

NHS England Core Standards for Emergency preparedness, resilience and response

The attached EPRR Core Standards spreadsheet has 6 tabs:

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

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

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

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

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

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

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

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

Gover	Core standard	Clarifying information	8933	CSUs (business continuity only)	(GP, community pharmacv) Other NHS funded	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
2	Organisations have a director level accountable emergency officer who is responsible for EPRR (including business continuity management) Organisations have an annual work programme to mitigate against identified risks and incorporate the lessons identified relating to EPRR (including details of training and exercises and past incidents) and improve response.	Lessons identified from your organisation and other partner organisations. NHS organisations and providers of NHS funded care treat EPRR (including business continuity) as a systematic and continuous process and have proceedures and processes in place for updating and maintaining plans to ensure that they reflect: - the undertaking of risk assessments and any changes in that risk assessment(s) - lessons identified from exercises, emergencies and business continuity incidents - restructuring and changes in the organisations - changes in key personnel - changes in guidance and policy	Y		,	Y -Ensuring accountaable emergency officer's commitment to the plans and giving a member of the executive management board and/or governing body overall responsibility for the Emergeny Preparedness Resilience and Response, and Business Continuity Management agendas Vicky Bailey is Accountable Officer for Rushcliffe CCG and the guidance allows a co-ordinating CCG or behalf of all CCGs in the LHRP. Each CCG has a named Accountable Emergency Officer. The CCG will be reviewing these arrangements in 2018 following the implementation of a shared management structure and joint committee with delegated responsibilities from the Governing Body. -Having a documented process for capturing and taking forward the lessons identified from exercises and emergencies, including with oil responsible. The process for capturing and taking forward the lessons from exercises and emergencies is done at a CCG level through a quarterly meeting of				
3	Organisations have an overarching framework or policy which sets out expectations of emergency preparedness, resilience and response.	Arrangements are put in place for emergency preparedness, resilience and response which: - Have a change control process and version control - Take account of changing business objectives and processes - Take account of any changes in the organisations functions and/ or organisational and structural and staff changes - Take account of any updates to risk assessment(s) - Take account of any updates to risk assessment(s) - Have a review schedule - Use consistent unambiguous terminology, - Identify who is responsible for making sure the policies and arrangements are updated, distributed and regularly tested; - Key staff must know where to find policies and plans on the intranet or shared drive. - Have an expectation that a lessons identified report should be produced following exercises, emergencies and /or business continuity incidents and share for each exercise or incident and a corrective action plan put in place.	Y		1	countable and operational leads. As a health economy, lessons from exercises and emergencies are managed through the LHRP and relevant working groups; - Appointing an emergency preparedness, resilience and response (EPRR) professional(s) who can demonstrate an understanding of EPRR principles. The EPRR professional is provided through NHSE North Midlands and supports the LFR and LHRP. - Appointing a business continuity management (BCM) professional(s) who can demonstrate an understanding of BCM principles. The LFR/LHRP supports CCGs with Business Continuity Plans. Each CCG has a governance lead who has business continuity management as part of their role. - Being able to provide evidence of a documented and agreed corporate policy or framework for building resilience across the organisation so that EPRR and Business continuity issues are mainstreamed in processes, strategies and action plans across the organisation. The handbook demonstrates the link with the Urgent Care System and the handbook has been updated to reflect changes in the system. The framewok sits within the overall processes and infrastructure of the CCGs and Area Team. Lessons learnt are reviewed and where impacts on emergency response, the handbook is updated and where				
4	organisation, significant incidents, and that adequate resources are made available to enable the organisation to meet the requirements of these core standards.	After every significant incident a report should go to the Board/ Governing Body (or appropriate delegated governing group). Must include information about the organisation's position in relation to the NHS England EPRR core standards self assessment.	Y		,	affects business continuity this will be managed through Business Continuity Plans. * That there is an appropriate budget and staff resources in place to enable the organisation to meet the requirements of these core standards. This budget and resource should be proportionate to the size and scope of the organisation. The CCGs collaborate on EPRR management resources by sharing attendance at appropriate committees. The financial risk sharing is part of the MOU for financial risk sharing.				
Duty t	assess risk Assess the risk, no less frequently than annually, of emergencies or business continuity incidents occurring which affect or may affect the ability of the organisation to deliver its functions.	Risk assessments should take into account community risk registers and at the very least include reasonable worst-case scenarios for: • severe weather (including snow, heatwave, prolonged periods of cold weather and flooding); • staff absence (including industrial action); • the working environment, buildings and equipment (including denial of access); • fuel shortages;	Υ	Y	Y	Being able to provide documentary evidence of a regular process for monitoring, reviewing and updating and approving risk assessments Version control Consulting widely with relevant internal and external stakeholders during risk evaluation and analysis stages				
6	There is a process to ensure that the risk assessment(s) is in line with the organisational, Local Health Resilience Partnership, other relevant parties, community (Local Resilience Forum/ Borough Resilience Forum), and national risk registers.		Y	Y	Y	Assurances from suppliers which could include, statements of commitment to BC, accreditation, business continuity plans Sharing appropriately once risk assessment(s) completed Risk assessments are carried out through the LHRP and in each organisation, through the annual review of the Business Continuity Plan. The LRF has produced a Community Risk Register which has been incorporated into the LHRP risk register and supporting work programme. With respect to CGCs, a commitment to business continuity has been provided by NHIS and in relation to premise leases or MOUs. Consultation takes place in relation to present provided and the LRF and LHRP. LHRP meetings now focus on testing scenarios and lessons learned from actual events. CGS would be part				
7	There is a process to ensure that the risk assessment(s) is informed by, and consulted and shared with your organisation and relevant partners.	Other relevant parties could include COMAH site partners, PHE etc.	Y	Y	Y	of the LHRP risk assessment except for their own internal business continuity plan. The memorandum of understanding (MOU) sets out the agreed contribution to emergency preparedness, resilience and response (EPRR) within Nottinghamshire between the NHSE North				
9 10 11 12	Have arrangements for (but not necessarily have a separate plan for) some or all of the following (organisation dependent) (NB, this list is not exhaustive):	Mass Countermeasures (eq mass prophylaxis, or mass vaccination Mass Countermeasures (eq mass prophylaxis, or mass vaccination) Mass Countermeasures (eq mass prophylaxis, or mass vaccination)	Y	Y Y Y	YYYYYYY	responses - identify locations which patients can be transferred to if there is an incident that requires an evacuation; Y - outline how, when required (for mental health services), Ministry of Justice approval will be gained for an evacuation;				
13 14 15 16 17 18 19 20 21		Fuel Disruption Surge and Escalation Management (inc. links to appropriate clinical networks e.g. Burns, Trauma and Critical Care) Infectious Disease Outbreak Evacuation Lockdown Utilities, IT and Telecommunications Failure Excess Death's Mass Fatalities having a Hazardous Area Response Team (HART) (in line with the current national service specification, including a vehicles and	Y Y	Y	Y Y Y Y Y Y Y	Y include appropriate focus on providing healthcare to displaced populations in rest centres; include appropriate focus on providing healthcare to displaced populations in rest centres; include arrangements to co-ordinate and provide mental health support to patients and relatives, in collaboration with Social Care if necessary, during and after an incident as required; Y make sure the mental health needs of patients involved in a significant incident or emergency are met and that they are discharged home with suitable support ensure that the needs of self-presenters from a hazardous materials or chemical, biological, nuclear or adiation incident are met. For each of the types of emergency listed evidence can be either within existing response plans or as	N/A			
23		equipment replacement programme) - see HART core standard tab firearms incidents in line with National Joint Operating Procedures; - see MTFA core standard tab				stand alone arrangements, as appropriate. Detail is provided in the handbook. The role of CCGs is fundamentally that of supporting NHS England in it's role and ensuring that adequate commissioned services are available to deal with the issue and, particularly in the recover phase of any incident where patient services may have significantly affected or cause delay ie waiting lists cancelled.	N/A			
24	Ensure that plans are prepared in line with current guidance and good practice which includes:	Aim of the plan, including links with plans of other responders Information about the specific hazard or contingency or site for which the plan has been prepared and realistic assumptions Trigger for activation of the plan, including alert and standby procedures Activation procedures Activation procedures Identification, roles and actions (including action cards) of incident response team Identification, roles and actions (including action cards) of support staff including communications Identification, roles and actions (including action cards) of support staff including communications Identification, roles and actions (including action cards) of support staff including communications Identification roles and actions (including action cards) of support staff including communications Identification in the constitution of the responding to emergencies or business continuity incidents Complementary generic arrangements of other responders (including acknowledgement of multi-agency working) Stand-down procedures, including debriefing and the process of recovery and returning to (new) normal processes Contact details of key personnel and relevant partner agencies Plan maintenance procedures (Based on Cabinet Office publication Emergency Preparedness, Emergency Planning, Annexes 5B and 5C (2006))	Y	Y	Y	Being able to provide documentary evidence that plans are regularly monitored, reviewed and systematically updated, based on sound assumptions: Being able to provide evidence of an approval process for EPRR plans and documents Asking peers to review and comment on your plans via consultation Using identified good practice examples to develop emergency plans Adopting plans which are flexible, allowing for the unexpected and can be scaled up or down Version control and change process controls List of contributors References and list of sources Teleferences and list of sources Counselling and mental health services). This is managed through the LHRP and LHRP working group and through NHSE North Midlands. All NHS contracts with providers require a business continuity response and that they play their part in the local EPRR system. COSe have agreed a financial risk sharing system in order that on call managers can commit the resources required to manage an emergency.				
25	Arrangements include a procedure for determining whether an emergency or business continuity incident has occurred. And if an emergency or business continuity incident has occurred, whether this requires changing the deployment of resources or acquiring additional resources. Arrangements include how to continue your organisation's prioritised activities (critical activities) in the event.	Specify the procedure that person should adopt in making the decision Specify who should be consulted before making the decision Specify who should be informed once the decision has been made (including clinical staff)	Y	Y	Y	Oncall Standards and expectations are set out Include 24-hour arrangements for alerting managers and other key staff. Achieved through the on call rota and responsibilities. This is provided through business continuity plans.				
26	Arrangements include how to continue your organisation's prioritised activities (critical activities) in the event of an emergency or business continuity incident insofar as is practical. Arrangements explain how VIP and/or high profile patients will be managed.	Decide: Which activities and functions are critical What is an acceptable level of service in the event of different types of emergency for all your services Identifying in your risk assessments in what way emergencies and business continuity incidents threaten the performance of your organisation's functions, especially critical activities This refers to both clinical (including HAZMAT incidents) management and media / communications management of VIPs and / or high	Y	Y	Y	This is provided through business continuity plans. Y	N/A			
21	•	profile management	ш				L	1		

Core standard Preparedness is undertaken with the full engagement and co-operation of interested parties and key stakeholders (internal and external) who have a role in the plan and securing agreement to its content	Clarifying information	\$ 5000 Y	CSUs (business continuity only) Primary care	Dharmacy) Other NHS funded	Evidence of assurance Specify who has been consulted on the relevant documents/ plans etc. Plans have been reviewed by NHS England DCO team and reviewed through the LHRP. The Urgent Care System reviews plans to ensure link with escalation plans. The Accountable Emergency Officer has reviewed Business Continuity Plans. CCG Business Continuity Plans have followed a standard template approved by the LRF and have been reviewed with the support of NHS	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
Arrangements include a debrief process so as to identify learning and inform future arrangements 29	Explain the de-briefing process (hot, local and multi-agency, cold) at the end of an incident.	Y	Y	Y Y	England DCO Team. The Cyber Attack gave an opportunity to challenge the de-briefing process. This included an internexercise with those involved in the incident which was the hot debrief. The cold/structured debrief too place with NHIS and a debrief was co-ordinated by NHS England for commissioners. A debrief he been co-ordinated with providers in the system and post incident reports will be shared as part of this Learnings include more detail on action plans and meeting the timescales of two, four and six weeks. Details of incidents are sent to the NHS England DCO Team and discussed in the LHRP when significant. The CCG emergency planning group review all incidents.	S.S.			
Command and Control (C2) Arrangements demonstrate that there is a resilient single point of contact within the organisation, capable of receiving notification at all times of an emergency or business continuity incident; and with an ability to respond or escalate this notification to strategic and/or executive level, as necessary.		Y		,	Explain how the emergency on-call rota will be set up and managed over the short and longer term. For CCGs, the on call rota includes a Director/Senior Manager for the south CCGs and Mid Notts. The rota is produced on a six monthly basis and individuals must ensure cover where they are no longer available.				
Those on-call must meet identified competencies and key knowledge and skills for staff.	NHS England publised competencies are based upon National Occupation Standards .	Y		١	Training is delivered at the level for which the individual is expected to operate (le operational) bronze, tactical/silver and strategic/pol(d). for example strategic/gold level leadership is delivered via the 'Strategic Leadership in a Crisis' course and other similar courses. Individuals are trained on the handbook and tactical training is provided to those who would benefit for a more in depth knowledge. With the completion of the updated handbook, refresher training was attended by CCG on call managers during 2015/16 and is offered to all managers when newly appointed to the rota. All new and existing on call managers have had a training session on the handbook in order to update on the new guidance and on Incident Response Planning.				
Documents identify where and how the emergency or business continuity incident will be managed from, ie the incident Co-ordination Centre (ICC), how the ICC will operate (including information management) and the key roles required within it, including the role of the loggist.	This should be proportionate to the size and scope of the organisation.	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/co0ordination centre and manage any events required. The handbook details the ICC proportionate to the role fo the CCG.				
Arrangements ensure that decisions are recorded and meetings are minuted during an emergency or business continuity incident.		Y	ΥY	ΥY	Incident reporting sheets are utilised. During the cyber attack a loggist was utilised.				+
Arrangements detail the process for completing, authorising and submitting situation reports (SITREPs) ad and/or commonly recognised information pictures (CRIP) / common operating picture (COP) during the emergency or business continuity incident response. 35 Arrangements to have access to 24-hour specialist adviser available for incidents involving firearms or chemical, biological, radiological, nuclear, explosive or heazerdous materials, and support strategic/gold and	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	Y Y	Included within plans as relevant and proportional to CCG response.	N/A			
tactical/silver command in managing these events. 36 Arrangements to have access to 24-hour radiation protection supervisor available in line with local and	Both acute and ambulance providers are expected to have arrangements in place for accessing specialist advice in the event of a radiation	+		+		N/A			+
national mutual aid arrangements; Duty to communicate with the public	incident								
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	• Have emergency communications response arrangements in place • Be able to demonstrate that you have considered which target audience you are aiming at or addressing in publishing materials (including staff, public and other agencies) • Communicating with the public to encourage and empower the community to help themselves in an emergency in a way which compliments the response of responders • Using lessons identified from previous information campaigns to inform the development of future campaigns • Setting up protocols with the media for warning and informing • Having a parged media strately which identifies and trains key staff in dealing with the media including nominating spokespeople and tability heads. • Having a speader mode strately which identifies and logging information requests and being able to deal with multiple requests for information apart of normal business processes. • Being pile 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. On call communications support is available 24/7 depending on the type of incident. South Nottingshamshire CGGs have a communications function which follows a comms strategy and coordinates communications cross organisations. Mild Nottingshamshire also has a comms function. CCGs work directly with NHS England communications are a large measures and take direction as required. Where relevant plans and promotional material is heatwaves are on CGG websites and communication channels are used to highlight any concerns or opportunities for the public to help themselves for instance Twitter. Co-ordination of messages will take place with affected organisations and where relevant the lead may be taken by the provider organisations. The Incident Response forms will be used to track information flows and information requests. Each CCG has a means of managing daily messages which includes the FOI process.<				

	Core standard	Clarifying information	CCGs CSUs (business continuity only)	Primary care (GP, community	bharmacv) Other NHS funded organisations		Self assessment RAG Red = Not compliant with core standard and not in the EPRR work plan within the next 12 months. Amber = Not compliant but evidence of progress and in the EPRR work plan for the next 12 months. Green = fully compliant with core standard.	Action to be taken	Lead	Timescale
38	Arrangements ensure the ability to communicate internally and externally during communication equipment failures		YY	Y	Y	 Have arrangements in place for resilient communications, as far as reasonably practicable, based on risk. Arrangements are in place as per above. The arrangements are resilient at both a CCG level and as a health economy. 				
39	Nation Sharing – mandatory requirements Arrangements contain information sharing protocols to ensure appropriate communication with partners.	These must take into account and inclue DH (2007) Data Protection and Sharing – Guidance for Emergency Planners and Responders or any guidance which supercedes this, the FOI Act 2000, the Data Protection Act 1998 and the CCA 2004 'duty to communicate with the public', or subsequent / additional legislation and/or guidance.	YY	Υ	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. CCGs are part of the LHRP MOU				
40	Forum in London if appropriate)		Y	Υ	+ '	Attendance at or receipt of minutes from relevant Local Resilience Forum(s) / Borough Resilience Forum(s) meetings, that meetings take place and memebership is quorat.				
42	Demonstrate active engagement and co-operation with other category 1 and 2 responders in accordance with the CCA Arrangements include how mutual aid agreements will be requested, co-ordinated and maintained. Arrangements outline the procedure for responding to incidents which affect two or more Local Health Resilience Partnership (LHRP) areas or Local Resilience Porum (LRP) areas. Arrangements outline the procedure for responding to incidents which affect two or more regions.	NB: mutual aid agreements are wider than staff and should include equipment, services and supplies.	Y	Y	Y	NHSE North Midlands is the representative on the LRF and the LHRP is the key NHS Forum. CCGs are represented by the Chief Officer of NHS Rushcliffe CCG as the lead CCG. Arrangements will be reviewed as part of structure changes that are being implemented in 2018. *Treating the Local Resilience Forum(s) / Borough Resilience Forum(s) and the Local Health	N/A N/A			
45	Arrangements demonstrate now organisations support NHS England locally in discharging its EPHK functions and duties Plans define how links will be made between NHS England, the Department of Health and PHE. Including	Examples include completing of SITREPs, cascading of information, supporting mutual aid discussions, prioritising activities and/or services etc.	Y	Υ		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	N/A			
47	how information relating to national emergencies will be co-ordinated and shared 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					Establish mutual aid agreements	N/A			
48	Arrangements are in place to ensure attendance at all Local Health Resilience Partnership meetings at a director level		Y			+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 MOU relates to category 1 and 2 responders for LHRP. We have a 24/7 on call rota to discharge our category 2 duties to respond when NHSE North Midlands require us to support their functions. Lessons learnt are discussed in the LHRP and specifically in our CCG EPRR Working Group. Resilience Direct is used by the CCGs as a resource for policies, lessons learnt. List of contacts is available through the on call rota arrangements. Additional list of contacts accessed through Resilience Direct and NHS England North Midlands Contacts Directory. The handbook supports no. 31.				
Trainir	ng And Exercising									
49	Arrangements include a curent training plan with a training needs analysis and ongoing training of staff required to deliver the response to emergencies and business continuity incidents	Staff are clear about their roles in a plan A training needs analysis undertaken within the last 12 months Training is linked to the National Occupational Standards and is relevant and proportionate to the organisation type. Training is linked to Joint Emergency Response Interoperability Programme (JESIP) where appropriate Arrangements demonstrate the provision to train an appropriate number of staff and anyone else for whom training would be appropriate for the purpose of ensuring that the plan(s) is effective Arrangements include providing training to an appropriate number of staff to ensure that warning and informing arrangements are effective	YY	Y	Y	• Taking lessons from all resilience activities and using the Local Resilience Forum(s) of 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.				
50	Arrangements include an ongoing exercising programme that includes an exercising needs analysis and informs future work.	 Exercises consider the need to validate plans and capabilities Arrangements must identify exercises which are relevant to local risks and meet the needs of the organisation type and of other interested parties. Arrangements are in line with NHS England requirements which include a six-monthly communications test, annual table-top exercise and line exercise at least once every three years. If possible, these exercises should involve relevant interested parties. Lessons identified must be acted on as part of continuous improvement. Arrangements include provision for carrying out exercises for the purpose of ensuring warning and informing arrangements are effective 	YY	Υ	Y	 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 incidentshave 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 Exercises have been agreed through the LHRP and the LRF community risk register has identified areas				
51	Demonstrate organisation wide (including oncall personnel) appropriate participation in multi-agency exercises		Υ		Υ	for the work programme, ensuring that both are relevant to local circumstances. Through the HEPOG it has been agreed to work together on exercises and also to carry out desk top exercises as part of the				
52	exercises Preparedness ensures all incident commanders (oncall directors and managers) maintain a continuous personal development portfolio demonstrating training and/or incident /exercise participation.		Y		Y	been agreed to work together on exercises and also to carry out desk top exercises as part of the meetings. We are compliant with this standard through the on call rota and the skills of the on call managers. Skills and capability will be further enhanced through the experiences of events/tests as they occur. The cyber attack provided an opportunity to review tessons as part of LHRP and through the HEPOG. Communications exercises have been carried out by NHS England. CCG representative has attended PHE event on post incident management.				

	Core standard	Clarifying information	Acute healthcare providers Specialist providers	Ambulance service providers	Patient Transport Provider	Community services providers	Montal healthcare providers	NHS England Regional & national	CCGs Continuity	only) Primary care	(Company of the control of the contr	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
		The organisation has taken the LHRP agreed results of their 2016/17 NHS EPRR assurance process to a public Board meeting or Governing Body, within the last 12 months The organisations can evidence that the 2016/17 NHS EPRR assurance results Board/Governing Body results have been presented via meeting minutes. S.	YY	, _Y	YY	(Y	¥	Y	Y		Organisation's public Board/Governing Body report Organisation's public website The results went to the November Governing Bodies. http://www.notfinghamnortheastcog.nhs.uk/wp-content/uploads/2016/11/GB16135-Chief-Officer-and-Chairs-Report-November-2016.pdf; http://www.notfinghamnestcog.nhs.uk/media/1867/mvcog-governing-body-papers-24-november-2016.pdf; http://www.notfinghamorty-nhs.uk/magestories/boss/GoverningBody/2016-117/November_2016/CCG_Governing_Body_Public_Meeting_Supplement_Agenda_Pack_30_November_3016.pdf; November_2016/CCG_Governing_Body_Public_Meeting_Supplement_Agenda_Pack_30_November_3016.pdf;				
	The organisation has published the results of the 2016/17 NHS EPRR assurance process in their annual report.	There is evidence that the organisation has published their 2016/17 assurance process results in their Annual Report	YY	Y	YY	YY	¥		Y		Organisation's Annual Report Organisation's public website Detail is not in two of CCGs annual reports and will be included in subsequent version as per guidance. This has been included in the annual reports. http://www.nottinghamortheastcog.nhs.uk/wp-content/bujodas/2017/08/Annual-Report-16-17 pdf Y http://www.nottinghamorty.nhs.uk/images/stories/docs/Goverring/Body/2015 17/November_2016/CCG Goverring_Body-2016 U16.pdf. http://www.nottinghamwestcog.nhs.uk/media/2126/invog-annual-report-and-accounts-2016-17.pdf http://www.rnschifflecog.nhs.uk/media/1082/annual-report-2016-17.pdf http://www.rnschifflecog.nhs.uk/media/1082/annual-report-2016-17.pdf http://www.rnschifflecog.nhs.uk/media/1082/annual-report-2016-17.pdf http://www.rnschifflecog.nhs.uk/media/1082/annual-report-2016-17.pdf				
	The organisation has an identified, active Non-executive Director/Governing Body Representative who formally holds the EPRR portfolio for the organisation.	The organisation has an identified Non-executive Director/Governing Body Representative who formally holds the EPRR portfolio. The organisation has publicly identified the Non-executive Director/Governing Body Representative that holds the EPRR portfolio via their public wisbate and annual report. The Non-executive Director/Governing Body Representative who formally holds the EPRR portfolio is a regular and active member of the Board/Governing Body. The organisation has a formal and established process for keeping the Non-executive Director/Governing Body Representative briefed on the progress of the EPRR work plan outside of Board/Governing Body meetings.	YY	Y	YY	/ Y	Y	Y	Y		- Organisation's Annual Report - Organisation's public Beard Governing Body report - Organisation's public Beard Governing Body report - Organisation's public website - Minutes of meetings Included in paper that went to July GB (and will be going in September 2017). Part of Annual Report as per laboue. The Governing Body representative is the AEO. Responsibilities will be considered further as part the restructure in Greater Nottingham, including the move to a Joint Commissioning Committee.	art			
DD4	the EPRR function	organisation's EPRR function.	YY	Y	YY	/ Y	Υ	Y	Y	<u></u> '	Minutes of meetings. There is an internal meeting that includes Bassetlaw CCG. The last meeting way Held in August 2017.				
	The organisation's Accountable Emergency Officer regularly attends the organisations internal EPRR oversight/delivery group	The organisation's Accountable Emergency Officer is a regular attendee at the organisation's meeting that provides oversight to the delivery of the EPRR work program. The organisation's Accountable Emergency Officer has attended at least 50% of these meetings within the last 12 months. The organisation's Accountable Emergency Officer is a regular attendee at Local Health Resilience Partnership meetings	YY	Y	YY	Y	Y .		Y	'	Minutes of meetings This is managed through lead CCG and AEO, Vicky Balley, who reports into the drender AEOs. AEOs receive feedback from LHRP. AEOs receive updates from Health Protection Strateg Group. Minutes of meetings This is attended through lead CCG or deputy CCG. CCGs have been represented a	tegy			
DD6	The organisation's Accountable Emergency Officer regularly attends the Local Health Resilience Partnership meetings	The organisation's Accountable Emergency Officer has attended at least 75% of these meetings within the last 12 months. The organisation's Accountable Emergency Officer has attended at least 75% of these meetings within the last 12 months.	I v V	_Y	Y	y y	, y ,	, 1	Y	'	all LHRPs and this has predominantly beeen by an Accountable Emergency Officer.	at			

	lous materials (HAZMAT) and chemical, biological, radiolgocial and nuclear (CBRN) re is is designed as a stand alone sheet)	esponse core standards	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			
53	Preparedness There is an organisation specific HAZMAT/ CBRN plan (or dedicated annex)	Arrangements include: • command and control interfaces • tried and tested process for activating the staff and equipment (inc. Step 1-2-3 Plus) • pre-determined decontamination locations and access to facilities • management and decontamination processes for contaminated patients and fatalities in line with the latest guidance • communications planning for public and other agencies • interoperability with other relevant agencies • access to national reserves / Pods • plan to maintain a cordon / access control • emergency / contingency arrangements for staff contamination • plans for the management of hazardous waste • stand-down procedures, including debriefing and the process of recovery and returning to (new) normal processes • contact details of key personnel and relevant partner agencies	Y	Y	Y	Y		Y	Being able to provide documentary evidence of a regular process for monitoring, reviewing and updating and approving arrangements Version control			
54	Staff are able to access the organisation HAZMAT/ CBRN management plans.	Decontamination trained staff can access the plan	Y	Y	Y	Y	ľ	Y	Site inspection IT system screen dump			
55	HAZMAT/ CBRN decontamination risk assessments are in place which are appropriate to the organisation.	Documented systems of work List of required competencies Impact assessment of CBRN decontamination on other key facilities Arrangements for the management of hazardous waste	Y	Y	Y	Y		Y	Appropriate HAZMAT/ CBRN risk assessments are incorporated into EPRR risk assessments (see core standards 5-7)			
56	Rotas are planned to ensure that there is adequate and appropriate decontamination capability available 24/7.		Y		Y				Resource provision / % staff trained and available Rota / rostering arrangements			
57	Staff on-duty know who to contact to obtain specialist advice in relation to a HAZMAT/ CBRN incident and this specialist advice is available 24/7.	For example PHE, emergency services.	Y	Y	Y	Y		Y	Provision documented in plan / procedures Staff awareness			
	Decontamination Equipment											
58	There is an accurate inventory of equipment required for decontaminating patients in place and the organisation holds appropriate equipment to ensure safe decontamination of patients and protection of staff.	 Acute and Ambulance service providers - see Equipment checklist overleaf on separate tab Community, Mental Health and Specialist service providers - see Response Box in 'Preparation for Incidents Involving Hazardous Materials - Guidance for Primary and Community Care Facilities' (NHS London, 2011) (found at: http://www.londoncon.nhs.uk/_store/documents/hazardous-material-incident-guidance-for-primary-and-community-care.pdf) Initial Operating Response (IOR) DVD and other material: http://www.jesip.org.uk/what-will-jesip-do/training/ 	ו	Y	ĭ	Y		Y	completed inventory list (see overleaf) or Response Box (see Preparation for Incidents Involving Hazardous Materials - Guidance for Primary and Community Care Facilities (NHS London, 2011))			
59	The organisation has the expected number of PRPS suits (sealed and in date) available for immediate deployment should they be required (NHS England published guidance (May 2014) or subsequent later guidance when applicable)	There is a plan and finance in place to revalidate (extend) or replace suits that are reaching the end of shelf life until full capability of the current model is reached in 2017	Y		Y							
60	There are routine checks carried out on the decontamination equipment including: A) Suits B) Tents C) Pump D) RAM GENE (radiation monitor) E) Other decontamination equipment	There is a named role responsible for ensuring these checks take place	Y		Y							
61	There is a preventative programme of maintenance (PPM) in place for the maintenance, repair, calibration and replacement of out of date Decontamination equipment for: A) Suits B) Tents C) Pump D) RAM GENE (radiation monitor) E) Other equipment		Y		Y							
62	There are effective disposal arrangements in place for PPE no longer required.	(NHS England published guidance (May 2014) or subsequent later guidance when applicable)	Y		Υ							
63	Training The current HAZMAT/ CBRN Decontamination training lead is appropirately trained to		Y		Y							
	deliver HAZMAT/ CBRN training Internal training is based upon current good practice and uses material that has been supplied as appropriate.	Documented training programme Primary Care HAZMAT/ CBRN guidance Lead identified for training Established system for refresher training so that staff that are HAZMAT/ CBRN decontamination trained receive refresher training within a reasonable time frame (annually). A range of staff roles are trained in decontamination techniques Include HAZMAT/ CBRN command and control training Include ongoing fit testing programme in place for FFP3 masks to provide a 24/7 capacity and capability when caring for patients with a suspected or confirmed infectious respiratory virus Including, where appropriate, Initial Operating Response (IOR) and other material: http://www.jesip.org.uk/what-will-jesip-do/training/	Y	Y	Y	Y		Y	Show evidence that achievement records are kept of staff trained and refresher training attended Incorporation of HAZMAT/ CBRN issues into exercising programme			
	The organisation has sufficient number of trained decontamination trainers to fully support its staff HAZMAT/ CBRN training programme. 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.	Including, where appropriate, Initial Operating Response (IOR) and other material: http://www.jesip.org.uk/what-will-jesip-do/training/ Community, Mental Health and Specialist service providers - see Response Box in 'Preparation for Incidents Involving Hazardous Materials - Guidance for Primary and Community Care Facilities' (NHS London, 2011) (found at: http://www.londoncon.nhs.uk/_store/documents/hazardous-material-incident-guidance-for-primary-and-community-care.pdf)	Y	Y	Y	Y		Y				

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

No	Equipment	Equipment model/ generation/ details etc.	Self assessment RAG Red = Not in place and not in the EPRR work plan to be in place within the next 12 months. Amber = Not in place and in the EPRR work plan to be in place within the next 12 months. Green = In place.
	EITHER: Inflatable mobile structure		
E1	Inflatable frame		
E1.1	Liner		
	Air inflator pump		
	Repair kit		
E1.2	Tethering equipment		
F2	OR: Rigid/ cantilever structure		
E2	Tent shell		
F2	OR: Built structure		
E3	Decontamination unit or room		
E.4	AND:		
E4 E5	Lights (or way of illuminating decontamination area if dark)		
E6	Shower heads Hose connectors and shower heads		
E7	Flooring appropriate to tent in use (with decontamination basin if		
	needed)		
E8	Waste water pump and pipe		
E9	Waste water bladder		
E10	PPE for chemical, and biological incidents		
E10	The organisation (acute and ambulance providers only) has the expected number of PRPS suits (sealed and in date) available for immediate deployment should they be required. (NHS England published guidance (May 2014) or subsequent later guidance when applicable).		
E11	Providers to ensure that they hold enough training suits in order to facilitate their local training programme		
E40	Ancillary		
E12 E13	A facility to provide privacy and dignity to patients		
	Buckets, sponges, cloths and blue roll		
E14	Decontamination liquid (COSHH compliant)		
E15	Entry control board (including clock)		
E16	A means to prevent contamination of the water supply		
E17	Poly boom (if required by local Fire and Rescue Service)		
E18	Minimum of 20 x Disrobe packs or suitable equivalent (combination of sizes)		
	Minimum of 20 x re-robe packs or suitable alternative (combination of sizes - to match disrobe packs)		
E20	Waste bins		
	Disposable gloves Scissors - for removing patient clothes but of sufficient calibre to execute an emergency PRPS suit disrobe		
	FFP3 masks		
	Cordon tape		
E25	Loud Hailer Signage		
	Tabbards identifying members of the decontamination team		
E27	Chemical Exposure Assessment Kits (ChEAKs) (via PHE): should an acute service provider be required to support PHE in the collection of samples for assisting in the public health risk assessment and response phase of an incident, PHE will contact the acute service provider to agree appropriate arrangements. A		
	Standard Operating Procedure will be issued at the time to explain what is expected from the acute service provider staff. Acute service providers need to be in a position to provide this support.		
F00	Radiation		
E28	RAM GENE monitors (x 2 per Emergency Department and/or HART		
E29	team) Hooded paper suits		
E30	Goggles		
E31	FFP3 Masks - for HART personnel only		
E32	Overshoes & Gloves		

						Te le				ø	Self assessment RAG			
		ors	iders	viders	lors	s A nation		ity only	cy)	isation	Red = Not compliant with core standard and not in the EPRR work plan within the next 12 months.			
Core standard	Clarifying information	provide	ce prov	cespro	e provid	al team		continu	pharma	b B Evidence of assurance	Amber = Not compliant but evidence of progress and in the EPRR work plan for the next 12 months.	Action to be taken	Lead	Timescale
Oor Standard	Ola nying miorinadon	hcare	servi	servi	thcar	d loc		ness (i i	E L'Italice di assurance	Green = fully compliant with core standard.	Action to be taken	Lead	Timescale
		nealtl list p	ance a	Aju	healt	nglan glan		president	m mr	H				
		ute	an de ca	Ē	ntal	S S	် ဗိ	l s	P, co	nor				
overnance		Š Š	<u> </u>	ŏ	ž	ŻŻ	5 8	8	<u> 50</u>	5				
	Organisations have MTFA capability to the nationally agreed safe system of work standards defined within this service specification.													
1 Organisations have an MTFA capability at all times within their operational service area.	 Organisations have MTFA capability to the nationally agreed interoperability standard defined within this service specification. Organisations have taken sufficient steps to ensure their MTFA capability remains complaint with the National MTFA Standard Operating Procedures during local and national deployments. 		Y											
	Deployment to the Home Office Model Response sites must be within 45 minutes.		Y											
redeployment) of MTFA staff to an incident requiring the MTFA capability.	Organisations maintain a minimum of ten competent MTFA staff on duty at all times. Competence is denoted by the mandatory minimum training		_					+ +						-
re	requirements identified in the MTFA capability matrix. Organisations ensure that, as part of the selection process, any successful MTFA application must have undergone a Physical Competence													
I IA	Assessment (PCA) to the nationally agreed standard.													
Organisations have the ability to ensure that ten MTFA start are released and available to respond to scene within	Organisations maintain the minimum level of training competence among all operational MTFA staff as defined by the national training standards. Organisations ensure that each operational MTFA operative is competent to deliver the MTFA capability.		l v											
10 minutes of that confirmation (with a corresponding safe system of work).	Organisations ensure that comprehensive training records are maintained for each member of MTFA staff. These records must include; a record													
o	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.													
	• 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.													
	 All MTFA equipment is maintained to nationally specified standards and must be made available in line with the national MFTA 'notice to move' standard. 		Y											
	All MTFA equipment is maintained according to applicable British or EN standards and in line with manufacturers' recommendations.													
	Organisations ensure that Control rooms are compliant with JOPs (Reference B). With Trusts using Pathways or AMPDS, ensure that any potential MTFA incident is recognised by Trust specific arrangements.		Y											
6 Organisations have an appropriate revenue depreciation scheme on a 5-year cycle which is maintained locally to			Y											
replace nationally specified MTFA equipment. Organisations use the NARU coordinated national change request process before reconfiguring (or changing) any			<u> </u>											
MTFA procedures, equipment or training that has been specified as nationally interoperable.			Y											
8 Organisations maintain an appropriate register of all MTFA safety critical assets.	Assets are defined by their reference or inclusion within the National MTFA Standard Operating Procedures. "This register must include; individual asset identification, any applicable servicing or maintenance activity, any identified defects or faults, the expected replacement date and any applicable statutory or regulatory requirements (including any other records which must be maintained for that item of equipment.)		Y											
9 Organisations ensure their operational commanders are competent in the deployment and management of NHS MTFA resources at any live incident.	month of requipment its:		Y											
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 &			Y											
Safety Executive) and NHS England (including NARU operating under an NHS England contract).					_									<u> </u>
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.														
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						T					
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											
Organisations maintain a set of local MTFA risk assessments which are compliment 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			Y											
assessment (JDHA) at any live deployment. Organisations have a robust and timely process to report any lessons identified following an MTFA deployment or														
15 training activity that may be relevant to the interoperable service to NARU within 12 weeks using a nationally approved lessons database.			Y											
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 MTPA service as soon as is practicable and no later than 7 days of the risk being identified.			Y											
Organisations have a proces to acknowledge and respond appropriately to any national safety notifications issued for MTFA by NARU within 7 days.			Y											
Т	Training to include:													
19 FDC	Introduction and understanding of NASMed triage Haemorrhage control													
-	- Patient positioning		'											
	Casualty Collection Point procedures.			\perp										<u> </u>
40 Occasion from a constant at the first three constants NA DI I to be a constant of the Const	 Specialist Ambulance Service Response to MTFA - KPI 100% MTFA commanders and teams. 													
- and the state of	Non-Specialist Ambulance Service Response to MTFA - KPI 80% of operational staff.		Ι.									1		
18 FHS organisations that have an M FA capability the ambulance service provider must provide training to this FHS .	- Use of dressings and tourniquets - Patient positioning - Casually Collection Point procedures - National Strategic Guidance - KPI 100% Gold commanders Specialist Amblance Service Response to MTFA - KPI 100% MTFA commanders and teams.		Y											

					1		2	se		Self assessment RAG			
		ω	lers ders	ē	Site		ē ,	atio		Red = Not compliant with core standard and not in the			
		/der	ovid	, se	ams a	8	a l	mac,		EPRR work plan within the next 12 months.			
Core standard	Clarifying information	pro	ce p	D D	a b		cont	d or	Evidence of assurance	Amber = Not compliant but evidence of progress and in the EPRR work plan for the next 12 months.	Action to be taken	Lead	Timescale
	,	ovid	servi	hcar	0 0		988	Alu opun		Green = fully compliant with core standard.	Protection to be taken	2000	rimoscaic
		lealth	nce nit	healt	glan	5	ousir care	HS +		Green lany compliant man core standard.			
		ute h	l bula	la l	S S	80	Us (oo ' Co					
Governance		S Ac	₹ °S	Š	 	8	8 5	<u> </u>					
	Organizations maintain the four core HART capabilities to the nationally agreed safe system of work standards defined within this service exercises to the national system.												
Organisations maintain a HART Incident Response Unit (IRU) capability at all times within their operational service area.	• Organizations maintain the four core mak i capabilities to the nationally agreed interoperability standard defined within this service specification.		Y										
	 Organiations take sufficient steps to ensure their HART unit(s) remains complaint with the National HART Standard Operating Procedures – during local and national deployments. 												
organisaions maintain a HART Urban Search & Rescue (USAR) capability at all times within their operational	Organiations maintain the minimum level of training competence among all operational HART staff as defined by the national training standards for HART.												
service area.	 Organiations 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 		1 '										
	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).												
3 Organisations maintain a HART Inland Water Operations (IWO) capability at all times within their operational	 Organizations ensure that all HART operational personnel are Paramedics with appropriate corresponding professional registration (note s.3.4.6 of the specification). 	f	_Y										
service area.	 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.		+		+	+		+				1	
Organisations maintain a HART Tactical Medicine Operations (TMO) capability at all times within their operational	Organiations 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 completed approaches the IABT staff.		,										
service area.	competence across the HART skill sets.		.										
	• 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. Organisations maintain a minimum of six competent HART staff on duty for live deployments at all times.												
	 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. 												
Organisations maintain a local policy or procedure to ensure the effective prioritisation and deployment (or	Organisations 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.		Y										
redeployment) of HART staff to an incident requiring the HART capabilities.	training requirements identified in the HART capability matrix.												
	 Organisations 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.												
Grganisations maintain a criteria or process to ensure the effective identification of incidents or patients at the point			V										
of receiving an emergency call that may benefit from the deployment of a HART capability.	To procure interoperable safety critical equipment (as referenced in the National Standard Operating Procedures), organisations should have		<u> </u>										
7 Organisations ensure an appropriate capital and revenue depreciation scheme is maintained locally to replace nationally specified HART equipment.	• To procure interoperations safety critical equipment (as retreetined in the relational 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.		Y										
Organisations use the NARU coordinated national change request process before reconfiguring (or changing) an			V										
HART procedures, equipment or training that has been specified as nationally interoperable.			H .										
Organisations ensure that the HART fleet and associated incident technology are maintained to nationally specifie standards and must be made available in line with the national HART 'notice to move' standard.			Y										
Organisations ensure that all HART equipment is maintained according to applicable British or EN standards and in line with manufacturers recommendations.			Y										
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; 11 individual asset identification, any applicable servicing or maintenance activity, any identified defects or faults, the			Y										
expected replacement date and any applicable statutory or regulatory requirements (including any other records which must be maintained for that item of equipment).													
Organisations ensure that a capital estate is provided for HART that meets the standards set out in the HART			Y		+ +			+				1	
estate specification. Organisations ensure their incident commanders are competent in the deployment and management of NHS		+ + -	· ·	+	+	++	-	+					
HART resources at any live incident. In any event that the provider is unable to maintain the four core HART capabilities to the interoperability			+ +		++			+				1	
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			Y										
default in writing to their lead commissioners.				_	\perp	+	_	\rightarrow					
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			Y										
deployment.								\dashv				1	
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 &			Y										
Safety Executive) and NHS England (including NARU operating under an NHS England contract). 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. 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			Y										
assessment (JDHA) at any live deployment.					\vdash	\perp		\perp					
Organisations have a robust and timely process to reportany lessons identified following a HART deployment or training activity that may be relevant to the interoperable service to NARU within 12 weeks using a nationally approved lessons database.			Y										
Organisations have a robust and timely process to report, to NARU and their commissioners, any safety risks													
20 related to equipment, training or operational practice which may have an impact on the national interoperability of the HART service as soon as is practicable and no later than 7 days of the risk being identified.			Y										
Organisations have a proces to acknowledge and respond appropriately to any national safety notifications issued			Y	+	+-	++	-	+					+
for HART by NARU within 7 days.			<u> </u>									1	