

[illegible]

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).	Y	<p>Arrangements should be:</p> <ul style="list-style-type: none"> • current (although may not have been updated in the last 12 months) • in line with current national guidance • in line with risk assessment • signed off by the appropriate mechanism • shared appropriately with those required to use them • outline any equipment requirements • outline any staff training required 	<p>The Trust has in place an Incident Response Plan which incorporates Mass Casualty Arrangements. The plan provides a framework for the management, coordination and control, in support of Trust employees in carrying out their duties, during a major incident, critical incident or, mass casualty incident and in relation to business continuity incidents.</p> <p>This plan can be activated in isolation or in conjunction with other specific major incident or business continuity plans.</p> <p>The plan is in line with current guidance and risk assessment, signed off by the appropriate mechanism and available to all staff. It outlines our training and exercise plan and required equipment.</p>	Fully compliant					
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).	Y	<p>Arrangements should be:</p> <ul style="list-style-type: none"> • current (although may not have been updated in the last 12 months) • in line with current national guidance • in line with risk assessment • signed off by the appropriate mechanism • shared appropriately with those required to use them • outline any equipment requirements • outline any staff training required 	<p>The Trust has in place an Incident Response Plan which incorporates Mass Casualty Arrangements. The plan provides a framework for the management, coordination and control, in support of Trust employees in carrying out their duties, during a major incident, critical incident or, mass casualty incident and in relation to business continuity incidents.</p> <p>This plan can be activated in isolation or in conjunction with other specific major incident or business continuity plans.</p> <p>The plan is in line with current guidance and risk assessment, signed off by the appropriate mechanism and available to all staff. It outlines our training and exercise plan and required equipment.</p>	Fully compliant					
13	Duty to maintain plans	Heatwave	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to the impacts of heatwave on the population the organisation serves and its staff.	Y	<p>Arrangements should be:</p> <ul style="list-style-type: none"> • current (although may not have been updated in the last 12 months) • in line with current national guidance • in line with risk assessment • signed off by the appropriate mechanism • shared appropriately with those required to use them • outline any equipment requirements • outline any staff training required 	Latest version of Severe Weather Plan reviewed and include PHE and WY plans	Fully compliant					
14	Duty to maintain plans	Cold weather	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to the impacts of snow and cold weather (not internal business continuity) on the population the organisation serves.	Y	<p>Arrangements should be:</p> <ul style="list-style-type: none"> • current (although may not have been updated in the last 12 months) • in line with current national guidance • in line with risk assessment • signed off by the appropriate mechanism • shared appropriately with those required to use them • outline any equipment requirements • outline any staff training required 	Latest version of Severe Weather Plan reviewed and include PHE and WY plans	Fully compliant					
18	Duty to maintain plans	Mass Casualty	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to mass casualties. For an acute receiving hospital this should incorporate arrangements to free up 10% of their bed base in 6 hours and 20% in 12 hours, along with the requirement to double Level 3 ITU capacity for 96 hours (for those with level 3 ITU bed).	Y	<p>Arrangements should be:</p> <ul style="list-style-type: none"> • current (although may not have been updated in the last 12 months) • in line with current national guidance • in line with risk assessment • signed off by the appropriate mechanism • shared appropriately with those required to use them • outline any equipment requirements • outline any staff training required 	Plan in place	Fully compliant					
19	Duty to maintain plans	Mass Casualty - patient identification	The organisation has arrangements to ensure a safe identification system for unidentified patients in an emergency/mass casualty incident. This system should be suitable and appropriate for blood transfusion, using a non-sequential unique patient identification number and capture patient sex.	Y	<p>Arrangements should be:</p> <ul style="list-style-type: none"> • current (although may not have been updated in the last 12 months) • in line with current national guidance • in line with risk assessment • signed off by the appropriate mechanism • shared appropriately with those required to use them • outline any equipment requirements • outline any staff training required 	Plans in place	Fully compliant					
20	Duty to maintain plans	Shelter and evacuation	In line with current guidance and legislation, the organisation has effective arrangements in place to shelter and/or evacuate patients, staff and visitors. This should include arrangements to shelter and/or evacuate, whole buildings or sites, working in conjunction with other site users where necessary.	Y	<p>Arrangements should be:</p> <ul style="list-style-type: none"> • current (although may not have been updated in the last 12 months) • in line with current national guidance • in line with risk assessment • signed off by the appropriate mechanism • shared appropriately with those required to use them • outline any equipment requirements • outline any staff training required 	Trust has a plan for partial site evacuations. Involvement in Airedale RAAC evacuation plan.	Partially compliant	Details in the action plan	SA		Jun-22	

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37	Warning and informing	Communication with partners and stakeholders	The organisation has arrangements to communicate with partners and stakeholder organisations during and after a major incident, critical incident or business continuity incident.	Y	<ul style="list-style-type: none">• Have emergency communications response arrangements in place• Social Media Policy specifying advice to staff on appropriate use of personal social media accounts whilst the organisation is in incident response• Using lessons identified from previous major incidents to inform the development of future incident response communications• Having a systematic process for tracking information flows and logging information requests and being able to deal with multiple requests for information as part of normal business processes• Being able to demonstrate that publication of plans and assessments is part of a joined-up communications strategy and part of your organisation's warning and informing work	The Trust has in place a Communication Policy & Social Media Policy (June 2019/June 21 & in date) which details about a major incident and the communications role with staff, patients and stakeholders and the media. The social media policy details how staff should communicate information on personal accounts relating to the Trust. Sitreps in the Incident response plan contain a media section to collate the relevant information requests. Where necessary, the Police will lead on media communications for a consistent approach. The plan is in line with current guidance, signed off by the appropriate mechanism and available to all staff. It outlines that training will be undertaken as required. On call packs provide details of partner agencies to contact. The incident response plan details warning and informing arrangements for responders and public.	Fully compliant							
38	Warning and informing	Warning and informing	The organisation has processes for warning and informing the public (patients, visitors and wider population) and staff during major incidents, critical incidents or business continuity incidents.	Y	<ul style="list-style-type: none">• Have emergency communications response arrangements in place• Be able to demonstrate consideration of target audience when 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 major incidents to inform the development of future incident response communications• Setting up protocols with the media for warning and informing	The Trust has in place a communication Policy (June 2019) which details about a major incident and the communications role with staff, patients and stakeholders and the media. The social media policy details how staff should communicate information on personal accounts relating to the Trust. Where necessary, the Police will lead on media communications for a consistent approach. The plan is in line with current guidance, signed off by the appropriate mechanism and available to all staff. It outlines that training will be undertaken as required. On call packs provide details of partner agencies to contact. The incident response plan details warning and informing arrangements for responders and public. Trust website banner can be altered at any time of day by Comms team to provide public information or this can be circulated by use of Trust Twitter account. Use of 'learning matters' to share learning internally where required. A global staff email can be sent 24/7 to provide staff with relevant information	Fully compliant							
39	Warning and informing	Media strategy	The organisation has a media strategy to enable rapid and structured communication with the public (patients, visitors and wider population) and staff. This includes identification of and access to a media spokesperson able to represent the organisation to the media at all times.	Y	<ul style="list-style-type: none">• Have emergency communications response arrangements in place• Using lessons identified from previous major incidents to inform the development of future incident response communications• Setting up protocols with the media for warning and informing• Having an agreed media strategy	Trust has several senior media trained spokespeople.	Fully compliant							
Domain 8 - Cooperation														
42	Cooperation	Mutual aid arrangements	<p>The organisation has agreed mutual aid arrangements in place outlining the process for requesting, coordinating and maintaining mutual aid resources. These arrangements may include staff, equipment, services and supplies.</p> <p>These arrangements may be formal and should include the process for requesting Military Aid to Civil Authorities (MACA) via NHS England.</p>	Y	<ul style="list-style-type: none">• Detailed documentation on the process for requesting, receiving and managing mutual aid requests• Signed mutual aid agreements where appropriate	Need updated version signing, with CCG, this should go to green. After consultation with NHS England EPRR staff, it is confirmed that any request for MACA would be made via them. A multi-agency Surge and Escalation Plan is in place across the local health economy, which includes mutual aid requests. Participation in local mutual aid arrangements with health partners across the Bradford & Airedale region. NEY NHS escalation and mutual aid plan in place.	Fully compliant							
46	Cooperation	Information sharing	The organisation has an agreed protocol(s) for sharing appropriate information with stakeholders, during major incidents, critical incidents or business continuity incidents.	Y	<ul style="list-style-type: none">• Documented and signed information sharing protocol• Evidence relevant guidance has been considered, e.g. Freedom of Information Act 2000, General Data Protection Regulation and the Civil Contingencies Act 2004 'duty to communicate with the public'.	protocol in place	Fully compliant							
Domain 9 - Business Continuity														
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.	Y	Demonstrable a statement of intent outlining that they will undertake BC - Policy Statement	Current BC framework lists ISO in its scope and how the Trust will deliver BC.	Fully compliant							

58	CBRN	HAZMAT / CBRN risk assessments	HAZMAT/ CBRN decontamination risk assessments are in place appropriate to the organisation. This includes: • Documented systems of work • List of required competencies • Arrangements for the management of hazardous waste	Y	• Impact assessment of CBRN decontamination on other key facilities	Waste contractor noted in CBRN and confirmed. Risk assessment in place.	Fully compliant				
59	CBRN	Decontamination capability availability 24 /7	The organisation has adequate and appropriate decontamination capability to manage self presenting patients (minimum four patients per hour), 24 hours a day, 7 days a week.	Y	• Rotas of appropriately trained staff availability 24 /7	ED has its own call cascade process, need to undertake a test which is now due w/c 15/09 by Ruth Brocksom	Fully compliant				
60	CBRN	Equipment and supplies	The organisation holds appropriate equipment to ensure safe decontamination of patients and protection of staff. There is an accurate inventory of equipment required for decontaminating patients. • Acute providers - see Equipment checklist: https://www.england.nhs.uk/wp-content/uploads/2018/07/eprr-decontamination-equipment-check-list.xlsx • Community, Mental Health and Specialist service providers - see guidance 'Planning for the management of self-presenting patients in healthcare setting': https://webarchive.nationalarchives.gov.uk/20161104231146/https://www.england.nhs.uk/wp-content/uploads/2015/04/eprr-chemical-incidents.pdf • Initial Operating Response (IOR) DVD and other material: http://www.jesip.org.uk/what-will-jesip-do/training/	Y	• Completed equipment inventories; including completion date	Equipment checklist completed monthly	Fully compliant				
62	CBRN	Equipment checks	There are routine checks carried out on the decontamination equipment including: • PRPS Suits • Decontamination structures • Disrobe and robe structures • Shower tray pump • RAM GENE (radiation monitor) • Other decontamination equipment. There is a named individual responsible for completing these checks.	Y	• Record of equipment checks, including date completed and by whom. • Report of any missing equipment	We have documented checklists. Weekly for equipment, monthly for Ram Genies. Named ED staff member or deputy undertakes and documents checks	Fully compliant				
63	CBRN	Equipment Preventative Programme of Maintenance	There is a preventative programme of maintenance (PPM) in place for the maintenance, repair, calibration and replacement of out of date decontamination equipment for: • PRPS Suits • Decontamination structures • Disrobe and robe structures • Shower tray pump • RAM GENE (radiation monitor) • Other equipment	Y	• Completed PPM, including date completed, and by whom	Need estates to service the tent- waiting for a date to be provided in Sept / Oct.	Fully compliant				
64	CBRN	PPE disposal arrangements	There are effective disposal arrangements in place for PPE no longer required, as indicated by manufacturer / supplier guidance.	Y	• Organisational policy	Expired suits used as training suits and out up to show staff how to get staff out in an emergency Dr S K	Fully compliant				
65	CBRN	HAZMAT / CBRN training lead	The current HAZMAT/ CBRN Decontamination training lead is appropriately trained to deliver HAZMAT/ CBRN training	Y	• Maintenance of CPD records		Fully compliant				
67	CBRN	HAZMAT / CBRN trained trainers	The organisation has a sufficient number of trained decontamination trainers to fully support its staff HAZMAT/ CBRN training programme.	Y	• Maintenance of CPD records	4 staff	Fully compliant				
68	CBRN	Staff training - decontamination	Staff who are most likely to come into contact with a patient requiring decontamination understand the requirement to isolate the patient to stop the spread of the contaminant.	Y	• Evidence training utilises advice within: • Primary Care HAZMAT/ CBRN guidance • Initial Operating Response (IOR) and other material: http://www.jesip.org.uk/what-will-jesip-do/training/ • All service providers - see Guidance for the initial management of self presenters from incidents involving hazardous materials - https://www.england.nhs.uk/publication/eprr-guidance-for-the-initial-management-of-self-presenters-from-incidents-involving-hazardous-materials/ • All service providers - see guidance 'Planning for the management of self-presenting patients in healthcare setting': https://webarchive.nationalarchives.gov.uk/20161104231146/https://www.england.nhs.uk/wp-content/uploads/2015/04/eprr-chemical-incidents.pdf • A range of staff roles are trained in decontamination technique	Only partially compliant until more staff are trained, One training session booked in Sept, Oct, Nov and Dec. Training presentations saved as evidence. List of staff trained- this has been asked for. There has been high turn over of staff which has reduced the number trained, plus operational Covid pressures.	Partially compliant	Details in the action plan	EC/SA	Jun-22	
69	CBRN	FFP3 access	Organisations must ensure staff who may come into contact with confirmed infectious respiratory viruses have access to, and are trained to use, FFP3 mask protection (or equivalent) 24/7.	Y		Staff list held on ESR, our 3 main areas, ward 31, ICU and ED, currently over 321 staff have been trained on a variety of FFP3 masks. In house fit testing available for all staff to access. FFP3 stored at ward level with very regular top ups and a PPE hub for additional respiratory kit for staff who can't wear a FFP3.	Fully compliant				

Ref	Domain	Standard
HART Domain: Capability		
H1	HART	HART tactical capabilities
H2	HART	National Capability Matrices for HART
H3	HART	Compliance with National Standard Operating Procedures
Domain: Human Resources		
H4	HART	Staff competence

H5	HART	Protected training hours
H6	HART	Training records
H7	HART	Registration as Paramedics
H8	HART	Six operational HART staff on duty
H9	HART	Completion of Physical Competency Assessment
H10	HART	Mandatory six month completion of Physical Competency Assessment
H11	HART	Returned to duty Physical Competency Assessment
H12	HART	Commander competence
Domain: Administration		
H13	HART	Effective deployment policy

H14	HART	Identification appropriate incidents / patients
H15	HART	Notification of changes to capability delivery
H16	HART	Recording resource levels
H17	HART	Record of compliance with response time standards
H18	HART	Local risk assessments
H19	HART	Lessons identified reporting
H20	HART	Safety reporting
H21	HART	Receipt and confirmation of safety notifications
H22	HART	Change Request Process

Domain: Response time standards		
H23	HART	Initial deployment requirement
H24	HART	Additional deployment requirement
H25	HART	Attendance at strategic sites of interest
H26	HART	Mutual aid
Domain: Logistics		
H27	HART	Capital depreciation and revenue replacement schemes
H28	HART	Interoperable equipment
H29	HART	Equipment procurement via national buying frameworks
H30	HART	Fleet compliance with national specification
H31	HART	Equipment maintenance

H32	HART	Equipment asset register
H33	HART	Capital estate provision
MTFA Domain: Capability		
M1	MTFA	Maintenance of national specified MTFA capability
M2	MTFA	Compliance with safe system of work
M3	MTFA	Interoperability
M4	MTFA	Compliance with Standard Operating Procedures
Domain: Human Resources		
M5	MTFA	Ten competent MTFA staff on duty
M6	MTFA	Completion of a Physical Competency Assessment
M7	MTFA	Staff competency

M8	MTFA	Training records
M9	MTFA	Commander competence
M10	MTFA	Provision of clinical training
M11	MTFA	Staff training requirements
Domain: Administration		
M12	MTFA	Effective deployment policy
M13	MTFA	Identification appropriate incidents / patients
M14	MTFA	Change Management Process
M15	MTFA	Record of compliance with response time standards
M16	MTFA	Notification of changes to capability delivery

M17	MTFA	Recording resource levels
M18	MTFA	Local risk assessments
M19	MTFA	Lessons identified reporting
M20	MTFA	Safety reporting
M21	MTFA	Receipt and confirmation of safety notifications
Domain: Response time standards		
M22	MTFA	Readiness to deploy to Model Response Sites
M23	MTFA	10minute response time
Domain: Logistics		
M24	MTFA	PPE availability
M25	MTFA	Equipment procurement via national buying frameworks
M26	MTFA	Equipment maintenance

M27	MTFA	Revenue depreciation scheme
M28	MTFA	MTFA asset register
CBRN Domain: Capability		
B1	CBRN	Tactical capabilities
B2	CBRN	National Capability Matrices for CBRN.
B3	CBRN	Compliance with National Standard Operating Procedures
B4	CBRN	Access to specialist scientific advice
Domain: Human resources		
B5	CBRN	Commander competence
B6	CBRN	Arrangements to manage staff exposure and contamination

B7	CBRN	Monitoring and recording responder deployment
B8	CBRN	Adequate CBRN staff establishment
B9	CBRN	CBRN Lead trainer
B10	CBRN	CBRN trainers
B11	CBRN	Training standard
B12	CBRN	FFP3 access
B13	CBRN	IOR training for operational staff
Domain: administration		
B14	CBRN	HAZMAT / CBRN plan
B15	CBRN	Deployment process for CBRN staff
B16	CBRN	Identification of locations to establish CBRN facilities
B17	CBRN	CBRN arrangements alignment with guidance
B18	CBRN	Communication management
B19	CBRN	Access to national reserve stocks

B20	CBRN	Management of hazardous waste
B21	CBRN	Recovery arrangements
B22	CBRN	CBRN local risk assessments
B23	CBRN	Risk assessments for high risk areas
Domain: Response time standards		
B24	CBRN	Model response locations - deployment
Domain: logistics		
B25	CBRN	Interoperable equipment
B26	CBRN	Equipment procurement via national buying frameworks
B27	CBRN	Equipment maintenance - British or EN standards
B28	CBRN	Equipment maintenance - National Equipment Data Sheet
B29	CBRN	Equipment maintenance - assets register

B30	CBRN	PRPS - minimum number of suits
B31	CBRN	PRPS - replacement plan
B32	CBRN	Individual / role responsible fore CBRN assets

**Mass Casualty Vehicles
Domain: Administration**

V1	MassCas	MCV accommodation
V2	MassCas	Maintenance and insurance
V3	MassCas	Mobilisation arrangements
V4	MassCas	Mass oxygen delivery system

Domain: NHS England Mass Casualties

V6	MassCas	Mass casualty response arrangements
V7	MassCas	Arrangements to work with NACC
V8	MassCas	EOC arrangements
V9	MassCas	Casualty management arrangements
V10	MassCas	Casualty Clearing Station arrangements

V11	MassCas	Management of non-NHS resource
V12	MassCas	Management of secondary patient transfers
Command and control Domain: General		
C1	C2	Consistency with NHS England EPRR Framework
C2	C2	Consistency with Standards for NHS Ambulance Service Command and Control.
C3	C2	NARU notification process
C4	C2	AEO governance and responsibility
Domain: Human resource		
C5	C2	Command role availability

C6	C2	Support role availability
C7	C2	Recruitment and selection criteria
C8	C2	Contractual responsibilities of command functions
C9	C2	Access to PPE
C10	C2	Suitable communication systems
Domain: Decision making		
C11	C2	Risk management
C12	C2	Use of JESIP JDM
C13	C2	Command decisions
Domain: Record keeping		

C14	C2	Retaining records
C15	C2	Decision logging
C16	C2	Access to loggist
Domain: Lessons identified		
C17	C2	Lessons identified
Domain: Competence		
C18	C2	Strategic commander competence - National Occupational Standards
C19	C2	Strategic commander competence - nationally recognised course
C20	C2	Tactical commander competence - National Occupational Standards
C21	C2	Tactical commander competence - nationally recognised course

C22	C2	Operational commander competence - National Occupational Standards
C23	C2	Operational commander competence - nationally recognised course
C24	C2	Commanders - maintenance of CPD
C25	C2	Commanders - exercise attendance
C26	C2	Training and CDP - suspension of non-compliant commanders
C27	C2	Assessment of commander competence and CDP evidence

C28	C2	NILO / Tactical Advisor - training
C29	C2	NILO / Tactical Advisor - CPD
C30	C2	Loggist - training
C31	C2	Loggist - CPD
C32	C2	Availability of Strategic Medical Advisor, Medical Advisor and Forward Doctor
C33	C2	Medical Advisor of Forward Doctor - exercise attendance
C34	C2	Commanders and NILO / Tactical Advisors - familiarity with the Joint Operating Procedures
C35	C2	Control room familiarisation with capabilities

C36	C2	Responders awareness of NARU major incident action cards
JESIP		
Domain: Embedding doctrine		
J1	JESIP	Incorporation of JESIP doctrine
J2	JESIP	Operations procedures commensurate with Doctrine
J3	JESIP	Five JESIP principles for joint working
J4	JESIP	Use of METHANE
J5	JESIP	Joint Decision Model - advocate use of
J6	JESIP	Review process
J7	JESIP	Access to JESIP products, tools and guidance
Domain: Training		
J8	JESIP	Awareness of JESIP - Responders
J9	JESIP	Awareness of JESIP - control room staff

J10	JESIP	Awareness of JESIP - Commanders and Control Room managers / supervisors
J11	JESIP	Training records - staff requiring training
J12	JESIP	Command function - interoperability command course
J13	JESIP	Training records - annual refresh
J14	JESIP	Commanders - interoperability command course
J15	JESIP	Participation in multiagency exercise
J16	JESIP	Induction training
J17	JESIP	Training - review process
J18	JESIP	JESIP trainers
Domain: Assurance		
J19	JESIP	JESIP self-assessment survey

J20	JESIP	Training records - 90% operational and control room staff are familiar with JESIP
J21	JESIP	Exercise programme - multiagency exercises
J22	JESIP	Competence assurance policy
J23	JESIP	Use of JESIP exercise objectives and Umpire templates

Detail

Organisations must maintain the following HART tactical capabilities:

- Hazardous Materials
- Chemical, Biological Radiological, Nuclear, Explosives (CBRNe)
- Marauding Terrorist Firearms Attack
- Safe Working at Height
- Confined Space
- Unstable Terrain
- Water Operations
- Support to Security Operations

Organisations must maintain HART tactical capabilities to the interoperable standards specified in the National Capability Matrices for HART.

Organisations must ensure that HART units and their personnel remain compliant with the National Standard Operating Procedures (SOPs) during local and national deployments.

Organisations must ensure that operational HART personnel maintain the minimum levels of competence defined in the National Training Information Sheets for HART.

Organisations must ensure that all operational HART personnel are provided with no less than 37.5 hours of protected training time every seven weeks. If designated training staff are used to augment the live HART team, they must receive the equivalent protected training hours within the seven week period i.e. training hours can be converted to live hours providing they are rescheduled as protected training hours within the seven-week period.

Organisations must ensure that comprehensive training records are maintained for all HART personnel in their establishment.

These records must include:

- mandated training completed
- date completed
- any outstanding training or training due
- indication of the individual's level of competence across the HART skill sets
- any restrictions in practice and corresponding action plans.

All operational HART personnel must be professionally registered Paramedics.

Organisations must maintain a minimum of six operational HART staff on duty, per unit, at all times.

All HART applicants must pass an initial Physical Competency Assessment (PCA) to the nationally specified standard.

All operational HART staff must undertake an ongoing physical competency assessment (PCA) to the nationally specified standard every 6 months. Failure to achieve the required standard during these assessments must result in the individual being placed on restricted practice until they achieve the required standard.

Any operational HART personnel returning to work after a period exceeding one month (where they have not been engaged in HART operational activity) must undertake an ongoing physical competency assessment (PCA) to the nationally specified standard. Failure to achieve the required standard during these assessments must result in the individual being placed on restricted practice until they achieve the required standard.

Organisations must ensure their Commanders (Tactical and Operational) are sufficiently competent to manage and deploy HART resources at any live incident.

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.

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.

In any event that the provider is unable to maintain the HART capabilities safely or if a decision is taken locally to reconfigure HART to support wider Ambulance operations, the provider must notify the NARU On-Call Duty Officer as soon as possible (and within 24 hours). Written notification of any default of these standards must also be provided to their Lead Commissioner within 14 days and NARU must be copied into any such correspondence.

Organisations must record HART resource levels and deployments on the nationally specified system.

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.

Organisations must maintain a set of local HART risk assessments which compliment the national HART risk assessments. These must cover specific local training venues or activity and pre-identified local high-risk sites. The provider must also ensure there is a local process to regulate how HART 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.

Organisations must have a robust and timely process to report any lessons identified following a HART deployment or training activity that may affect the interoperable service to NARU within 12 weeks using a nationally approved lessons database.

Organisations have a robust and timely process to report to NARU any safety risks related to equipment, training or operational practice which may have an impact on the national interoperability of the HART service as soon as is practicable and no later than 7 days of the risk being identified.

Organisations have a process to acknowledge and respond appropriately to any national safety notifications issued for HART by NARU within 7 days.

Organisations must use the NARU coordinated Change Request Process before reconfiguring (or changing) any HART procedures, equipment or training that has been specified as nationally interoperable.

Four HART personnel 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. This standard does not apply to pre-planned operations.

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.

Organisations maintain a HART service capable of placing six HART personnel on-scene at strategic sites of interest within 45 minutes. These sites are currently defined within the Home Office Model Response Plan (by region). A delayed response is acceptable if the live HART team is already deploying HART capabilities at other incident in the region.

Organisations must ensure that their 'on duty' HART personnel and HART assets maintain a 30 minute notice to move anywhere in the United Kingdom following a mutual aid request endorsed by NARU. An exception to this standard may be claimed if the 'on duty' HART team is already deployed at a local incident requiring HART capabilities.

Organisations must ensure appropriate capital depreciation and revenue replacement schemes are maintained locally to replace nationally specified HART equipment.

Organisations must procure and maintain interoperable equipment specified in the National Capability Matrices and National Equipment Data Sheets.

Organisations must procure interoperable equipment using the national buying frameworks coordinated by NARU unless they can provide assurance that the local procurement is interoperable, and they subsequently receive approval from NARU for that local procurement.

Organisations ensure that the HART fleet and associated incident technology remain compliant with the national specification.

Organisations ensure that all HART equipment is maintained according to applicable British or EN standards and in line with manufacturers recommendations.

Organisations maintain an asset register of all HART equipment. Such assets are defined by their reference or inclusion within the Capability Matrix and 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).

Organisations ensure that a capital estate is provided for HART that meets the standards set out in the National HART Estate Specification.

Organisations must maintain the nationally specified MTFA capability at all times in their respective service areas.

Organisations must ensure that their MTFA capability remains compliant with the nationally specified safe system of work.

Organisations must ensure that their MTFA capability remains interoperable with other Ambulance MTFA teams around the country.

Organisations must ensure that their MTFA capability and responders remain compliant with the National Standard Operating Procedures (SOPs) during local and national deployments.

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.

Organisations must ensure that all MTFA staff have successfully completed a physical competency assessment to the national standard.

Organisations must ensure that all operational MTFA staff maintain their training competency to the standards articulated in the National Training Information Sheet for MTFA.

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.

Organisations ensure their on-duty Commanders are competent in the deployment and management of NHS MTFA resources at any live incident.

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.

Organisations must ensure that the following percentage of staff groups receive nationally recognised MTFA familiarisation training / briefing:

- 100% Strategic Commanders
- 100% designated MTFA Commanders
- 80% all operational frontline staff

Organisations must maintain a local policy or procedure to ensure the effective identification of incidents or patients that may benefit from deployment of the MTFA capability. These procedures must be aligned to the MTFA Joint Operating Principles (produced by JESIP).

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).

Organisations must use the NARU Change Management Process before reconfiguring (or changing) any MTFA procedures, equipment or training that has been specified as nationally interoperable.

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).

In any event that the organisation is unable to maintain the MTFA capability to the these standards, the organisation must have a robust and timely mechanism to make a notification to the National Ambulance Resilience Unit (NARU) on-call system. The provider must then also provide notification of the default in writing to their lead commissioners.

Organisations must record MTFA resource levels and any deployments on the nationally specified system in accordance with reporting requirements set by NARU.

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.

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.

Organisations have a robust and timely process to report to NARU any safety risks related to equipment, training or operational practice which may have an impact on the national interoperability of the MTFA service as soon as is practicable and no later than 7 days of the risk being identified.

Organisations have a process to acknowledge and respond appropriately to any national safety notifications issued for MTFA by NARU within 7 days.

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.

Organisations must ensure that ten MTFA staff are released and available to respond within 10 minutes of an incident being declared to the organisation.

Organisations must ensure that the nationally specified personal protective equipment is available for all operational MTFA staff and that the equipment remains compliant with the relevant National Equipment Data Sheets.

Organisations must procure MTFA equipment specified in the buying frameworks maintained by NARU and in accordance with the MTFA related Equipment Data Sheets.

All MTFA equipment must be maintained in accordance with the manufacturers recommendations and applicable national standards.

Organisations must have an appropriate revenue depreciation scheme on a 5-year cycle which is maintained locally to replace nationally specified MTFA equipment.

Organisations must maintain a register of all MTFA assets specified in the Capability Matrix and Equipment Data Sheets.

The register must include:

- individual asset identification
- any applicable servicing or maintenance activity
- any identified defects or faults
- the expected replacement date
- any applicable statutory or regulatory requirements (including any other records which must be maintained for that item of equipment).

Organisations must maintain the following CBRN tactical capabilities:

- Initial Operational Response (IOR)
- Step 123+
- PRPS Protective Equipment
- Wet decontamination of casualties via clinical decontamination units
- Specialist Operational Response (HART) for inner cordon / hot zone operations
- CBRN Countermeasures

Organisations must maintain these capabilities to the interoperable standards specified in the National Capability Matrices for CBRN.

Organisations must ensure that CBRN (SORT) teams remain compliant with the National Standard Operating Procedures (SOPs) during local and national pre-hospital deployments.

Organisations have robust and effective arrangements in place to access specialist scientific advice relevant to the full range of CBRN incidents. Tactical and Operational Commanders must be able to access this advice at all times. (24/7).

Organisations must ensure their Commanders (Tactical and Operational) are sufficiently competent to manage and deploy CBRN resources and patient decontamination.

Organisations must ensure they have robust arrangements in place to manage situations where staff become exposed or contaminated.

Organisations must ensure they have systems in place to monitor and record details of each individual staff responder operating at the scene of a CBRN event. For staff deployed into the inner cordon or working in the warm zone on decontamination activities, this must include the duration of their deployment (time committed).

Organisations must have a sufficient establishment of CBRN trained staff to ensure a minimum of 12 staff are available on duty at all times.

Organisations must have a Lead Trainer for CBRN that is appropriately qualified to manage the delivery of CBRN training within the organisation.

Organisations must ensure they have a sufficient number of trained decontamination / PRPS trainers (or access to trainers) to fully support its CBRN training programme.

CBRN training must meet the minimum national standards set by the Training Information Sheets as part of the National Safe System of Work.

Organisations must ensure that frontline staff who may come into contact with confirmed infectious respiratory viruses have access to FFP3 mask protection (or equivalent) and that they have been appropriately fit tested.

Organisations must ensure that all frontline operational staff that may make contact with a contaminated patient are sufficiently trained in Initial Operational Response (IOR).

Organisations must have a specific HAZMAT/ CBRN plan (or dedicated annex). CBRN staff and managers must be able to access these plans.

Organisations must maintain effective and tested processes for activating and deploying CBRN staff to relevant types of incident.

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.

Organisations must ensure that their procedures, management and decontamination arrangements for CBRN are aligned to the latest Joint Operating Principles (JESIP) and NARU Guidance.

Organisations must ensure that their CBRN plans and procedures include sufficient provisions to manage and coordinate communications with other key stakeholders and responders.

Organisations must ensure that their CBRN plans and procedures include sufficient provisions to access national reserve stocks (including additional PPE from the NARU Central Stores and access to countermeasures or other stockpiles from the wider NHS supply chain).

Organisations must ensure that their CBRN plans and procedures include sufficient provisions to manage hazardous waste.

Organisations must ensure that their CBRN plans and procedures include sufficient provisions to manage the transition from response to recovery and a return to normality.

Organisations must maintain local risk assessments for the CBRN capability which compliment the national CBRN risk assessments under the national safe system of work.

Organisations must maintain local risk assessments for the CBRN capability which cover key high-risk locations in their area.

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.

Organisations must procure and maintain interoperable equipment specified in the National Capability Matrices and National Equipment Data Sheets.

Organisations must procure interoperable equipment using the national buying frameworks coordinated by NARU unless they can provide assurance that the local procurement is interoperable and that local deviation is approved by NARU.

Organisations ensure that all CBRN equipment is maintained according to applicable British or EN standards and in line with manufacturer's recommendations.

Organisations must maintain CBRN equipment, including a preventative programme of maintenance, in accordance with the National Equipment Data Sheet for each item.

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).

Organisations must maintain the minimum number of PRPS suits specified by NHS England and NARU. These suits must remain live and fully operational.

Organisations must ensure they have a financial replacement plan in place to ensure the minimum number of suits is maintained. Trusts must fund the replacement of PRPS suits.

Organisations must have a named individual or role that is responsible for ensuring CBRN assets are managed appropriately.

Trusts must securely accommodate the vehicle(s) undercover with appropriate shore-lining.

Trusts must insure, maintain and regularly run the mass casualty vehicles.

Trusts must maintain appropriate mobilisation arrangements for the vehicles which should include criteria to identify any incidents which may benefit from its deployment.

Trusts must maintain the mass oxygen delivery system on the vehicles.

Concept of Operations

Trusts must ensure they have clear plans and procedures for a mass casualty incident which are appropriately aligned to the *NHS England Concept of Operations for Managing Mass Casualties*.

Trusts must have a procedure in place to work in conjunction with the National Ambulance Coordination Centre (NACC) which will coordinate national Ambulance mutual aid and the national distribution of casualties.

Trusts must have arrangements in place to ensure their Emergency Operations Centres (or equivalent) can communicate and effectively coordinate with receiving centres within the first hour of mass casualty incident.

Trusts must have a casualty management plan / patient distribution model which has been produced in conjunction with local receiving Acute Trusts.

Trusts must maintain a capability to establish and appropriately resource a Casualty Clearing Station at the location in which patients can receive further assessment, stabilisation and preparation on onward transportation.

Trust plans must include provisions to access, coordinate and, where necessary, manage the following additional resources:

- Patient Transportation Services
- Private Providers of Patient Transport Services
- Voluntary Ambulance Service Providers

Trusts must have arrangements in place to support some secondary patient transfers from Acute Trusts including patients with Level 2 and 3 care requirements.

NHS Ambulance command and control must remain consistent with the NHS England EPRR Framework and wider NHS command and control arrangements.

NHS Ambulance command and control must be conducted in a manner commensurate to the legal and professional obligations set out in the Standards for NHS Ambulance Service Command and Control.

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.

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.

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.

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.

NHS Ambulance Service providers must ensure there is an appropriate recruitment and selection criteria for personnel fulfilling command roles (including command support roles) that promotes and maintains the levels of credibility and competence defined in these standards.

No personnel should have command and control roles defined within their job descriptions without a recruitment and selection criteria that specifically assesses the skills required to discharge those command functions (i.e. the National Occupational Standards for Ambulance Command).

This standard does not apply to the Functional Command Roles assigned to available personnel at a major incident.

Personnel expected to discharge Strategic, Tactical, and Operational command functions must have those responsibilities defined within their contract of employment.

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.

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.

NHS Ambulance Commanders must manage risk in accordance with the method prescribed in the National Ambulance Service Command and Control Guidance published by NARU.

NHS Ambulance Commanders at the Operational and Tactical level must use the JESIP Joint Decision Model (JDM) and apply JESIP principles during emergencies where a joint command structure is established.

NHS Ambulance Command decisions at all three levels must be made within the context of the legal and professional obligations set out in the Command and Control Standards and the National Ambulance Service Command and Control Guidance published by NARU.

C14: All decision logs and records which are directly connected to a major or complex emergency must be securely stored and retained by the Ambulance Service for a minimum of 25 years.

C15: Each Commander (Strategic, Tactical and Operational) must have access to an appropriate system of logging their decisions which conforms to national best practice.

C16: The Strategic, Tactical and Operational Commanders must each be supported by a trained and competent loggist. A minimum of three loggist must be available to provide that support in each NHS Ambulance Service at all times. It is accepted that there may be more than one Operational Commander for multi-sited incidents. The minimum is three loggists but the Trust should have plans in place for logs to be kept by a non-trained loggist should the need arise.

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.

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.

Personnel that discharge the Strategic Commander function must have successfully completed a nationally recognised Strategic Commander course (nationally recognised by NHS England / NARU).

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.

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.

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.

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.

All Strategic, Tactical and Operational Commanders must maintain appropriate Continued Professional Development (CPD) evidence specific to their corresponding National Occupational Standards.

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.

Any Strategic, Tactical and Operational Commanders that have not maintained the required competence through the mandated training and ongoing CPD obligations must be suspended from their command position / availability until they are able to demonstrate the required level of competence and CPD evidence.

Commander competence and CPD evidence must be assessed and confirmed annually by a suitably qualified and competent instructor or training officer. NHS England or NARU may also verify this process.

Personnel that discharge the NILO /Tactical Advisor function must have completed a nationally recognised NILO or Tactical Advisor course (nationally recognised by NHS England / NARU).

Personnel that discharge the NILO /Tactical Advisor function must maintain an appropriate Continued Professional Development portfolio to demonstrate their continued professional creditability and up-to-date competence in the NILO / Tactical Advisor discipline.

Personnel that discharge the Loggist function must have completed a loggist training course which covers the elements set out in the National Ambulance Service Command and Control Guidance.

Personnel that discharge the Loggist function must maintain an appropriate Continued Professional Development portfolio to demonstrate their continued professional creditability and up-to-date competence in the discipline of logging.

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).

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.

Commanders (Strategic, Tactical and Operational) and the NILO/Tactical Advisors must ensure they are fully conversant with all Joint Operating Principles published by JESIP and that they remain competent to discharge their responsibilities in line with these principles.

Control starts with receipt of the first emergency call, therefore emergency control room supervisors must be aware of the capabilities and the implications of utilising them. Control room supervisors must have a working knowledge of major incident procedures and the NARU command guidance sufficient to enable the initial steps to be taken (e.g. notifying the Trust command structure and alerting mechanisms, following action cards etc.)

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.

The JESIP doctrine (as specified in the JESIP Joint Doctrine: The Interoperability Framework) must be incorporated into all organisational policies, plans and procedures relevant to an emergency response within NHS Ambulance Trusts.

All NHS Ambulance Trust operational procedures must be interpreted and applied in a manner commensurate to the Joint Doctrine.

All NHS Ambulance Trust operational procedures for major or complex incidents must reference the five JESIP principles for joint working.

All NHS Ambulance Trust operational procedures for major or complex incidents must use the agreed model for sharing incident information stated as M/ETHANE.

All NHS Ambulance Trust operational procedures for major or complex incidents must advocate the use of the JESIP Joint Decision Model (JDM) when making command decisions.

All NHS Ambulance Trusts must have a timed review process for all procedures covering major or complex incidents to ensure they remain current and consistent with the latest version of the JESIP Joint Doctrine.

All NHS Ambulance Trusts must ensure that Commanders and Command Support Staff have access to the latest JESIP products, tools and guidance.

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.

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.

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.

NHS Ambulance Service providers must identify and maintain records of staff in the organisation who may require training or awareness of JESIP, what training they require and when they receive it.

All staff required to perform a command must have attended a one day, JESIP approved, interoperability command course.

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.

Every three years, NHS Ambulance Commanders must repeat a one day, JESIP approved, interoperability command course.

Every three years, all NHS Ambulance Commanders (at Strategic, Tactical and Operational levels) must participate as a player in a joint exercise with at least Police and Fire Service Command players where JESIP principles are applied.

All NHS Ambulance Trusts must ensure that JESIP forms part of the initial training or induction of all new operational staff.

All NHS Ambulance Trusts must have an effective internal process to regularly review their operational training programmes against the latest version of the JESIP Joint Doctrine.

All NHS Ambulance Trusts must maintain an appropriate number of internal JESIP trainers able to deliver JESIP related training in a multi-agency environment and an internal process for cascading knowledge to new trainers.

All NHS Ambulance Trusts must participate in the annual JESIP self-assessment survey aimed at establishing local levels of embedding 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.

All NHS Ambulance Trusts must maintain a programme of planned multi-agency exercises developed in partnership with the Police and Fire Service (as a minimum) which will test the JESIP principles, use of the Joint Decision Model (JDM) and METHANE tool.

All NHS Ambulance Trusts must have an internal procedure to regularly check the competence of command staff against the JESIP Learning Outcomes and to provide remedial or refresher training as required.

All NHS Ambulance Trusts must utilise the JESIP Exercise Objectives and JESIP Umpire templates to ensure JESIP relevant objectives are included in multi-agency exercise planning and staff are tested against them.

NHS Ambulance Service Providers	Organisational Evidence
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<p>Self assessment RAG</p> <p>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.</p> <p>Amber (partially compliant) = Not compliant with core standard. However, the organisation's EPRR work programme demonstrates sufficient evidence of progress and an action plan to achieve full compliance within the next 12 months.</p> <p>Green (fully compliant) = Fully compliant with core standard.</p>	<p>Action to be taken</p>

Lead		Timescale	

Comments

Ref	Domain	Standard
Deep Dive - Oxygen Supply Domain: Oxygen Suuply		
DD1	Oxygen Supply	Medical gasses - governance

DD2	Oxygen Supply	Medical gasses - planning
DD3	Oxygen Supply	Medical gasses - planning
DD4	Oxygen Supply	Medical gasses -workforce

DD5	Oxygen Supply	Oxygen systems - escalation
DD6	Oxygen Supply	Oxygen systems
DD7	Oxygen Supply	Oxygen systems

Detail

The organisation has in place an effective Medical Gas Committee as described in Health Technical Memorandum HTM02-01 Part B.

The organisation has robust and tested Business Continuity and/or Disaster Recovery plans for medical gases

The organisation has used Appendix H to the HTM 0201 part A to support the planning, installing, upgrading of its cryogenic liquid supply system.

The organisation has reviewed the skills and competencies of identified roles within the HTM and has assurance of resilience for these functions.

The organisation has a clear escalation plan and processes for management of surge in oxygen demand

Organisation has an accurate and up to date technical file on its oxygen supply system with the relevant instruction for use (IFU)

The organisation has undertaken as risk assessment in the development of the medical oxygen installation to produce a safe and practical design and ensure that a safe supply of oxygen is available for patient use at all times as described in Health Technical Memorandum HTM02-01 6.6

Evidence - examples listed below

- ☐ Committee meets annually as a minimum
- ☐ Committee has signed off terms of reference
- ☐ Minutes of Committee meetings are maintained
- ☐ Actions from the Committee are managed effectively
- ☐ Committee reports progress and any issues to the Chief Executive
- ☐ Committee develops and maintains organisational policies and procedures
- ☐ Committee develops site resilience/contingency plans with related standard operating procedures (SOPs)
- ☐ Committee escalates risk onto the organisational risk register and Board Assurance Framework where appropriate
- ☐ The Committee receives Authorising Engineer's annual report and prepares an action plan to address issues, there being evidence that this is reported to the organisation's Board

- ☐ The organisation has reviewed and updated the plans and are they available for view
 - ☐ The organisation has assessed its maximum anticipated flow rate using the national toolkit
 - ☐ The organisation has documented plans (agreed with suppliers) to achieve rectification of identified shortfalls in infrastructure capacity requirements.
 - ☐ The organisation has documented a pipework survey that provides assurance of oxygen supply capacity in designated wards across the site
 - ☐ The organisation has clear plans for where oxygen cylinders are used and this has been discussed and there should be an agreement with the supplier to know the location and distribution so they can advise on storage and risk, on delivery times and numbers of cylinders and any escalation procedure in the event of an emergency (e.g. understand if there is a maximum limit to the number of cylinders the supplier has available)
 - ☐ Standard Operating Procedures exist and are available for staff regarding the use, storage and operation of cylinders that meet safety and security policies
 - ☐ The organisation has breaching points available to support access for additional equipment as required
 - ☐ The organisation has a developed plan for ward level education and training on good housekeeping practices
 - ☐ The organisation has available a comprehensive needs assessment to identify training and education requirements for safe management of medical gases
-
- ☐ The organisation has clear guidance that includes delivery frequency for medical gases that identifies key requirements for safe and secure deliveries
 - ☐ The organisation has policy to support consistent calculation for medical gas consumption to support supply mechanisms
 - ☐ The organisation has a policy for the maintenance of pipework and systems that includes regular checking for leaks and having de-icing regimes
 - ☐ Organisation has utilised the checklist retrospectively as part of an assurance or audit process
-
- ☐ Job descriptions/person specifications are available to cover each identified role
 - ☐ Rotating of staff to ensure staff leave/ shift patterns are planned around availability of key personnel e.g. ensuring QC (MGPS) availability for commissioning upgrade work.
 - ☐ Education and training packages are available for all identified roles and attendance is monitored on compliance to training requirements
 - ☐ Medical gas training forms part of the induction package for all staff.

- ☐ SOPs exist, and have been reviewed and updated, for 'stand up' of weekly/ daily multi-disciplinary oxygen rounds
- ☐ Staff are informed and aware of the requirements for increasing de-icing of vaporisers
- ☐ SOPs are available for the 'good housekeeping' practices identified during the pandemic surge and include, for example, Medical Director sign off for the use of HFNO

- ☐ Reviewed and updated instructions for use (IFU), where required as part of Authorising Engineer's annual verification and report

- ☐ Organisation has a risk assessment as per section 6.6 of the HTM 02-01
- ☐ Organisation has undertaken an annual review of the risk assessment as per section 6.134 of the HTM 02-01 (please indicated in the organisational evidence column the date of your last review)

Acute Providers		Organisational Evidence	
Y			

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<p>Self assessment RAG</p> <p>Red (not compliant) = Not compliant with the core standard. The organisation's work programme shows compliance will not be reached within the next 12 months.</p> <p>Amber (partially compliant) = Not compliant with core standard. However, the organisation's work programme demonstrates sufficient evidence of progress and an action plan to achieve full compliance within the next 12 months.</p> <p>Green (fully compliant) = Fully compliant with core standard.</p>	<p>Action to be taken</p>
<p>Partially compliant</p>	<p>Policy & procedures currently being reviewed and updated. Action cards currently being finalised and approved.</p>

Partially compliant	<p>Action cards to be finalised and approved.</p> <p>Procedures currently being reviewed. The E-Learning package costs to be established and roll out within the organisation progressed by the Medical Gas Group.</p>
Partially compliant	<p>Medical Gas Group to assess if Appendix H to be applied retrospectively re the VIE installation at BRI.</p>
Partially compliant	<p>The E-Learning package costs to be established and roll out within the organisation progressed by the Medical Gas Group.</p>

Partially compliant	Pharmacy to assess potential to develop a SOP to support management of HFNO along with documented evidence that oxygen levels have been considered.
Partially compliant	Policy & procedures currently being reviewed and updated
Non compliant	Risk assessment to be developed

Lead TimescaleComments		
ID	Complete by 25 October 2021	

ID, IT & JS	<p>Action cards to be Complete by 25th October 2021.</p> <p>Implementation of E-Learning package to be progressed by December 2021.</p>	
IT to assess potential of applying Appendix H	Dec-21	
IT & JS	Dec-21	

DS	Dec-21	
ID	25th October 2021.	
IT	End of December 2021	