



National Ambulance
Resilience Unit

NARU



NHS Service Specification 2016/17: Hazardous Area Response Teams (HART)



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Introduction

The National Register of Civil Emergencies defines a number of key risks to the population of England. It includes conventional major accidents and a sustained threat from terrorism.

The NHS has an established legal duty of care towards the patients it serves including those patients caught within hazardous, high-risk environments.

The National Ambulance Resilience Unit (NARU) is responsible for coordinating the effective maintenance of several interoperable capabilities on behalf of NHS England. These capabilities provide the NHS response to a number of the high-risk incidents articulated in the National Register of Civil Emergencies and delivering a key NHS contribution to Central Government resilience strategies including; 'Contest' and the 'Cabinet Office National Capabilities Programme'.

Hazardous Area Response Teams (HART) represent one of the interoperable services coordinated nationally by NARU and maintained locally by NHS Ambulance Service Providers.

HART responds to an average of 16,366 incidents per year. In 2015, HART responded to 17,460 incidents and deployed into hazardous areas at over 11,857 incidents. We are proud of the NHS HART personnel who work and train exceptionally hard to maintain the standards required to maintain these specialist capabilities. They maintain a state of readiness to deploy into situations of the highest risk to provide NHS care to patients who need urgent clinical interventions. That commitment saves life and improves clinical outcomes.



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1.0 NHS Service Specification 2016/17: HART

- 1.1. This document represents the national service specification against which HART services are commissioned. The contractual mandate for this specification is set out in **Schedule 1**.
- 1.2. This specification has been developed by NARU on behalf of NHS England. It is produced in conjunction with the National Ambulance Commissioning Network. The interoperable performance standards contained within this specification are approved by NHS England and incorporated within the NHS Emergency Preparedness Resilience and Response (EPRR) Core Standards.
- 1.3. This specification replaces the 'NHS Service Specification 2015/16: Hazardous Area Response Teams (HART)'.
- 1.4. During the 2016/17 financial year NARU is introducing a revised safe system of work for interoperable capabilities including HART. This will result in new standard operating procedures, rescue plans, risk assessments and other corresponding provisions. This specification and the associated standard Ambulance contract obligations will allow service providers a period of up to 12 months to fully implement the new safe system of work in line with an action plan agreed by the National HART Operations Group. That 12 month implementation period will run from December 2016 to December 2017.





2.0 Population

- 2.1.** HART units provide NHS standard Paramedic care to patients within a hazardous environment that would otherwise be beyond the reach of NHS care. This includes the provision of care within the inner cordon or 'hot zone' of incidents.
- 2.2.** Within the context of this specification, patients would include members of the public, workers / volunteers and the personnel of other responding agencies.
- 2.3.** The early provision of professional NHS care to patients caught within hazardous environments improves survival rates and clinical outcomes.
- 2.4.** The NHS owes an established legal duty of care to the population it serves. The duty of NHS Ambulance Services has been distinguished from that of other emergency services¹. Once an emergency call has been received by the Ambulance Service and a commitment is given to attend, a legal duty is engaged between the provider and the patient which is distinct from that of other responding agencies. From that point onwards, the NHS Ambulance Service must justify any delay in providing an appropriate standard of care.
- 2.5.** The population of England faces a serious and sustained threat from the foreseeable events described in the Government's National Risk Register for Civil Emergencies.
- 2.6.** The population of England faces a serious and sustained threat from international terrorism as measured through the Joint Terrorism Analysis Centre (JTAC).



¹ Kent v Griffiths [2000] 2 WLR 1158.

3.0 Outcomes

3.1. NHS Outcomes Framework 2015/16

3.1.1. The service defined in this specification seeks to make a direct and positive contribution to NHS Outcomes Framework 2015/16².

3.1.2. Linked outcomes table:

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

3.2. Commissioning Mandate

3.2.1. The contract and commissioning mandate is set out in **Schedule 1**.

3.2.2. See s.4.3 below for the remit of commissioners and providers in relation to this specification.

3.3. EPRR Core Standards

3.3.1. The interoperable performance standards defined in this specification are cross-referenced in the NHS England Emergency Preparedness Resilience and Response (EPRR) Core Standards.



² Department of Health (2014) The NHS Outcomes Framework 2015/16, London: NHS Group, DH.



3.4. National Strategic Interfaces

National Programme		Contribution of this specification
Home Office: UK Counter Terrorism Strategy (CONTEST)		HART IRU and TMO (MTFA) capabilities have been implemented to provide the NHS pre-hospital inner cordon contribution to the CONTEST strategy '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 Framework	HART IWO capability provides the NHS contribution to the DEFRA flood rescue / response framework.
	Department of Health: Mass Casualties	HART core capabilities (IRU, USAR, IWO and TMO) allow NHS Paramedics to access and treat patients that are caught within the hazardous area of mass casualty events.
	Department of Health: Infectious diseases	HART IRU protective equipment allows NHS Paramedics in the pre-hospital environment to access, treat and transport patients with infectious diseases, including group 3 and 4 pathogens.
	Cabinet Office: Resilient telecommunications	HART units maintain incident ground technology that provides the NHS with resilient telecommunications in the pre-hospital sector. This platform facilitates NHS command and control between the safe and high-risk zones of an incident. It is capable of also proving live voice and video streams direct from the inner cordon to designated command rooms inside Central Government.

Note: See Schedule 2 for a summary of HART capabilities and table of abbreviations.

4.0 Scope

4.1. The aim of the HART capability is to:

- 4.1.1. Increase survival rates and improve clinical outcomes by extending NHS care into hazardous areas or environments.

4.2. The objectives of the HART service line are to:

- 4.2.1. Ensure NHS Paramedic care can be extended to patients within the inner cordon or 'hot zone' of an incident involving hazardous materials (including chemical, biological, radiological, nuclear and explosive risks).
- 4.2.2. Ensure NHS Paramedic care can be extended to patients at unrestricted height, within confined spaces and over unstable ground or collapsed structures.
- 4.2.3. Ensure NHS Paramedic care can be extended to patients requiring water rescue (including rural and urban flooding and where deployment by boat or watercraft is required).
- 4.2.4. Ensure NHS Paramedic care can be provided as part of the multi-agency response to incidents involving ballistics / firearms / improvised explosive devices (including working within the warm zone of ballistically unsafe environments).
- 4.2.5. Provide the NHS component to the Special Operational Response (SOR) of a deliberate release CBRN(e) event in-line with Home Office and Department of Health emergency arrangements.
- 4.2.6. 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.
- 4.2.7. Ensure NHS staff providing HART capabilities remain compliant with a nationally consistent safe system of work and corresponding regulatory frameworks.
- 4.2.8. Develop and improve collaborative working between the NHS and other responding agencies during complex and technical rescues.



- 4.2.9. Extend NHS command and control into the hazardous or high risk areas of complex incidents.
- 4.2.10. Maintain response time standards and a continual state of readiness that is consistent nationally for the HART service line.
- 4.2.11. The maintain a nationally consistent NHS contribution to HM Government resilience strategies including; 'Contest' and the 'National Capabilities Programme'.

4.3. Remit

- 4.3.1. The HART service line represents a national asset coordinated by NARU and delivered locally by NHS Ambulance Providers³.
- 4.3.2. NHS England is accountable for the national interoperability of HART capabilities under its Emergency Preparedness Resilience and Response (EPRR) remit.
- 4.3.3. The maintenance of the 'national provisions' made under this specification is delegated by NHS England to NARU. These provisions are specified in **Schedule 5**.
- 4.3.4. In conjunction with NHS England (national and regional teams), Lead Commissioners for NHS Ambulance Services must ensure that the standards defined in **Schedules 3 and 4** of this specification are appropriately commissioned and effectively maintained.
- 4.3.5. Contracted service providers (NHS Ambulance Trusts in England) are obligated to deliver a HART service compliant with this specification and its subsequent provisions.
- 4.3.6. Contracted service providers (NHS Ambulance Trusts in England) have autonomy to manage and maintain HART services at the local / regional level. That includes enhancing the capabilities to meet local demands and risks. However, any enhancement must not compromise compliance with the standards set out in this specification.

³ NHS England (2015) Provision of Hazardous Area Response (HART) Teams, NHS England Publications Gateway Reference 03921 (a letter to Monitor, TDA Directors, NHS Ambulance Service Lead Commissioners and NHS England Regional Teams).

4.4. Multi-Agency Joint Operating Principles (JOPs) and Interface

- 4.4.1. The 'National Provisions' set out in **Schedule 5** of this specification must remain consistent with Multi-Agency Joint Operating Principles that are directly applicable to the application of HART capabilities.
- 4.4.2. This will only apply to Multi-Agency Joint Operating Principles that are backed by the Department of Health.
- 4.4.3. Tactical Advisors / National Interagency Liaison Officers (NILOs) must be available at all times in each service provider to support the interface between deployed HART teams and other responding agencies in line with the NHS England EPRR Core Standards.

4.5. Care Pathways

- 4.5.1. The HART service will access patients within hazardous situations, to provide NHS standard care and manage the clinical aspects of a rescue on behalf of the NHS.
- 4.5.2. Working as part of the wider Ambulance Service response to an incident, the HART service will coordinate the clinical assessment, initial treatment and extrication of patients from hazardous or high-high risk areas. This activity may be performed under the direction or supervision of an appropriate NHS Medical Director / Advisor.
- 4.5.3. The NHS Ambulance Service will then establish the most appropriate definitive care pathway for patients in conjunction with the wider NHS.
- 4.5.4. By accessing patients in hazardous or high-risk areas as early as possible, the HART service can increase survival rates and improve clinical outcomes.
- 4.5.5. The HART service also has an important function in recognising life extinct on behalf of the NHS within hazardous or high-risk areas. NHS HART Paramedics provide a vital input to the effective management of risk during technical rescues where the decision to commit responders must be balanced against the clinical prognosis of the patient. Primacy for such decisions rests with the NHS.



5.0 Monitoring

- 5.1. Principle responsibility for monitoring the effective maintenance of this service specification will rest with the Lead Commissioners of NHS Ambulance Service Providers.
- 5.2. The Care Quality Commission may include the interoperable performance standards set out in this specification within their inspection regime for NHS Ambulance Service Providers that have been commissioned to provide a HART service.
- 5.3. NHS Ambulance Service Providers commissioned to provide a HART service will be required to provide Board level assurance to their lead commissioner and/or the NHS England EPRR Regional Team on an annual basis confirming their level of compliance with the standards set out in this service specification (including schedules).
- 5.4. Given the dynamic nature of national risk profiling, NHS England may seek additional in-year assurances from local Lead Commissioners or Service Providers that specific aspects of this specification are being effectively maintained. NARU may make such enquiries on behalf of NHS England. The results of these enquiries may be shared with Central Government Departments.
- 5.5. Service Providers must maintain accurate records of their levels of compliance with the national response time standards and the core staffing requirements set out in **Schedule 4** and make them available to their local Lead Commissioner, NHS Regulators and NHS England (including NARU).
- 5.6. In any event that the provider is unable to maintain the four core HART capabilities in line with the interoperable standards set out in **Schedule 4**, they are obligated to make a formal notification to the NARU on-call system. NARU will then be required to assess the impact on the national capability and make onward notifications as it deems appropriate.
- 5.7. The provider must comply with the nationally specified system of recording HART activity which will include a local procedure to ensure HART information required by NARU is uploaded to the national dashboard every 12 hours. NARU may make the information contained within the dashboard system available to various secure operations centres in Central Government and Lead

Commissioners when access to the information is required to inform a commonly recognised information picture.

- 5.8. NARU may pass information related to a Service Provider's level of compliance against the standards set out in this specification to Regulators including the Care Quality Commission and the Health and Safety Executive. Any such information exchange will take place in conjunction with NHS England.
- 5.9. Given the high-risk nature of HART Operations, NARU may undertake regular reviews into the application of the national safe system of work and national safety critical systems defined in **Schedule 3** of this specification. Such reviews may be undertaken in conjunction with external subject matter experts. HART Service Providers must comply with such reviews.
- 5.10. Service Providers must take steps to regularly assess, monitor and manage the physical and psychological health of HART personnel to ensure staff are able to respond to high-risk incidents in a safe, confident and effective manner. This activity will include cooperation with any reviews or surveys commissioned by NARU.





6.0 Service Standards

- 6.1.** The HART service is a national asset which is required to be interoperable. Each HART team around the country can be combined to create a single response to a national incident. When configured nationally, all HART teams must be competent to work to the same safe system of work and performance standards.
- 6.2.** Service Providers commissioned to maintain a HART Service Line are obligated to maintain the interoperable standards defined in **Schedule 4** at all times.
- 6.3.** In addition to the standards set out in this service specification, local HART units must also be maintained in line with wider Care Quality Commission standards and each HART Paramedic is required to maintain their professional registration with the Health and Care Professions Council. It is the responsibility of the HART Service Provider to ensure these provisions are maintained.



7.0 Capital & Revenue Provision

- 7.1.** During the implementation phase of HART units around the country (between 2005 and 2013), financial allocations (capital and revenue) were protected on an annual basis by the Department of Health to support and maintain the HART service lines. Since 2013 the HART funding has been incorporated into the commissioned baseline funding to NHS Ambulance Service Providers.
- 7.2.** HART services are now commissioned and maintained against the NHS England EPRR Core Standards and this service specification to ensure the output meets funding expectations.
- 7.3.** Pre-existing HART funding levels are provided here as a reference for commissioners to ensure service continuity. Figures per unit:

HART Unit & Capabilities	Annual	£2.6 million
Capital Estate Maintenance	Annual	£500 thousand
Capital Fleet & Associated Technology	Depreciated over seven years	£1.9 million
<i>The Department of Health also provided a single financial allocation to support the implementation of each HART unit. The amounts varied according to location.</i>		

- 7.4.** Capital financing was provided directly by the Department of Health to construct and maintain a dedicated estate for HART at each location. This was to ensure an appropriate working environment to maintain the HART service line and safety critical infrastructure. This specification protects the original Department of Health investment by maintaining the original estate specification. The full specification is set out in the HART Capability Matrix section of the National Provisions (**Schedule 5**).
- 7.5.** The local management of HART funds (capital and revenue) is a matter for Service Providers and their Lead Commissioners providing the provisions set out in this specification are effectively maintained.
- 7.6.** Minimum skill sets, equipment levels and training competencies to maintain the nationally specified safe system of work are set out in the HART Capability Matrix (referenced in **Schedule 5**).



Lead Commissioners and Service Providers must ensure sufficient annual funding is available to maintain these specification provisions.

7.7. Local Service Providers may request changes or additions to the nationally specified provisions in the HART Capability Matrix (**Schedule 5**) by utilising the NARU Change Management Process (**Schedule 5**). Changes must not be made to nationally specified provisions unless formally approved through this process.

7.8. Core staffing levels are set in Schedule 4 of this specification. Lead Commissioners and Service Providers must ensure sufficient funding is in place for an establishment capable of maintaining that core staffing requirement.



Schedule 1: NHS Mandate for this Specification

Summary of the NHS mandate to maintain the HART service line and corresponding provisions. Presented as a hierarchy:

- Legislation
- Ministerial Mandate / Lead Government Department Directive
- National Multi-Agency Doctrine (if backed by Government)
- NHS Standard Contract (Condition SC30 - EPRR)
- NHS England EPRR Core Standards
- NHS Service Specifications
(commissioned performance standards)
- Capability Matrix (mandated in the specification)
- National Safe System of Work (HSE approved):
 - Standard Operating Procedures
 - Rescue Plans
 - Generic Risk Assessments
(operations / training / equipment)
 - Training Standards (core competencies)
 - Equipment Data Sheets
 - National Lessons Process
 - Safety Notification System
 - Local (provider based) policies and procedures



Schedule 2: HART Capability Summary

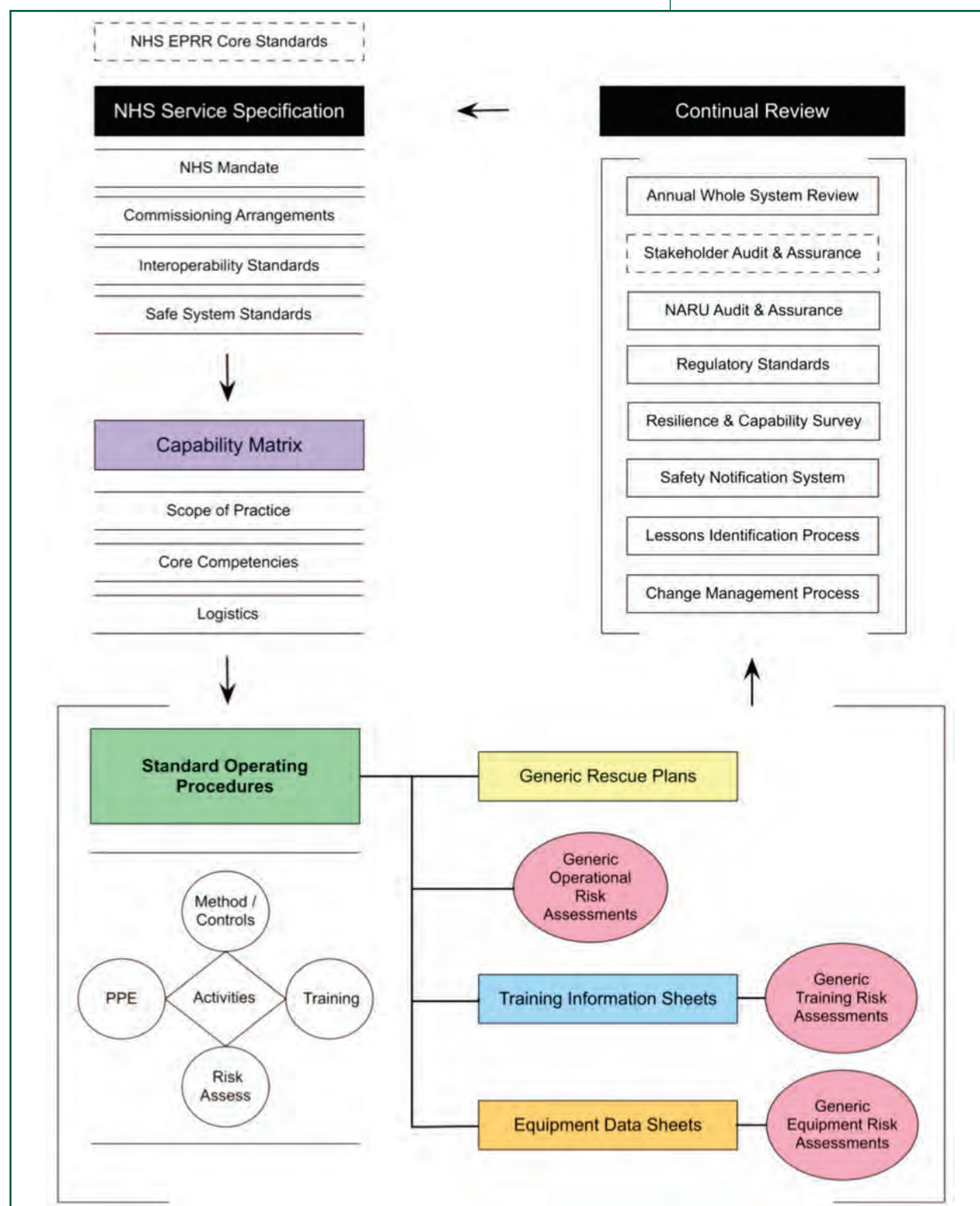
IRU	HAZMAT	Paramedic standard care within the inner cordon of incidents involving hazardous materials, usually within the industrial setting / accidental release.
	CBRN-E (SOR)	Paramedic standard care within the inner cordon of a designated CBRN(e) incident as part of the national SOR programme. These incidents are usually as a result of a deliberate release with links to criminal or terrorist intent.
USAR	SWaH	Paramedic standard care at unlimited height including man-made structures and natural features.
	ConSpace	Paramedic standard care within designated confined spaces that may include unstable collapsed structures.
IWO		Paramedic standard care across a range of water rescue operations to SRT (DEFRA Module 3) standard and including operating within boats and urban or rural flooding.
TMO		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 set out in **Schedule 5**.

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

Schedule 3: Safe System of Work Summary





Schedule 4: Interoperability Performance Standards

1	Organisations maintain a HART Incident Response Unit (IRU) capability at all times within their operational service area.	<ul style="list-style-type: none">Organisations maintain the four core HART capabilities to the nationally agreed safe system of work standards defined within this service specification.Organisations maintain the four core HART capabilities to the nationally agreed interoperability standard defined within this service specification.
2	Organisations maintain a HART Urban Search & Rescue (USAR) capability at all times within their operational service area.	<ul style="list-style-type: none">Organisations take sufficient steps to ensure their HART unit(s) remains compliant with the National HART Standard Operating Procedures during local and national deployments.Organisations maintain the minimum level of training competence among all operational HART staff as defined by the national training standards for HART.
3	Organisations maintain a HART Inland Water Operations (IWO) capability at all times within their operational service area.	<ul style="list-style-type: none">Organisations 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).
4	Organisations maintain a HART Tactical Medicine Operations (TMO) capability at all times within their operational service area.	<ul style="list-style-type: none">Organisations ensure that all HART operational personnel are Paramedics with appropriate corresponding professional registration (note s.3.4.6 of the specification).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.Organisations 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.

5	<p>Organisations 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.</p>	<ul style="list-style-type: none"> • 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-planned 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. • Organisations maintain a minimum of six competent HART staff on duty for live deployments at all times. • Once HART capability is confirmed as being required at the scene (with a corresponding safe system of work) organisations can ensure that six HART staff are released and available to respond to scene within 10 minutes of that confirmation. The six includes the four already mobilised. • Organisations maintain a HART service capable of placing six competent HART staff on-scene at strategic sites of interest within 45 minutes. These sites are currently defined within the Home Office Model Response Plan (by region). Competence is denoted by the mandatory minimum training requirements identified in the HART Capability Matrix. • Organisations maintain 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.
6	<p>Organisations 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.</p>	<p>[Intentionally Blank]</p>
7	<p>Organisations ensure an appropriate capital and revenue depreciation scheme is maintained locally to replace nationally specified HART equipment.</p>	<ul style="list-style-type: none"> • To procure interoperable safety critical equipment (as referenced in the National Standard Operating Procedures), organisations should have processes in place to use the national buying frameworks coordinated by NARU unless they can provide assurance through the change management process that the local procurement is interoperable.



8	Organisations 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.	[Intentionally Blank]
9	Organisations 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.	[Intentionally Blank]
10	Organisations ensure that all HART equipment is maintained according to applicable British or EN standards and in line with manufacturers recommendations.	[Intentionally Blank]

11	Organisations 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).	[Intentionally Blank]
12	Organisations ensure that a capital estate is provided for HART that meets the standards set out in the HART estate specification.	[Intentionally Blank]
13	Organisations ensure their incident commanders are competent in the deployment and management of NHS HART resources at any live incident.	[Intentionally Blank]



14	<p>In any event that the provider is unable to maintain the four core HART capabilities to the interoperability standards, that provider has robust and timely mechanisms to make a notification to the National Ambulance Resilience Unit (NARU) on-call system. The provider must then also provide notification of the specification default in writing to their lead commissioners.</p>	[Intentionally Blank]
15	<p>Organisations 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.</p>	[Intentionally Blank]
16	<p>Organisations 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).</p>	[Intentionally Blank]

17	Organisations ensure that the availability of HART capabilities within their operational service area is notified nationally every 12 hours via a nominated national monitoring system coordinated by NARU.	[Intentionally Blank]
18	Organisations 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.	[Intentionally Blank]
19	Organisations have a robust and timely process to 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.	[Intentionally Blank]



20	Organisations have a robust and timely process to report, to NARU and their commissioners, 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.	[Intentionally Blank]
21	Organisations have a process to acknowledge and respond appropriately to any national safety notifications issued for HART by NARU within 7 days.	[Intentionally Blank]

NOTE: 'Organisations' means NHS Ambulance Service Providers commissioned to provide a HART Service. Unless otherwise specified, the standards presented above apply to each HART unit.

Schedule 5: National Provisions

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 Equipment Assessments
	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.
	National Lessons Database	Coordinated centrally by NARU through regular meetings of its Operations Group.
	Safety Notifications	Issued by NARU simultaneously to all local units on the identification of a safety issue.
National Interoperability	Standards	Set out in Schedule 4 of this specification. The standards are proposed by NARU on behalf of NHS England. They are then approved by NHS England and incorporated into the EPRR Core Standards. Lead Commissioners then ensure the standards are being maintained locally / regionally and remain appropriately funded.
	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 and psychological fitness (both for the initial recruitment phase and the ongoing assessment requirements).

Schedule 6: Operational Configurations

Each HART unit must ensure a minimum of six staff are always on duty to meet the interoperability and safe system standards. 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	Sector Commander – HART
	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 EDDB – 40 Minutes CR1 – Up to 2 Hours		
USAR	Team Leader	Sector Commander – HART
	2 I/C	Inner Cordon Gateway Control
	Operative One	Patient Treatment - Inner Cordon
	Operative Two	Patient Treatment - Inner Cordon
	Operative Three	Rescue One #
	Operative Four	Rescue Two #
# May be provided by mutual aid or by another agency if the safe system of work can be jointly agreed and approved.		
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
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

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National Ambulance
Resilience Unit
NARU



NHS Service Specification 2016/17: Hazardous Area Response Teams (HART)

For further information please contact:

National Ambulance Resilience Unit (NARU)

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