National Ambulance Resilience Unit

NARU

NHS England

NHS Service Specification 2015/16: Hazardous Area Response Teams (HART)

February 2015

National Ambulance Resilience Unit
NARU

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Introduction

The population of England faces a serious and sustained threat from a range of incidents listed within the Governments National Risk Register for Civil Emergencies. Hazardous Area Response Teams extend NHS care into particularly hazardous incidents to increase survival rates and improve clinical outcomes. Since the implementation of the first teams in 2007 the NHS has provided a specialist ambulance response to over 62 thousand hazardous or high risk incidents. HART represents a key component of the NHS commitment to Central Government resilience strategies including Contest and the Cabinet Office National Capabilities Programme. We are proud of the HART personnel who work and train exceptionally hard to maintain the standards required of these specialist capabilities.

In addition to providing a valuable local resource, HART units represent a nationally interoperable capability which can be combined to enhance the NHS response to the scenarios detailed within the National Risk Register. To maintain the required safe systems of work and interoperable performance standards, each HART unit is commissioned according to a national specification. This latest specification for 2015/16 is the result of extensive consultation and a national three stage review of the service line. It will support and maintain a series a specialist capabilities to deliver NHS care to those caught within the most hostile and challenging of environments.

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NHS Service Specification 2015/16: Hazardous Area Response Teams (HART)

This specification replaces the 'Service Specification for NHS Ambulance Services Hazardous Area Response Teams 2012'. It represents the national specification against which HART services are commissioned. The interoperability standards are incorporated within the NHS England Emergency Preparedness Response and Recovery (EPRR) Core Standards. The specification has been developed by the National Ambulance Resilience Unit in conjunction with the National Ambulance Commissioning Network and a series of HART reviews (conducted in three stages between 2013 and 2015). It was approved by NHS England in January 2015.

This specification is effective as of the 1st April 2015 for the 2015/16 commissioning period.

1.0 Population

1.1. Hazardous Area Response Teams (HART) provide NHS standard Paramedic care to any persons within a hazardous environment that would otherwise be beyond the reach of NHS care. This includes the provision of NHS care within the inner cordon or 'hot zone' of incidents.

1.2. Within the context of this specification, patients would include members of the public, workers or officials and the personnel of other responding agencies.

1.3. The provision of NHS standard care to patients caught within hazardous environments improves survival rates and clinical outcomes.

1.4. The NHS has a legal duty of care towards the population it serves and the duty of the NHS Ambulance Service has been distinguished from that of the other responding emergency services[1]. Once a 999 call has been accepted by the Ambulance Service to respond and provide patient care, a legal duty is engaged between provider and patient distinct from that of other responding agencies.

1.5. The population of England faces a serious and sustained threat from the foreseeable events listed within the Government's National Risk Register for Civil Emergencies.

1.6. The population of England faces a serious and sustained threat from international terrorism as measured through the Joint Terrorism Analysis Centre (JTAC).

[1] See for example the judgment in *Kent v Griffiths* [2000] 2 WLR 1158.

2.0 Outcomes

2.1. Outcomes of this specification in relation to the NHS Outcomes Framework 2014/15:

Domain	Indicator	Outcome
Domain 3	3.3	**Survival from major trauma**
Domain 4	4.3	**Improving peoples experience of accident & emergency services**
Domain 4	4.9	**Improving peoples experience of integrated care**

2.2. Outcomes of this specification in relation to the NHS England Emergency Preparedness Response and Recovery (EPRR) Core Standards 2014/15:

No.	Descriptor	Specific requirement Ambulance)
8	Effective arrangements are in place to respond to the risks the organisation is exposed to, appropriate to the role, size and scope of the organisation, and there is a process to ensure the likely extent to which particular types of emergencies will place demands on your resources and capacity.	**Having a Hazardous Area Response Team (HART) (in line with the current national service specification, including a vehicles and equipment replacement programme).** **[Capability to respond to] firearms incidents in line with national joint operating procedures.**

2.3. Outcomes of this specification in relation to the nationally interoperable resilience strategies of HM Government:

National mandate		Contribution of this specification*
Home Office: UK Counter Terrorism Strategy (CONTEST)		**HART IRU and TMO capabilities have been developed and implemented to provide the NHS pre-hospital inner cordon contribution to the CONTEST strategies 'Prepare' arm.**
Cabinet Office: National Capabilities Programme	Home Office: CBRN IOR / SOR	**HART IRU capability provides the NHS Ambulance Service contribution to the UK CBRN(E) SOR response capability.**
	DEFRA: Flood Response / Water Rescue	**HART IWO capability provide the NHS contribution to a DEFRA Module 3 water response capability.**
	Department of Health: Mass Casualties	**HART core capabilities (IRU / USAR / IWO / TMO) allow NHS Paramedics to access and treat patients as part of a mass casualty response who are caught or trapped within a range of hazardous environments.**
	Department of Health: Infectious diseases	**HART IRU protective equipment capabilities allow NHS Paramedics in the pre-hospital environment to access, treat and support the transport of patients with infectious disease including group 3 and 4 pathogens.**
	Cabinet Office: Resilient telecommunications	**HART units maintain a series of alternate resilient telecommunication systems to provide NHS operational communications in the pre-hospital environment in the event that existing systems fail.**

* See Appendix 1 for a description of the HART capabilities and a table of abbreviations.

3.0 Scope

3.1. The aim of the HART capability is to:

3.1.1. Increase survival rates and improve clinical outcomes by extending NHS care into hazardous situations or environments.

3.2. The key objectives of the HART specification are to:

3.2.1. Ensure NHS Paramedic care can be extended to patients within the inner cordon or 'hot zone' of a incident involving hazardous materials (including chemical, biological, radiological, nuclear and explosive risks).

3.2.2. Ensure NHS Paramedic care can be extended to patients at unrestricted heights, within confined spaces and over unstable ground or collapsed structures.

3.2.3. Ensure NHS Paramedic care can be extended to patients requiring water rescue (including rural or urban flooding and where deployment by boat or watercraft is required).

3.2.4. Ensure NHS Paramedic care can be provided as part of the multi-agency response to incidents involving ballistics or firearms (including working within the warm zone of a ballistically unsafe environment).

3.2.5. To provide the NHS component to the Specialist Operational Response (SOR) of a deliberate release CBRN-E (Chemical, Biological, Radiological and Explosive) events in line with Home Office and Department of Health emergency arrangements.

3.2.6. Maintain a nationally interoperable set of core capabilities at strategic locations, ensuring that multiple HART units can combine at short notice to provide an effective response anywhere in England.

3.2.7. To ensure NHS staff providing HART capabilities operate within a nationally consistent safe system of work compliant with the regulatory framework under existing health and safety legislation and approved by the Health and Safety Executive.

3.2.8. Develop and improve collaborative working between the NHS and other responding agencies during complex or technical rescues.

3.3. Remit

3.3.1. The HART service is a national set of capabilities managed and delivered locally.

3.3.2. NHS England is responsible for the national interoperability of HART capabilities as part of its Emergency Preparedness, Resilience and Response remit and the Department of Health's commitment to the Government's National Capabilities Programme.

3.3.3. The maintenance of the national provisions made under this specification is delegated by NHS England to the National Ambulance Resilience Unit (NARU). These provisions are specified in **Appendix 4**.

3.3.4. The standards contained within this specification are proposed by NARU on behalf of NHS England. They are then reviewed and amended and by the National Ambulance Commissioning Network and approved by NHS England.

3.3.5. In conjunction with NHS England (through NARU) local Lead Commissioners then ensure the interoperability standards (set out at **Appendix 3**) are being appropriately maintained locally / regionally.

3.3.6. Contracted providers will deliver a HART service compliant with this specification and its subsequent provisions.

3.3.7. Contracted providers have autonomy to manage and maintain HART services at a local or regional level providing compliance is maintained with the national interoperability standards.

3.4. Pre-existing Provisions

3.4.1. This specification replaces the 'Service Specification for NHS Ambulance Services Hazardous Area Response Teams' of April 2012.

3.4.2. Note; the 2012 HART specification was mandated nationally through Annex F of the 'Guidance on the NHS Standard Contract for Ambulance Services 2010/11' Gateway 13264 and carried forward in subsequent contract schedules. This specification replaces those provisions.

3.4.3. Throughout 2013 and 2014, NHS England has commissioned three national reviews of HART services. The Stage 1 Review was lead by external consultants and assessed value for money. The Stage 2 Review involved a nationally coordinated audit of each regional provider of HART services against the interoperable aspects of the 2012 service specification. The Stage 3 Review compared the results of the previous reviews with an extensive analysis of the HART capabilities. This review included a confirm and challenge process for the HART safe systems of work and weaknesses in the national interoperability of HART capabilities.

3.4.4. The Stage 3 Review Committee included representatives from NHS England, the National Ambulance Commissioning Group, the National Ambulance Resilience Unit and Ambulance Services. The committee recommended the provisions of this specification to commissioners for adoption and implementation.

3.4.5. The 2012 specification mandated a particular establishment for HART. Discretion is now given to providers over the local establishment numbers providing the national interoperability standards defined in **Appendix 3** are maintained but a structure including a dedicated and competent Manager, Training Manager, Administrator, Team Leaders and HART Operatives.

3.4.6. On advice from the (then) Department of Health Clinical Subgroup for HART, the 2012 specification mandated that all operational HART staff must hold registered Paramedic status. However, due to some recruitment challenges in some Ambulance Trusts during the implementation of HART, a dispensation was provided which allowed the appointment of Emergency Medical Technicians providing arrangements were in place to ensure they attained paramedic status as soon as practicable. This dispensation is no longer provided by this specification and providers must ensure that their operational HART staff are all registered Paramedics by March 2016 at the latest to bring the HART service in-line with the original commitment provided to Ministers in 2005.

3.4.7. For pre-existing financial provisions, refer to **Section 5**.

3.5. Care Pathways

3.5.1. The HART service will access patients within hazardous situations, provide NHS Paramedic standard care and manage the clinical aspects of a rescue on behalf of the NHS.

3.5.2. The HART service will then coordinate the removal of those patients, if appropriate, and work with wider Ambulance Service or Health resources to establish the most appropriate care pathway.

3.5.3. By accessing patients as early as possible, including within the inner cordon of a hazardous incident, the HART service can increase survival rates and improve clinical outcomes. The HART service is also in a position to manage the transition of that patient from the hazardous area to definitive care or to an alternate NHS pathway via the wider Ambulance Service. HART Paramedics may also assess and discharge patients at the scene if appropriate.

3.5.4. The HART service also has an important function in recognising life extinct on behalf of the NHS within the inner cordon or 'hot zone' of hazardous incidents. This is critical in the effective management of risk as part of the multi-agency Joint Dynamic Hazards Assessment.

3.6. Monitoring

3.6.1. The lead commissioners of HART service providers will monitor this specification.

3.6.2. Service providers will be required to provide Board level assurances to their lead commissioner on an annual basis confirming the standards and provisions of the specification are being maintained.

3.6.3. Given the dynamic nature of the UK threat / hazard assessments, NHS England may also seek specific assurances from local lead commissioners or direct from providers in regard to the national interoperability standards of the HART specification (set out at **Appendix 3**).

3.6.4. The provider must maintain accurate records of their compliance with the national HART response time standards (Appendix 3) and make them available to their local lead

commissioner, NHS regulators and NHS England (including NARU operating under an NHS England contract).

3.6.5. In any event that the provider is unable to maintain the four core HART capabilities to the interoperability standards, that provider must make a notification to the National Ambulance Resilience Unit (NARU) on-call system. NARU will then be required to provide onward notification to the National Ambulance Commissioning Network.

3.6.6. The provider must support the nationally specified system of recording HART activity which will include a local procedure to ensure HART staff update the national system with the required information following each live deployment.

3.6.7. The provider must ensure that the availability of HART capabilities within their geographical service area is notified nationally every 12 hours via a nominated national monitoring system coordinated by NARU. NARU must make the data contained within this system available to local lead commissioners on request.

3.6.8. Referrals may be made to NHS regulators or the Health and Safety Executive under exiting NHS provisions.

3.6.9. Given high-risk nature of the HART service, reviews into the local application of the national safe system of work may be made by NHS England (through NARU) that may, in turn, be supported by subject matter experts from the Health and Safety Executive.

3.6.10. Providers must take steps to regularly assess, monitor and manage the psychosocial hazards and risks that are associated with this function so that HART personnel are able to respond in a safe, confident and coordinated manner. A nationally consistent review of evidence in this regard will inform an overview of the resilience and preparedness of HART staff.

4.0 Applicable Service Standards

4.1. To maintain an effective and safe set of nationally interoperable capabilities, local providers must ensure that the HART service is complaint with a nationally specified safe system of work. This system is specified at **Appendix 2** and is supported by a series of national provisions specified at **Appendix 4**. NARU under contract with NHS England is responsible for maintaining these national provisions and ensuring their compliance with the best practice prescribed by the Health and Safety Executive. NARU must provide support to providers who request assistance with the interpretation and application of this safe system of work.

4.2. Provides must ensure that the HART service remains compliant with the national interoperability standards set out in **Appendix 3**.

4.3. Providers must also ensure that the HART service is maintained in a manner consistent with applicable standards set out by the Care Quality Commission and Monitor.

4.4. Providers must ensure that HART Paramedics maintain their fitness to practice through registration with the Health and Care Professions Council.

4.5. As part of the national provisions specified at Appendix 4, NARU will maintain a quality assurance process for the national interoperable aspects of the HART training programme. Providers are required to cooperate with the process.

5.0 Capital & Revenue Provision

5.1. During the implementation phase of HART units around the country (between 2005 and 2013), financial capital and revenue allocations were protected by the Department of Health. Since 2013, the HART funding has been incorporated into the baseline for Ambulance providers.

5.2. To ensure service continuity the pre-existing HART funding levels are provided as a reference for commissioners:

HART unit and capabilities	Annual	**£2.6m**
Capital estate maintenance	Annual	**£500k**
Capital fleet and associated technology	Depreciated over seven years	**£1.9m**
The Department of Health also provided a single financial allocation to support the implementation of each HART unit. The amount varied.		

5.3. Capital financing was provided directly by the Department of Health to implementing providers to construct and maintain a dedicated estate for HART. This was to ensure the safe and effective storage and maintenance of HART resources including safety critical equipment. This specification maintains this requirement and protects the original Department of Health investment through the 'Capital Estate Specification' as a national provision in **Appendix 4**.

5.4. Funding for HART services is currently included within the baseline allocation to NHS Ambulance Providers.

5.5. Providers have the autonomy to assign and manage capital and revenue allocations for the HART service providing the interoperable equipment referenced in the National HART Standard Operating Procedures is effectively maintained. The majority of this safety critical equipment can be procured by providers through a national buying framework coordinated by NARU.

5.6. The HART fleet of vehicles and associated incident technology are also considered to be an interoperable element of the service. They are locally owned and depreciated by providers but must be maintained according to national provisions. They are available for purchase from a national buying framework coordinated by NARU.

5.7. Efficiencies from revised national provisions (Appendix 4) are expected to yield a 10% saving on the previous specification of HART services (estimate).

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Appendix 1.0

Summary of the NHS HART Core Capabilities

IRU	**HAZMAT**	Capability to provide Paramedic standard care within the inner cordon (hot zone) of incidents involving hazardous materials, usually within the industrial setting an non-intentional.
	CBRN-E (SOR)	Capability to provide Paramedic standard care within the inner cordon (hot zone) of a designated CBRN-E incident as part of the national SOR programme. These incidents are usually intentional with a link to criminal or terrorist intent.
USAR	**SWaH**	Capability to provide Paramedic standard care at unlimited height including man-made structures and natural features.
	ConSpace	Capability to provide Paramedic standard care within designated confined spaces that may include unstable collapsed structures.
IWO		Capability to provide Paramedic standard care across a range of water rescue operations including to SRT (DEFRA Module 3) standard, operating within boats and urban or rural flooding.
TMO		Capability to provide Paramedic standard care during incidents involving firearms or special security operations including operating within a warm (ballistically unsafe) environment.

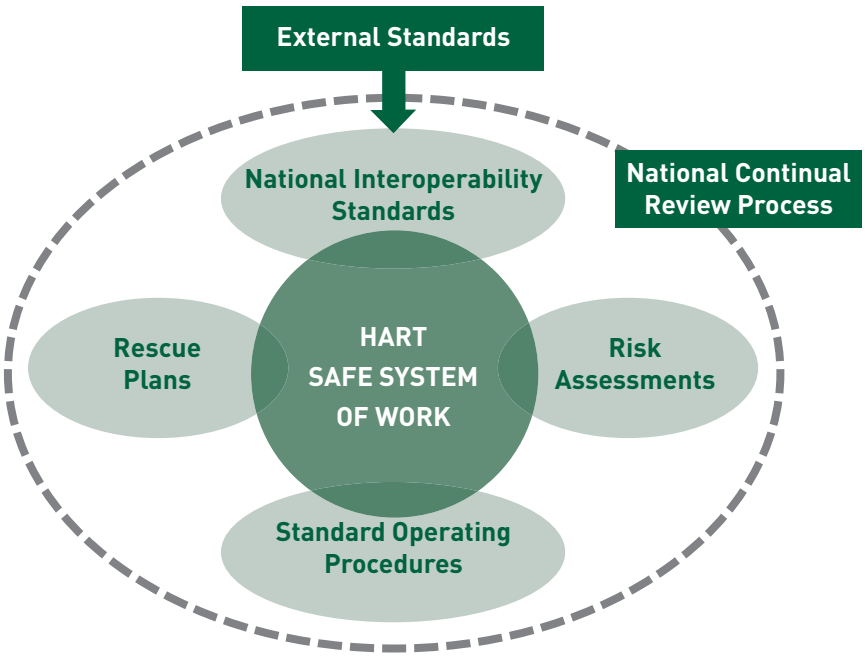
NOTE: the individual skill sets, equipment and training competencies for each of these core capabilities are listed within the HART capability matrix maintained as part of the national provisions listed in **Appendix 4**.

Table of Abbreviations

NARU	National Ambulance Resilience Unit
HART	Hazardous Area Response Team
EPRR	Emergency Preparedness Resilience & Response
IRU	Incident Response Unit
HAZMAT	Hazardous Materials
CBRN-E	Chemical Biological Radiological Nuclear & Explosives
SOR	Special Operational Response
USAR	Urban Search & Rescue
SWaH	Safe Working at Height
ConSpace	Confined Space
IWO	Inland Water Operations
SRT	Swift-Water & Flood Rescue Technician
DEFRA	Department for Environment Food & Rural Affairs
Module 3	Swift Water & Flood Rescue Technician DEFRA Standard
TMO	Tactical Medicine Operations

Appendix 2.0

Summary of the NHS HART Safe System of Work



National Interoperability Standards	● Capability Matrix ● Overarching Standards ● Response Time Standards ● Resource Standards ● Competency Standards ● Administration Standards
Risk Assessments	● Generic Operational Activity ● Generic Training Activity ● Generic Equipment ● Specific Training Venue ● Joint Dynamic Hazards Assessment ● Dynamic
Rescue Plans	● Operational Activity ● Training Venues
Standard Operating Procedures	● Activity Definition ● Method Statements ● Equipment Requirements ● Equipment Standards ● Training Competency References ● Risk Assessment References ● External Standard References

Appendix 3.0

Summary of NHS HART Interoperability Standards

Overarching Standards	01	The provider must maintain a HART Incident Response Unit (IRU) capability at all times within their operational service area.
	02	The provider must maintain a HART Urban Search & Rescue (USAR) capability at all times within their operational service area.
	03	The provider must maintain a HART Inland Water Operations (IWO) capability at all times within their operational service area.
	04	The provider must maintain a HART Tactical Medicine Operations (TMO) capability at all times within their operational service area.
	05	The provider must maintain the four core HART capabilities to the nationally agreed safe system of work standards defined within this service specification.
	06	The provider must maintain the four core HART capabilities to the nationally agreed interoperability standard defined within this service specification.
	07	The provider must take sufficient steps to ensure their HART unit(s) remains complaint with the National HART Standard Operating Procedures during local and national deployments.
Response Time Standards	08	The provider must 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. In any event, four HART staff must be released and available to respond locally to any incident identified as potentially requiring HART capabilities within 15 minutes of the call being accepted by the provider. Note: This standard does not apply to pre-planed operations or occasions where HART is used to support wider operations. It only applies to calls where the information received by the provider indicates the potential for one of the four HART core capabilities to be required at the scene. See also standard 13.
	09	If a HART capability is confirmed as being required at the scene (with a corresponding safe system of work) the provider must ensure that six HART staff are released and available to respond to scene within 15 minutes of that confirmation. The six includes the four already mobilised.
	10	The provider must maintain a HART service capable of placing HART staff on-scene at strategic sites of interest within 45 minutes. These sites are currently defined within the Home Office Model Response Strategy (by region). Competence is denoted by the mandatory minimum training requirements identified in the HART capability matrix.
	11	The provider must ensure that any live (on-duty) HART teams under their control maintain a 30 minute 'notice to move' to respond to a mutual aid request outside of the host providers operational service area. An exception to this standard may be claimed if the live (on duty) HART team is already providing HART capabilities at an incident in region.

Summary of NHS HART Interoperability Standards

Resource Standards	12	The provider must maintain a minimum of six competent HART staff on duty for live deployments at all times.
	13	The provider must maintain a criteria or process to ensure the effective identification of incidents or patients at the point of receiving an emergency call that may benefit from the deployment of a HART capability.
	14	The provider must ensure an appropriate capital and revenue depreciation scheme is maintained locally to replace nationally specified HART equipment.
	15	To procure interoperable safety critical equipment (as referenced in the National Standard Operating Procedures), providers should use the national buying frameworks coordinated by NARU unless they can provide assurance through the change management process that the local procurement is interoperable.
	16	The provider must use the NARU coordinated national change request process before reconfiguring (or changing) any HART procedures, equipment or training that has been specified as nationally interoperable.
	17	The provider must ensure that the HART fleet and associated incident technology are maintained to nationally specified standards and must be made available in line with the national HART 'notice to move' standard.
	18	The provider must ensure that all HART equipment is maintained according to applicable British or European standards and recommendations.
	19	The provider must maintain an appropriate register of all HART safety critical assets. Such assets are defined by their reference or inclusion within the National HART Standard Operating Procedures. This register must include; individual asset identification, any applicable servicing or maintenance activity, any identified defects or faults, the expected replacement date and any applicable statutory or regulatory requirements (including any other records which must be maintained for that item of equipment).
	20	The provider must ensure that a capital estate is provided for HART that meets the standards set out in the HART estate specification.

Summary of NHS HART Interoperability Standards

Competency Standards	21	The provider must maintain the minimum level of training competence among all operational HART staff as defined by the national training standards for HART.
	22	The provider must ensure that each operational HART operative is provided with no less than 37.5 hours protected training time every seven weeks. If designated training staff are used to augment the live HART team, they must receive the equivalent protected training hours within the seven week period (in other words, training hours can be converted to live hours providing they are re-scheduled as protected training hours within the seven week period).
	23	The provider must ensure that all HART operational personnel are Paramedics with appropriate corresponding professional registration (note s.3.4.6).
	24	The provider must ensure their incident commanders are competent in the deployment and management of NHS HART resources at any live incident.
	25	As part of the selection process, any successful HART applicant must have passed a Physical Competence Assessment (PCA) to the nationally agreed standard and the provider must ensure that standard is maintained through an ongoing PCA process which assesses operational staff every 6 months and any staff returning to duty after a period of absence exceeding 1 month.

Summary of NHS HART Interoperability Standards

Administration Standards	**26**	The provider must maintain accurate records of their compliance with the national HART response time standards and make them available to their local lead commissioner, external regulators (including both NHS and the Health & Safety Executive) and NHS England (including NARU operating under an NHS England contract).
	27	In any event that the provider is unable to maintain the four core HART capabilities to the interoperability standards, that provider must make a notification to the National Ambulance Resilience Unit (NARU) on-call system. NARU will be required to maintain records of all such notifications and make that information available to the lead / coordinating commissioner.
	28	The provider must support the nationally specified system of recording HART activity which will include a local procedure to ensure HART staff update the national system with the required information following each live deployment.
	29	The provider must ensure that comprehensive training records are maintained for each member of HART staff. These records must include; a record of mandated training completed, when it was completed, any outstanding training or training due and an indication of the individual's level of competence across the HART skill sets to ensure the minimum level of national interoperability.
	30	The provider must ensure that the availability of HART capabilities within their operational area is notified nationally every 12 hours via a nominated national monitoring system coordinated by NARU.
	31	The provider must maintain a set of local HART risk assessments which compliment the national HART risk assessments covering specific training venues or activity and pre-identified high risk sites. The provider must also ensure there is a local process / procedure to regulate how HART staff conduct a joint dynamic hazards assessment (JDHA) at any live deployment.
	32	The provider must report any lessons identified following a HART deployment or training activity that may be relevant to the interoperable service to NARU within 12 weeks using a nationally approved lessons database.
	33	The provider must 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.
	34	The provider must acknowledge and respond appropriately to any national safety notifications issued for HART by NARU within 7 days.

Appendix 4.0

National provisions maintained under this specification

The National Ambulance Resilience Unit (NARU) operating under contract as an emanation of NHS England is responsible for maintaining a series of national provisions under this specification. The specification should be read in conjunction with the following national provisions available on request from the National Ambulance Resilience Unit.

National safe system of work provisions (Reviewed and endorsed by the Health & Safety Executive)	**Capability Matrix**	Lists the individual skill sets, equipment provisions and training competencies for each of the core HART capabilities.
	National Risk Assessments	Generic Operational Activity Generic Training Activity Generic Activity
	National Standard Operating Procedures	Maintain a safe, interoperable method of work for the HART capabilities.
	National Training Standards	The nationally agreed mandatory minimum training competencies. This will include a quality assurance function for the core capabilities.
	National Lessons Database	Populated by local HART units and coordinated centrally by NARU.
	Safety Notifications	Issued by NARU simultaneously to all local units on the identification of a safety issue.
National Interoperability	**Standards**	Set out in **Appendix 3** of this specification. The standards are proposed by NARU on behalf of NHS England. They are then reviewed and amended and by the National Ambulance Commissioning Network and approved by NHS England. In conjunction with NHS England (through NARU) local Lead Commissioners then ensure the standards are being maintained locally / regionally.
	Fleet and technology specifications	Specify a nationally interoperable set of vehicles and incident technology to support HART operations.
	Capital estate specification	Specify the NHS estate provision required to maintain HART capabilities to a national standard.

National Interoperability	**National buying frameworks**	To provide the mechanism for local providers to procure compliant HART equipment (including safety critical equipment). Maintained according to standard NHS procurement rules.
	Monitoring resource levels and activity	NARU will maintain national systems to ensure the contemporaneous availability of HART resources at a national level and record total activity for the core capabilities. A national review will also take place of staff resilience including psychosocial hazards and risks that are associated with the function.
	Change request process	A standardised process of review and evaluation for changes to any of the nationally interoperable aspects of HART. A change can be proposed by either a local provider or NHS England in response to national policy.
	Physical competency standards	The national standard for HART physical fitness (both for the initial recruitment phase and the ongoing assessment requirements).

Appendix 5.0

Operational Team Configurations

Each HART unit must ensure a minimum of six staff are always on duty to meet the provider requirements for interoperability standard 12. The table below details the form and function for each member of staff per core capability as aligned to the national safe system of work.

Capability	Team Member	Role
IRU	**Team Leader**	Operational Commander
	2 I/C	Inner Cordon Gateway Control
	Operative One	Patient Treatment - Inner Cordon
	Operative Two	Patient Treatment - Inner Cordon
	Operative Three	Rescue One/PPE Rotation
	Operative Four	Rescue Two/PPE Rotation
PRPS – One Hour **EDBA – 40 Minutes** **CR1 – Up to 2 Hours**		
USAR	**Team Leader**	Operational Commander
	2 I/C	Inner Cordon Gateway Control
	Operative One	Patient Treatment - Inner Cordon
	Operative Two	Patient Treatment - Inner Cordon
	Operative Three	Rescue One/RPE Rotation #
	Operative Four	Rescue Two/RPE Rotation #
# RPE Regulations from HSE		
IWO	**Team Leader**	Operational Commander
	2 I/C	Inner Cordon Gateway Control
	Operative One	Deployed into Water/Boat
	Operative Two	Deployed into Water/Boat
	Operative Three	Upstream Spotter
	Operative Four	Downstream Spotter
DEFRA Flood Rescue Concept of Operations (2010)		
TMO	**Team Leader**	Operational Commander
	2 I/C	Inner Cordon
	Operative One	Inner Cordon
	Operative Two	Inner Cordon
	Operative Three	Inner Cordon
	Operative Four	Inner Cordon
Home Office planning assumption of casualty numbers		

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NOTES

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NHS Service Specification 2015/16: Hazardous Area Response Teams (HART)

For further information please contact:

National Ambulance Resilience Unit (NARU)

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