

## NHS England Core Standards for Emergency preparedness, resilience and response

v3.0

The attached EPRR Core Standards spreadsheet has 6 tabs:

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

**Pandemic Influenza** :- with deep dive questions to support the pandemic influenza 'deep dive' for EPRR Assurance 2015-16 (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 V3.0. The following changes have been made :

- Inclusion of Pandemic Influenza questions to support the pandemic influenza 'deep dive' for EPRR Assurance 2015-16
- Inclusion of the HART service specification for ambulance service providers and the reference to this in the EPRR Core Standards
- Inclusion of the MTFA service specification for ambulance service providers and the reference to this in the EPRR Core Standards
- Updated the requirements for primary care to more accurately reflect where they sit in the health economy
- update the requirement for acute service providers to have Chemical Exposure Assessment Kits (ChEAKs) (via PHE) to reflect that not all acute service providers have been issued these by PHE and to clarify the expectations for acute service providers in relation to supporting PHE in the collection of samples



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	CCGs	CSUs (not based continuity only)	Primary care (GP, community pharmacy)	Other NHS funded organisations	Evidence of assurance	Self assessment RAG	Action to be taken	Lead	Timescale
														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.			
15	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.	Organisation to have a 24/7 on call rota in place with access to strategic and/or executive level personnel	Y	Y	Y	Y	Y	Y	Y			Y	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 triggers 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 oncall" email group for quick dissemination of information.			
16	Those on-call must meet identified competencies and key knowledge and skills for staff.	NHS England published competencies are based upon National Occupation Standards .	Y	Y	Y	Y	Y	Y	Y			Y	Training is delivered at the level for which the individual is expected to operate (i.e. 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-Cops and on-call have to meet the requirements of this role. YAS supported and engages with all available National courses.			
17	Documents identify where and how the emergency or business continuity incident will be managed from, i.e. 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 .	This should be proportionate to the size and scope of the organisation.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	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/co-ordination 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 ResWeb0) 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.			
18	Arrangements ensure that decisions are recorded and meetings are minute during an emergency or business continuity incident.		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	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 Loggists 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.				
19	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.		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	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.				
20	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.	Both acute and ambulance providers are expected to have in place arrangements for accessing specialist advice in the event of incidents chemical, biological, radiological, nuclear, explosive or hazardous materials	Y	Y										YAS has NIOs 24/7 these are skilled in all the required elements of this section.			
21	Arrangements to have access to 24-hour radiation protection supervisor available in line with local and national mutual aid arrangements;	Both acute and ambulance providers are expected to have arrangements in place for accessing specialist advice in the event of a radiation incident	Y	Y										the above as also RPS trained and supported by RPS trained staff within HART			
<b>Duty to communicate with the public</b>																	
22	Arrangements demonstrate warning and informing processes for emergencies and business continuity incidents.	Arrangements include a process to inform and advise the public by providing relevant timely information about the nature of the unfolding event and about: - Any immediate actions to be taken by responders - Actions the public can take - How further information can be obtained - The end of an emergency and the return to normal arrangements Communications arrangements/ protocols: - have regard to managing the media (including both on and off site implications) - include the process of communication with internal staff - consider what should be published on intranet/internet sites - have regard for the warning and informing arrangements of other Category 1 and 2 responders and other organisations.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	<ul style="list-style-type: none"> <li>Have emergency communications response arrangements in place</li> <li>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)</li> <li>Communicating with the public to encourage and empower the community to help themselves in an emergency in a way which complements the response of responders</li> <li>Using lessons identified from previous information campaigns to inform the development of future campaigns</li> <li>Setting up protocols with the media for warning and informing</li> <li>Having an agreed media strategy which identifies and trains key staff in dealing with the media including nominating spokespeople and 'talking heads'.</li> <li>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.</li> <li>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.</li> </ul>	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.			

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23	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.				
<b>Information Sharing – mandatory requirements</b>																		
24	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.					
<b>Co-operation</b>																		
25	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.	YAS is represented at all 4 LRFs at all applicable levels.				
26	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	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	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				
27	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 ACCE sponsored National Mutual aid plan. YAS has both requested and provided mutual via this framework. YAS has local agreements with partners on specialist areas of response.				
28	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		the YAS command and control structure is based upon a three event response across the region. YAS has demonstrated this in exercise and in real-time through bad weather events and internally through managing industrial action.				
29	Arrangements outline the procedure for responding to incidents which affect two or more regions.			Y				Y				Y		This would be delivered via National Mutual Aid arrangements and coordinated by the NACC. YAS has demonstrated this during incidents of nationwide industrial action.				
30	Arrangements demonstrate how organisations support NHS England locally in discharging its EPRR functions and duties	Y	Y	Y	Y	Y			Y		Y			YAS operates a joint Health Gold Cell with its Health partners. Has worked with NHS England on the development of a regional Mass Casualty plan. YAS has all relevant health partners as part of its communication cascades.				
31	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						YAS includes and incorporates working with all partners within its plans and incident management structures.				
32	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						LHRPs within the region meet on a quarterly cycle, with the option to call an extra-ordinary meeting if any member deemed it required.				
33	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		Arrangements are in place however, the Emergency Accountable Officer may choose to send a suitable deputy to represent the Trust.				
<b>Training And Exercising</b>																		
34	Arrangements include a 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	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 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 identified as a challenge and a risk that it needs to release staff to undertake incident education, this is mitigated by ensuring there is e-learning available to staff and its included in the statutory and mandatory training workbook YAS has this identified on the risk register and has a workforce improvement programme in place that will enable staff to be released for this training when we improve the rotas and increase the available operational hours.				
35	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		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.				
36	Demonstrate organisation wide (including on call personnel) appropriate participation in multi-agency exercises	Y	Y	Y	Y	Y	Y	Y	Y			Y		YAS holds an exercise calendar of its ResWeb© this can evidence the full range of exercises it is involved in at all levels across the region and at a national level.				
37	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		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				

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<b>2015 Deep Dive</b>																	
DD1	Organisations have updated their pandemic influenza arrangements to reflect changes to the NHS and partner organisations, as well as lessons identified from the 2009/10 pandemic including through local debriefing	<ul style="list-style-type: none"> <li>changes since April 2013 are reflected in local plans including formation of NHS England, CCGs and PHE; as well as the move of the previous PCT public health function into local authorities</li> <li>key changes to the national pandemic influenza strategy (such as de-coupling from WHO, development of DATER phases, and removal of UK alert levels) as well as relevant local learning is reflected</li> </ul>	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	<ul style="list-style-type: none"> <li>updated planning arrangements reflect changes and learning</li> <li>version control indicates changes made and timeliness</li> </ul>	YAS Pan Flu plan, reviewed and updated October 2016. although the plan reflects the changes to removing UK alert levels. YAS still utilises a levels system to manage its own actions and pan delivery, therefore this is acknowledged and explained in the YAS Pan Flu Guidance		Head of EPRR	
DD2	Organisations have developed and reviewed their plans with LHRP and LRF partners	<ul style="list-style-type: none"> <li>relevant local partners (particularly other NHS providers/ commissioners, PHE and local authority public health and social care teams where appropriate) have been engaged in the development of local plans - at a minimum through an opportunity to comment on draft versions</li> </ul>	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	<ul style="list-style-type: none"> <li>indication of the process used to develop updated arrangements, including identification of organisations involved in contributing or commenting on drafts</li> <li>agendas/ minutes illustrating where the updated arrangements have been discussed</li> </ul>	YAS engages with partners via the LRFs (Health Sub Groups) and the LHRPs, all of which have pan flu as part of their work streams		Head of EPRR	
DD3	Organisations have undertaken a pandemic influenza exercise or have one planned in the next six months	<ul style="list-style-type: none"> <li>local organisations have held an internal exercise or participated in a multi-organisation exercise since updating their local arrangements to reflect changes and learning described in DD1</li> <li>if this has not taken place, there is a clear plan to deliver an exercise in the next six months</li> </ul>	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	<ul style="list-style-type: none"> <li>documentation related to exercise since the 2013 publication, including lessons identified OR</li> <li>invitation letters/ documentation related to exercise scheduled to take place in next six months, including an indication of how lessons identified will be addressed</li> </ul>	YAS engages with partners in relation to pan flu exercises. Including Ex Aberio (SY&B LHRP) and is also about to undertake a NIE Yorks LHRP exercise (28/11/15). YAS is involved in both the planning and participation of these exercises.		Head of EPRR	
DD4	Organisations have taken their plans to Boards / Governing bodies for sign off	<ul style="list-style-type: none"> <li>updated arrangements that reflect changes and learning described in DD1 have been taken to Boards or Governing Bodies, and even if they have not yet have been signed off by such bodies, the process towards this has been started</li> </ul>	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	<ul style="list-style-type: none"> <li>Board/ Governing Body agenda or meeting papers indicating updated pandemic influenza arrangements have been discussed and/ or signed off</li> </ul>	This is reflected in both LRF and LHRP minutes		Head of EPRR	

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				
<b>Preparedness</b>										
38	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		CBRN/HAZMAT Plan , April 2015. Includes IOR and should be considered in conjunction with the Major Incident Plan. Contact details are held within the Emergency Operations Centre (EOC) and the Regional Operations Centre (ROC). Plan is available on Res Web.		Special Operations	Review in April 2016
39	Staff are able to access the organisation HAZMAT/ CBRN management plans.	Decontamination trained staff can access the plan			Y		Plan is available on ResWeb and is available to SORT, HART and CBRN Commanders		Special Operations	Review in April 2016
40	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		CBRN Risk Assessment revised in September 2015. Final version to be available on ResWeb by the end of December 2015		Special Operations	Dec-15
41	Rotas are planned to ensure that there is adequate and appropriate decontamination capability available 24/7.				N		Rota's do not provide adequate cover 24/7. SORT staff are provided with a pager to recall to duty. HART staff are 24/7, Commander cadre is 24/7. There is insufficient trained SORT staff across the organisation. Courses programmed to address the shortfall have been suspended until February 2016.	Review rota provision whilst the Trust reviews rota's over the coming months. Training programmes to be recommenced in 2016	Rota Review Group. Special Operations	2016 for rota review. February 2016 for commencement of SORT courses.
42	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		Staff can access a Tactical Advisor 24/7. Contact details for specialist advice available through EOC and the ROC		Special Operations	Review in April 2016
<b>Decontamination Equipment</b>										
43	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: <a href="http://www.londonccn.nhs.uk/_store/documents/hazardous-material-incident-guidance-for-primary-and-community-care.pdf">http://www.londonccn.nhs.uk/_store/documents/hazardous-material-incident-guidance-for-primary-and-community-care.pdf</a> ) • Initial Operating Response (IOR) DVD and other material: <a href="http://www.jesip.org.uk/what-will-jesip-do/training/">http://www.jesip.org.uk/what-will-jesip-do/training/</a>			Y		Detailed inventories are held on ResWeb. Equipment is held on five 7.5t trucks and can be mobilised by the Resilience Support Team 24/7		Special Operations	Review in April 2016
44	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		PRPS suits are held on the trucks and available for immediate deployment. A capital bid for the replacement of suits is being submitted in 2016 in readiness for replacement in 2017. It should be noted there is a national procurement exercise being developed in readiness for the SOR implementation, to include Police and Fire services.	Capital paper to be submitted in 2016/17, but an overview of the national procurement to be maintained	Special Operations	2016/17
45	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		All equipment is rotated and used during the SORT Training courses to ensure operational use. Records are kept on ResWeb.			
46	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		As above. In addition the PRPS suits are recalibrated every twelve months, the water heater, the RAM Gene's and Tents are serviced as per maintenance schedule (all on ResWeb)		Special Operations	In accordance with maintenance schedules
47	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		Disposal of PRPS and other equipment is coordinated through the YAS Environment and Waste Manager, which is in line with NHS England guidance		Special Operations	
<b>Training</b>										

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Q	Core standard	Clarifying information					Evidence of assurance				
48	The current HAZMAT/ CBRN Decontamination training lead is appropriately trained to deliver HAZMAT/ CBRN training			Y			YAS has 2 x CBRN Trainers. Both have relevant skills, knowledge and experience			Special Operations	Review in April 2016
49	Internal training is based upon current good practice and uses material that has been supplied as appropriate.			Y			YAS has reviewed its CBRN training programmes in the last 12 months. It includes the IOR, JESIP current guidance			Special Operations	Review in April 2016
50	The organisation has sufficient number of trained decontamination trainers to fully support it's staff HAZMAT/ CBRN training programme.			Y			YAS has 2 x CBRN Trainers. Both have relevant skills, knowledge and experience. YAS also has access to the HART Educators for input to the courses as required			Special Operations	Review in April 2016
51	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			The annual Emergency Preparedness update for operational staff is considerably behind, therefore staff have not had an update on CBRN for a protracted period. However, this year they are all being sent a DVD with the IOR principles and given access to an e-learning programme for IOR.		DVD to be sent to all staff	Special Operations	Review in April 2016

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.
<b>EITHER: Inflatable mobile structure</b>			
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	
<b>OR: Rigid/ cantilever structure</b>			
E2	Tent shell	5 x NHS MDU Decontamination Unit	
<b>OR: Built structure</b>			
E3	Decontamination unit or room	N/A	
<b>AND:</b>			
E4	Lights (or way of illuminating decontamination area if dark)	4 x Internal & 2 x external lights per MDU	
E5	Shower heads	4 X Shower Heads per MDU	
E6	Hose connectors and shower heads	2 X Fire Hose per MDU	
E7	Flooring appropriate to tent in use (with decontamination basin if needed)	12 Rubber Floor Mats per MDU	
E8	Waste water pump and pipe	1 per MDU	
E9	Waste water bladder	2 X 500Litre per MDU	
<b>PPE for chemical, and biological incidents</b>			
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).	200 x Live PRPS	
E11	Providers to ensure that they hold enough training suits in order to facilitate their local training programme	98 x PRPS Training Suits	
<b>Ancillary</b>			
E12	A facility to provide privacy and dignity to patients	Each MDU has Derobe & Rerobe Area	
E13	Buckets, sponges, cloths and blue roll	Yes	
E14	Decontamination liquid (COSHH compliant)	Yes	
E15	Entry control board (including clock)	1 per MDU	
E16	A means to prevent contamination of the water supply	Water flushed through Decon Water Heaters pre Decontamination	
E17	Poly boom (if required by local Fire and Rescue Service)	N/A	
E18	Minimum of 20 x Disrobe packs or suitable equivalent (combination of sizes)	198 De Robe packs on Various Vehicles	
E19	Minimum of 20 x re-robe packs or suitable alternative (combination of sizes - to match disrobe packs)	147 Re Robe packs on Various Vehicles	
E20	Waste bins	Yes	
	Disposable gloves	Yes	
E21	Scissors - for removing patient clothes but of sufficient calibre to execute an emergency PRPS suit disrobe	Toughcut Scissors	
E22	FFP3 masks	Personal Issue to all frontline staff & carried on vehicles	
E23	Cordon tape	Yes	
E24	Loud Hailer	Yes	
E25	Signage	On each MDU	
E26	Tabards identifying members of the decontamination team	Yes	
E27	Chemical Exposure Assessment Kits (ChEAKs) (via PHE) or 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.	N/A for Ambulance Trust, however a command decision/support can be made if a formal request is made.	
<b>Radiation</b>			
E28	RAM GENE monitors (x 2 per Emergency Department and/or HART team)	3	
E29	Hooded paper suits	Yes	
E30	Goggles	Yes	
E31	FFP3 Masks - for HART personnel only	Yes	
E32	Overshoes & Gloves	Yes	



Governance	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	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
1	Organisations have an MTFA capability at all times within their operational service area.	<ul style="list-style-type: none"> <li>Organisations have MTFA capability to the nationally agreed safe system of work standards defined within this service specification.</li> <li>Organisations have MTFA capability to the nationally agreed interoperability standard defined within this service specification.</li> <li>Organisations have taken sufficient steps to ensure their MTFA capability remains compliant with the National MTFA Standard Operating Procedures during local and national deployments.</li> </ul>			Y									HART staff are 24/7 and compliant with the MTFA standards. In addition YAS has 60 staff trained as AIT providers, who are available via pager and recall to duty. HART are based close to the Model Response site and easily respond within 45 minutes. AIT are across the Trust and therefore may take longer to respond, depending on their location. EOC have procedures to identify and MTFA incident, share with their emergency service colleagues and protect those staff responding to an MTFA incident, and stop other staff from entering the Hot Zone. It is not always possible to ensure there are 10 staff on duty at any one time, due to rota patterns. Trained AIT staff are subject to annual fitness assessment and two day refresher. All new AIT staff must pass the Physical Competence Fitness Assessment before being allowed to undertake the AIT course. There are training records for each member of the AIT held on ResWeb. All MTFA equipment is stored and maintained to the manufacturers recommendations.		Special Operations		
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.	<ul style="list-style-type: none"> <li>Deployment to the Home Office Model Response sites must be within 45 minutes.</li> </ul>			Y												Special Operations	
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).	<ul style="list-style-type: none"> <li>Organisations maintain a minimum of ten competent MTFA staff on duty at all times. Competence is denoted by the mandatory minimum training requirements identified in the MTFA capability matrix.</li> <li>Organisations ensure that, as part of the selection process, any successful MTFA application must have undergone a Physical Competence Assessment (PCA) to the nationally agreed standard.</li> <li>Organisations maintain the minimum level of training competence among all operational MTFA staff as defined by the national training standards.</li> <li>Organisations ensure that each operational MTFA operative is competent to deliver the MTFA capability.</li> <li>Organisations ensure that comprehensive training records are maintained for each member of MTFA staff. These records must include; a record of mandated training completed, when it was completed, any outstanding training or training due and an indication of the individual's level of competence across the MTFA skill sets.</li> </ul>			Y											A&E Operations are reviewing the Trust rotas in 2015/16. A request to ensure 10 staff are available 24/7 will be submitted to the Rota review Group	Special Operations	end of 2016
4	Organisations ensure that appropriate personal equipment is available and maintained in accordance with the detailed specification in MTFA SOPs (Reference C).	<ul style="list-style-type: none"> <li>To procure interoperable safety critical equipment (as referenced in the National Standard Operating Procedures), organisations should use the national buying frameworks coordinated by NARU unless they can provide assurance through the change management process that the local procurement is interoperable.</li> <li>All MTFA equipment is maintained to nationally specified standards and must be made available in line with the national MFTA 'notice to move' standard.</li> <li>All MTFA equipment is maintained according to applicable British or EN standards and in line with manufacturers' recommendations.</li> </ul>			Y												Special Operations	
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.	<ul style="list-style-type: none"> <li>Organisations ensure that Control rooms are compliant with JOPs (Reference B).</li> <li>With Trusts using Pathways or AMPDS, ensure that any potential MTFA incident is recognised by Trust specific arrangements.</li> </ul>			Y									See above			EOC	
6	Organisations have an appropriate revenue depreciation scheme on a 5-year cycle which is maintained locally to replace nationally specified MTFA equipment.				Y									MTFA monies received annually has an amount for depreciation of ballistic equipment. However it has not been transferred across into capital expenditure and depreciated down. Additionally capital expenditure rules determine that any individual item with a value of less than £5,000 is not a capital item and is therefore revenue.		Paper to be submitted to Finance to identify how the ballistic vests will be replaced given funding has been provided.	Special Operations	Q4 2015/16
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									National change request forms are used where required			Special Operations	
8	Organisations maintain an appropriate register of all MTFA safety critical assets.	<ul style="list-style-type: none"> <li>Assets are defined by their reference or inclusion within the National MTFA Standard Operating Procedures.</li> <li>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).</li> </ul>			Y									Assets are recorded on ResWeb, service and maintenance records are kept and maintained via ResWeb and HART admin				
9	Organisations ensure their operational commanders are competent in the deployment and management of NHS MTFA resources at any live incident.				Y									Tactical Advisor cohort are the On Scene Commanders for an MTFA. Tactical and Strategic Commanders have been provided with an update, but is overdue a refresh.	Tactical and Strategic Commanders due a refresh on MTFA	Special Operations	Q4 2015/16	

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							EOC record the receipt of the incident on CAD, the incident type and deployment times of the staff and specialist assets			EOC	
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							YAS reports HART availability every twelve hours via the Proclus Dashboard. Shortfalls in staffing are reported			EOC	
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							Proclus Dashboard and the Incident recording template in Proclus completed by HART for all HART related incidents.			Special Operations	
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							As above. But does not include AIT (HART only)		Determine if the Proclus dashboard is recording the AIT staff availability	Special Operations	End of Q3 2015/16
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							Risk assessments updated in September 2015. Training venues to be updated. HART staff would lead process in conjunction with the On Scene Commander, Police and Fire service commanders.			Special Operations	
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							YAS Incident Debrief process, HART Proclus Incident recording and multi agency debriefs. Training activity captured by the HART Training Manager and or the MTFA Training coordinators			Special Operations	
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							Normal reporting methods to Commissioners, Proclus Dashboard for on day staff, NHS England and NARU for maintenance of the interoperability standards.			Special Operations	
17	Organisations have a process to acknowledge and respond appropriately to any national safety notifications issued for MTFA by NARU within 7 days.				Y							YAS acknowledges Safety bulleting to the person/organisation sending the alert. Safety bulletin cascaded across the organisation via e-mail, Ops Update and Ops Alert.			Special Operations	
18	FRS organisations that have an MTFA capability the ambulance service provider must provide training to this FRS	Training to include: • Introduction and understanding of NASMed triage • Haemorrhage control • Use of dressings and tourniquets • Patient positioning • Casualty Collection Point procedures.			Y							YAS provides the training for FRS across Yorkshire			Special Operations	
19	Organisations ensure that staff view the appropriate DVDs	• 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.			Y							It has been sometime since the DVD's were shown to Commanders. AIT staff receive update training annually. The Stay Safe information was distributed to staff in the early days of implementation, but not since.		MTFA DVD to be uploaded onto the YAS intranet for staff access. Commander training programme to be updated, with DVD included. DVD to be used in AIT annual update	Special Operations	February 2016 for training courses. End of December 2015 for access to non-specialist 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	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	
<b>Governance</b>																			
1	Organisations maintain a HART Incident Response Unit (IRU) capability at all times within their operational service area.	<ul style="list-style-type: none"> <li>Organizations maintain the four core HART capabilities to the nationally agreed safe system of work standards defined within this service specification.</li> <li>Organizations maintain the four core HART capabilities to the nationally agreed interoperability standard defined within this service specification.</li> </ul>			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 when 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. All ambulance Technicians within HART (5) are going through the conversion course to become Paramedics. 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 are 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.	<ul style="list-style-type: none"> <li>Organizations take sufficient steps to ensure their HART unit(s) remains compliant with the National HART Standard Operating Procedures during local and national deployments.</li> </ul>			Y														
3	Organisations maintain a HART Inland Water Operations (IWO) capability at all times within their operational service area.	<ul style="list-style-type: none"> <li>Organizations maintain the minimum level of training competence among all operational HART staff as defined by the national training standards for HART.</li> <li>Organizations ensure that each operational HART operative is provided with no less than 37.5 hours protected training time every seven weeks. If designated training staff are used to augment the live HART team, they must receive the equivalent protected training hours within the seven week period (in other words, training hours can be converted to live hours providing they are re-scheduled as protected training hours within the seven week period).</li> </ul>			Y														
4	Organisations maintain a HART Tactical Medicine Operations (TMO) capability at all times within their operational service area.	<ul style="list-style-type: none"> <li>Organizations ensure that all HART operational personnel are Paramedics with appropriate corresponding professional registration (note s.3.4.6 of the specification).</li> <li>As part of the selection process, any successful HART applicant must have passed a Physical Competence Assessment (PCA) to the nationally agreed standard and the provider must ensure that standard is maintained through an ongoing PCA process which assesses operational staff every 6 months and any staff returning to duty after a period of absence exceeding 1 month.</li> <li>Organizations ensure that comprehensive training records are maintained for each member of HART staff. These records must include; a record of mandated training completed, when it was completed, any outstanding training or training due and an indication of the individual's level of competence across the HART skill sets.</li> </ul>			Y														
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.	<ul style="list-style-type: none"> <li>Four HART staff must be released and available to respond locally to any incident identified as potentially requiring HART capabilities within 15 minutes of the call being accepted by the provider. Note: This standard does not apply to pre-planned operations or occasions where HART is used to support wider operations. It only applies to calls where the information received by the provider indicates the potential for one of the four HART core capabilities to be required at the scene. See also standard 13.</li> <li>Organizations maintain a minimum of six competent HART staff on duty for live deployments at all times.</li> <li>Once HART capability is confirmed as being required at the scene (with a corresponding safe system of work) organisations can ensure that six HART staff are released and available to respond to scene within 10 minutes of that confirmation. The six includes the four already mobilised.</li> <li>Organizations maintain a HART service capable of placing six competent HART staff on-scene at strategic sites of interest within 45 minutes. These sites are currently defined within the Home Office Model Response Plan (by region). Competence is denoted by the mandatory minimum training requirements identified in the HART capability matrix.</li> <li>Organizations maintain any live (on-duty) HART teams under their control maintain a 30 minute 'notice to move' to respond to a mutual aid request outside of the host providers operational service area. An exception to this standard may be claimed if the live (on duty) HART team is already providing HART capabilities at an incident in region.</li> </ul>			Y								A review of all the AMPDS codes has recently been undertaken to determine which incidents HART should be deployed to. This is in its final draft. These are broken down by the four HART incident types (IRU, USAR, IWO and TMO). BI report against these incident types monthly with the performance outrun. See above for the minimum number of staff on duty. Within the AMPDS code set review, the incidents that need a full team of six to provide a safe system of work have been pre-identified. 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.		Completion of the AMPDS code set implementation	Special Operations	Dec-15		
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		Completion of the AMPDS code set implementation	Special Operations	Dec-15	
7	Organisations ensure an appropriate capital and revenue depreciation scheme is maintained locally to replace nationally specified HART equipment.	<ul style="list-style-type: none"> <li>To procure interoperable safety critical equipment (as referenced in the National Standard Operating Procedures), organisations should have processes in place to use the national buying frameworks coordinated by NARU unless they can provide assurance through the change management process that the local procurement is interoperable.</li> </ul>			Y									There is a defined Capital and Revenue budget for HART, with the associated depreciation funds to replace the equipment. The NARU agreed buying frameworks are used for HART specific equipment and vehicles.					
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									HART vehicles and incident technology are maintained to national standards and notice to move.		The two USAR vehicles are beyond their replacement schedule, as we have been waiting for the NARU fleet tender to be awarded. However an interim award has been made to replace against.	Special Operations	Mar-16	

10	Organisations ensure that all HART equipment is maintained according to applicable British or EN standards and in line with manufacturers recommendations.															Equipment is maintained and serviced in accordance with the manufacturers instructions and is available on ResWeb.				
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).															A register of all safety critical equipment is on ResWeb, with the appropriate service and maintained records. However they are not asset tagged.		Safety critical equipment to be asset tagged	Special Operations	Dec-15
12	Organisations ensure that a capital estate is provided for HART that meets the standards set out in the HART estate specification.															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.															Incident Commanders are aware of the assets available through YAS. Tactical Advisors are also aware and advise Commanders. HART are identified for incident types as a response through the AMPDS codes.				
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.															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.															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).															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.															See Q14				
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.															HART Risk assessments available on ResWeb. However they are in need of a refresh, but have been delayed, pending a review of the national risk assessments, which is due for completion before the end of the financial year		To update once the national risk assessments have been concluded	Special Operations	Mar-16
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.															Each team records any lessons identified either through training, incident or exercise and records this locally and where appropriate forwards them via Proclus to NARU and all HART teams nationally.				
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.															National reporting process is used when required				
21	Organisations have a process to acknowledge and respond appropriately to any national safety notifications issued for HART by NARU within 7 days.															Notification sare picked up form Proclus or the Safety Bulletins sent out from NARU and cascaded to each team and or fed back to NARU.				