



National Ambulance
Resilience Unit



NARU

NHS AMBULANCE SERVICE NATIONAL RESILIENCE



2014

Information for Commissioners



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WELCOME

Preparing for the future, protecting lives today

This short booklet has been produced by the **National Ambulance Resilience Unit (NARU)** specifically for commissioners based in Clinical Commissioning Groups (CCGs).

The booklet accompanies copies of a new film, *Specialist Ambulance Capabilities: Information for Commissioners*, and together the aim is to provide some background about NARU and the national Hazardous Area Response Team (HART) capability, in order to help commissioners understand how emergency preparedness should be a key consideration when commissioning local services.





PREPARED FOR THE CHALLENGE

A major unforeseen incident, perhaps involving large numbers of casualties, is a testing time for all healthcare professionals, especially the NHS ambulance service who are at the forefront of the immediate response.

Recent events such as the helicopter crash in Glasgow and the ceiling collapse at the Apollo Theatre in London have shown how important it is to have specially trained healthcare professionals on-scene and within the 'hot zone' of the incident, quickly, in order to save lives and treat the injured as quickly as possible.

Events abroad in Nairobi and Mumbai have shown the devastation that terrorists armed with guns can cause and the London bombings in 2005 and various other incidents show that the UK is not immune to the effects of terrorism. Floods closer to home have been a regular feature of recent years.

As we have seen in recent weeks, inclement weather and floods do seriously challenge business continuity, the provision of health care and, by extension, these events significantly impact on the health economy. NARU aims to reduce the impact and cost of these hazards by making sure NHS Trusts are prepared to deal with them both locally and nationally. Through this work we ensure trusts can continue to deliver effective patient care before, during and after hazardous situations occur. Our aim, like yours as commissioners, is to improve patient outcomes no matter what the challenge.

Emergency preparedness is all about being prepared for these catastrophic events in case they happen in our own communities. The introduction of Hazardous Area Response Teams in NHS Ambulance Trusts across England (with similar capabilities in Scotland, Wales and Northern Ireland) has significantly strengthened the way the health service responds to large scale, extremely challenging and mass casualty incidents. The National Ambulance Resilience Unit provides further strength in depth to overall UK resilience.

We hope this booklet and the accompanying film will help you, as a CCG Governing Body member or a member of your CCG's Operational Leadership Team, to understand more about the importance of the work we do, and to bear this in mind when making important local commissioning decisions.

Major incidents don't just happen in cities, they happen in towns and villages across the world and we must remember this when planning for the worst.

We also hope to bring to your attention how, as public bodies, CCGs now have legal responsibilities to ensure they commission resilient services under important legislation such as the Civil Contingencies Act. The importance of being prepared and properly resourced locally must not be overlooked and will be unearthed in any post-event inquiry. The public expectation is that the NHS is thoroughly prepared for all eventualities and so one of our key messages for you as commissioners is that doing nothing is not a viable option - the NHS will be held to account after the event and we must use the benefit of foresight to ensure our capabilities are in place before an event occurs. If we think about Hillsborough, for example, we are now 25 years on and decisions taken by emergency services on that day are still being scrutinised now.

I would like to take this opportunity to thank you and your colleagues for your time and I would urge all people involved in your CCG to watch this film. If you have any queries, I and my team would be very pleased to help and our contact details are on the rear of this booklet.

Yours sincerely,

Keith Prior, Director of NARU



Keith Prior
Director of NARU





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THE NATIONAL AMBULANCE RESILIENCE UNIT (NARU)

The National Ambulance Resilience Unit (NARU) was established in summer 2011 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.

Our role is all about the coordination of ambulance resources to provide a more resilient national infrastructure.

NARU works with ambulance trusts 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.

Aside from providing strategic input to Government policy on ambulance resilience issues, NARU, working with NHS England, 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.





A national approach

Through central coordination, NARU enables NHS Ambulance Trusts to work together 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.

NARU values

- We have credibility, integrity and operate transparently, providing value for money
- Our work is patient-focused for optimal clinical outcomes
- We invest in staff health & wellbeing and deliver high quality support to NHS trusts
- We embrace innovation and share learning to inform future initiatives

The NARU Education Centre

This 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. The centre trained 988 staff in the last calendar year alone. Based at police and military training installations, 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.



NARU Key Capabilities

- Demonstrate Emergency Preparedness, Response and Resilience leadership on behalf of the NHS
- National coordination of Hazardous Area Response Teams (HART)
- Chemical, Biological, Radiological, Nuclear or Explosives (CBRNE) and Hazardous Materials (HAZMAT)
- Response to Extreme Threats and High Risks – as identified by the National Risk Assessment
- Mass Casualty / Complex Major Incidents
- Security of ambulance assets and the protection of critical infrastructure to support continuity of resilience
- Consistent and quality Emergency Preparedness, Resilience and Response for the NHS





THE HAZARDOUS AREA RESPONSE TEAM (HART) CAPABILITY

HART: Ambulance Staff Inside The Inner Cordon

Hazardous Area Response Teams (HART) are comprised of specially recruited and trained personnel who provide the ambulance response to particularly hazardous or challenging incidents, and in some cases where there is a mass casualty incident.

These incidents may involve Chemical, Biological, Radiological or Nuclear (CBRN) or other hazardous materials, or could involve incidents such as train crashes, large-scale motorway accidents, building collapses or significant fires, that are either accidental or deliberate.



Commissioning HART

HART is a relatively small proportion of the overall cost of an ambulance service but what the HART capability brings is resilience into the system. Commissioners must ensure that there is a suitable response model in place that can be mobilised quickly and effectively, and in many ways HART can be seen as insurance for eventualities we hope will never happen.

HART and it's costs are protected as part of NHS core business and commissioners in CCGs effectively commission the staff and NHS England (via NARU) pays for and provides the training, equipment, vehicles and health & well being services that are part of the HART capability.

Where are the HART Teams based?

HART teams are based in each of England's ten NHS Ambulance Trusts, which means they are able to cover the whole of the country, in some cases working together on specific incidents. Scotland has its own equivalent Special Operations Response Teams (SORT), whilst Wales has a Welsh HART team and Northern Ireland has a HART style capability.

How do they operate?

HART teams work alongside the police and fire & rescue services within what is known as the 'inner cordon' (or 'hot zone') of a major incident. The job of the HART teams is to triage and treat casualties and to help save lives in very difficult circumstances. They are also there to look after other emergency personnel who may become injured whilst attending these difficult and challenging incidents.



Part of the Model Response

HART forms part of the health response in support of the National Capabilities Programme being led by the Home Office, which aims to ensure that fewer lives would be risked or lost in the event of a terrorist-related attack, or accidental CBRN incident. Within this, the key objective is to improve CBRN response capabilities towards ensuring that, *"if a terrorist attack occurs, the response from all concerned will be quick and effective with the result that lives are saved and the impact on property and the environment is minimised."* (Office for Security & Counter-Terrorism: "Prepare")

The Strategic Mandate for HART

The national strategic mandate for HART can be located across a range of central government priorities. Here is a brief summary of the principle national drivers for HART. They form a useful checklist for commissioners to bear in mind their own obligations as public bodies when commissioning local health services.

● CIVIL CONTINGENCIES ACT 2004

The Act designates the ambulance service as a Category 1 responder and creates a series of statutory duties in relation to responding to emergencies. The HART capabilities support compliance with a number of these statutory duties.

● UK COUNTER TERRORISM STRATEGY (CONTEST)

P.90 – 106 – Prepare strand of Contest strategy – HART provides a key part of the DH / NHS contribution to Contest work streams. HART specifically referenced in strategy.

● NATIONAL CAPABILITIES PROGRAMME

Cabinet Office coordinated programme. Twenty two capability work streams combine to support the resilience of the UK. HART is a fundamental aspect of the NHS contribution to a number of these priority work streams.

● PITT REVIEW

P.10 – section on being rescued and cared for in an emergency (flooding) – Government accepted the need to extend rescue and care capabilities in flooding – HART IWO programme now contributes to this strategy.

● NHS OPERATING FRAMEWORK

P.21 of the 2012/13 framework – emergency preparedness section mandates commissioners to maintain the current capability and capacity of HART units.

● STRATEGIC AMBULANCE CONTRACT

Annex F – p.108 - 123 of the 2010/11 national contract guidance document provides a commissioning service specification for HART. The 2011/12 Annex to the 2010/11 guidance keeps HART Annex F applicable for the 2011/12 commissioning period.





National Ambulance Resilience Unit **NARU**



- **HART teams: over 40,000 call-outs**
- **Urban Search and Rescue incidents:
6,700 call-outs**
- **Trust/ Agency Support:
15,400 call-outs**
- **Inland waterways: 1,200 call-outs**
- **Tactical Medical Ops, including
firearms: 800 call-outs**

For further information please contact:

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