



National Ambulance
Resilience Unit
NARU

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NHS

NARU News

THE MAGAZINE OF THE NATIONAL AMBULANCE RESILIENCE UNIT



National Ambulance
Resilience Conference

2012

See Page 11 for Conference
Programme or Book Online
www.naru.org.uk

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Keeping you informed

A message from the Editor, Carl Rees (NARU Stakeholder Engagement Lead)

Welcome to the first issue of NARU News, a new magazine from the National Ambulance Resilience Unit (NARU).

Rarely has the issue of NHS Emergency Preparedness, Resilience & Response been so high profile and our aim is to keep you up-to-date with the latest news and developments from NARU, but also to provide you with useful information about national resilience matters that are relevant to those working with ambulance services.

We will publish three times a year (every four months) in electronic format only and all issues will be uploaded to our website at www.naru.org.uk.

Obviously we hope you enjoy the first issue and find the information within it useful, and I will personally welcome any information, stories, ideas or feedback that you'd like to send to me via carl.rees@reesps.com. I look forward to hearing from you.

Best wishes,

Carl Rees

Editor, NARU News
NARU Stakeholder Engagement Lead



Make a note in your diary, Thursday September 20th

National Ambulance
Resilience Conference
2012

Book your place online today
www.naru.org.uk
Conference Programme Page 8

Ambition 2012

Book your place online today
www.ambition2012.org

NARU and AACE leading ambulance work on interoperability



Over the past few months and under the direction of the Association of Ambulance Chief Executives (AACE), the National Ambulance Resilience Unit (NARU) has been working with senior representatives from the Fire and Police Services to discuss further improvements in the way blue light services work together in response to major incidents.

A national programme of work has been developed to ensure that the blue light services work together as effectively as possible at all levels of command, part of which has been the joint-development of a new presentation to help improve the way services interact and work together on scene. The presentation can be accessed on the NARU website at www.naru.org.uk.

Says NARU Director Keith Prior: ***“Although we know interoperability works well in the UK every day, we have jointly developed an awareness presentation designed to secure additional improved joint operational understanding at the scene of an incident. The awareness presentation and aide memoir does not introduce any new procedures but highlights some areas where joint working can be enhanced. This awareness presentation is for***

Incident Commanders and the slide content is enhanced with sufficient notes to provide the correct level of awareness. This is a good initiative which builds on the work done for pre-Olympics and beyond.”

This is the first stage of the work of the blue light interoperability board which has been agreed with the Secretary of State for Health, Home Secretary and Secretary of State for Local Government and Communities. Peter Bradley (National Ambulance Director), Anthony Marsh (AACE lead for EPRR) and Keith Prior (Director of NARU) are the ambulance representatives on the Interoperability Board.

More interoperability work is planned over the coming months, details of which will appear on the NARU website and in this magazine – so watch this space.

London go HART to HART on marathon cycle ride

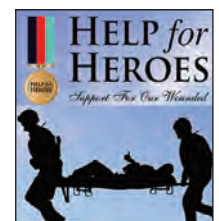
In June, four London Ambulance Service HART Paramedics completed their attempt to cycle to every HART base around the country, and have so far raised an impressive £4,672 for the charity Help for Heroes.

Stephen Macciocchi, Alex Batty, Joe Collins and Robbie Hickling set off from East London in May with a support vehicle driven by Ian Sibthorpe and for almost two weeks they covered over 1,200 miles en route to Melbourn (Cambridgeshire), Mansfield, Leeds, Newcastle, Tan Hill (the North Yorkshire Moors), Liverpool, Manchester, Birmingham, Bridgend (Wales), Bristol, Exeter, Winterbourne Gunner, Southampton, Gatwick, Ashford (Kent), West London and then finishing in East London.

NARU Programme Manager Hilary Pillin said: ***“Congratulations to the London team on what must have been a fairly gruelling schedule to say the least! The amount they have raised for such an excellent charity is to be highly commended and London HART can be proud of their team-mates.”***

Donations are still welcome via this page:

<http://www.bmycharity.com/harttohart>



Make the NARU website one of your favourites



The next time you're browsing the internet, why not take a few minutes to visit the NARU website at www.naru.org.uk?

The site is packed with interesting news & resources, and saving the site as one of your 'favourites' in your browser could help you keep up-to-date with the latest developments in the national resilience arena.

As well as an interesting Twitter feed, the site also has a live resilience news wire, which brings a constant stream of useful information and feeds it into the site.

For more information about the site contact the NARU Stakeholder Engagement Lead Carl Rees on 07958 547727 or via carl.rees@reesps.com.

New workshops to share HART best practice

A series of three new workshops a year have been set up so that Hazardous Area Response Teams (HARTs) around the country can share best practice and focus on significant experiences or systems & practices that enable HART to operate more effectively.



Hilary Pillin,
NARU Programme
Manager

The first workshop was held on 20th March 2012 at the Great Western Ambulance Service HART base and was attended by HART Managers and Trainers. A range of subjects was covered, with presentations from Steven Moore (of East of England HART Team) on their role in the Dale Farm Evacuations and their training package for their Control Room Staff called 'HART Champions'.

Chris Cooper (of Great Western HART Team) covered performance monitoring and reporting to the Board and Mick Hardaker and Emma Cameron from Yorkshire HART Team talked about their Clinical Leadership model. These presentations and other related documents have now been posted in the Best Practice folder on PROCLUS.

NARU Programme Manager Hilary Pillin says: **"The workshops enable HART personnel to spend some concentrated time learning from each other in terms of what works well in the management of HART, or specific lessons learnt from a particular incident."**

"At the first workshop, it was especially helpful to get the perspective of Great Western Ambulance Service Chief Executive Ken Wenman, who fully supported the Best Practice Workshop and underlined the support that exists for HART at Chief Executive level,

whilst rightly recognising that there is no room for complacency."

The workshops take place three times a year at a HART base and there is an opportunity for three or four HART Managers, or members of their teams, to have a slot to present an aspect of HART activity that they believe represents best practice and brings significant benefits to patients, the HART team or the ambulance Trust overall.

They can then take these ideas back to their own trusts and choose to adopt similar approaches, or take on the lessons learned, or forward to the Operations Managers Group for further discussion as appropriate.

Says Hilary: **"We need to ensure we continue to collect the evidence (through PROCLUS) for the value added by HART on a day to day basis, as well as demonstrating a high level of preparedness at all times for any potential significant one-off events. Now that we are building up operational experience for HART, the focus must now be on optimising HART deployment and contribution to patient care through increasing understanding and integration of HART within Trust operations."**

The next workshops are planned for October 2012 and January 2013.

Hilary Pillin can be contacted via hilary.pillin@ambulancehart.org.

Collapsed structure leads to excellent multiagency work



In the early hours of Monday 2 April 2012 the East of England Ambulance Service HART Team were notified of an incident in Clacton, initial reports suggested a car had collided with a house resulting in an explosion.

Essex Fire and Rescue had been deployed and had requested there USAR team; they were also able to update Ambulance Control confirming there had not been a collision but just an explosion with people being reported as trapped within the premises.

Initial HART resources on scene were able to provide sitreps; this information included confirmation that 5 patients had been removed from the scene - one (an elderly female) with substantial burns and a family of four with minor injuries.

During a Multi-Agency briefing the Ambulance Incident Commander was advised the Fire and Rescue USAR dog had located a trapped patient in the front of the building amongst the rubble pile. HART personnel, with appropriate personal protective clothing were deployed forward into the hot zone with the Fire and Rescue Service to assess and arrange safe extrication of the patient.

This patient had been lightly buried under rubble, mainly plaster board, with an initial assessment identifying the patient only had superficial injuries. Ambulance and Fire personnel working within the collapsed structure used the MIBS stretcher to extract the patient from the rubble and to the waiting ambulance crew.



A further scene assessment identified that there were no further casualties. HART resources remained on scene to provide medical cover for the Fire and Rescue Service whilst they tackled a fire at the rear of the property.

A hot debrief took place on scene allowing all involved to reflect on a very challenging incident which had luckily resulted in no loss of life.

GWAS HART treats injured fire fighters on-scene



The Great Western HART Team was part of a huge emergency service response close to Royal Wootton Bassett on July 6th 2012, when more than 40 firefighters and eight fire engines were called to tackle a massive blaze at a scrapyard that reached more than 60ft in the air.

HART Team Leader Gareth Knights explains: *“The call originally came in as a car on fire inside a workshop. It was in fact a scrap yard full of vehicles, on fire, which the Fire & Rescue Services fought to gain control of for a number of hours as numerous fuel tanks exploded.*

“A full GWAS HART response was instigated and on arrival was presented with two injured fire-fighters, both of which were attended to within the inner cordon by HART paramedics. One was transported to hospital with heat exhaustion following a BA wear, whilst the other was treated on scene following mild smoke inhalation.

“Two HART Paramedics stood by in EDBA, embedded into the FRS BA rescue unit. One HART paramedic wore a body cam on a FRS aerial platform in order to relay images of the scene from a vantage point to assist the FRS tactical tier located in the HART Forward Command Unit.”

The fire was eventually contained late in the evening.



NARU: Turning policy into sustainable resilience

The National Ambulance Resilience Unit (NARU) was established a year ago and works with all NHS Ambulance Trusts in England – and those in the devolved administrations – to help strengthen national resilience and improve patient outcomes in a variety of challenging pre-hospital environments.



Mike Shanahan,
NARU Deputy Director

In this article we ask Deputy Director Mike Shanahan to explain more about the role and remit of NARU.

Q: Can you give us an overview of what NARU does?

NARU works in partnership with ambulance trusts to enable the development of properly trained, appropriately equipped and prepared ambulance responders to deal with hazardous or difficult situations - particularly mass casualty incidents that represent a significant risk to public health.

Aside from providing strategic input to Government policy on ambulance resilience issues, NARU, working with the Department of Health and NHS Operations, assists with the effective national coordination and implementation of the pre-hospital health response to government policies that are designed to improve civil contingencies and national resilience across England.

Q: So it's mainly about a national approach to ambulance resilience issues?

Absolutely - working in partnership with NHS Ambulance Trusts, NARU assists them in working together in a coordinated way, to provide a safe and reliable response to major, complex and potentially protracted incidents. Consistency in implementation of core deliverables is essential if ambulance trusts across the country are to remain prepared and resilient to deliver an effective national response capability at all times.

Q: What is the structure of NARU?

NARU is comprised of a team of highly experienced and committed healthcare and management professionals who between them have many years of invaluable strategic and operational experience of ambulance services and emergency services planning – most of us are seconded directly from Ambulance Trusts in fact.

We work through a Service Level Agreement (SLA) between our commissioner (the Department of Health's Emergency Preparedness, Resilience and Response Unit) and our host Trust and SLA manager, West

Midlands Ambulance Service NHS Trust.

NARU is directed by Keith Prior, who is the Assistant Chief Ambulance Officer for West Midlands Ambulance Service NHS Trust. I am Keith's Deputy and overall responsibility for our work is overseen by Anthony Marsh, Chief Executive of West Midlands Ambulance Service NHS Trust and the Ambulance Service Chief Executive with national responsibility for Emergency Preparedness and Resilience issues.

Q: How is NARU linked with Hazardous Area Response Teams?

Although NARU still has a role in helping to co-ordinate certain national issues on behalf of HART teams across the country, NARU's work activities encompass a much wider agenda including cross-government policy developments.

This is in respect of the implementation of systems and capabilities associated with pre-hospital care of patients in the event of major or catastrophic incidents, whether caused deliberately (for example by terrorist or other malicious activity) or by accident or natural disaster, the basis of which starts with detailed and embedded Business Continuity Management arrangements.



In addition, much of the day-to-day work of NARU involves the provision of formal and ad hoc ambulance representation and advice to the DH, NHS Operations, and cross-government programmes and within various multi-agency working groups. In the event of a major or catastrophic incident, NARU personnel support the Department of Health in incident management, as well as supporting ambulance services where required.

So although HART teams are a vitally important part of the ambulance resilience infrastructure, NARU's responsibilities are much wider than that.

Q: What are the main benefits being achieved through NARU?

NARU is a team of subject matter experts with a wealth of experience gained through working in (or with) NHS ambulance services and other relevant agencies. Acting as a conduit between the Department of Health / NHS Operations and NHS Ambulance Trusts means that NARU is ideally placed to act objectively and independently to bring the following benefits to the health service, and ultimately, to patients:

- Provides a team of subject matter experts, up to date with ambulance EP priorities, risks and demands.
- Offers full time support to trusts, commissioning bodies, NHS Operations and the DH.
- Provides a single point for provision of advice on turning policy into operations, and input from operations to influence the development of new policy.
- Gives a vital patient focus to the development of cross government policy initiatives including scientific research and development.
- Brings an operational sensibility to academic policy thinking, putting requirements into operational context.
- Provides a professional response to the DH Incident Management Centre.
- Centrally coordinates the development and implementation of ambulance Emergency Preparedness & Resilience (EPR) policies and procedures, providing a number of benefits including:
 - a structure that encourages consensus and ownership across trusts, avoiding duplication of effort and resources
 - clear service specifications for EPR requirements within trusts
 - a central point of contact for multiagency partners at a strategic level
 - the ability to operate across government sectors
 - a central function and facilitation for trusts regarding stakeholder engagement resources and media management



- the ability to ensure responses and initiative developments are proportional and provide value for money, by:
 - encouraging evidence-based best practice and consistency in approach among trusts
 - benchmarking EP capabilities and policy against other jurisdictions and international partners – NARU is already recognised on the international EMS stage
 - undertaking thorough, scientifically-based processes for evaluation of the effectiveness of policy implementation and delivery
 - facilitating the maintenance of national standards by providing flexible and adaptable, centrally provided training programmes; central procurement on behalf of NHS Trusts and devolved administrations, as well as joint procurement with other emergency services and; evaluation and horizon scanning of specialist assets – equipment & vehicles.

Q: What does the NARU Training Centre do?

The NARU Training Centre is a world-class national ambulance training facility that helps protect ambulance staff and trains them to save lives in the most difficult of circumstances. Based at a police and military training installation, the Centre has been responsible for training hundreds of ambulance personnel to respond to a range of urban search and rescue, chemical, biological, radiological and nuclear incidents throughout the UK.

The Centre has a world class range of facilities available on-site and also uses a number of other training facilities throughout the UK, such as those belonging to the military and the fire and rescue service. Education is based upon the integrity of safety critical systems such as standard operating procedures, the competency of staff to perform operational duties and the maintenance quality of educational products that are fit for purpose.

Continued on page 12



Continued from page 11



Q: What is NARU doing to keep people in touch with its activities?

Well things like this article and this magazine for a start! We believe it is vital to keep people in touch so apart from the many meetings and workshops we attend on a regular basis, we also have a very good website (www.naru.org.uk) where you can sign up to receive our news updates when we have something important to say.

On September 20th we are also running the first National Ambulance Resilience Conference 2012 at the national **Ambition 2012** event in Northampton.

This will be a major event for the ambulance service and we are looking forward to debating some key resilience issues at the conference and enjoying the exhibition that is attached to it. All details, including the conference agenda, are available on our website.

www.naru.org.uk

Working with NHS Ambulance Services, NARU's key deliverables are:

Policy Requirements:

Contributing subject matter expertise to policy development – translating policy requirements into what is needed for policy delivery.

Clinical Response Capabilities:

Advising on the development of appropriate and feasible pre-hospital clinical response capabilities – with the aim of improving patient outcomes.

Service Specifications:

Detailing what is expected of NHS ambulance trusts in terms of deliverables and commissioning requirements to fulfill the commitment to policy delivery.

Inter – and Intra-operability:

Where appropriate, working closely with the health economy, other emergency service and specialist response agencies in the development of Joint Operating Procedures (JOPS), Tactics & Doctrine, Multiagency Training/Exercising and standardisation of equipment common to all parties – to build robust working relationships and understanding of all response capabilities and ensure effective response and communications in the event of major disruptive incidents.

Guidance for Ambulance Trusts:

Clarifying the scope and resourcing arrangements of how deliverables are to be met, including generic operating procedures and risk assessments to be built on by Ambulance Trusts and avoiding duplication of effort or variation in delivery.

National Training & Exercising:

Providing or sourcing effective training that supports delivery, so that training of ambulance personnel at all levels, in respect of resilience and emergency preparedness, consistently meets a minimum national standard and is recognised and respected by partner agencies. Organising and ensuring ambulance participation in national exercises designed to test resilience procedures and capabilities.

Operational Requirements:

Identifying key resources needed to support delivery in respect of personal protective equipment, clinical and non-clinical equipment and other specialist assets – establishing methods of effective evaluation and risk assessment to support central procurement processes or frameworks that ensure value for money, as well as building on appropriate technological advancements.

Evaluation, Assurance & Audit Processes:

Developing and undertaking independent, objective, evidence-based evaluation and assurance processes through which the necessary evidence will be collected and monitored to assess compliance with service specifications, evaluate value and impact of service provision, determine levels of resilience and preparedness, as well as providing assurance to DH and NHS Operations.

New NARU National Ambulance Command and Control Guidance Launched

The Association of Ambulance Chief Executives (AACE) and the National Ambulance Resilience Unit (NARU) are pleased to announce the launch of the new National Ambulance Command and Control Guidance.



Paul Kudray
Director of Resilience at North West Ambulance Service NHS Trust



The NARU Preparedness Workstream, working closely with the NARU Training Faculty, developed the guidance which took into consideration the lessons identified from previous major incidents and event responses across England over recent years, in addition to the best practice models from police and fire and rescue service partners.

The aim of the guidance is to assist the ambulance (and the NHS) commander in taking appropriate and consistent considerations to inform decision making, based on sound risk assessment.

Paul Kudray, Director of Resilience at North West Ambulance Service NHS Trust said:

“The introduction of this Guidance across the Ambulance Service represents a significant enhancement to our capabilities and consistency in quality within the resilience field. Command and control arrangements and decisions for the NHS, in any stage of the disaster management cycle, are critical and the Ambulance Service, at the front end of the NHS, needs to ensure that we are constantly seeking to enhance our knowledge and abilities to work with and support our multi-agency partners.”

“I am extremely pleased that we have achieved this milestone in our capabilities but it is important to continue to move forward and always seek to provide the very best for the patients and public we serve, in any incident or event.”

The new guidance is designed to provide a structured process to assist in the command and control (but not the management) of the NHS response and recovery elements, as part of the multi-agency partnership. It is recognised that each organisation has specific needs and considerations to ensure that their roles and responsibilities, to both respond and recover and to maintain their own Business Continuity arrangements (such as protecting the wider NHS) are addressed through appropriate strategic, tactical and operational plans.

Dave Bull, NARU Education & Command Training Lead, said:

“This excellent new guidance will significantly enhance the training and education for ambulance commanders, as all trusts will have access to the same consistent set of bespoke materials. The guidance will provide assurances to our multi-agency partners of our commitment to learn from lessons of previous incidents and events and to ensure that the NHS, through the ambulance service, remains an essential element of the civil protection capabilities across England.”



The document is available in hard backed version from the NARU Training Faculty (nicola.harrington@ambulancehart.org) or can be downloaded from the News & Resources / Useful Documents section of the NARU website at www.naru.org.uk.



National Ambulance Event to hit top gear at Silverstone

National Ambulance Resilience Conference

2012

Ambulance personnel from all NHS Ambulance Trusts are being invited to a thrilling one-day conference and exhibition event at the home of the British Grand Prix, Silverstone, on 20th September 2012.

The first ever National Ambulance Resilience Conference is being staged by the National Ambulance Resilience Unit (NARU) – at **AMBITION 2012** – the annual national event for NHS ambulance services, their suppliers and partner agencies.

Those thinking of attending can either book a delegate place on the conference (just £45 + VAT) or they can attend the exhibition or attend meetings completely free of charge.

Although the Emergency Planning Society will be hosting its annual awards dinner at **AMBITION 2012** on the evening of 19th September, the actual conference and exhibition is a one day event and will be of interest primarily to:

- **Most ambulance staff, especially paramedics, EMTs, HART teams, Operations Managers and Directors, Resilience Leads, Emergency Preparedness Leads, Education & Training personnel and those with a professional interest in interoperability issues.**
- **Those working in other pre-hospital situations, A&E or military hospital environments and those operating alongside the ambulance service in partner agencies such as fire and police.**
- **Anyone working in the wider emergency planning or civil contingencies fields.**

There will also be a number of national ambulance group meetings held at the event - including the Chairs, Chief Executive's, Heads of Procurement, HART Clinical Sub-group, the HART Vehicle & Equipment Group and some AACE subgroups - potentially including the new national ambulance supplier horizon-scanning group Strategic Thinking Around Technology (STAT) which is looking at ways to work with suppliers to develop new solutions to regular problems facing the service.

There will also be a 'Procurement Surgery' on-site which will be staffed by Laura Johnson of West Midlands Ambulance Service procurement team and Gerry Byrne who is responsible for HART procurement nationally. They will be on hand to take enquiries particularly from Hazardous Area Response Team personnel but also from others interested in this area.

This is the third year of the innovative **AMBITION** event, which has the dual aims of Promoting excellence in pre-hospital care and Bringing ambulance services and their suppliers closer.



Event Director Carl Rees says: ***"This is the ambulance service's annual opportunity to get together with colleagues from across the***

UK to improve professional development and also to see the very latest technology and products available from ambulance suppliers. We have organised the event in a very central, accessible place and have kept the delegate fees to the bare minimum – so hopefully as many ambulance staff as possible can take advantage of this opportunity and attend our event."

"I believe that today's trading environment requires much more than a traditional, old fashioned supplier-buyer relationship. Ambulance staff at all levels now have valuable ideas and key input to make to the development and testing of new vehicles, kit and equipment yet there are very limited opportunities to bring suppliers and buyers together in a way that genuinely helps both parties. Hopefully AMBITION can go some way towards solving that problem, as well as being an excellent CPD event for delegates."

Finally, for those interested in motor racing, there will also be exclusive access to a day of practice for the exciting Britcar 24 hour race – with great views from the balconies of the exhibition hall and on the grass outside. This takes place on 20th September during exhibition hours.

Those wishing to attend can register today on the event website: www.ambition2012.org

Event Director Carl Rees can be contacted on 07958 547727 or via email to carl.rees@reesps.com.

09.00	NATIONAL AMBULANCE RESILIENCE CONFERENCE STARTS	SUBJECT TOPIC
09.00 – 09.10 CHAIR	Conference Chair: Robert Flute , Head of Resilience, East of England Ambulance Service NHS Trust & Chair of Norfolk Resilience Forum	Welcome from the Chair, outline of the day.
09.10 – 09.30 SPEAKER 1	SPEAKER 1: Keith Prior , Director of NARU & Assistant Chief Ambulance Officer at West Midlands Ambulance Service NHS Trust.	<i>Overview of strategic progress on national ambulance resilience issues, the development of NARU.</i>
09.30 – 09.50 SPEAKER 2	SPEAKER 2: Christina Scott , Director of the Civil Contingencies Secretariat at the Cabinet Office	<i>Interoperability.</i>
09.50 – 10.20 SPEAKERS 3 & 4	SPEAKERS 3 & 4: Dave Bull , NARU Education and Command Training Lead and Paul Kudray , Director of Resilience, North West Ambulance Service NHS Trust	<i>Resilience education and development for the future – “achieving and maintaining quality in NHS Command and Control.”</i>
10.20 – 10.40 SPEAKER 5	SPEAKER 5: John Newman , Head of Emergency Operations at St John Ambulance and Nick Barr – British Red Cross	<i>The role of the voluntary sector during a major incident.</i>
10.40 – 11.10	REFRESHMENT BREAK IN THE EXHIBITION HALL	
11.10 – 11.30 SPEAKER 6	SPEAKER 6: Marc Beveridge , Chair of the Emergency Planning Society and Regional Head of Resilience at the Health Protection Agency	<i>Topic TBC</i>
11.30 – 11.50 SPEAKER 7	SPEAKER 7: Vivien Cleary , Health Protection Agency	<i>Public Health England and what it means for EP.</i>
11.50 – 12.10 SPEAKER 8	SPEAKER 8: Andy Wapling , Head of Emergency Preparedness, NHS London	<i>The future of NHS emergency preparedness.</i>
12.10 – 12.30 SPEAKER 9	SPEAKER 9: Dr Tony Zarola , Occupational Psychologist & Director of Zeal Solutions Ltd	<i>Resilience and the Prepared Mind.</i>
12.30 – 13.50	LUNCH IN THE EXHIBITION HALL	
13.50 – 14.10 SPEAKER 10	SPEAKER 10: Dr Dave Sloggett , Independent Consultant and Academic at King’s College London	<i>Olympic Perspectives</i>
14.10 – 14.30 SPEAKER 11	SPEAKER 11: Tim Daniels , Air Operations Manager, East of England Ambulance Service NHS Trust	<i>Topic TBC</i>
14.30 – 14.50 SPEAKER 12	SPEAKER 12: Simon Parr , Chief Constable Cambridgeshire Police and ACPO Lead on Resilience	<i>Preparation and Training for Major Incidents</i>
14.50 – 15.30	REFRESHMENT BREAK IN THE EXHIBITION HALL	
15.30 – 16.00 PANEL SESSION	QUESTION TIME PANEL Q & A hosted by the Conference Chair. Five people will be invited to participate in an open debate with the audience on all matters relating to national ambulance resilience, preparedness and planning.	
16.00 – 16.10	Conference Chair: Robert Flute , Head of Resilience, East of England Ambulance Service NHS Trust & Chair of Norfolk Resilience Forum	Summary of the day
16.10	CONFERENCE ENDS	
16.10 – 17.00	EXHIBITION AND REFRESHMENTS OPEN UNTIL 17.00	EXHIBITION HALL
17.00	EVENT CLOSES	

Book your place here
www.ambition2012.org



The HART 2012 Resilience & Capability Survey

The HART 2012 Resilience & Capability Survey is all about understanding the health and well-being of Hazardous Area Response Team (HART) personnel.



Tony Zarola,
Organisational
Psychologist & NARU
Evaluation Lead



The survey is not the same as the standard annual NHS staff opinion surveys, instead, the Resilience and Capability Survey takes a more dynamic look at whether and how aspects of HART working life impact on the resilience, capability, health and overall preparedness of all HART personnel.

In short, the process is known as Organisational **'Psychosocial' Risk Assessment for health and well-being.** It falls in line with best employment practice as well as the Health & Safety Executive's requirement for organisations to monitor the psychosocial hazards staff face at work."

This process is not (and should not be seen as) 'just another survey', as the results of the assessment, and the actions taken on the basis of these results, should be a priority concern for all stakeholders including the Department of Health (which has established the HART capability), NARU (which monitors the HART capability), as well as local Ambulance Trusts (which manage the HART capability on a day to day basis). Each has a role to play in the creation and management of the challenges HART staff face.

Overall, we obtained a 70% response rate which is a fantastic achievement and shows how important this issue is to staff. This level of response provides an excellent basis for exploring HART working locally and nationally.

Feedback and Action Planning

Feedback sessions with each HART site are being organised. The feedback process encourages staff to provide a perspective on the findings and to become involved in identifying any solutions to the findings. All personnel from each local HART Unit are being encouraged to attend. It is also recommended that HART management invite their HR as well as other appropriate Trust representatives to engage them in the feedback and action planning process.

Following the feedback session, each site will receive a report on the findings and will be guided through an action planning process.

Making a difference

All personnel have a role to play when it comes to owning and using the evidence that is collected about HART (locally as well as nationally). However, matters are being conducted slightly differently this year. So what are some of the changes you can expect to see as a result of the 2012 resilience and capability survey?

- 1. Reporting:** The reports will be different and received by all staff.
- 2. Action:** There will be an emphasis on taking action, monitoring and demonstrating how action has helped.
- 3. Special features:** In addition to the main report, all personnel will have access to any special feature articles that are written as a result of any additional analysis that is carried out on the HART data. These articles will identify specific issues or areas of HART working that must be considered to ensure HARTs remain healthy and prepared.



4. **NARU support:** The findings from the 2012 survey will be presented to the National Ambulance Resilience Unit (NARU) for its consideration and action – a statement will be issued by NARU following receipt of the National report.
5. **QA support:** The Quality Assurance function surrounding HART will also be reviewing the resilience and capability findings as well as monitoring local action plans to ensure HARTs remain ready and prepared – a statement will be issued by the QA group following the receipt of the National report.
6. **Sub Group support:** Where appropriate, findings from the 2012 survey will also be summarised and presented to the sub groups surrounding HART for their consideration. When a report is submitted to these groups, all personnel will be notified that this has taken place. These groups include:
 - a. Operations Group
 - b. HR Group
 - c. Training Group
 - d. Clinical Group
 - e. Vehicle & Equipment Group
7. **Raising awareness:** Where appropriate and with your support, we will also present the findings from this survey to senior management/national groups to ensure key messages are heard.

Once again, we would like to say a big thank you to all personnel who completed the HART Resilience and Capability Survey and we look forward to working with you all over the coming months.

Tony Zarola can be contacted via tony@zealsolutions.co.uk.



NHS Ops Director underlines importance of resilience during NHS transition

The Director of NHS Operations, Lyn Simpson, has written to all Chief Executives of Cluster Strategic Health Authorities and Cluster Primary Care Trusts to reiterate the importance of maintaining NHS emergency preparedness, resilience and response (EPRR) staff capability during the transition to a new national NHS Resilience model post March 2013.

The letter states, *“As you are aware, maintaining the resilience of the NHS remains a critical area of business,”* and, *“Work is continuing with the full involvement of SHA Cluster Emergency Preparedness Leads and other key actors on delivering an appropriate corporate structure that is robust and capable of withstanding significant operational challenges in the future.”*



The new model for NHS EPRR follows the publication in March 2012 by the Department of Health of the document; *Arrangements for Health Emergency Preparedness, Resilience and Response from April 2013 (gateway ref 172660)*, which led to the NHS Commissioning Board Authority agreeing at its April board meeting to implement a new EPRR model.

The letter is available online at: <http://www.dh.gov.uk/health/2012/06/eprp-transition/>.





David Bull,
NARU Education &
Command Training
Lead

From zero to 900 – in just five years

NARU Education and Command Training Lead David Bull reflects on the five year journey to train over 900 Hazardous Area Response Team members.

In 2008 the journey began and the task was to train 12 Hazardous Area Response Teams across England. There had never before been an undertaking to train so many staff, across such a variety of disciplines within the ambulance service.

Looking back on how we started emphasises the significant achievements that have taken place. Firstly, training courses had to be developed and designed, the time was just not available to conduct lengthy pilots and evaluations so the pressure was on from the outset to get things right first time. The two things we did know was that we had some of the best ambulance staff in the world to work with and that patients' needs were our sole focus.

Before we knew it both the Urban Search and Rescue module and the Incident Response Unit modules were being conducted, with 12 and 24 candidates per course respectively. Both modules were conducted at residential locations, the Fire Service College and the Defence CBRN Centre. Being three weeks in length required our candidates and training faculty staff to spend time away from home to complete the courses.



We have learned so much along the journey and each course has developed as we have progressed through the implementation of HART. It seems only yesterday that our colleagues from Scotland attended both courses before establishing their own response teams, and our close working with the devolved administrations reached complete fruition when the Welsh Ambulance Service sent staff to undertake both courses in advance of the establishment of their own HART capability.

The training faculty has worked extremely hard to deliver the required amount of courses - sometimes delivering back-to-back courses totalling six weeks of non stop training. Faculty staff have been seconded from a variety of Ambulance Trusts and it is really important to thank the Trusts that enabled the staff to undertake the secondments.

Without them HART would have just not happened. I would like to take this opportunity to thank all of those involved in making the training a success, from candidates to faculty staff, I thank you all.

Over 900 candidates have attended the bespoke residential modules and it should not be underestimated the dedication from all involved to make this happen, everyone has a vital role to play when it comes to staff education. Logistics, administration, trainers and venue staff support each and every course. Each candidate approached the courses with slightly different needs and it was a real team effort.

It's also important to recognise that it's not just the IRU and USAR courses. Breathing Apparatus Champions, Inland Water Operations, Radiation Protection Supervisors, National Incident Liaison Officers, Strategic, Tactical and Operational Command courses have all had input or been coordinated and delivered by the faculty staff.

When you add workshops, conferences and exercises then the gaps between courses are soon taken up. The variety of courses has been significant. Conducting awareness sessions for doctors who will provide clinical advice to HART when deployed was particularly challenging, showing how each candidate group needs a different delivery style.

The feedback from all of the courses has been overwhelmingly positive. While it would be wrong to say that we got everything right for every candidate, statements such as, ***"this is the best training I have ever undertaken"*** are frequent. Every effort has been made to make the training pragmatic and realistic, the exercises challenging but achievable. The input from the trainers in operational HART has been excellent and the ability to incorporate learning from operations into training has been a cornerstone of success.

Flexibility is such a short word to describe the ways the training has developed, the task changed from training 12 to 15 teams and then our colleagues from Wales made



that 16. More recently we have seen the firearms response capability expanded and the conducting of central command training and exercising – these projects required significant input from the NARU Training Faculty.

Major achievements seem commonplace; the introduction of pre-hospital clinical simulation with mannequins that enable lifelike treatment and assessment to be conducted. International recognition with colleagues from Israel, USA, Canada, India, Germany, France all being impressed with how the HART Programme has delivered training that has genuinely improved the national major incident response.

Innovation has been the very core of how courses have been developed, never being scared to try new methods either in training or exercising. Rising to the challenge resulted in two NATO exercises being attended, from a quiet invite to getting over 30 staff and 10 vehicles to Denmark and France was a real challenge, but working as a team with operational, training and support staff this was achieved.

Often it seems as if the Ambulance Service is shy of success and the “*quiet*” emergency response organisation. Yet our partners now view us in a different light. We have been able to influence not just training but operations, we have a reputation for delivering quality and innovative products.

This is all because of the staff involved, whether a candidate attending a course, a commander attending multi agency command training, a Trust trainer delivering local exercising or a member of the training faculty, they have all played a key role in making things happen and turning a vision into successful reality.

So the future brings new challenges, we need to maintain the competencies of HART and our Ambulance

Commanders and ensure that the giant strides we have taken in improving the Ambulance Service major incident response is not lost. Courses will need reviewing, top up training to maintain staff numbers within HART, delivering assurance exercises so that we can provide operational staff with the opportunity to train for large scale incident response. Close working with the training staff within Trusts, looking ahead and future-proofing our response capabilities is essential.

Change doesn't always happen easily, but change we must in order to maintain our response capabilities and remain as leaders in major incident response training and education. Close working with the NARU Preparedness Workstream has already led to the development of some high quality national Ambulance Command Guidance.

This is yet another example of the excellent work and the potential for development that we in the Ambulance Service must seize. In order to lead such developments we need to continue to be innovative and creative, to strive to make things happen and most importantly, never lose sight of the sole purpose for all training – the patient who needs high quality care regardless of the challenging environment surrounding them.

Maintaining our focus of training on the patient's needs and the staff who will either command the incident or directly be involved in treating patients is the key to the future.

Over the Olympic period many members of the faculty are returning to Trust. In September the faculty reforms to conduct a variety of training courses including IRU and USAR that will enable Trusts to maintain staffing levels.

David Bull can be contacted via dave.bull@ambulancehart.org.



Up close and personal

Peter Thorpe is the Head of Olympic Planning for London Ambulance Service. Peter's main objective is to ensure provision of services to the London Organising Committee for the Olympic and Paralympic Games (LOCOG) and the maintenance of business as usual during Games time for the London Ambulance Service. Now the Games are under way we thought this would be a good time to see how Peter has been planning from a resilience perspective over the past five years.



Peter Thorpe,
Head of Olympic
Planning, London
Ambulance Service

Can you give us a brief potted history of your NHS career to date?

I started working for the Oxfordshire Ambulance Service in 1992 as a trainee paramedic and left as the Principal Operations Manager in 2001. Prior to joining the London Ambulance Service (LAS) in 2004, I worked on capacity management in the Thames Valley region and as Site Manager and Deputy Directorate Manager in the Oxford University Hospitals Trust. During this time I also worked as a specialist lay advisor for the Healthcare Commission (the Commission for Healthcare Improvement) between 2001 and 2009.

How and when did you become the Head of Olympic Planning for London Ambulance Service?

After working in the acute sector I rejoined the Ambulance Service with the LAS in early 2004 and worked as an Ambulance Operations Manager in the North West and West of London prior to being appointed as Head of Olympic Planning in 2007.

What are your main roles and responsibilities?

As the Head of Olympic Planning I have responsibility for the LAS Olympic Games Planning Office (OGPO) and the LAS 2012 Programme reporting to the programme SRO and Deputy Chief Executive Martin Flaherty. During this time I have also contributed to the Olympic Safety and Security Strategic Programme led by ACPO and the Home Office, the health C3 structure working with DH

(NHS Operations) as well as 2012 planning teams in other parts of London. I have chaired the UK Ambulance Forum for all services involved in planning for the challenge of 2012 and arranged the national 2012 Ambulance Conference in May 2010.

I have been very lucky to be involved in international programmes around Olympic Planning. This has included visits to China prior to, and during, the 2008 Beijing Games, Vancouver for the 2010 Winter Games and speaking at international conferences here in London on preparations.

What is the structure of your team?

The OGPO has eight staff and has led on the planning in London as well as ensuring information has been made available to other Trusts nationally. Where required, staff from other parts of the LAS have supported us in delivery.

OGPO staff have been working with LOCOG and the Olympic Security Directorate to disseminate relevant information to other Ambulance Trusts as well as the development of local plans, developing the training for staff coming to London during Games time, the building of the LAS Olympic Deployment Centre and sourcing additional vehicles and equipment for inside venues. We have been working with Transport for London on how we work with the Games lanes as well as supporting other parts of the health service in London during Games time.

The OGPO have also been working with other Ambulance Services in England on the provision of pre-planned aid to the LAS during Games time. We have developed business cases to secure funding for 2012 activity reporting directly to our Commissioners and NHS London on our plans.



What are your key objectives?

Primarily to ensure we have contributed to the overall planning process in preparations for the Games as well as ensuring that operationally we have the staff, vehicles and equipment to ensure we are able to cope with any increase in demand. Outside of this however there is always the challenge of ensuring we are working within the funding allocated by the DH for this work.

What are the biggest challenges the ambulance service faces before, during and after the Olympics?

Early in planning we spoke to many other EMS services in host cities of large sporting events e.g. Olympic, Commonwealth Games and Pan American Games. What we found was there was very little evidence of any Post-Games analysis of the overall effect. Post-Games reports tend to cover how well Games ran inside venues only. This lack of information was an early challenge and we intend to collate and share all the information we can.

During the Games I think it's a case of resilience. It's a long event and the pressure on all staff will be immense. Its one of the reasons we are grateful for the support of staff from other services working in London to deliver what is really a national Ambulance response to the Games. The main challenge will be with maintaining service delivery and coping with all the associated events outside of venues.

After the Games I think the challenge will be to recover quickly as we move on to winter pressures. The biggest challenge this year has been of a 'year long' event when you take into account other events such as the Queens Diamond Jubilee, Euro 2012, leaps in demand and all the other events in London.

How important has interoperability become for Olympic planning?

During the Games we will be working with a larger than normal group of stakeholders, the usual interpretation of interoperability is wider than ever.

A good example was Operation Amber when staff from many Ambulance Services working with LFB, the Metropolitan Police, Port of London Authority (to name a few) demonstrated the preparedness and resilience of Ambulance Services in the UK.

This exercise involved deployment of staff to venues from across the country, staff from HART and USAR



teams working together, testing of the Olympic Deployment Centre (ODC), a national conference call hosted by the West Midlands Ambulance Service running the National Ambulance Coordination Centre and the deployment of Mutual Aid in 'real' time.

What has been your biggest Olympic planning challenge so far?

I think the biggest challenge will also be the real legacy of the Games and that is the provision of pre-planned aid to London. We have over 200 staff from various Trusts coming to London to work alongside LAS staff inside venues and at cultural and other events. All of these staff have been given the same training and are working on the same vehicles and equipment. As well as the training we have arranged accommodation, transport and catering for the time they are in London. They are working out of the same location, the ODC, which was tested during Operation Amber.

Its almost like running an Ambulance Service within another Ambulance Service, the bonus will be that those staff who have committed to coming to London will get the chance of seeing the Games and hopefully enjoying the 'Olympic party' on their days off.

The challenge post Games is to learn from any lessons and to build on this deployment.

What will you do once the Olympics has finished?

Take a few days off and then start on the Post-Games reports.

Thanks for your time - anything else to add?

Just thanks to the Association of Ambulance Chief Executives and National Directors of Operations Groups for their support on the provision of pre-planned aid and apologies to everyone else I have been boring about the Olympics for the past five years!





National Ambulance
Resilience Unit
NARU



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