



briefing

March 2013 Issue 261

Emergency preparedness, resilience and response

A guide for ambulance commissioners

Key points

- The NHS needs to be fully prepared and able to respond effectively to a wide range of major incidents, and the ambulance service is at the core of NHS emergency preparedness, resilience and response (EPRR).
- Commissioners of ambulance services need to be aware of relevant statutory obligations and be confident in assessing their providers' plans and preparations for a major incident.
- The *Core standards for EPRR* define the minimum standards with which all NHS organisations and providers of NHS funded care are expected to comply.
- A national specification for ambulance EPRR has been developed by NARU with support from the National Ambulance Commissioners Group (NACG).

Ambulance services play a critical role in the national infrastructure for emergency preparedness, resilience and response (EPRR). They are at the heart of civil contingency planning for both the NHS and the wider emergency preparedness network. They play a key role in ensuring public confidence in the ability of the public services to effectively manage the impact and aftermath of a major incident. It is essential that those commissioning ambulance services are aware of the statutory requirements and responsibilities of their providers, and are able to assure themselves that effective preparations are in place.

This *Briefing* supports commissioners by outlining the scope and importance of EPRR and their own role in it, key questions and answers regarding EPRR, and sources of further information and guidance. It draws on the national specification for ambulance emergency preparedness, published in 2012 by the National Ambulance Resilience Unit (NARU), and the NHS Commissioning Board's newly published core standards for EPRR, and references the supporting assurance framework and guidance documents.

The role of ambulance commissioners in EPRR

Everyone counts, planning for patients 2013/14 emphasises the importance of EPRR nationally: every NHS trust must "maintain preparedness to respond safely and effectively to a full spectrum

of significant incidents and emergencies that could impact upon health or patient care." From April 2013, all NHS organisations are required to contribute to coordinated planning for both emergency preparedness and service resilience through their local health resilience partnerships (LHRPs).

Specifically, commissioners must ensure that they “maintain the current capability and capacity of existing hazardous area response teams (HARTs) in ambulance trusts.”

The essential nature of this activity, the impact of a major incident on the delivery of routine emergency and urgent services and the decentralisation of funding for emergency planning all make it vital that those responsible for commissioning ambulance services have an understanding of the scope and importance of EPRR. They should be aware of their own roles in emergency preparedness, and know where to look for further information and guidance. And they should feel equipped to act as informed customers in assessing the preparedness of their ambulance service providers to respond effectively should the worst occur.

The role of ambulance services in EPRR

The ambulance service is at the centre of EPRR. The public expects the ambulance emergency service to be on the frontline of any major incident. The response provided by ambulance crews is expected to be immediate, well organised, professional and effective.

This is more than just an expectation though. The ambulance service has obligations under the Civil Contingencies Act 2004 and the Department of Health’s emergency planning guidance which identify ambulance providers as ‘Category 1 responders’.

Examples of major incidents

Major health incidents – for example, the impact of a national flu pandemic or the business continuity effects of an outbreak of seasonal flu.

Natural disasters – for example, major flooding events and severe winter weather.

Transport events – for example, train crashes (Grayrigg, 2007 and Uffton Nerve, 2004), plane crashes (Kegworth, 1989), or multiple motorway incidents (Taunton, 2011).

Multiple firearms incidents – for example, Derek Bird (Cumbria, 2010) or Raoul Moat (Northumberland, 2010).

Terrorist attacks – the coroner’s report into the London bombings (2005) recommended inter-agency major incident training, the use of protocols in declaring a major incident, a review of London Ambulance Service training in multi-casualty triage, and a review of the capability and funding of London’s mobile emergency response incident team (MERIT).

Ambulance services have always planned for major incidents and seen preparedness as an essential part of their day-to-day business. In recent years their capabilities and skills have increased enormously.

The introduction of HARTs; the development of skills in handling terrorist attacks, biochemical hazards and environmental disasters; and increasingly strong cooperative relationships with the other emergency services have all helped to create a highly professional cadre of emergency planning teams within the ambulance service.

However, because it is traditionally treated as part of the routine work of the ambulance service, such preparation and planning is not always especially visible to those commissioning ambulance services.

Core standards for EPRR

The NHS Commissioning Board’s *Core standards for EPRR* define the minimum standards and level of care with which all NHS organisations and providers of NHS funded care are expected to comply.

In addition to the standards that apply to all NHS organisations, there are specific standards for ambulance service providers. These include the requirement to maintain a HART and a mobile emergency response incident team (MERIT). These standards closely reflect the National Ambulance Resilience Unit (NARU) service specification and quality assurance framework.

NARU service specification and quality assurance framework

The NARU *service specification for NHS Ambulance Services EPRR* and the supporting *Quality assurance framework* is the first publication to

put EPRR on the same footing as other elements of the ambulance commissioning package such as the National Ambulance Performance Standards and National Ambulance Quality Indicators. Its development was prompted by the National Ambulance Commissioners Group (NACG) (see back page).

Why have core standards and a national specification been developed?

Ambulance services have developed their own individual, albeit similar, approaches to emergency preparedness. However, public bodies risk criticism (or worse) if they fail to deliver the quality of service expected of them, particularly in the assessment of the effects of a major incident.

The aim of the NHS Commissioning Board's core standards is primarily to define the minimum EPRR standards expected of each NHS organisation and provider of NHS funded care. The standards will enable agencies across the country to share a purpose and coordinate activities, and will provide a consistent framework for self-assessment, peer review and more formal control processes.

Similarly, the NARU service specification provides a consistent national approach to ambulance emergency planning, built on shared best practice, and helps commissioners and ambulance services manage the corporate risk of failing to prepare appropriately for a major incident.

The rest of this *Briefing* addresses some of the issues around EPRR.

The NARU quality assurance framework

The NARU quality assurance framework gives commissioners a tool to review the readiness of their ambulance providers for a major incident against minimum standards and standard operating procedures.

Commissioners should be aware of the full scope of the framework. However, some elements are of particular note.

Emergency operations centre

This is critical to the successful management of EPRR. Commissioners should assure themselves that their ambulance provider has the capability and capacity to effectively manage a major incident through their operations centre.

Emergency logistics

Every ambulance provider will have vehicles and equipment held in reserve for a major incident and as part of the critical national infrastructure. Commissioners need to build this capacity into their plans and ensure that the appropriate central funding is drawn down for maintenance and replacement when needed.

National mutual aid

Mutual aid arrangements ensure that resources can be drawn from neighbouring ambulance services to support the provider managing a major incident. These arrangements may apply at regional or national level. Commissioners should ensure that appropriate arrangements and triggers for regional and national mutual aid are in place.

Business continuity management

Ambulance providers are required to ensure they, and their agency suppliers, have effective business continuity arrangements in place.

Event management

Large sporting or entertainment events have the potential to become major incidents. Ambulance providers are required to have plans in place for event management.

Training

Training is essential to the effective management of a major incident. In times of increased activity or financial constraint this is an area that can be neglected. Commissioners will want to assure themselves that it is being prioritised appropriately.

Partnerships and exercising

Good working relationships, joint planning and exercising between ambulance providers and the wider EPRR community are key to effective preparedness. Commissioners should assure themselves that such events are taking place in line with the minimum requirements laid down in the EPRR Core Standards, and that the right stakeholders are involved.

Occupational health and human resources

The NHS generally and ambulance trusts individually have a duty of care to their staff and must have in place robust arrangements to protect staff health during and after a major incident. This should include arrangements for counselling, supporting and advising on long-term clinical care.

Key questions and answers

What is EPRR?

The Civil Contingencies Act (2004) requires NHS organisations, and providers of NHS funded care, to show that they can deal with a wide range of major incidents while maintaining services to patients. This programme of work is referred to as emergency preparedness, resilience and response (EPRR).

What is a 'major incident'?

A major incident for NHS trusts is:

“Any occurrence that presents serious threat to the health of the community, disruption to services or causes (or is likely to cause) such numbers or types of casualties as to require special arrangements to be implemented by hospitals, ambulance trusts or primary care organisations.”*

A major incident can be predicted, such as severe weather or a flu pandemic, or unpredicted, such as a major motorway accident or a firearms incident with multiple casualties or a terrorist attack.

A 'major incident' requires a major incident plan to be implemented, detailing command and control structures, decision-making processes, and staffing and resourcing plans.

How is emergency preparedness managed across the NHS, other emergency services and other Category 1 responders?

Emergency preparedness is managed through local resilience

partnerships (LRPs), directed by local resilience forums (LRFs). These involve all relevant public bodies and are mapped to police authority areas; so any single ambulance service may have several LRPs within their boundaries.

From 1 April 2013, local health resilience partnerships (LHRPs) will play a key role in EPRR. The NHS Commissioning Board area team will take on the overall leadership of the local NHS in terms of planning and response. An identified area team director and a local director of public health will co-chair the LHRP and will be members of the LRF. Clinical commissioning groups will be involved in planning through the LHRPs.

Ambulance commissioners need to ensure that they maintain relationships with area team EPRR colleagues and assure themselves that they are being kept in the local and regional communications loops.

Where are the risks of failing to commission EPRR effectively?

For commissioners and providers, the risks are:

- the risk to patients in the case of a failure to respond or treat effectively
- the financial risk of potential legal action in the case of failure of effective response or management of an incident, as well as any cases associated

with compensation and the NHS Litigation Authority costs

- the reputational risk of criticism through public enquiry, media coverage or complaints from patients and relatives.

What role do local commissioners play in the preparation for and management of major incidents?

The NARU national specification for ambulance emergency preparedness suggests that commissioners should:

- commission EPRR requirements as laid down in the specification to enable the ambulance service provider to meet their obligations
- work cooperatively with their ambulance service provider, other emergency services and other Category 1 and 2 responders, including participating in the planning and exercise testing processes
- work cooperatively with their ambulance service provider and the Home Office National Interoperability programme. The government departments involved in the programme are the Home Office, the Department of Health, and the Department for Communities and Local Government, looking at collaborative working with police, fire and ambulance services.

What is the legal obligation on ambulance services for emergency preparedness?

Ambulance service NHS trusts and ambulance service foundation

* Department of Health (2005) *NHS emergency planning guidance*.

trusts are defined as Category 1 responders in the Civil Contingencies Act 2004, alongside fire, police and acute hospital trusts providing accident and emergency care.

According to the Department of Health's *Emergency planning guidance 2005*:

"The Ambulance Service forms part of the NHS response to a Major Incident. It is principally geared to the immediate clinical needs of those directly or indirectly associated with the incident(s) and their subsequent transportation to established treatment centres.

"The Ambulance Service is primarily responsible for the alerting, mobilising and coordinating at the scene all primary NHS resources necessary to deal with any incident, unless the incident is an internal health service incident."

Both the Core Standards and the national specification look for suitably trained, competent staff and the appropriate facilities to be provided on a round-the-clock basis. These will be covered through normal command structures and on-call arrangements; through the specific provision of the ambulance Trust's hazardous area response team (HART) capabilities; and through the robust profiling of staff and facilities management.

How are ambulance providers funded for emergency preparedness activity?

Funding for emergency preparedness is included in the standard local allocation of funding

for ambulance activity. Although funding for HARTs was initially provided centrally, since 2012 this has also been included in local funding arrangements. However, different commissioning bodies fund to varying levels across the country, which brings disparity between services and affects national resilience. The NARU EPRR specification is designed to provide consistency and standardisation.

National funding is provided for the maintenance and replacement of vehicles and equipment required for the critical national infrastructure and is managed through a contract between the Department of Health and West Midlands Ambulance Service NHS Foundation Trust (WMAS). In 2013, the contract with WMAS will transfer to the NHS Commissioning Board.

What is 'mutual aid' and why is it necessary?

A major incident, particularly an unpredicted one, will draw on a large proportion of normal day-to-day ambulance resources. The presence of specialised HARTs has mitigated this impact in recent years, but not entirely.

Experience has shown that a major incident not only draws resource to itself but may also create a 'wake effect' of additional emergency activity elsewhere in the surrounding area.

To mitigate the impact of this additional pressure and resource required, all ambulance services have mutual aid arrangements in place with their neighbouring services. This creates a 'domino effect' of response, whereby

ambulance crews will be drawn from neighbouring services to provide cover for the home crews being drawn towards the centre of the incident.

In a very large or sustained major incident, this domino effect may spread to other services as each ambulance service in turn calls on its neighbours to provide additional cover. A national mutual aid plan was developed prior to the Olympics and is now being reviewed.

All commissioners should therefore be aware of the need for – and the benefit of – subscribing to the principles of mutual aid and the possibility of managed impact of a major incident elsewhere in the country on their own local service provision.

What is the role of patient transport services in supporting ambulance providers in a major incident?

Patient transport services may be used for removing walking patients from the site of an incident, clearing hospital A&E departments in readiness to receive patients from the major incident site, and discharging patients from hospital to create capacity for the major incident.

It is essential that commissioners assure themselves that suitable arrangements are in place with patient transport services providers for communications, business continuity and service provision on a 24-hour basis, irrespective of who the providers are.

Key recommendations for ambulance commissioners

Ambulance commissioners should:

- ensure that their ambulance providers are aware of the NARU National Specification and Quality Assurance Framework and NHS Commissioning Board Core Standards
- arrange to jointly review the Quality Assurance Framework with their ambulance providers
- initiate regular overviews and updates of EPRR in their normal contracting reports and discussions. It is good practice for ambulance commissioners to have a seat on their ambulance provider's resilience board or similar group
- ensure that they are included in the communications protocols that apply in the course of a developing or actual major incident and subsequent debriefings
- consider having a CCG representative keep a 'watching brief' on EPRR.

Useful resources

The Cabinet Office (2010) *Emergency response and recovery. Non-statutory guidance accompanying the Civil Contingencies Act 2004.* [LINK](#)

The Civil Contingencies Act 2004. [LINK](#)

Department of Health (2005) *NHS emergency planning guidance 2005.* [LINK](#)

Department of Health (2005) *NHS emergency planning guidance 2005: underpinning materials.* [LINK](#)

NARU. *National ambulance service guidance for preparing an emergency plan.* [LINK](#)

NARU. *NHS ambulance services. Emergency preparedness, resilience and response. Quality assurance framework.* [LINK](#)

NARU (2012) *Service specification for NHS ambulance services. Emergency preparedness, resilience and response.* [LINK](#)

NHS Commissioning Board (2013) *Core standards for emergency preparedness, resilience and response.* [LINK](#)

NHS Commissioning Board. *Everyone counts: planning for patients 2013/14.* [LINK](#)

Glossary

Category 1 responders

Category 1 responders (also known as 'core responders') are the 'blue light' emergency services, as well as acute trusts, foundation trusts, local authorities and the Health Protection Agency.

Category 2 responders

Category 2 responders support Category 1 responders and are mostly utility companies and transport organisations.

CBRNE – chemical, biological, radiological, nuclear and explosives hazards.

EPRR – emergency preparedness, resilience and response.

Hazardous area response teams (HARTs)

HARTs provide medical care within the 'inner cordon' at a range of emergency incidents, including those involving chemical, biological, radiological, nuclear and explosives hazards (CBRNE) or hazardous materials (HAZMAT), or at incidents requiring urban search and rescue (USAR) in areas of difficult access or in environments that pose other types of hazard.

HAZMAT – hazardous materials.

Local health resilience partnerships (LHRPs)

From 1 April 2013, LHRPs will provide strategic forums for joint planning for emergencies and will support multi-agency planning through local resilience forums (LRFs). They are not statutory organisations.

Local resilience forums (LRFs)

The principal mechanism for multi-agency cooperation in resilience planning, based on police areas.

Mobile emergency response incident team (MERIT)

MERITs provide advanced medical care at emergency incidents, including major and mass casualty incidents. This includes advanced airway procedures, surgical interventions and critical care over and above the level of ambulance clinical practice. It also includes advice and support for emergency services staff already on the scene. MERITs operate under the direction of the ambulance service and are usually provided by acute hospitals.

NARU (National Ambulance Resilience Unit)

Since June 2011, responsibility for the delivery of emergency preparedness policy in NHS ambulance services in England has been delegated to NARU, hosted by West Midlands Ambulance Service NHS Foundation Trust, by the Department of Health.

NARU works with all ambulance trusts in England (and the devolved administrations) to support the development of properly trained, equipped and prepared ambulance responders to deal with hazardous or difficult situations, particularly mass casualty incidents that represent a significant risk to public health.

NARU also coordinates lessons identified from coroners' inquests, Rule 43 inquiries and other such inquiries, to ensure a consistent approach to the implementation of lessons learned.

NARU provides strategic input to government policy on ambulance resilience issues, and, working with the Department of Health, assists with 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.

<http://naru.org.uk>

NARU quality assurance framework

A tool for commissioners to review the readiness of their ambulance providers for a major incident against minimum standards and standard operating procedures (see page 3).

NARU service specification for NHS ambulance services EPRR

The specification for ambulance EPRR arrangements to be used by trusts and commissioners to gain assurance on the provision of these services in the NHS.

USAR – urban search and rescue.



Contacts

For more information on the issues covered in this Briefing, please contact elizabeth.wade@nhsconfed.org

Contact details for the lead commissioner for each ambulance service can be found at www.nhsconfed.org/NACG

The NHS Confederation

The NHS Confederation represents all organisations that commission and provide NHS services. It is the only membership body to bring together and speak on behalf of the whole of the NHS.

We help the NHS to guarantee high standards of care for patients and best value for taxpayers by representing our members and working together with our health and social care partners.

We make sense of the whole health system, influence health policy and deliver industry-wide support functions for the NHS.

The National Ambulance Commissioners Group (NACG)

The NACG brings together the individuals with responsibility for fulfilling the coordinating commissioner role for each of the NHS ambulance trusts in England, and those working within the teams providing that coordinating commissioner function and associated commissioning, contracting and service improvement activities.

The NACG's mission is to contribute to the development of high-quality, cost-effective, clinically-focused and locally integrated NHS services, by ensuring the commissioning of emergency ambulance services and emergency preparedness is carried out in the most efficient and effective way possible.

The aim of the NACG emergency preparedness, resilience and response (EPRR) workstream is to support a consistent, co-ordinated approach to EPRR commissioning in England and to ensure collaboration between commissioners and ambulance providers on this issue.

For more information or to get involved in the work of the NACG, please contact Mark Docherty (chair) at mark.docherty1@nhs.net

Alternative formats can be requested from:

Tel 0870 444 5841 Email publications@nhsconfed.org
or visit www.nhsconfed.org/publications

© The NHS Confederation 2013. You may copy or distribute this work, but you must give the author credit, you may not use it for commercial purposes, and you may not alter, transform or build upon this work.

Registered Charity no: 1090329

Stock code: BRIO26101



NHS CONFEDERATION



The NHS Confederation
50 Broadway London SW1H 0DB
Tel 020 7799 6666
Email enquiries@nhsconfed.org
www.nhsconfed.org

Follow the NHS Confederation on Twitter:
[@nhsconfed](https://twitter.com/nhsconfed)