



## **National Position Statement: Unmanned Aerial Systems (Drones)**

February 2018 / v.3.0

### Previous Position Statements

- Unmanned Aerial Systems (Drones) – July 2017 [Repealed]
- Unmanned Aerial Systems (Drones) – January 2018 [Repealed]

### Background

The original user requirements for the 2<sup>nd</sup> generation HART Incident Ground Technology (IGT) included a requirement to 'live survey and monitor' high-risk incident grounds where Ambulance HART Staff were deployed at risk.

As part of the European tender process (OJEU), drones were presented as part of the solution.

The impact and implications of introducing drones to HART operations has been comprehensively debated at several meetings of the National Equipment Group and National Operations Group.

The inclusion of drones within the 2<sup>nd</sup> generation IGT replacement programme means their introduction was fully funded, however, there are significant training and governance implications.

By a narrow majority, the National Operations Group previously agreed to the roll out of drones for all HART units, primarily to meet the requirements of the original user specifications which included the following:

#### Support to Live Operations:

- HART initial dynamic risk assessments at an incident
- Identification and reassessment of hazards
- Survey of the incident ground / operating area
- Identification of appropriate entry control locations
- Access and egress planning
- Locating patients
- Remote monitoring of patient condition and movements
- Support the implementation of emergency rescue plans (staff rescue and evacuation)

#### Support to Training Activities:

- Recording and debriefing exercises
- Remote monitoring and assessment of activity by instructors

## OFFICIAL

Concerns were subsequently raised nationally by the Centre for the Protection of National Infrastructure (CPNI) regarding the security of download data from certain drone systems. Emergency Services should be using systems with a level of encryption that is equivalent to 'AES256'. The 2<sup>nd</sup> generation IGT for HART included drone systems with a lower level of encryption (3DES).

At the present time only NARU and one other Trust have received drones under the 2<sup>nd</sup> generation roll out. This is due to a previous suspension imposed prior to a change in the asset specification.

### National Operations Group (NOG) Recommendations

The introduction of drones and the current roll out was revisited by the NOG at their meeting in February 2018.

Following a risk and impact analysis, the group made the following recommendations (by majority) to the NARU Central Management Team:

- UAS drones should no longer be a mandatory component of the 2<sup>nd</sup> generation IGT roll out for HART.
- HART Standard Operating Procedures would include alternate provisions to facilitate the original user requirements to support live operations.
- The Ambulance Service should retain a national UAS / drone capability. This should be maintained by NARU. Trusts should have the ability to 'draw down' this capability as required.
- Individual Trusts should be able to establish their own drone capability to support HART operations as a nationally approved optional enhancement to the HART National Standards. Any such capability should remain compliant or consistent with the governance and standard operating procedures for the national drone capability maintained by NARU.

The NARU Central Management Team accepted and approved each of these recommendations at their March 2018 meeting.

### Procurement Impact

Formal procurement advice has been received nationally and was provided to the NOG meeting in February 2018.

Suspending and revoking the UAS / drone element of the tender does not create any significant breaches or contractual liability.

The current provider of the 2<sup>nd</sup> generation HART IGT has been briefed and an agreement reached.

NARU will retain the national assets currently received and seek to procure an enhancement to ensure compliance with the AES256 standard. The single Trust which has already received a non-compliant asset will retain it for use at events which are not live incidents and to support training.

No other Trusts will receive a UAS / drone as part of the 2<sup>nd</sup> generation HART IGT roll out moving forward. NARU will take steps to reconcile the financial and procurement impact of

## OFFICIAL

this. The Head of Compliance will action this with Finance Leads and local Heads of Service.

### Actions being taken by NARU:

- NARU will develop a national UAS / drone capability to support Ambulance interoperable capabilities.
- NARU will develop a national 'Operations Manual' and all associated governance provisions required by the Civil Aviation Authority (CAA).
- NARU will apply to the CAA for a Permission for Commercial Operations (PfCO) to cover the national capability. This may include provision to support local Trust's hosting part of that capability.
- NARU will include UAS / drone operations in its HART Standard Operating Procedures and the national safe system of work.
- The previous roll out of UAS / drones as part of the 2<sup>nd</sup> generation HART IGT has been revoked and discontinued.

### Actions for Trusts:

- NHS Ambulance Trusts in England should not use any UAS / drones unless they have their own PfCO or commensurate governance in place. Whilst the CAA are content for Ambulance Services to use drones in the emergency setting without a formal PfCO in place, commensurate governance processes must be in place to comply with various regulatory standards.
- NHS Ambulance Trusts in England must not use any UAS / drones for live operations (at incidents) unless their data encryption level is 'AES256' or better. Drones with encryption at '3DES' level must not be used at live incidents.
- NHS Ambulance Trusts in England should continue to roll out all other 2<sup>nd</sup> generation incident ground technology for HART in line with the agreed national programme.
- NHS Ambulance Trusts in England seeking to host their own local UAS / drone operations to support nationally specified interoperable capabilities (including HART) must do so in conjunction with NARU.

Authorised on behalf of the National Ambulance Resilience Unit by:



Christian Cooper JP MSc PGDipLaw SIRM  
Head of Compliance

**ENDS**