



MEETING TITLE Board of Directors held in Public		MEETING DATE 26/10/2021	
TITLE of PAPER	2021 EPRR Core Standards – Self Assessment	PAPER REF	TB21.057
KEY PRIORITIES	Create a safe and high performing organisation based on openness, ownership and accountability Generate resources to support patient care and the delivery of our long-term plans, by being as efficient as we can be and maximising opportunities for new funding Be a respected and influential system partner, nationally, regionally and at place		
PURPOSE OF THE PAPER	The purpose of this brief is to outline how the Trust has performed against a self-assessment of the 2021 Core Standards, and to provide assurance that the action plan will achieve full compliance within 12 months.		
For Approval	<input checked="" type="checkbox"/>	For Assurance	<input type="checkbox"/>
For Decision	<input type="checkbox"/>	Discussion/Information	<input type="checkbox"/>
AUTHOR / LEAD	John Holden	ACCOUNTABLE DIRECTOR	Nick Smith
DISCUSSED AT / INFORMED BY – process initiated on 22 July 2021, and briefed into RGG in August 2021. Data gathering commenced in August and through September, with the report being drafted and presented to RGG on 4 October 2021 and TMG on the 6 October 2021.			
PREVIOUSLY AGREED AT:	Committee/Group: N/A		Date:
RECOMMENDATION(S)	The Board is asked to: <ul style="list-style-type: none"> • Approve the overall assessment grade. • Approve the proposed Action Plan to reach and overall assessment grade of Partially Compliant by the end of the calendar year and Substantially Compliant by the end of the Financial Year 		
RISK ASSESSMENT		Yes	No
Corporate Risk Register and/or Board Assurance Framework amended <i>If 'Yes' – expand in Section 4. / attached paper</i>		<input type="checkbox"/>	<input type="checkbox"/>
Equality Impact Assessment <i>If 'Yes' – expand in Section 2. / attached paper</i>		<input type="checkbox"/>	<input type="checkbox"/>
Resource Implications (Financial, Workforce, other - specify) <i>If 'Yes' – expand in Section 2. / attached paper</i>		<input type="checkbox"/>	<input type="checkbox"/>
Legal implications/Regulatory requirements <i>If 'Yes' – expand in Section 2. / attached paper</i>		X	<input type="checkbox"/>
ASSURANCE/COMPLIANCE			
Care Quality Commission Choose a DOMAIN(s)		4: Responsive 5: Well led	
NHSI Single Oversight Framework Choose a THEME(s)		Choose an item.	

**YORKSHIRE AMBUALNCE SERVICE:
2021/22 Emergency Preparedness, Resilience and Response (EPRR)
CORE STANDARDS SELF ASSESSMENT**

1. PURPOSE

- 1.1 The purpose of this paper is to outline how the Trust has performed against its assessment of the 2021 EPRR Core Standards, and to provide assurance that the associated action plan will result in YAS achieving full compliance within the allocated 12 months reporting period.

2. BACKGROUND AND CONTEXT

- 2.1 The EPRR Assurance process was launched in July 2021 by the National Director of EPRR, and organisations were asked to undertake self-assessment against individual core standards relevant to organisation type, and to rate compliance for each applicable standard against the standard criteria of full, partial, or non-compliance.
- 2.2 2020 saw a much-reduced submission as the focus was on learning from COVID-19, and this year sees a return to the more traditional standards and process.
- 2.3 The 2021 EPRR assurance process comes at a time of continued unprecedented pressures across all lines of service delivery. The duty of care to patients and staff and protection of the YAS 7 critical functions has been at the heart of the decision making in regards to the 2021 self-assessment and submission. In addition, based upon recent events such as Grenfell and the Manchester Area enquiries its has been essential to ensure we have be more robustly evidenced based. This has resulted in a reduction in overall compliance against the core standards submitted in 2020

3. CORE STANDARDS

- 3.1 The Core Standards are divided into two main components: Core Standards and Interoperable Capabilities. 32 Core Standards and 163 Standards within Interoperable Capabilities. YAS assesses its compliance against individual standards in accordance with the following definition:
- **Fully compliant.** The Trust is fully compliant with the standard.
 - **Partially compliant.** The Trust is not compliant but can evidence progress towards full compliance within the next 12 months through an action plan.
 - **Non-compliant.** The Trust is non-compliant with the standard and cannot guarantee compliance will be reached within the next 12 months.

3.2 Once an assessment has been made of each standard, the Trust can assign itself an overall assessment grade as follows:

- **Full Compliance.** 100% compliant with all Core Standards.
- **Substantially Compliant.** 89 – 99% compliant against all Core Standards
- **Partially Compliant.** 77-88% compliant against all Core Standards
- **Non-Compliant.** Compliant with less than 76% against all Core Standards

4. 2021 YAS Self-Assessment.

4.1 Based on input from key stakeholders from across EPRR, HART, Special Operations, Risk & Assurance, EOC, YAS Academy, Corporate Comms, Clinical, Finance, HR and Quality Assurance, it is assessed that YAS is fully compliant against 120 of the 195 Core Standards, which equates to 61% thus resulting in an overall assessment grade of non-Compliant.

To achieve an overall assurance grade of Partially Compliant, 30 more Core Standards need to be made fully compliant, additionally a further 20 standards would achieve an overall assurance rating of Substantially Compliant.

4.2 Break down of EPRR Core Standards.

Of the 32 standards, 15 have been reported as fully compliant, 15 have been reported as partially compliant and 2 have been reported as non-compliant.

4.3 Break down of Interoperable Capabilities.

Of the 163 standards, 105 have been reported as fully compliant, 54 have been reported as partially compliant and 4 have been reported as non-compliant.

5. NEXT STEPS: ACTION PLAN

5.1 Individual actions are captured in the Robust Action Plan Tracker, the progress against each of which will be reported into RGG. All actions have been reviewed and prioritised in order for YAS to report our compliance as partially compliant by the end of December 2021 and then fully compliant by the end of March 2022.

5.2 Any cost or resource implications necessary to achieve full compliance will be identified and raised through the appropriate channels:

6. RISK ASSESSMENTS

- 6.1 There are two main risks associated with achieving an overall assessment grade of Substantially Compliant by the end of the financial year:
- Competing priorities with the Trust's requirement to manage the pressures resulting from winter and the ongoing COVID-19 response. This risk is mitigated by the fact that the Trust has 12 months to action any noncompliance, so there is a built in 'buffer' to the action plan.
 - For those standards requiring additional resources to reach full compliance, the risk is that the funding will not be available in the time required due to competing priorities and budgetary constraints. This risk can be mitigated by identifying alternate, innovative, solutions as interim measures and using the risk register to manage the associated risk.

7. RECOMMENDATIONS

7.1 It is recommended that the Board:

- Approve the overall assessment grade.
- Approve the proposed Action Plan to reach and overall assessment grade of Partially Compliant by the end of the calendar year and Substantially Compliant by the end of the Financial Year

8. APPENDICES/BACKGROUND INFORMATION

- 8.1. YAS's Self-Assessment
8.2 Action Plan

Ref	Domain	Standard	Detail	Organisational Evidence	Self assessment RAG Red (not	Action to be taken	Lead	Resource Implications	Deadline
Domain 1 - Governance									
6	Governance	Continuous improvement process	The organisation has clearly defined processes for capturing learning from incidents and exercises to inform the development of future EPRR arrangements.	No evidence	Non compliant	Dec 21: Establish a multi stakeholder Task and Finish Group. Mar 22: Submit Recommendations Jun 22: Implement organisational wide process for capturing learning from incidents and exercises.	EPRR	Possible Staffing implications. Lead department TBD	Jun-22
7	Duty to risk assess	Risk assessment	The organisation has a process in place to regularly assess the risks to the population it serves. This process should consider community and national risk registers.	There is the NSRA EPRR Risks Register and the Resilience Governance Risk Register which both sit on Datix, and significant risks from both can be escalated onto the Operations, and then the Corporate Risk Register if deemed necessary.	Partially compliant	Dec 21: Formal EPRR process to be implemented on assignment of substantive Assistant EPRR Manager.	EPRR		Dec-21
8	Duty to risk assess	Risk Management	The organisation has a robust method of reporting, recording, monitoring and escalating EPRR risks.	There is the NSRA EPRR Risks Register and the Resilience Governance Risk Register which both sit on Datix, and significant risks from both can be escalated onto the Operations, and then the Corporate Risk Register if deemed necessary.	Partially compliant	Dec 21: Process to be formalised with the return to monthly EPRR meetings.	EPRR	Lead Dept: EPRR & Special Ops There are numerous risks from the NRR already on the Corporate Risk Register. Many of these may have cost implications.	Dec-21
11	Duty to maintain plans	Critical incident	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to a critical incident (as defined within the EPRR Framework).	Critical Incident Activation Guide, Major Incident Procedure, MTA Guidance and CBRN	Partially compliant	Dec 21: Liaise with YAS's Head of Risk Management to ensure risk mitigation measures reference relevant Trust plans.	EPRR		Jan-22
12	Duty to maintain plans	Major incident	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to a major incident (as defined within the EPRR Framework).	Critical Incident Activation Guide, Major Incident Procedure, MTA Guidance and CBRN	Partially compliant	Dec 21: Liaise with YAS's Head of Risk Management to ensure risk mitigation measures reference relevant Trust plans.	EPRR		Jun-22

Ref	Domain	Standard	Detail	Organisational Evidence	Self assessment RAG Red (not	Action to be taken	Lead	Resource Implications	Deadline
21	Duty to maintain plans	Lockdown	In line with current guidance and legislation, the organisation has effective arrangements in place to safely manage site access and egress for patients, staff and visitors to and from the organisation's facilities. This should include the restriction of access / egress in an emergency which may focus on the progressive protection of critical areas.	The Trust has effective Access Control arrangements in place at all sites to manage day to day access and egress. Each site is managed by either manual Digi-Locks or an electronic Access Control System supported by G4S, with an additional Visitor Management process (InVentry) at the Springhill HQ site. To put emergency Lockdown Plans in place, the Security Management Specialist (Crime Reduction) has drafted a Lockdown Plan for the Springhill HQ site that, once approved, will be replicated across all remaining YAS sites. Implementation of this plan has been delayed due to a combination of the extensive consultation process and the Covid-19 pandemic; therefore the original draft will now need reviewing again for accuracy before it can be submitted to the Trust Management Group (TMG) for approval. When the final review has been completed, the Associate Director of Performance Assurance & Risk will present the final version to TMG. Once approved at TMG, the Springhill Plan will be physically produced and put in place at site, with all required communications to those staff who	Partially compliant	Dec 21: Secure approval of Springhill Lockdown Plan at TMG. Mar 22: Successfully implement the Springhill Lockdown Plan. Jun 22: Commence implementation schedule for lockdown plans across all YAS sites.	Risk & Assurance	Cost implication identified in the proposals.	Jun-22
24	Command and control	On-call mechanism	A resilient and dedicated EPRR on-call mechanism is in place 24 / 7 to receive notifications relating to business continuity incidents, critical incidents and major incidents. This should provide the facility to respond to or escalate notifications to an executive level.	EPRR Framework, YAS Commander Framework	Partially compliant	Dec 21: Update the MIP to clarify the management of all incidents, including BC. Mar 22: Establish a routine on-call 'call out' test regime. June 22: Update the (mass) comms platform. Jun 22: Review the Trust's wider on-call structure, including Estate and IT.	EPRR		Jun-22
30	Response	Incident Co-ordination Centre (ICC)	The organisation has Incident Co-ordination Centre (ICC) arrangements	Health Gold Cell Guidance, Health Gold Cell Fallback Facility, Springhill Generator Testing Schedule, Power Outage Exercise 2021	Partially compliant	Dec 21: Review the Health GOLD Cell Guidance and Health GOLD Cell Fallback Facility. Mar 22: Review and recommend a scheduled training/testing regime and templated SITREPS.	EPRR	Lead Dept: EPRR & Special Ops. Possible cost implications associated with the review of the Trust's fallback facility,	Mar-22

Ref	Domain	Standard	Detail	Organisational Evidence	Self assessment	Action to be taken	Lead	Resource Implications	Deadline
					RAG				
32	Response	Management of business continuity incidents	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to a business continuity incident (as defined within the EPRR Framework).	Trust BC Plans - as audited by the 2021 BC Review	Red (not Partially Compliant)	Aligns with Standards 6 and 24. Aligns with Trust's Surge plan development - date TBC	EPRR		Jun-22
34	Response	Situation Reports	The organisation has processes in place for receiving, completing, authorising and submitting situation reports (SitReps) and briefings during the response to business continuity incidents, critical incidents and major incidents.	EU Exit Sitrep, COVID Sitrep, NHSE Sitrep, Trust Incident Command Structure Battle Rhythm for COVID response	Partially compliant	Dec 21: Conduct a review of the Gold Cell SOP to ensure the process for receiving, completing, authorising and submitting SITREPS is formalised.	EPRR		Jun-22
47	Business Continuity	BC policy statement	The organisation has in place a policy which includes a statement of intent to undertake business continuity. This includes the commitment to a Business Continuity Management System (BCMS) in alignment to the ISO standard 22301.	<ul style="list-style-type: none"> •Copy of BC Policy •Copy of BC Guidance •Copy of Top Management Review final report •Copy of Supply chain guidance document •Example of a Business Continuity Plan – EPRR •Copy of internal audit report for May 2020 •Copy of BSI audit report for ISO22301 June 2021 •YAS audit schedule 2018 - 2023 •Copy of Staff mapping example (Procurement) •Copy example of YAS7 staff mapping 	Partially compliant	Compliance requires alignment to Standard 6.	BC		Jun-22
48	Business Continuity	BCMS scope and objectives	The organisation has established the scope and objectives of the BCMS in relation to the organisation, specifying the risk management process and how this will be documented.	As above	Partially compliant	Compliance requires alignment to standards, 6 - 8.	BC	As per Core Standard 6	Jun-22
50	Business Continuity	Data Protection and Security Toolkit	Organisation's Information Technology department certify that they are compliant with the Data Protection and Security Toolkit on an annual basis.		Non compliant	Dec 21: Provide Evidence	Risk & Assurance	Lead department: IT Cost Implications dependant on production of evidence	Jun-22
51	Business Continuity	Business Continuity Plans	The organisation has established business continuity plans for the management of incidents. Detailing how it will respond, recover and manage its services during disruptions to: <ul style="list-style-type: none"> • people • information and data • premises • suppliers and contractors • IT and infrastructure 	As above	Partially compliant	Compliance requires alignment to standards, 6 - 8.	BC	As per Core Standard 6	Jun-22
53	Business Continuity	BC audit	The organisation has a process for internal audit, and outcomes are included in the report to the board.	As above	Partially compliant	Compliance requires alignment to standards, 6 - 8.	BC	As per Core Standard 6	Jun-22

Ref	Domain	Standard	Detail	Organisational Evidence	Self assessment	Action to be taken	Lead	Resource Implications	Deadline
					RAG				
54	Business Continuity	BCMS continuous improvement process	There is a process in place to assess the effectiveness of the BCMS and take corrective action to ensure continual improvement to the BCMS.	As above	Red (not Partially compliant	Compliance requires alignment to standards, 6 - 8.	BC	As per Core Standard 6	Jun-22
55	Business Continuity	Assurance of commissioned providers / suppliers BCPs	The organisation has in place a system to assess the business continuity plans of commissioned providers or suppliers; and are assured that these providers business continuity arrangements work with their own.	As above	Partially compliant	Compliance requires alignment to standards, 6 - 8.	BC	As per Core Standard 6	Jun-22

Ref	Domain	Standard	Detail	Organisational Evidence	Self assessment RAG	Action to be taken	Lead	Resource Implications	Deadline
					Red (non compliant) = Not compliant with the core standard. The organisation's EPRR work programme shows compliance will not be reached within the next 12 months				
H8	HART	Six operational HART staff on duty	Organisations must maintain a minimum of six operational HART staff on duty, per unit, at all times.	GRS showing shifts for HART staff. Three month spreadsheet of any dropped shifts. Business case to increase to teams of 7 staff	Partially compliant	Dec 21: Recruit to approved levels as agreed at TEG.	HART	FTE of 49 x operatives approved at TEG.	Dec-21
H12	HART	Commander competence	Organisations must ensure their Commanders (Tactical and Operational) are sufficiently competent to manage and deploy HART resources at any live incident.	Certificates of Tactical Commanders, Tactical Commander CPD	Partially compliant	Jun 22: Operational Commanders to attend the NARU Command Course	HART/CARE		Jun-22
H13	HART	Effective deployment policy	Organisations maintain a local policy or procedure to ensure the effective prioritisation and deployment (or redeployment) of HART staff to an incident requiring the HART capabilities.	HART deployment codes. Complex patient SOP. Critical activation guide. MOU for HART - unable to be introduced	Partially compliant	Jan 22: Introduce the MOU with EOC.	HART		Jan-22
H14	HART	Identification appropriate incidents / patients	Organisations maintain an effective process to identify incidents or patients that may benefit from the deployment of HART capabilities at the point of receiving an emergency call.	HART deployment codes. Complex patient SOP. Critical activation guide. MOU for HART - unable to be introduced	Partially compliant	Jan 22: Introduce the MOU with EOC.	HART		Jan-22
H17	HART	Record of compliance with response time standards	Organisations must maintain accurate records of their level of compliance with the HART response time standards. This must include an internal system to monitor and record the relevant response times for every HART deployment. These records must be collated into a report and made available to Lead Commissioners, external regulators and NHS England / NARU on request.	Currently the report is only available upon request	Partially compliant	Dec 21: HART/BI to establish data capture requirements. Mar 22: Reporting system established with report available for monthly DMB/DRM	HART		Mar-22
H24	HART	Additional deployment requirement	Once a HART capability is confirmed as being required at the scene (with a corresponding safe system of work) organisations must ensure that six HART personnel are released and available to respond to scene within 10 minutes of that confirmation. The six includes the four already mobilised.	Evidence of HART runners that no vehicles are provided to A&E operations day to day. Unable to fulfil when HART does not have 6 staff on duty	Partially compliant	Dec 21: Recruit to approved levels as agreed at TEG.	HART		Dec-21
H33	HART	Capital estate provision	Organisations ensure that a capital estate is provided for HART that meets the standards set out in the National HART Estate Specification.	NARU Estate specification compliance. Inadequate room and facilities for HART currently as team numbers have increased yet Estate specification is 2015 version. On risk register with YAS	Partially compliant	Ongoing: Manor Mill Building meeting to establish current building use and future intent. Issue has been raised with Associate Director of Operations. Jan 22: HART estate requirement to be captured in EPRR and Special Operations Position Paper.	EPRR/HART	Lead Estates: Long term impact is to provide the additional space for HART to achieve compliance. The solution will determine the budgetary impact.	Jan-22
M1	MTFA	Maintenance of national specified MTFA capability	Organisations must maintain the nationally specified MTFA capability at all times in their respective service areas.	Proclus, Training Records, MTA guidance, SOPS	Partially compliant	Immediate: Conduct audit to ensure: All classes on OLM have been marked as confirmed otherwise these staff will not transfer across to CAD or GRS (confirm that any of the names that are not on CAD are on OLM); end the skillsets of leavers or those that do not hold the competence but appear on CAD; Task and finish group be set up to review the CAD data.; ensure that all Option 12 trained staff have both the AIT and SORT skillset on CAD. Ongoing: Recommence training. Dec 21: Resolve CAD (MIS) issue in order to accurately account for trained staff on duty. Sep 22: Transition to 'Option 12'.	Special Operations		Sep-22

Ref	Domain	Standard	Detail	Organisational Evidence	Self assessment RAG		Lead	Resource Implications	Deadline
					Red (non compliant) = Not compliant with the core standard. The organisation's EPRR work programme shows compliance will not be reached within the next 12 months	Action to be taken			
M5	MTFA	Ten competent MTFA staff on duty	Organisations must 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. Note: this ten is in addition to MTFA qualified HART staff.	Dashboard, Daily ROC email, BI forecasting , Proclus	Partially compliant	Immediate: Conduct audit to ensure: All classes on OLM have been marked as confirmed otherwise these staff will not transfer across to CAD or GRS (confirm that any of the names that are not on CAD are on OLM); end the skillsets of leavers or those that do not hold the competence but appear on CAD; Task and finish group be set up to review the CAD data, ensure that all Option 12 trained staff have both the AIT and SORT skillset on CAD. Ongoing: Recommence training. Dec 21: Resolve CAD (MIS) issue in order to accurately account for trained staff on duty. Dec 21: Benchmark the shortfall and identify additional courses or add/update the risk to the Risk Register. Sep 22: Transition to 'Option 12'.	Special Operations		Sep-22
M6	MTFA	Completion of a Physical Competency Assessment	Organisations must ensure that all MTFA staff have successfully completed a physical competency assessment to the national standard.	AIT personnel records, training database	Partially compliant	Dec 21 - arrange PCA's for those who have fallen out of competency to ensure fitness for role Jan 22: Establish a Task and Finish Group to recommend a Trust wide solution to the provision of PCAs.	Special Operations	Lead: Health & Wellbeing. PCA's currently conducted by HART staff on overtime. Long term solution may be to develop a cohort of dedicated staff to deliver PCA on behalf of the entire Trust.	Jan-22
M8	MTFA	Training records	Organisations must ensure that comprehensive training records are maintained for all MTFA personnel in their establishment. These records must include: • mandated training completed • date completed • outstanding training or training due • indication of the individual's level of competence across the MTFA skill sets • any restrictions in practice and corresponding action plans.	Training Database, OLM, personnel files,	Partially compliant	Immediate: Implement departmental review and submit ESR Change form to structure administration as agreed. Ongoing: Conduct full audit of electronic and paper training records. Apr 22: Transfer ownership of training records to CARE YAS Academy.	Special Operations		Apr-22
M9	MTFA	Commander competence	Organisations ensure their on-duty Commanders are competent in the deployment and management of NHS MTFA resources at any live incident.	MTA Commander Course lesson plans, commander CPD	Partially compliant	Ongoing: Recommence training as soon as possible. Dec 21: Benchmark the shortfall and identify additional courses or add/update the risk to the Risk Register.	CARE		Dec-21
M10	MTFA	Provision of clinical training	The organisation must provide, or facilitate access to, MTFA clinical training to any Fire and Rescue Service in their geographical service area that has a declared MTFA capability and requests such training.	There is currently no current evidence of this, although evidence from pre-COVID is available.	Non compliant	Dec 21: Undertake needs assessment with the region's FRS. Jan 22. Quantify the training requirement in order to provide the necessary training support or add/update the risk to the Risk Register. Mar 22. Provide update on training delivery.	CARE		Mar-22

Ref	Domain	Standard	Detail	Organisational Evidence	Self assessment RAG	Action to be taken	Lead	Resource Implications	Deadline
					Red (non compliant) = Not compliant with the core standard. The organisation's EPRR work programme shows compliance will not be reached within the next 12 months				
M11	MTFA	Staff training requirements	Organisations must ensure that the following percentage of staff groups receive nationally recognised MTFA familiarisation training / briefing: <ul style="list-style-type: none"> • 100% Strategic Commanders • 100% designated MTFA Commanders • 80% all operational frontline staff 	YAS Special Operations presentation (part 2 of MISO delivery) – All Staff <ul style="list-style-type: none"> •Special Operations Lesson Plan •Special Operation Learner Outcomes YAS MTA 2-day Commander Course – HART T/L, Tactical, and Strategic Commanders <ul style="list-style-type: none"> •Lesson Plan and Learner Outcomes Multi-agency input and presentations (CTU / FRS / Police Firearms) <ul style="list-style-type: none"> •Lesson Plan and Learner Outcomes YAS MTA 1 day Commander Refresher Course – HART T/L, Tactical and Strategic Commanders <ul style="list-style-type: none"> •Lesson Plan and Learner Outcomes YAS CBRN Commander Course – All Commanders <ul style="list-style-type: none"> •Lesson Plan and Learner Outcomes YAS Commander Foundation Course – All Commanders <ul style="list-style-type: none"> •Lesson Plan and Learner Outcomes Special Operations Response Team Course SORT (CBRN/MTA Responders) <ul style="list-style-type: none"> •Lesson Plan and Learner Outcomes YAS Wide staff notices and updates <ul style="list-style-type: none"> •Lesson Plan and Learner Outcomes Appropriate National MTA Responder videos shown on courses above	Partially compliant	Nov 21. Recommence training Dec 21. Develop 2022-2023 Training Plan for approval at PGB/TEG Mar 22: Develop Major Incident Awareness application on Pulse	CARE	Lead: CARE. The backlog of training caused by the cancellation of Autumn training may require a surge in training capacity, which may require additional resources; staff and estates.	Mar-22
M13	MTFA	Identification appropriate incidents / patients	Organisations must 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. These procedures must be aligned to the MTFA Joint Operating Principles (produced by JESIP).	MTA guidance, CIAG	Partially compliant	Nov 21. Establish Task and Finish Group to review and update MTA Guidance Document. Feb 22. Publish updated MTA Guidance	Special Operations		Feb-22
M15	MTFA	Record of compliance with response time standards	Organisations must maintain accurate records of their compliance with the national MTFA response time standards and make them available to their local lead commissioner, external regulators (including both NHS and the Health & Safety Executive) and NHS England (including NARU).	No evidence of this as YAS has not yet responded to an MTA	Partially compliant	Mar 22: Establish a no-notice call-out testing regime in order to validate response times and identify learning.	Special Operations	Lead: EPRR & Special Operations. The creation of a new internal regime of no-notice cascade and response exercises may increase staffing costs.	Mar-22
M18	MTFA	Local risk assessments	Organisations must maintain a set of local MTFA risk assessments which compliment the national MTFA risk assessments (maintained by NARU). Local assessments should cover specific training venues or activity and pre-identified local high-risk sites. The provider must also ensure there is a local process to regulate how MTFA staff conduct a joint dynamic hazards assessment (JDHA) or a dynamic risk assessment at any live deployment.. This should be consistent with the JESIP approach to risk assessment.	Risk assessments	Partially compliant	Nov 21. CARE to evidence the local risk assessments for training venues from the academy. Nov 21: CTLO to provide the evidence of preidentified high risk sites crowded places			Nov-21
M19	MTFA	Lessons identified reporting	Organisations must have a robust and timely process to report any lessons identified following a MTFA deployment or training activity that may affect the interoperable service to NARU within 12 weeks using a nationally approved lessons database.	No evidence exists as process does not currently exist	Non compliant	Align to Core Standard Number 6	Special Operations		Jun-22
M21	MTFA	Receipt and confirmation of safety notifications	Organisations have a process to acknowledge and respond appropriately to any national safety notifications issued for MTFA by NARU within 7 days.	There is currently no process in place for special operations to acknowledge and respond to safety notifications that have been issued by NARU for MTFA, within the timeline stated.	Partially compliant	Immediate: Implement departmental review and submit ESR Change form to structure administration as agreed. Ongoing: Implement the process approved at RGG.	Special Operations		Dec-21

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					Red (non compliant) = Not compliant with the core standard. The organisation's EPRR work programme shows compliance will not be reached within the next 12 months				
M22	MTFA	Readiness to deploy to Model Response Sites	Organisations must ensure their MTFA teams maintain a state of readiness to deploy the capability at a designed Model Response locations within 45 minutes of an incident being declared to the organisation.	Partially compliant due to the current response model being fragmented. MTA vehicles and equipment are currently centralised at model response sites at both Manor Mill and Magna, but AIT personnel are currently recruited randomly according to their interest and not in accordance with any regional need.	Partially compliant	Jan 22: As per EPRR Core Standard 5, conduct and conclude an EPRR and Special Ops capability review, in which recommendations for the best response model to accommodate the new 'Option 12' response model to be outlined. Sep 22: Implement changes to meet the new contractual standards for 'Option 12'	EPRR/Special Operations	Lead: EPRR & Special Operations. Head of EPRR and Special Ops will conduct a review of Special Ops capability, as briefed in DRM. Any cost pressures will be identified and escalated accordingly..	Sep-22
M23	MTFA	10minute response time	Organisations must ensure that ten MTFA staff are released and available to respond within 10 minutes of an incident being declared to the organisation.	No evidence exists as there are no examples when this has been undertaken.	Non compliant	Dec 21: Update/Add risk to the Risk Register to reflect the shortage of staff due to the suspension of training. Mar 22: Establish a no-notice call-out testing regime in order to validate response times and identify learning.	Special Operations		Mar-22
B2	CBRN	National Capability Matrices for CBRN.	Organisations must maintain these capabilities to the interoperable standards specified in the National Capability Matrices for CBRN.	Depending upon SORT staffing on the day and numbers of staff available. Evidence of dashboard showing fluctuations in SORT staff figures	Partially compliant	Immediate: Conduct audit to ensure: All classes on OLM have been marked as confirmed otherwise these staff will not transfer across to CAD or GRS (confirm that any of the names that are not on CAD are on OLM); end the skillsets of leavers or those that do not hold the competence but appear on CAD; Task and finish group be set up to review the CAD data, Remove the CBRN and DECON skillsets from anyone not currently SORT trained; ensure that all Option 12 trained staff have both the AIT and SORT skillset on CAD. Ongoing: Recommence training. Dec 21: Resolve CAD (MIS) issue in order to accurately account for trained staff on duty. Sep 22: Transition to 'Option 12'.	Special Operations		Sep-22
B5	CBRN	Commander competence	Organisations must ensure their Commanders (Tactical and Operational) are sufficiently competent to manage and deploy CBRN resources and patient decontamination.	Commander Matrix / Framework YAS CBRN and HazMat Commander Course – incl.: Learner Outcomes and Lesson Plan College of Policing National CBRN Tactical Commander Course YAS Major Incident and Special Operations Course – incl.: Learner Outcomes and Lesson Plans PGB Minutes 2018-2021 (specific mention of MISO and CBRN) Plans and Guidance (Pulse > ResWeb > Plans and Guidance > CBRNE and HazMat) Commander CPD Sign Off completed documents	Partially compliant	Nov 21. Recommence training Dec 21. Develop 2022-2023 Training Plan for approval at PGB/TEG Mar 22: Develop Major Incident Awareness application on Pulse	CARE		Mar-22
B8	CBRN	Adequate CBRN staff establishment	Organisations must have a sufficient establishment of CBRN trained staff to ensure a minimum of 12 staff are available on duty at all times.	Dashboard, Daily ROC email, BI forecasting , Proclus	Partially compliant	Ongoing: Recommence training. Dec 21: Resolve CAD issue in order to accurately account for trained staff on duty. Dec 21: Benchmark the shortfall and identify additional courses or add/update the risk to the Risk Register. 22: Transition to 'Option 12'.	Special Operations		Sep-22
B10	CBRN	CBRN trainers	Organisations must ensure they have a sufficient number of trained decontamination / PRPS trainers (or access to trainers) to fully support its CBRN training programme.	PRPS instructor certificates	Partially compliant	Ongoing: Identify shortage due to REAP 4 measures. Dec 21: Liaise with Sarah Tomlinson (NHS E) to request additional courses to resolve the shortage. Add/Update risk to the risk register if not resolved.	Special Operations	Lead: Special Ops. Small cost pressure associated with abstracting staff to attend PRPS training.	Dec-21

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B13	CBRN	IOR training for operational staff	Organisations must ensure that all frontline operational staff that may make contact with a contaminated patient are sufficiently trained in Initial Operational Response (IOR).	YAS Major Incident and Special Operations Course Learner Outcomes and Lesson Plan PGB Minutes 2018-2021 (Specific mention of MISO and CBRN) Link to IOR e-learning sent in course invite letters (example in folder) Action Cards IOR e-learning package on YAS 24/7 – needs reviewing for currency. Also covered on Commander specific courses: YAS CBRN and HazMat Commander Course •(Learner Outcomes and Lesson Plan) YAS Commander Foundation Course •(Learner Outcomes and Lesson Plan) Utilising IOR video's from https://narueducationcentre.org.uk/elearning/	Partially compliant	Nov 21: Recommence training Dec 21: Develop 2022-2023 Training Plan for approval at PGB/TEG Mar 22: Develop Major Incident Awareness application on Pulse	CARE		Mar-22
B15	CBRN	Deployment process for CBRN staff	Organisations must maintain effective and tested processes for activating and deploying CBRN staff to relevant types of incident.	Critical activation guidance, NILO on call	Partially compliant	Jan 22: Establish a no-notice exercise regime with EOC to test the activation of SORT staff and the activation of plans	EPRR/Special Operations		Jan-22
B16	CBRN	Identification of locations to establish CBRN facilities	Organisations must scope potential locations to establish CBRN facilities at key high-risk sites within their service area. Sites to be determined by the Trust through their Local Resilience Forum interfaces.	High risk sites have been identified. Pending liaison from EPRR with LRFs to scope facilities at these identified locations	Partially compliant	Mar 22: Special Operations to liaise with EPRR Managers to approach LRFs and scope the locations to establish CBRN facilities at key high risk sites. Jun 22: Update appropriate guidance documentation to include pre-determined sites.	Special Operations		Jun-22
B17	CBRN	CBRN arrangements alignment with guidance	Organisations must ensure that their procedures, management and decontamination arrangements for CBRN are aligned to the latest Joint Operating Principles (JESIP) and NARU Guidance.	CBRN/hazmat guidance. JOPs	Partially compliant	Dec 21: Publish updated CBRN/HAZMAT Guidance.	Special Operations		Dec-21
B23	CBRN	Risk assessments for high risk areas	Organisations must maintain local risk assessments for the CBRN capability which cover key high-risk locations in their area.	Not able to evidence as no risk assessments currently exist	Non compliant	Dec 21: Confirm Risk Assessments in place for the capability 22: Publish Risk Assessments or add to the Corporate Risk Register. Mar	Special Operations		Mar-22
B24	CBRN	Model response locations - deployment	Organisations must maintain a CBRN capability that ensures a minimum of 12 trained operatives and the necessary CBRN decontamination equipment can be on-scene at key high risk locations (Model Response Locations) within 45 minutes of a CBRN incident being identified by the organisation.	Dashboard; Daily ROC Email; Proclus	Partially compliant	Ongoing: Recommence SORT training. Dec 21: Include as part of the EPRR and Special Operations Capability Review, the recommendations for which will be included in a position paper. Dec 21: Resolve CAD issue in order to accurately account for trained staff on duty. Dec 21: Benchmark the shortfall and identify additional courses or add/update the risk to the Risk Register. Mar 22: Establish a no-notice test regime to validate response times. Sep 22: Transition to 'Option 12'.	EPRR/Special Operations		Sep-22
B29	CBRN	Equipment maintenance - assets register	Organisations must maintain an asset register of all CBRN equipment. Such assets are defined by their reference or inclusion within the National Equipment Data Sheets. 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).	Proclus	Partially compliant	Mar 22: All CBRN assets to be fully transferred onto PROCLUS..	Special Operations		Mar-22

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C3	C2	NARU notification process	NHS Ambulance Trusts must notify the NARU On-Call Officer of any critical or major incidents active within their area that require the establishment of a full command structure to manage the incident. Notification should be made within the first 30 minutes of the incident whether additional resources are needed or not. In the event of a national emergency or where mutual aid is required by the NHS Ambulance Service, the National Ambulance Coordination Centre (NACC) may be established. Once established, NHS Ambulance Strategic Commanders must ensure that their command and control processes have an effective interface with the NACC and that clear lines of communication are maintained.	Mutual Aid Guidance	Partially compliant	Dec 21: Review the MIP (Oct 21) and Mutual Aid Guidance to ensure that the 'instruction to act' is held in the MIP. Apply changes if necessary and submit for peer review and approval at RGG.	John Holden		Dec-21
C4	C2	AEO governance and responsibility	The Accountable Emergency Officer in each NHS Ambulance Service provider is responsible for ensuring that the provisions of the Command and Control Standards and Guidance including these standards are appropriately maintained. NHS Ambulance Trust Boards are required to provide annual assurance against these standards.	EPRR Framework, YAS Command Framework	Partially compliant	Dec 21: Review TOR's of Exercise Assurance Group and secure assurance of the group's role and responsibility via RGG. Apr 22: Review and re-establish full compliance against exercising requirements.	EPRR		Apr-22
C5	C2	Command role availability	NHS Ambulance Service providers must ensure that the command roles defined as part of the 'chain of command' structure in the Standards for NHS Ambulance Service Command and Control (Schedule 2) are maintained and available at all times within their service area.	YAS Command Framework, YAS On-call alerts	Partially compliant	Dec 21: Review availability of Tactical Commanders on conclusion of Teams Based Working. Mar 22: Review availability of all trained commanders	EPRR		Mar-22
C6	C2	Support role availability	NHS Ambulance Service providers must ensure that there is sufficient resource in place to provide each command role (Strategic, Tactical and Operational) with the dedicated support roles set out in the standards at all times.	CSA and NILO on call rotas	Partially compliant	Ongoing: Consultations currently underway with regard RST and CSA rotas. Brief submitted to Associate Director regarding maintenance of NILOs over the coming 12 months. Dec 21: Include the RST and CSA rotas in the EPRR and Special Operations Capability Review, and update any recommendations in the position paper. Apr 22: Implement changes to RST/CSA rota	EPRR/Special Operations	Lead: EPRR & Special Ops. Potential cost pressure associated with changes to RST and CSA rotas.	Apr-22
C9	C2	Access to PPE	The NHS Ambulance Service provider must ensure that each Commander and each of the support functions have access to personal protective equipment and logistics necessary to discharge their role and function.	NILO's have access to PPE, however Operational and Tactical Commanders will become the on scene commanders at MTA. The trust is currently working towards this through team based working.	Partially compliant	Dec 21: To be included in the EPRR and Special Operations Capability Review, with recommendations submitted for approval and funding. Mar 22: Implement decisions on the allocation of PPE for commanders.	EPRR	Lead: Special Ops. Possible cost pressures associated with increase in BPPE holdings. Possibly mitigated by Option 12 funding.	Mar-22
C10	C2	Suitable communication systems	The NHS Ambulance Service provider must have suitable communication systems (and associated technology) to support its command and control functions. As a minimum this must support the secure exchange of voice and data between each layer of command with resilience and redundancy built in.	Airwave terminals for commanders – spare batteries and charging units on front line vehicles. Desk charging units available and in place. Additional 20 airwave terminals in case of MI. Mobile phone – for all staff. Landline. Resweb. RD. Face to Face and TCG/SCG. Voice comms and ICT to provide the BC layers in place maintaining – Martin Lane (dep head ICT) to provide form of words around communications across the Trust. MDT	Partially compliant	Dec 21: Compile evidence to include Airwave C/S matrix Jan 22: Conduct Audit of charging stations and spare batteries and mobile phone distribution list	EPRR	Lead: Comms. Possible cost pressures associated with the need to cover gaps in resilience of voice/data comms throughout the span of command.	Jan-22
C17	C2	Lessons identified	The NHS Ambulance Service provider must ensure it maintains an appropriate system for identifying, recording, learning and sharing lessons from complex or protracted incidents in accordance with the wider EPRR core standards.	There is no evidence to support this standard. This process does not yet exist within the trust. EPRR reviews lessons submitted on JOL and shared these with partners and internal stakeholders and HART use LID, however there is not a process for internal lessons identified to be recorded and monitored	Partially compliant	Full compliance to be achieved through alignment with Core Standard Number 6.	EPRR		Jun-22

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					Red (non compliant) = Not compliant with the core standard. The organisation's EPRR work programme shows compliance will not be reached within the next 12 months				
C18	C2	Strategic commander competence - National Occupational Standards	Personnel that discharge the Strategic Commander function must have demonstrated competence in all of the mandatory elements of the National Occupational Standards for Strategic Commanders and must meet the expectations set out in Schedule 2 of the Standards for NHS Ambulance Service Command and Control.	Multi-Agency Gold Incident Command (MAGIC) Course records Commander Framework and Matrix YAS Commander Continual Professional Development Portfolio (Pulse > Teamsites > Commander Education > Strategic Commander) YAS Strategic Commander CPD Sign Off document (template) YAS Commander Foundation Course •Learner Outcomes and Lesson Plan YAS Major Incident and Special Operations Course YAS Commander Specific Courses – (CBRN/MTA) YAS Generic Strategic Commander Job Description (Employee Relations)	Partially compliant	Nov 21. Recommence training Dec 21. Develop 2022-2023 Training Plan for approval at PGB/TEG Mar 22: Develop Major Incident Awareness application on Pulse	CARE		Mar-22
C20	C2	Tactical commander competence - National Occupational Standards	Personnel that discharge the Tactical Commander function must have demonstrated competence in all of the mandatory elements of the National Occupational Standards for Tactical Commanders and must meet the expectations set out in Schedule 2 of the Standards for NHS Ambulance Service Command and Control.	NARU Tactical Commander Course Commander Framework and Matrix YAS Commander CPD SOP YAS Commander Continual Professional Development Portfolio (Pulse > Teamsites > Commander Education > Tactical Commander) YAS Tactical Commander CPD Sign Off document (template) YAS Commander CPD initial presentation and CPD Session Videos YAS Commander Foundation Course •Learner Outcomes and Lesson Plan YAS Major Incident and Special Operations Course YAS Commander Specific Courses – (CBRN/MTA) YAS Generic Tactical Commander Job Description (Employee Relations)	Partially compliant	Nov 21. Recommence training Dec 21. Develop 2022-2023 Training Plan for approval at PGB/TEG Mar 22: Develop Major Incident Awareness application on Pulse	CARE		Mar-22
C21	C2	Tactical commander competence - nationally recognised course	Personnel that discharge the Tactical Commander function must have successfully completed a nationally recognised Tactical Commander course (nationally recognised by NHS England / NARU). Courses may be run nationally or locally but they must be recognised by NARU as being of a sufficient interoperable standard. Local courses should also cover specific regional risks and response arrangements.	NARU Tactical Commander Course Evidence as C20	Partially compliant	Nov 21. Recommence training Dec 21. Approve 2022-2023 Training Plan at PGB/TEG Mar 22: Develop Major Incident Awareness application on Pulse	CARE		Mar-22
C22	C2	Operational commander competence - National Occupational Standards	Personnel that discharge the Operational Commander function must have demonstrated competence in all of the mandatory elements of the National Occupational Standards for Operational Commanders and must meet the expectations set out in Schedule 2 of the Standards for NHS Ambulance Service Command and Control.	NARU Incident (Operational) Commander Course Commander Framework and Matrix YAS Commander CPD SOP YAS Commander CPD initial presentation and CPD Session Videos YAS Commander Continual Professional Development Portfolio (Pulse > Teamsites > Commander Education > Operational Commander) YAS Operational Commander CPD Sign Off document (template) YAS Commander Foundation Course - Learner Outcomes and Lesson Plan YAS Major Incident and Special Operations Course YAS Commander Specific Courses – (CBRN) YAS Generic Operational Commander Job Description (Employee Relations)	Partially compliant	Nov 21. Recommence training Dec 21. Develop 2022-2023 Training Plan for approval at PGB/TEG Mar 22: Develop Major Incident Awareness application on Pulse Nov 21 – Training Plan to resume (REAP level dependant) Dec21/Jan22. Commander CPD assessments to resume to meet commander required compliance (awaiting TEG confirmation).	CARE		Mar-22

Ref	Domain	Standard	Detail	Organisational Evidence	Self assessment RAG	Action to be taken	Lead	Resource Implications	Deadline
					Red (non compliant) = Not compliant with the core standard. The organisation's EPRR work programme shows compliance will not be reached within the next 12 months				
C23	C2	Operational commander competence - nationally recognised course	Personnel that discharge the Operational Commander function must have successfully completed a nationally recognised Operational Commander course (nationally recognised by NHS England / NARU). Courses may be run nationally or locally but they must be recognised by NARU as being of a sufficient interoperable standard. Local courses should also cover specific regional risks and response arrangements.	NARU Incident (Operational) Commander Course YAS Commander Foundation Course Evidence as C22	Partially compliant	Nov 21. Recommence training Dec 21. Develop 2022-2023 Training Plan for approval at PGB/TEG Mar 22: Develop Major Incident Awareness application on Pulse	CARE		Mar-22
C24	C2	Commanders - maintenance of CPD	All Strategic, Tactical and Operational Commanders must maintain appropriate Continued Professional Development (CPD) evidence specific to their corresponding National Occupational Standards.	YAS Commander Continual Professional Development Portfolio (Pulse > Teamsites > Commander Education > Command Level) YAS Strategic Commander CPD Sign Off document (template) YAS Tactical Commander CPD Sign Off document (template) YAS NILO Commander CPD Sign Off document (template) YAS Operational Commander CPD Sign Off document (template) YAS CPD Standard Operating Procedure CPD Sign Off spreadsheet PGB Minutes 2018 – 2021 (Specific Mention of Commander CPD) Initial CPD Presentations and CPD presentations videos	Partially compliant	Ongoing. Commanders to maintain CPD in accordance with YAS Commander Framework. Dec21/Jan22. Commander CPD assessments to resume to meet commander required compliance (awaiting TEG confirmation).	CARE		Jan-21
C25	C2	Commanders - exercise attendance	All Strategic, Tactical and Operational Commanders must refresh their skills and competence by discharging their command role as a 'player' at a training exercise every 18 months. Attendance at these exercises will form part of the mandatory Continued Professional Development requirement and evidence must be included in the form of documented reflective practice for each exercise. It could be the smaller scale exercises run by NARU or HART teams on a weekly basis. The requirement to attend an exercise in any 18 month period can be negated by discharging the role at a relevant live incident providing documented reflective practice is completed post incident. Relevant live incidents are those where the commander has discharged duties (as per the NOS) in their command role for incident response, such as delivering briefings, use of the JDM, making decisions appropriate to their command role, deployed staff, assets or material, etc.	Commander CPD Portfolio's – Reflective Pieces Commander CPD Sign Off Commander CPD SOP Exercise Planner/Calendar Templates available for Incidents/Exercises Exercise assurance group JESIP Commander Course virtual exercise	Partially compliant	Nov 21. Recommence training Dec 21. Develop 2022-2023 Training and Exercise Plan for approval at PGB/TEG	CARE		Dec-21
C31	C2	Loggist - CPD	Personnel that discharge the Loggist function must maintain an appropriate Continued Professional Development portfolio to demonstrate their continued professional credibility and up-to-date competence in the discipline of logging.	CSA CPD portfolios on Resweb	Partially compliant	Dec 21: Introduction of requirement to maintain CPD.	EPRR		Dec-21

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C32	C2	Availability of Strategic Medical Advisor, Medical Advisor and Forward Doctor	The Medical Director of each NHS Ambulance Service provider is responsible for ensuring that the Strategic Medical Advisor, Medical Advisor and Forward Doctor roles are available at all times and that the personnel occupying these roles are credible and competent (guidance provided in the Standards for NHS Ambulance Service Command and Control).	Strategic Medical Advisor – Ad Hoc arrangement by EMD and DMD Medical Advisor – 24/7 rota – 6 including EMD and DMD Forward Doctor – Cover provided by doctor from YCCT	Partially compliant	Jan 22. Submit Gate 0.	Clinical	Lead: Clinical. Cost implications will be identified in Gate 1 and 2.	Jan-22
C33	C2	Medical Advisor of Forward Doctor - exercise attendance	Personnel that discharge the Medical Advisor or Forward Doctor roles must refresh their skills and competence by discharging their support role as a 'player' at a training exercise every 12 months. Attendance at these exercises will form part of the mandatory Continued Professional Development requirement and evidence must be included in the form of documented reflective practice for each exercise.	Commander CPD Portfolio's – Reflective Pieces Commander CPD Sign Off Commander CPD SOP Exercise Planner/Calendar Templates available for Incidents/Exercises Exercise assurance group JESIP Commander Course virtual exercise	Partially compliant	Nov 21. Recommence training	Clinical		Nov-21
C36	C2	Responders awareness of NARU major incident action cards	Front line responders are by default the first commander at scene, such staff must be aware of basic principles as per the NARU major incident action cards (or equivalent) and have watched the on line major incident awareness training DVD (or equivalent) enabling them to provide accurate information to control and on scene commanders upon their arrival. Initial responders assigned to functional roles must have a prior understanding of the action cards and the implementation of them.	YAS Major Incident and Special Operations (MISO) Course MISO Learner Outcomes MISO Lesson Plan NARU Education Web Site e-learning utilised in above course Action Card Handouts as per MISO course requirements: •First Resource On-Scene •First Resource On-Scene: Driver •Subsequent Ambulance Resources •Operational Commander	Partially compliant	Nov 21. Recommence training Dec 21. Develop 2022-2023 Training Plan for approval at PGB/TEG Mar 22: Develop Major Incident Awareness application on Pulse	CARE		Mar-22
J8	JESIP	Awareness of JESIP - Responders	All relevant front-line NHS Ambulance responders attain and maintain a basic knowledge and understanding of JESIP to enhance their ability to respond effectively upon arrival as the first personnel on-scene. This must be refreshed and updated annually.	Current Courses Include: •JESIP Awareness (JESIP e-learning) •JESIP Commander Training (Multi-agency course) •JESIP Control Room Manager & Supervisor Course JESIP embedded into all CARE course deliveries •MI/SO •MTA Commander and Refresher •CBRN Commander •SORT •Commander Foundation	Partially compliant	Nov 21. Recommence training Dec 21. Develop 2022-2023 Training Plan for approval at PGB/TEG Mar 22: Develop Major Incident Awareness application on Pulse	CARE		Mar-22
J9	JESIP	Awareness of JESIP - control room staff	NHS Ambulance control room staff (dispatchers and managers) attain and maintain knowledge and understanding of JESIP to enhance their ability to manage calls and coordinate assets. This must be refreshed and updated annually.	Current courses include: •JESIP Awareness (JESIP e-learning) •JESIP Commander Training (Multi-agency course) •JESIP Control Room Manager & Supervisor Course JESIP embedded into all CARE course deliveries •MI/SO •MTA Commander and Refresher •CBRN Commander •SORT •Commander Foundation	Partially compliant	Nov 21. Recommence training Dec 21. Develop 2022-2023 Training Plan for approval at PGB/TEG Mar 22: Develop Major Incident Awareness application on Pulse	CARE		Mar-22

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J10	JESIP	Awareness of JESIP - Commanders and Control Room managers / supervisors	All NHS Ambulance Commanders and Control Room managers/supervisors attain and maintain competence in the use of JESIP principles relevant to the command role they perform through relevant JESIP aligned training and exercising in a joint agency setting.	Current Course delivery: •JESIP Awareness (JESIP e-learning) •JESIP Commander Training (Multi-agency course) •JESIP Control Room Manager & Supervisor Course JESIP embedded into all CARE course deliveries •MI/SO •MTA Commander and Refresher •CBRN Commander •SORT •Commander Foundation	Partially compliant	Nov 21. Recommence training Dec 21. Develop 2022-2023 Training Plan for approval at PGB/TEG Mar 22: Develop Major Incident Awareness application on Pulse	CARE		Mar-22
J12	JESIP	Command function - interoperability command course	All staff required to perform a command must have attended a one day, JESIP approved, interoperability command course.	The one-day (face-to-face) multi-agency course is currently on hold due to COVID19 restrictions. JESIP multi-agency course is currently delivered remotely where attendees are required to complete pre-learning (in the morning) prior to joining an on-line multiagency session in the afternoon. This is delivered as a JESIP Commander Training (Multi-agency course). Other JESIP training is delivered via: •JESIP Awareness (JESIP e-learning) •JESIP Control Room Manager & Supervisor Course JESIP also embedded into all CARE course deliveries •MI/SO •MTA Commander and Refresher •CBRN Commander •SORT •Commander Foundation Regional JESIP Strategic Leads meetings - minutes ESR Staff Records report of attendees	Partially compliant	Nov 21. Recommence training Dec 21. Develop 2022-2023 Training Plan for approval at PGB/TEG Mar 22: Develop Major Incident Awareness application on Pulse	CARE		Mar-22
J13	JESIP	Training records - annual refresh	All those who perform a command role should annually refresh their awareness of JESIP principles, use of the JDM and METHANE models by either the JESIP e-learning products or another locally based solution which meets the minimum learning outcomes. Records of compliance with this refresher requirement must be kept by the organisation.	Current Course Delivery: •JESIP Awareness (JESIP e-learning) •JESIP Commander Training (Multi-agency course) •JESIP Control Room Manager & Supervisor Course JESIP embedded into all CARE course deliveries •MI/SO •MTA Commander and Refresher •CBRN Commander •SORT •Commander Foundation ESR Training Records Abstractions Spreadsheet Course Data tracker ESR Compliance Dashboard Virtual Commander CPD sessions (recorded available on-line) (Pulse > Teamsites > Commander Education > Supporting Documents > Commander CPD Sessions)	Partially compliant	Ongoing. Use on online JESIP e-learning products. Nov 21. Recommence training Dec 21. Develop 2022-2023 Training Plan for approval at PGB/TEG Mar 22: Develop Major Incident Awareness application on Pulse	CARE		Mar-22

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J14	JESIP	Commanders - interoperability command course	Every three years, NHS Ambulance Commanders must repeat a one day, JESIP approved, interoperability command course.	The one-day (face-to-face) multi-agency course is currently on hold due to COVID19 restrictions. JESIP multi-agency course is currently delivered remotely where attendees are required to complete pre-learning (in the morning) prior to joining an on-line multiagency session in the afternoon. This is delivered as a JESIP Commander Training (Multi-agency course). Other JESIP training is delivered via: •JESIP Awareness (JESIP e-learning) •JESIP Control Room Manager & Supervisor Course JESIP also embedded into all CARE course deliveries •MI/SO •MTA Commander •CBRN Commander •SORT •Commander Foundation Regional JESIP Strategic Leads meetings - minutes •ESR Staff Records report of attendees	Partially compliant	Nov 21. Recommence training Dec 21. Develop 2022-2023 Training Plan for approval at PGB/TEG	CARE		Dec-21
J20	JESIP	Training records - 90% operational and control room staff are familiar with JESIP	All NHS Ambulance Trusts must maintain records and evidence which demonstrates that at least 90% of operational staff (that respond to emergency calls) and control room staff (that dispatch calls and manage communications with crews) are familiar with the JESIP principles and can construct a METHANE message.	ESR Training Records Abstractions Spreadsheet Course Data tracker ESR Compliance Dashboard Current course delivery: •JESIP Awareness (JESIP e-learning) •JESIP Commander Training (Multi-agency course) •JESIP Control Room Manager & Supervisor Course JESIP embedded into all CARE course deliveries •MI/SO •MTA Commander and Refresher •CBRN Commander •SORT •Commander Foundation	Partially compliant	Ongoing: Conduct audit of Stat and Man compliance.	CARE		