these as skilled in all the required elements of this section.				
36	Arrangements to have access to 24-hour radiation protection supervisor available in line with local and national mutual aid arrangements.															the above as also RPS trained and supported by RPS trained staff within HART				
Duty to communicate with the public																				
37	Arrangements demonstrate warning and informing processes for emergencies and business continuity incidents.															<ul style="list-style-type: none"> Have emergency communications response arrangements in place Be able to demonstrate that you have considered which target audience you are aiming at or addressing in publishing materials (including staff, public and other agencies) Communicating with the public to encourage and empower the community to help themselves in an emergency in a way which compliments the response of responders Using lessons identified from previous information campaigns to inform the development of future campaigns Setting up protocols with the media for warning and informing Having an agreed media strategy which identifies and trains key staff in dealing with the media including nominating spokespeople and 'talking heads' Having a systematic process for tracking information flows and logging information requests and being able to deal with multiple requests for information as part of normal business processes. Being able to demonstrate that publication of plans and assessments is part of a joined-up communications strategy and part of your organisation's warning and informing work. 	YAS carry's out these duties as part of its Gold Cell Command procedures and in tandem with the YAS Major Incident corporate Communications plan. YAS also supports this process through the TCG and SCG processes YAS also has a Critical Incident Activation Guidance (CIAG) developed across its command and support structures and in consultation with its stakeholders to ensure that it warns and informs its partners through early engagement.			

Core standard	Clarifying information	Acute healthcare providers	Specialist providers	Ambulance service providers	Patient Transport Providers	H11	Community services providers	Mental healthcare providers	NHS England local teams	NHS England Regional & national	CCGs	CSUs (business continuity only)	Primary care (GP, community pharmacy)	Other NHS funded organisations	Evidence of assurance	Self assessment RAG Red = Not compliant with core standard and not in the EPRR work plan within the next 12 months. Amber = Not compliant but evidence of progress and in the EPRR work plan for the next 12 months. Green = fully compliant with core standard.	Action to be taken	Lead	Timescale
38	Arrangements ensure the ability to communicate internally and externally during communication equipment failures		Y	Y	Y		Y	Y	Y	Y	Y	Y	Y	Y	• Have arrangements in place for resilient communications, as far as reasonably practicable, based on risk.	YAS ICT and EOC departments have robust BCPs that ensure that it has multi-layered levels of communication resilience. These have been tested both in exercise and real-time.			
Information Sharing – mandatory requirements																			
39	Arrangements contain information sharing protocols to ensure appropriate communication with partners.		Y	Y	Y		Y	Y	Y	Y	Y	Y	Y	Y	• Where possible channelling formal information requests through as small as possible a number of known routes. • Sharing information via the Local Resilience Forum(s) / Borough Resilience Forum(s) and other groups. • Collectively developing an information sharing protocol with the Local Resilience Forum(s) / Borough Resilience Forum(s). • Social networking tools may be of use here.	all information sharing agreements are reviewed and signed off by the YAS IG Lead. Information sharing agreements are limited to LRF level agreements to both standardise and limit the numbers for avoid confusion.			
Co-operation																			
40	Organisations actively participate in or are represented at the Local Resilience Forum (or Borough Resilience Forum in London if appropriate)		Y	Y	Y		Y	Y	Y	Y	Y	Y	Y	Y	• Attendance at or receipt of minutes from relevant Local Resilience Forum(s) / Borough Resilience Forum(s) meetings, that meetings take place and membership is quorate. • Treating the Local Resilience Forum(s) / Borough Resilience Forum(s) and the Local Health Resilience Partnership as strategic level groups • Taking lessons learned from all resilience activities • Using the Local Resilience Forum(s) / Borough Resilience Forum(s) and the Local Health Resilience Partnership to consider policy initiatives • Establish mutual aid agreements	YAS is represented at all 4 LRFs at all applicable levels.			
41	Demonstrate active engagement and co-operation with other category 1 and 2 responders in accordance with the CCA		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	• Identifying useful lessons from your own practice and those learned from collaboration with other responders and strategic thinking and using the Local Resilience Forum(s) / Borough Resilience Forum(s) and the Local Health Resilience Partnership to share them with colleagues • Having a list of contacts among both Cat. 1 and Cat 2. responders with in the Local Resilience Forum(s) / Borough Resilience Forum(s) area	as above and during LRF sponsored training and exercising. Also as when TCGs and SCGs are instigated. YAS also engages with some of the Cat 1 Responders via JESIP			
42	Arrangements include how mutual aid agreements will be requested, co-ordinated and maintained.		Y	Y	Y		Y	Y	Y	Y	Y	Y	Y	Y	• Identifying useful lessons from your own practice and those learned from collaboration with other responders and strategic thinking and using the Local Resilience Forum(s) / Borough Resilience Forum(s) and the Local Health Resilience Partnership to share them with colleagues • Having a list of contacts among both Cat. 1 and Cat 2. responders with in the Local Resilience Forum(s) / Borough Resilience Forum(s) area	YAS supports the ACCC sponsored National Mutual aid plan. YAS has both requested and provided mutual via this framework.			
43	Arrangements outline the procedure for responding to incidents which affect two or more Local Health Resilience Partnership (LHRP) areas or Local Resilience Forum (LRF) areas.				Y				Y	Y				Y	• Through direct and bilateral collaboration, requesting that other Cat 1. and Cat 2 responders take part in your exercises • Refer to the NHS England guidance and National Occupational Standards For Civil Contingencies when identifying training needs. • Developing and documenting a training and briefing programme for staff and key stakeholders • Being able to demonstrate lessons identified in exercises and emergencies and business continuity incidents have been taken forward • Programme and schedule for future updates of training and exercising (with links to multi-agency exercising where appropriate) • Communications exercise every 6 months, table top exercise annually and live exercise at least every three years	YAS has introduced the Gold Support rota to both develop the next generation of Gold Commanders. It also provides additional resilience during multiple and/or prolonged incidents requiring SCGs. equally its increased its number of Tactical Commanders available for the same rationale. YAS ensures its commanders are engaged in the Strategic symposiums across the region to support Strategic level CPD			
44	Arrangements outline the procedure for responding to incidents which affect two or more regions.				Y				Y					Y	• Through direct and bilateral collaboration, requesting that other Cat 1. and Cat 2 responders take part in your exercises • Refer to the NHS England guidance and National Occupational Standards For Civil Contingencies when identifying training needs. • Developing and documenting a training and briefing programme for staff and key stakeholders • Being able to demonstrate lessons identified in exercises and emergencies and business continuity incidents have been taken forward • Programme and schedule for future updates of training and exercising (with links to multi-agency exercising where appropriate) • Communications exercise every 6 months, table top exercise annually and live exercise at least every three years	This would be delivered via National Mutual Aid arrangements and coordinated by the NACC. YAS has demonstrated this during incidents of nationwide industrial action.			
45	Arrangements demonstrate how organisations support NHS England locally in discharging its EPRR functions and duties		Y	Y	Y		Y	Y			Y		Y	Y	• Taking lessons from all resilience activities and using the Local Resilience Forum(s) / Borough Resilience Forum(s) and the Local Health Resilience Partnership and network meetings to share good practice. • Being able to demonstrate that people responsible for carrying out function in the plan are aware of their roles • Through direct and bilateral collaboration, requesting that other Cat 1. and Cat 2 responders take part in your exercises • Refer to the NHS England guidance and National Occupational Standards For Civil Contingencies when identifying training needs. • Developing and documenting a training and briefing programme for staff and key stakeholders • Being able to demonstrate lessons identified in exercises and emergencies and business continuity incidents have been taken forward • Programme and schedule for future updates of training and exercising (with links to multi-agency exercising where appropriate) • Communications exercise every 6 months, table top exercise annually and live exercise at least every three years	YAS operates a joint Health Gold Call with its Health partners. Has worked with NHS England on the development of a regional Mass Casualty plan.			
46	Plans define how links will be made between NHS England, the Department of Health and PHE. Including how information relating to national emergencies will be co-ordinated and shared								Y						• Through direct and bilateral collaboration, requesting that other Cat 1. and Cat 2 responders take part in your exercises • Refer to the NHS England guidance and National Occupational Standards For Civil Contingencies when identifying training needs. • Developing and documenting a training and briefing programme for staff and key stakeholders • Being able to demonstrate lessons identified in exercises and emergencies and business continuity incidents have been taken forward • Programme and schedule for future updates of training and exercising (with links to multi-agency exercising where appropriate) • Communications exercise every 6 months, table top exercise annually and live exercise at least every three years	YAS includes and incorporates working with all partners within its plans and incident management structures			
47	Arrangements are in place to ensure an Local Health Resilience Partnership (LHRP) (and/or Patch LHRP for the London region) meets at least once every 6 months								Y	Y					• Through direct and bilateral collaboration, requesting that other Cat 1. and Cat 2 responders take part in your exercises • Refer to the NHS England guidance and National Occupational Standards For Civil Contingencies when identifying training needs. • Developing and documenting a training and briefing programme for staff and key stakeholders • Being able to demonstrate lessons identified in exercises and emergencies and business continuity incidents have been taken forward • Programme and schedule for future updates of training and exercising (with links to multi-agency exercising where appropriate) • Communications exercise every 6 months, table top exercise annually and live exercise at least every three years	LHRPs within the region meet on a quarterly cycle, with the option to call an extra-ordinary meeting if any member deemed it required.			
48	Arrangements are in place to ensure attendance at all Local Health Resilience Partnership meetings at a director level		Y	Y	Y		Y	Y	Y	Y	Y			Y	• Through direct and bilateral collaboration, requesting that other Cat 1. and Cat 2 responders take part in your exercises • Refer to the NHS England guidance and National Occupational Standards For Civil Contingencies when identifying training needs. • Developing and documenting a training and briefing programme for staff and key stakeholders • Being able to demonstrate lessons identified in exercises and emergencies and business continuity incidents have been taken forward • Programme and schedule for future updates of training and exercising (with links to multi-agency exercising where appropriate) • Communications exercise every 6 months, table top exercise annually and live exercise at least every three years	Arrangements are in place however, the Emergency Accountable Officer may choose to send a suitable deputy to represent the Trust.			
Training And Exercising																			
49	Arrangements include a current training plan with a training needs analysis and ongoing training of staff required to deliver the response to emergencies and business continuity incidents		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	• Staff are clear about their roles in a plan • A training needs analysis undertaken within the last 12 months • Training is linked to the National Occupational Standards and is relevant and proportionate to the organisation type. • Training is linked to Joint Emergency Response Interoperability Programme (JESIP) where appropriate • Arrangements demonstrate the provision to train an appropriate number of staff and anyone else for whom training would be appropriate for the purpose of ensuring that the plan(s) is effective • Arrangements include providing training to an appropriate number of staff to ensure that warning and informing arrangements are effective	YAS has an annual Training plan in place specifically for EPRR related education, this dovetails with the wider Organisational Training plan, approved by the YAS Board. YAS has started the roll out of this education and staff are being released to undertake incident education, as this will be an on-going, lengthy programme, this remains (as before) to be mitigated by ensuring there is e-learning available to staff and its included in the statutory and mandatory training workbook			
50	Arrangements include an ongoing exercising programme that includes an exercising needs analysis and informs future work.		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	• Exercises consider the need to validate plans and capabilities • Arrangements must identify exercises which are relevant to local risks and meet the needs of the organisation type and of other interested parties. • Arrangements are in line with NHS England requirements which include a six-monthly communications test, annual table-top exercise and live exercise at least once every three years. • If possible, these exercises should involve relevant interested parties. • Lessons identified must be acted on as part of continuous improvement. • Arrangements include provision for carrying out exercises for the purpose of ensuring warning and informing arrangements are effective	This is done on a multi-agency basis via the LRF Training and Education Subgroups (based upon the CRR) and through the LHRPs. YAS has an exercise policy to ensure it engages with partners and that it meets its own aims and objectives as well as its partners.			
51	Demonstrate organisation wide (including on call personnel) appropriate participation in multi-agency exercises		Y	Y	Y		Y	Y	Y	Y	Y			Y	• Through direct and bilateral collaboration, requesting that other Cat 1. and Cat 2 responders take part in your exercises • Refer to the NHS England guidance and National Occupational Standards For Civil Contingencies when identifying training needs. • Developing and documenting a training and briefing programme for staff and key stakeholders • Being able to demonstrate lessons identified in exercises and emergencies and business continuity incidents have been taken forward • Programme and schedule for future updates of training and exercising (with links to multi-agency exercising where appropriate) • Communications exercise every 6 months, table top exercise annually and live exercise at least every three years	YAS holds an exercise calendar of its ResWeb0 this can evidence the full range of exercises it is involved in at all levels across the region and at a national level.			
52	Preparedness ensures all incident commanders (on call directors and managers) maintain a continuous personal development portfolio demonstrating training and/or incident /exercise participation.		Y	Y	Y	Y	Y	Y	Y	Y	Y			Y	• Through direct and bilateral collaboration, requesting that other Cat 1. and Cat 2 responders take part in your exercises • Refer to the NHS England guidance and National Occupational Standards For Civil Contingencies when identifying training needs. • Developing and documenting a training and briefing programme for staff and key stakeholders • Being able to demonstrate lessons identified in exercises and emergencies and business continuity incidents have been taken forward • Programme and schedule for future updates of training and exercising (with links to multi-agency exercising where appropriate) • Communications exercise every 6 months, table top exercise annually and live exercise at least every three years	YAS Commanders at all levels have access to their own personal electronic CPD database and are both encouraged and given the opportunities to maintain their competencies in accordance with the YAS Commander Framework			

Core standard	Clarifying information	Acute healthcare providers	Specialist providers	Ambulance service providers	Patient Transport Providers	111	Community services providers	Mental healthcare providers	NHS England local teams	NHS England Regional & national	CCGs	CSUs (business continuity only)	Primary care (GP, community pharmacy)	Other NHS funded organisations	Evidence of assurance	Self assessment RAG Red = Not compliant with core standard and not in the EPRR work plan within the next 12 months. Amber = Not compliant but evidence of progress and in the EPRR work plan for the next 12 months. Green = fully compliant with core standard.	Action to be taken	Lead	Timescale
2015 Deep Dive																			
DD1	The organisation's Accountable Emergency Officer has taken the result of the 2016/17 EPRR assurance process and annual work plan to a public Board/Governing Body meeting for sign off within the last 12 months.	<ul style="list-style-type: none"> The organisation has taken the LHRP agreed results of their 2016/17 NHS EPRR assurance process to a public Board meeting or Governing Body, within the last 12 months The organisations can evidence that the 2016/17 NHS EPRR assurance results Board/Governing Body results have been presented via meeting minutes. 													<ul style="list-style-type: none"> Organisation's public Board/Governing Body report Organisation's public website 	YAS produces a bi-annual Board report on EPRR assurance. EPRR is also covered in its public facing annual report.			
DD2	The organisation has published the results of the 2016/17 NHS EPRR assurance process in their annual report.	<ul style="list-style-type: none"> There is evidence that the organisation has published their 2016/17 assurance process results in their Annual Report 													<ul style="list-style-type: none"> Organisation's Annual Report Organisation's public website 	This will be covered in future version of the future versions of the YAS annual reports			
DD3	The organisation has an identified, active Non-executive Director/Governing Body Representative who formally holds the EPRR portfolio for the organisation.	<ul style="list-style-type: none"> The organisation has an identified Non-executive Director/Governing Body Representative who formally holds the EPRR portfolio. The organisation has publicly identified the Non-executive Director/Governing Body Representative that holds the EPRR portfolio via their public website and annual report The Non-executive Director/Governing Body Representative who formally holds the EPRR portfolio is a regular and active member of the Board/Governing Body The organisation has a formal and established process for keeping the Non-executive Director/Governing Body Representative briefed on the progress of the EPRR work plan outside of Board/Governing Body meetings 													<ul style="list-style-type: none"> Organisation's Annual Report Organisation's public Board/Governing Body report Organisation's public website Minutes of meetings 	We have an identified Non-Executive Director covering the EPRR portfolio			
DD4	The organisation has an internal EPRR oversight/delivery group that oversees and drives the internal work of the EPRR function	<ul style="list-style-type: none"> The organisation has an internal group that meets at least quarterly that agrees the EPRR work priorities and oversees the delivery of the organisation's EPRR function. 													<ul style="list-style-type: none"> Minutes of meetings 	We have re-introduced the EPRR Governance Group that will be chaired by the YAS EAO and will report in to the YAS committee covering risk. The first meeting will be in October and will have a formal ToR and structure.			
DD5	The organisation's Accountable Emergency Officer regularly attends the organisations internal EPRR oversight/delivery group	<ul style="list-style-type: none"> The organisation's Accountable Emergency Officer is a regular attendee at the organisation's meeting that provides oversight to the delivery of the EPRR work program. The organisation's Accountable Emergency Officer has attended at least 50% of these meetings within the last 12 months. 													<ul style="list-style-type: none"> Minutes of meetings 	as above when in place			
DD6	The organisation's Accountable Emergency Officer regularly attends the Local Health Resilience Partnership meetings	<ul style="list-style-type: none"> The organisation's Accountable Emergency Officer is a regular attendee at Local Health Resilience Partnership meetings The organisation's Accountable Emergency Officer has attended at least 75% of these meetings within the last 12 months. 													<ul style="list-style-type: none"> Minutes of meetings 	Attendance has been reviewed and there have been recent changes in relation to senior team and AEO. The AEO will now attend at least 1 LHRP in each area of the region annually and permanent attendance will be the local Divisional (Strategic Commander) or deputy if required. The DC for South and AEO are attending the SY&B LHRP in October.			

Hazardous materials (HAZMAT) and chemical, biological, radiological and nuclear (CBRN) response core standards (NB this is designed as a stand alone sheet)		Acute healthcare providers	Specialist providers	Ambulance service providers	Community services providers	Mental Health care providers		Self assessment RAG Red = Not compliant with core standard and not in the EPRR work plan within the next 12 months. Amber = Not compliant but evidence of progress and in the EPRR work plan for the next 12 months. Green = fully compliant with core standard.	Action to be taken	Lead	Timescale	
Q	Core standard	Clarifying information					Evidence of assurance					
Preparedness												
53	There is an organisation specific HAZMAT/ CBRN plan (or dedicated annex)	Arrangements include: • command and control interfaces • tried and tested process for activating the staff and equipment (inc. Step 1-2-3 Plus) • pre-determined decontamination locations and access to facilities • management and decontamination processes for contaminated patients and fatalities in line with the latest guidance • communications planning for public and other agencies • interoperability with other relevant agencies • access to national reserves / Pods • plan to maintain a cordon / access control • emergency / contingency arrangements for staff contamination • plans for the management of hazardous waste • stand-down procedures, including debriefing and the process of recovery and returning to (new) normal processes • contact details of key personnel and relevant partner agencies	Y	Y	Y	Y	Y	• Being able to provide documentary evidence of a regular process for monitoring, reviewing and updating and approving arrangements • Version control	CBRN/Hazmat Guidance Document April 2017			
54	Staff are able to access the organisation HAZMAT/ CBRN management plans.	Decontamination trained staff can access the plan	Y	Y	Y	Y	Y	• Site inspection • IT system screen dump	Available on YAS Resilience Web & Hard Copy available for BC			
55	HAZMAT/ CBRN decontamination risk assessments are in place which are appropriate to the organisation.	• Documented systems of work • List of required competencies • Impact assessment of CBRN decontamination on other key facilities • Arrangements for the management of hazardous waste	Y	Y	Y	Y	Y	• Appropriate HAZMAT/ CBRN risk assessments are incorporated into EPRR risk assessments (see core standards 5-7)	CBRN Risk covered on YAS Risk register, reviewed annually and will also be covered by the YAS EPRR Governance Group.			
56	Rotas are planned to ensure that there is adequate and appropriate decontamination capability available 24/7.		Y		Y			• Resource provision / % staff trained and available • Rota / rostering arrangements	There are currently 145 SORT Operatives trained. The trust is working towards a target of 150. These numbers are considerably higher to yield 10 than the aspirational MTFA establishment (which needs to yield the same number). YAS provided evidence which monitored the staffing level by hour. As a result, over the monitoring period there is only 12% compliance (i.e. shifts that had 10 available throughout the full duration of the shift). However, for a large number of these shifts, the Trust was compliant for a large proportion of the day. Based on shift analysis in the Proclus system, 4 shifts in the 3 month monitoring period had less than 10. So, for most of the time (98%) the required staffing levels are being maintained based on shift analysis. YAS is continuing to look at options to revise			
57	Staff on-duty know who to contact to obtain specialist advice in relation to a HAZMAT/ CBRN incident and this specialist advice is available 24/7.	• For example PHE, emergency services.	Y	Y	Y	Y	Y	• Provision documented in plan / procedures • Staff awareness	Hazmed Advisor embedded within HART Team/Liaise with Fire Hazmat/DIM. Further Liaison with PHE - Identified on HART Daily Posting Sheets			
Decontamination Equipment												
58	There is an accurate inventory of equipment required for decontaminating patients in place and the organisation holds appropriate equipment to ensure safe decontamination of patients and protection of staff.	• Acute and Ambulance service providers - see Equipment checklist overleaf on separate tab • Community, Mental Health and Specialist service providers - see Response Box in 'Preparation for Incidents Involving Hazardous Materials - Guidance for Primary and Community Care Facilities' (NHS London, 2011) (found at: http://www.londonccn.nhs.uk/_store/documents/hazardous-material-incident-guidance-for-primary-and-community-care.pdf) • Initial Operating Response (IOR) DVD and other material: http://www.jesip.org.uk/what-will-jesip-do/training/	Y	Y	Y	Y	Y	• completed inventory list (see overleaf) or Response Box (see Preparation for Incidents Involving Hazardous Materials - Guidance for Primary and Community Care Facilities (NHS London, 2011))	Full Inventory of all Decontamination Equipment held on YAS Resilience Web plus all Service and Maintenance Information			
59	The organisation has the expected number of PRPS suits (sealed and in date) available for immediate deployment should they be required (NHS England published guidance (May 2014) or subsequent later guidance when applicable)	There is a plan and finance in place to revalidate (extend) or replace suits that are reaching the end of shelf life until full capability of the current model is reached in 2017	Y		Y				200 Live PRPS Suits held within Trust/Full Inventory with Expiry Dates/Cognisant of Shelf Life Extension requirements as well as National PRPS replacement programme			
60	There are routine checks carried out on the decontamination equipment including: A) Suits B) Tents C) Pump D) RAM GENE (radiation monitor) E) Other decontamination equipment	There is a named role responsible for ensuring these checks take place	Y		Y				Service and Maintenance Contract in place for all CDU Decon Tents including all associated equipment. PRPS have Shelf Life Extension Work carried out where necessary by Respirex and YAS cognisant of expiring stock in relation to replacements. Ram Gene (3) each have an annual calibration check done by PHE with certification provided. CDU Decontamination Tents and associated equipment are also used on SORT Training Courses			
61	There is a preventative programme of maintenance (PPM) in place for the maintenance, repair, calibration and replacement of out of date Decontamination equipment for: A) Suits B) Tents C) Pump D) RAM GENE (radiation monitor) E) Other equipment		Y		Y							
62	There are effective disposal arrangements in place for PPE no longer required.	(NHS England published guidance (May 2014) or subsequent later guidance when applicable)	Y		Y							
Training												

Hazardous materials (HAZMAT) and chemical, biological, radiological and nuclear (CBRN) response core standards (NB this is designed as a stand alone sheet)		Acute healthcare providers	Specialist providers	Ambulance service providers	Community services providers	Mental Health care providers		Self assessment RAG Red = Not compliant with core standard and not in the EPRR work plan within the next 12 months. Amber = Not compliant but evidence of progress and in the EPRR work plan for the next 12 months. Green = fully compliant with core standard.	Action to be taken	Lead	Timescale
Q	Core standard	Clarifying information					Evidence of assurance				
63	The current HAZMAT/ CBRN Decontamination training lead is appropriately trained to deliver HAZMAT/ CBRN training	Y		Y				CBRN Bronze & Silver Commander Trained/Tac Advisor/NILO/Teaching Qualification			
64	Internal training is based upon current good practice and uses material that has been supplied as appropriate.	Y	Y	Y	Y	Y	<ul style="list-style-type: none"> • Documented training programme • Primary Care HAZMAT/ CBRN guidance • Lead identified for training • Established system for refresher training so that staff that are HAZMAT/ CBRN decontamination trained receive refresher training within a reasonable time frame (annually). • A range of staff roles are trained in decontamination techniques • Include HAZMAT/ CBRN command and control training • Include ongoing fit testing programme in place for FFP3 masks to provide a 24/7 capacity and capability when caring for patients with a suspected or confirmed infectious respiratory virus • Including, where appropriate, Initial Operating Response (IOR) and other material: http://www.jesip.org.uk/what-will-jesip-do/training/ 	<ul style="list-style-type: none"> • Show evidence that achievement records are kept of staff trained and refresher training attended • Incorporation of HAZMAT/ CBRN issues into exercising programme 	<p>YAS SORT Staff each receive an initial 4 Day SORT Course followed by 2 x 1 Day SORT Refresher days per Calendar Year. A Database of all SORT Trained Staff is held</p> <p>YAS Safety Team are responsible for ensuring and maintaining staff assessment and training for FFP3, they have a dedicated person who carries this out outside of HART, the YAS HART team assess and test themselves as part of the on-going assurance processes.</p>		
65	The organisation has sufficient number of trained decontamination trainers to fully support its staff HAZMAT/ CBRN training programme.	Y		Y				2 Staff			
66	Staff that are most likely to come into first contact with a patient requiring decontamination understand the requirement to isolate the patient to stop the spread of the contaminant.	Y	Y	Y	Y	Y	<ul style="list-style-type: none"> • Including, where appropriate, Initial Operating Response (IOR) and other material: http://www.jesip.org.uk/what-will-jesip-do/training/ • Community, Mental Health and Specialist service providers - see Response Box in 'Preparation for Incidents Involving Hazardous Materials - Guidance for Primary and Community Care Facilities' (NHS London, 2011) (found at: http://www.londonccn.nhs.uk/_store/documents/hazardous-material-incident-guidance-for-primary-and-community-care.pdf) 		<p>Yes - IOR e-learning available to all Operational & Control Room Staff. IOR Pocket Aide Memoire issued to staff and IOR Posters displayed on YAS Sites.</p> <p>86% of the required staff groups are currently IOR trained. The minimum contractual requirement is 95%. However is seeking clarity from the recent audit, given that YAS has already distributed the IOR DVD to all frontline staff the 86% related to those who have completed the on-line e-learning package. YAS will identify those who are outstanding and will contact their Clinical supervisors to arrange completion however we feel we meet the criteria stipulated within the assurance matrix which doesn't reference contractual standards.</p>		

HAZMAT CBRN equipment list - for use by Acute and Ambulance service providers in relation to Core Standard 43.

No	Equipment	Equipment model/ generation/ details etc.	Self assessment RAG Red = Not in place and not in the EPRR work plan to be in place within the next 12 months. Amber = Not in place and in the EPRR work plan to be in place within the next 12 months. Green = In place.
EITHER: Inflatable mobile structure			
E1	Inflatable frame		N/A
E1.1	Liner		N/A
E1.2	Air inflator pump		N/A
E1.3	Repair kit		N/A
E1.2	Tethering equipment		N/A
OR: Rigid/ cantilever structure			
E2	Tent shell		4 x Vehicle Based (1030, 1031, 1032, 821 & 1 Spare. A check sheet is now used to include both recent and historical checks
OR: Built structure			
E3	Decontamination unit or room		A check sheet is now used to include both recent and historical checks
AND:			
E4	Lights (or way of illuminating decontamination area if dark)		
E5	Shower heads		
E6	Hose connectors and shower heads		
E7	Flooring appropriate to tent in use (with decontamination basin if needed)		
E8	Waste water pump and pipe		
E9	Waste water bladder		
PPE for chemical, and biological incidents			
E10	The organisation (acute and ambulance providers only) has the expected number of PRPS suits (sealed and in date) available for immediate deployment should they be required. (NHS England published guidance (May 2014) or subsequent later guidance when applicable).		PRPS Live 200
E11	Providers to ensure that they hold enough training suits in order to facilitate their local training programme		PRPS Training 100
Ancillary			
E12	A facility to provide privacy and dignity to patients		
E13	Buckets, sponges, cloths and blue roll		
E14	Decontamination liquid (COSHH compliant)		
E15	Entry control board (including clock)		
E16	A means to prevent contamination of the water supply		
E17	Poly boom (if required by local Fire and Rescue Service)		
E18	Minimum of 20 x Disrobe packs or suitable equivalent (combination of sizes)		
E19	Minimum of 20 x re-robe packs or suitable alternative (combination of sizes - to match disrobe packs)		
E20	Waste bins		
	Disposable gloves		
E21	Scissors - for removing patient clothes but of sufficient calibre to execute an emergency PRPS suit disrobe		
E22	FFP3 masks		YAS Safety Team are responsible for ensuring and maintaining staff assessment and training for FFP3. they have a dedicated person who carries this out outside of HART. the YAS HART team assess and test themselves as part of the on-going assurance processes.
E23	Cordon tape		
E24	Loud Hailer		
E25	Signage		
E26	Tabards identifying members of the decontamination team		
E27	Chemical Exposure Assessment Kits (ChEAKs) (via PHE): should an acute service provider be required to support PHE in the collection of samples for assisting in the public health risk assessment and response phase of an incident, PHE will contact the acute service provider to agree appropriate arrangements. A Standard Operating Procedure will be issued at the time to explain what is expected from the acute service provider staff. Acute service providers need to be in a position to provide this support.		
Radiation			
E28	RAM GENE monitors (x 2 per Emergency Department and/or HART team)		
E29	Hooded paper suits		10 on each Incident Support Vehicle (NM12/NM14)
E30	Goggles		The PRPS Suits provide ocular protection and all frontline staff are issued with protective eye wear
E31	FFP3 Masks - for HART personnel only		
E32	Overshoes & Gloves		Overshoes and Gloves are contained on all Operational Vehicles

Core standard	Clarifying information	Acute healthcare providers	Specialist providers	Ambulance service providers	Community services providers	Mental healthcare providers	NHS England local teams	NHS England Regional & national	PCGs	CSUs (business continuity only)	Primary care (GP, community pharmacy)	Other NHS funded organisations	Evidence of assurance	Self assessment RAG Red = Not compliant with core standard and not in the EPRR work plan within the next 12 months. Amber = Not compliant but evidence of progress and in the EPRR work plan for the next 12 months. Green = fully compliant with core standard.	Action to be taken	Lead	Timescale
Governance																	
1	Organisations have an MTFA capability at all times within their operational service area.			Y										YAS adheres to safe system of working for MTFA incidents. YAS meets the service specification and agreed interoperability. YAS remains compliant with the recognised SOPs for all deployments. All of the above have the exception in that we cannot guarantee 10 available at any one time 24/7 as detailed in MTFA Core 3.	CHANGE TO AMBER		
2	Organisations have a local policy or procedure to ensure the effective prioritisation and deployment (or redeployment) of MTFA staff to an incident requiring the MTFA capability.			Y										YAS has MTFA guidance and plans in place that are also multi-agency plans too. The current MTFA establishment is 57 uplift staff plus HART, of whom 9 are out of currency due to not being released for training. 48 MTFA uplift staff are in currency at this moment in time. The Trust is aiming to increase the AIT numbers to 90 over the coming months to improve the position. At present the establishment is not yielding the core staffing requirement. YAS provided evidence which monitored the staffing level by hour. As a result, over the monitoring period there is 0% compliance (i.e. no shifts that had 10 available throughout the full duration of the shift period). However, based on shift analysis in the Proclus system, 105 shifts in the 3 month monitoring period had less than 16 (including the HART 6). So, the Trust achieves 51% compliance when averaged out. YAS is currently increasing numbers to 90 AIT trained, recruitment process and training commenced and is anticipated to be completed end of Q4 2017/18.			
3	Organisations have the ability to ensure that ten MTFA staff are released and available to respond to scene within 10 minutes of that confirmation (with a corresponding safe system of work).			Y										YAS has MFTFA guidance and plans in place that are also multi-agency plans too. The current MTFA establishment is 57 uplift staff plus HART, of whom 9 are out of currency due to not being released for training. 48 MTFA uplift staff are in currency at this moment in time. The Trust is aiming to increase the AIT numbers to 90 over the coming months to improve the position. At present the establishment is not yielding the core staffing requirement. YAS provided evidence which monitored the staffing level by hour. As a result, over the monitoring period there is 0% compliance (i.e. no shifts that had 10 available throughout the full duration of the shift period). However, based on shift analysis in the Proclus system, 105 shifts in the 3 month monitoring period had less than 16 (including the HART 6). So, the Trust achieves 51% compliance when averaged out. YAS is currently increasing numbers to 90 AIT trained, recruitment process and training commenced and is anticipated to be completed end of Q4 2017/18.			
4	Organisations ensure that appropriate personal equipment is available and maintained in accordance with the detailed specification in MTFA SOPs (Reference C).			Y										All staff will undertake their own kit checks on an annual basis which will be carried out when attending their annual re-qualifying and recorded in the log book to the ballistic equipment.			
5	Organisations maintain a local policy or procedure to ensure the effective identification of incidents or patients that may benefit from deployment of the MTFA capability.			Y										MTFA SOP and Tactical Commander course. 235 EOC staff have attended an awareness session which consisted of the JOPs as well as undertaking the national MTFA exercise. EOC initially use card 27 of AMROS and in the event of an MTFA they refer to the Operations Plan and point of contact that is on each EOC desktop. All EOC tactical commanders have access to the JOPs via the secure section of the Web. There is a review budget for the MTFA capability. The ballistic vests are now a 30 year lifespan, but the helmets are 5 years. A replacement schedule will be developed at an appropriate time.			
6	Organisations have an appropriate revenue depreciation scheme on a 5-year cycle which is maintained locally to replace nationally specified MTFA equipment.			Y										National change request forms are used when required.			
7	Organisations use the NARU coordinated national change request process before reconfiguring (or changing) any MTFA procedures, equipment or training that has been specified as nationally interoperable.			Y										There are full inventories for assets that are both within the MTFA response vehicle and operational base.			
8	Organisations maintain an appropriate register of all MTFA safety critical assets.			Y										WY has a team of 10 MTFA Commanders who are all NAD/Tactical Advisers. They are required to undertake a live exercise to maintain their competency. In the absence of the NAD the duty NAD/CS will carry out the role of the OSC, until released by the NAD.			
9	Organisations ensure their operational commanders are competent in the deployment and management of NHS MTFA resources at any live incident.			Y										EOC record the receipt of the incident on CAD as well as the incident type and deployment times of both the staff and specialist assets.			
10	Organisations 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 operating under an NHS England contract).			Y										YAS reports HART and AIT availability every 12hrs to the National Ambulance Resilience Unit (NARU) via PROCLUS Dashboard. Any shortfalls are reported.			
11	In any event that the organisations is unable to maintain the MTFA capability to the interoperability standards, that provider has robust and timely mechanisms to make a notification to the National Ambulance Resilience Unit (NARU) on-call system. The provider must then also provide notification of the specification default in writing to their lead commissioners.			Y										Proclus dashboard and the incident recording template in Proclus which would be completed by HART.			
12	Organisations support the nationally specified system of recording MTFA activity which will include a local procedure to ensure MTFA staff update the national system with the required information following each live deployment.			Y										At above			
13	Organisations ensure that the availability of MTFA capabilities within their operational service area is notified nationally every 12 hours via a nominated national monitoring system coordinated by NARU.			Y										Risk assessments updated in April 2016. The training venue is within the Manor Hill Resource Centre of which there has been several risk assessments take place. Any external activities such as exercises have completed risk assessments. West Yorkshire Police have an venue which YAS use on a regular basis and have risk assessments available upon request. HART Team leader would lead the process in conjunction with the On Scene Commander, Police and Fire Service Commanders with regard to a CDMA at any live event. A PCA risk assessment has also been developed for the physical activities relating to the assessments.			
14	Organisations maintain a set of local MTFA risk assessments which are compliant with the national MTFA risk assessments covering specific training venues or activity and pre-identified high risk sites. The provider must also ensure there is a local process / procedure to regulate how MTFA staff conduct a joint dynamic hazards assessment (JDHA) at any live deployment.			Y										YAS incident detail process. HART Proclus incident recording and multi-agency details. Training activity captured by the HART training manager and/or the MTFA Trainers/Lead/Co-ordinator. In addition learning and post incident reports are shared regularly with the NARU Operations Group members and JOPP JPs.			
15	Organisations have a robust and timely process to report any lessons identified following an MTFA deployment or training activity that may be relevant to the interoperable service to NARU within 12 weeks using a nationally approved lessons database.			Y										Normal reporting methods to commissioners, Proclus dashboard for on day staff, NHS England and NARU for maintenance for the interoperability standards.			
16	Organisations have a robust and timely process to report, to NARU and their commissioners, any safety risks related to equipment, training or operational practice which may have an impact on the national interoperability of the MTFA service as soon as is practicable and no later than 7 days of the risk being identified.			Y										YAS acknowledges safety bulletins to the person/organisation sending the alert. Safety bulletins are cascaded across the organisation via email, Ops Update and Alert. YAS would respond in accordance with current practice. A senior Managers briefing document has been developed as part of the event of any review where notifications are identified tactical actions are available.			
17	Organisations have a process to acknowledge and respond appropriately to any national safety notifications issued for MTFA by NARU within 7 days.			Y										Training is provided to the Fire & Rescue Services, within West Yorkshire. Discussions are being held with South Yorkshire Fire with regard to the introduction of an MTFA capability within their catchment area.			
18	FRS organisations that have an MTFA capability the ambulance service provider must provide training to this FRS			Y										The day safe list is accessible to all staff via the response and has been for some time. Each awareness session that control room and Operational staff attend, are shown the film. The specialist responder film is shown to all new AITs on each initial course. Each re-qualification course also shows the film. The strategic commander DVD rollout had been done by Strategic Commanders.			
19	Organisations ensure that staff view the appropriate NARU training and briefing DVDs			Y										Training to include: - Introduction and understanding of NASMed triage - Haemorrhage control - Use of dressings and tourniquets - Patient positioning - Casualty Collection Point procedures. - National Strategic Guidance - KPI 100% Gold commanders. - Specialist Ambulance Service Response to MTFA - KPI 100% MTFA commanders and teams. - Non-Specialist Ambulance Service Response to MTFA - KPI 80% of operational staff.			

Core standard	Clarifying information	Acute healthcare providers	Specialist providers	Ambulance service providers	Community services providers	Mental healthcare providers	NHS England local teams	NHS England Regional & national	PCGs	CSUs (business continuity only)	Primary care (GP, community pharmacy)	Other NHS funded organisations	Evidence of assurance	Self assessment RAG Red = Not compliant with core standard and not in the EPRR work plan within the next 12 months. Amber = Not compliant but evidence of progress and in the EPRR work plan for the next 12 months. Green = fully compliant with core standard.	Action to be taken	Lead	Timescale
Governance																	
1	Organisations maintain a HART Incident Response Unit (IRU) capability at all times within their operational service area.			Y										YAS maintains the agreed safe system of working, and the agreed interoperability standards. Staffing levels are recorded on Proclus dashboard every twelve hours. There are occasions where the minimum number of 6 staff drops below. On these occasions a member of the HART training team, or the Training Manager makes up the sixth person. Each team has a protected training week every seventh week. There were six ambulance Technicians within HART. During the course of the last twelve months two have completed the conversion course to paramedic, two are currently in the process of completing and the remaining technician is returning in March 2017 and will be replaced by a paramedic. All new recruits are Paramedic level as a minimum. All staff maintain the fitness levels to practice and undergo a PCA every six months, which is recorded. Each team has a Team Educator, who ensures staff within the team maintain evidence of competence for the defined standards and the Training Manager oversees the seven teams and the annual training plan.			
2	Organisations maintain a HART Urban Search & Rescue (USAR) capability at all times within their operational service area.			Y										as above			
3	Organisations maintain a HART Inland Water Operations (IWO) capability at all times within their operational service area.			Y										as above			
4	Organisations maintain a HART Tactical Medicine Operations (TMO) capability at all times within their operational service area.			Y										as above			
5	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.			Y										TMO response and whether it required a safe system of work. In 2016, due to the introduction of the Ambulance Response Programme, a review of the code set was commenced. However due to planned changes to the AMFOS code set completion of this remains outstanding at the time of this submission. BI report against three incident types monthly with the performance output. See above for the minimum number of staff on duty. The HART unit is based just outside the Model Response site but within 10 minutes travelling time. The second site within Yorkshire is 30 minutes travelling time. All staff are aware they are on 30 minutes notice to move anywhere in the country. The HART establishment has been increased in YAS from 42 to 46 following a successful business case to Commissioners. This business case was predicated on the need to maintain a minimum of six HART on duty at all times for a safe system of work. At the time of the recent NHS England/NARU review, the HART unit had 35 operational staff. Five staff are listed as being on an improvement leaving 12 gaps in the establishment. However, five new recruits are in training. A number of shifts were not covered by six staff despite the commissioned uplift in establishment numbers. One month was selected from the monitoring period and subject to a more detailed analysis. GRS and Proclus data was compared to the interim evidence. There was a two shift anomaly between the Proclus and GRS evidence but both indicated an average finding of 87% compliance compared with the interim evidence declaration for same month of 97.8%. There have, evidentially, been periods of full compliance with the enhanced numbers but recently (over the last 6 months) there has not been effective and robust management of the establishment to maintain the contract standard.			
6	Organisations maintain a criteria or process to ensure the effective identification of incidents or patients at the point of receiving an emergency call that may benefit from the deployment of a HART capability.			Y										see above			
7	Organisations ensure an appropriate capital and revenue depreciation scheme is maintained locally to replace nationally specified HART equipment.			Y										There is a defined Capital and Revenue budget for HART, with the associated depreciation funds to replace the equipment. The HART approved buying frameworks are used for HART specific equipment and vehicles. The replacement HART fleet as defined by the NARU specifications is underway. At the time of submitting this return, the Primary vehicles have been received, with the secondary scheduled for delivery in January 2017. The Personnel carrier has yet to be ordered as the awarded supplier has yet to complete the vehicle design and final costing.			
8	Organisations use the NARU coordinated national change request process before reconfiguring (or changing) any HART procedures, equipment or training that has been specified as nationally interoperable.			Y										Where required, the NARU national change process is used to change any procedures, equipment or training.			
9	Organisations ensure that the HART fleet and associated incident technology are maintained to nationally specified standards and must be made available in line with the national HART 'notice to move' standard.			Y										The HART Forward Command vehicle and incident technology are maintained to national standards and notice to move. The second generation Incident Ground Technology is to be built with the awarded supplier, scheduled for delivery in November 2016. However, it can be implemented until the secondary vehicles are delivered in January.			
10	Organisations ensure that all HART equipment is maintained according to applicable British or EN standards and in line with manufacturers recommendations.			Y										Equipment is maintained and serviced in accordance with the manufacturers instructions. Servicing and maintenance records are retained at the HART base.			
11	Organisations maintain an appropriate register of all HART safety critical assets. Such assets are defined by their reference or inclusion within the National HART Standard Operating Procedures. This register must include: individual asset identification, any applicable servicing or maintenance activity, any identified defects or faults, the expected replacement date and any applicable statutory or regulatory requirements (including any other records which must be maintained for that item of equipment).			Y										A register of all safety critical equipment is in place, with the appropriate service and maintenance records. Each item uses the manufacturers product code as the method of logging.			
12	Organisations ensure that a capital estate is provided for HART that meets the standards set out in the HART estate specification.			Y										HART moved to new purpose built premises in September 2014			
13	Organisations ensure their incident commanders are competent in the deployment and management of NHS HART resources at any live incident.			Y										Incident Commanders have been refreshed on HART assets and capabilities through the MIRA refresh programme. YAS is now sending Tactical Commissioners on the NARU Tactical Command course that also covers this topic, however places are limited and this will not be completed in this assurance period.			
14	In any event that the provider is unable to maintain the four core HART capabilities to the interoperability standards, that provider has robust and timely mechanisms to make a notification to the National Ambulance Resilience Unit (NARU) on-call system. The provider must then also provide notification of the specification default in writing to their lead commissioners.			Y										HART availability is provided the Proclus Dashboard every twelve hours.			
15	Organisations support the nationally specified system of recording HART activity which will include a local procedure to ensure HART staff update the national system with the required information following each live deployment.			Y										Each HART team records all incidents via the Proclus system.			
16	Organisations maintain accurate records of their compliance with the national HART 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 operating under an NHS England contract).			Y										A monthly report is produced by BI, which includes the incident numbers by type and the performance standard achieved for each incident.			
17	Organisations ensure that the availability of HART capabilities within their operational service area is notified nationally every 12 hours via a nominated national monitoring system coordinated by NARU.			Y										YAS updates the PROCLUS Dashboard every twelve hours.			
18	Organisations maintain a set of local HART risk assessments which compliment the national HART risk assessments covering specific training venues or activity and pre-identified high risk sites. The provider must also ensure there is a local process / procedure to regulate how HART staff conduct a joint dynamic hazards assessment (JDHA) at any live deployment.			Y										HART Risk assessments are in place.			
19	Organisations have a robust and timely process to report any lessons identified following a HART deployment or training activity that may be relevant to the interoperable service to NARU within 12 weeks using a nationally approved lessons database.			Y										Each team records any lessons identified either through training, incident or exercise and reports this locally and where appropriate forwards them via Proclus to NARU and all HART teams nationally. In addition information is shared with the NARU National Operations Group for shared learning across the HART Teams.			

20	Organisations have a robust and timely process to report, to NARU and their commissioners, any safety risks related to equipment, training or operational practice which may have an impact on the national interoperability of the HART service as soon as is practicable and no later than 7 days of the risk being identified.				Y																																					
21	Organisations have a process to acknowledge and respond appropriately to any national safety notifications issued for HART by NARU within 7 days.				Y																																					