



National Ambulance
Resilience Unit
NARU



BRIEFING FOR AMBULANCE COMMISSIONERS



The NHS Hazardous Area Response Team (HART) Capability

Approved by the National Ambulance Commissioners Network (NACN)



Background

HART teams were introduced as a new NHS ambulance service capability between 2007 and 2011.

The main aim of the HART capability is to increase survival rates and improve clinical outcomes by extending NHS care into the centre of particularly hazardous situations or unusually challenging environments.



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

However, there is also the growing threat of mass casualty events arising as a result of international and home-grown terrorism, which are monitored through the Joint Terrorism Analysis Centre (JTAC).

Keeping commissioners informed

This booklet has been produced by the National Ambulance Resilience Unit (NARU) as part of a range of communications specifically aimed at commissioners that are designed to explain more about the different ambulance capabilities that can be commissioned by CCGs.

A previous booklet entitled, *NHS Ambulance Service National Resilience: Information for Commissioners*, was published in January 2014 and distributed to all CCGs along with a film for commissioners.

Both can be viewed on the www.naru.org.uk website in the Information for Commissioners section.



HART Capabilities

The HART service comprises of four core capabilities.

1. Incident Response Unit (IRU)

Hazardous Materials (HAZMAT)

Capability to provide paramedic-standard care within the inner cordon (hot zone) of incidents involving hazardous materials. These are usually within industrial settings and are accidental (not intentionally caused).

Chemical / Biological / Radiological / Nuclear / Explosives (CBRNE)

Capability to provide paramedic-standard care within the inner cordon (hot zone) of a designated CBRN-E incident as part of the national Specialist Operational Response programme. These incidents are usually intentional with a link to criminal or terrorist intent.



2. Urban Search & Rescue (USAR)

Safe Working at Height (SWaH)

Capability to provide paramedic-standard care at unlimited height, including man-made structures and natural features.

Confined Space Working

Capability to provide paramedic-standard care within designated confined spaces that may include unstable collapsed structures.



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Our Mission
Preparing
for the
Future,
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Mission

HART
Capabilities





3. Inland Water Operations (IWO)

Capability to provide paramedic-standard care across a range of water rescue operations including Swift Water and Flood Rescue Technician (SRT - DEFRA Module 3) standard, operating within boats and urban or rural flooding.



4. Tactical Medicine Operations (TMO)

Capability to provide paramedic-standard care during incidents involving firearms or special security operations including operating within a warm (ballistically-unsafe) environment.



This forms part of the wider Marauding Terrorist Firearms Attack (MTFA) capability but is also a distinct HART capability in its own right.



Specific Mandate for Commissioning

NHS Outcomes Framework:

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

NHS England National EPRR Core Standards:

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.

NHS contribution to the nationally interoperable strategies of HM Government delivered through the HART service:

National mandate		Contribution of the HART service
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 strategy's '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.

Current Activity

Between July 2009 and October 2014 the HART capabilities responded to **60,219** incidents.

Detailed activity data is available on request via the PROCLUS system which is funded and managed centrally by the National Ambulance Resilience Unit (NARU) and made available for use by all national HART teams.

Activity

Specific Mandate for Commissioning





NHS contribution to the nationally interoperable strategies of HM Government delivered through the HART service:

National mandate		Contribution of the HART service
Cabinet Office: National Capabilities Programme	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 diseases, 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.

Pre-existing Provisions

The HART capability is currently being commissioned by way of the 'Service Specification for NHS Ambulance Services Hazardous Area Response Teams' of April 2012.

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.

Pre-existing HART funding levels (per HART unit) 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.

Reviews of HART

Throughout 2013 and 2014, NHS England has commissioned three national reviews of HART services.

The **Stage 1 Review** was led 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.

The Stage 3 Review Committee included representatives from NHS England, the National Ambulance Commissioners Network (NACN), the National Ambulance Resilience Unit and local HART subject matter experts based within providers.

As a result of this work, the committee has developed a revised and refined draft 2015/16 NHS Service Specification for HART which will replace the 2012 specification in its entirety.

Commissioning Intentions for 2015/16

Within the next few months, more detail will be provided to commissioners by the National Ambulance Resilience Unit in a draft Schedule 2 Service Specification for HART.

This specification will include the following service standards:

- To maintain an effective and safe set of nationally interoperable capabilities, local providers will be required to ensure that the HART service is compliant with a nationally-specified safe system of work. This system is detailed in the draft specification and has been endorsed by the Health and Safety Executive.
- 34 national interoperability standards will also be recommended to the National Ambulance Commissioners Network (NACN) and NHS Clinical Commissioners for inclusion within the specification to ensure the HART service is maintained to a nationally interoperable standard.
- Providers will also be required to ensure that the HART service is maintained in a manner consistent with applicable standards set out by the Care Quality Commission and Monitor.





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For further information please contact:

Christian Cooper
Compliance Officer
National Ambulance Resilience Unit

christian.cooper@nhs.net

Website: www.naru.org.uk