



National Ambulance
Resilience Unit
NARU



Annual Business Plan 2023-2024



Version 4.0



DOCUMENT INFORMATION TABLE

| | | | |
|--|--|--------------------------------------|-------------------------|
| Full Title | The NARU Annual Business Plan 2023/2024 | | |
| Version | 4.0 | Security Marking | Not Protectively Marked |
| Document Type | Business Plan | NARU Reference | NARU056 |
| CMT Approval Date | December 2023 | Publication Date | January 2024 |
| NHS England Approval Summary | Not applicable. | | |
| Implementation Date | January 2024 | Last Reviewed | April 2023 |
| Aligned to JESIP Principles | Yes | Impact on Contract Standards? | No |
| Equality Impact Assessment Statement* | Completed. See separate assessment form. No adverse impact. | | |
| Summary of Consultation | Reviewed and approved by the NARU Central Management Team. Endorsed by NHS England. | | |
| Superseded Documents | The NARU Annual Business Plan 2022/2023 | | |
| Related Documents or Cross References | <ul style="list-style-type: none"> The NARU Contract 2020 – 2023. NHS England EPRR Core Standards. | | |
| Circulation | <ul style="list-style-type: none"> Ambulance Service Accountable Emergency Officers. Ambulance Service Heads of Emergency Preparedness (or equivalent). Other stakeholders determined by NARU. | | |
| Action Required | For information. | | |
| Lead NARU Contact | NARU Director. | | |
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01 FOREWORD

Looking Back

This year NARU has continued to coordinate the 15 interoperable capabilities that NHS Ambulance Services provide, trained hundreds of paramedics to work in the most dangerous situations and helped roll out new, faster triage systems to save lives in terrorist attacks.

At the heart of this work is providing realistic live training alongside table top exercises to equip the 10 ambulance trusts around the country with highly trained Hazardous Area Response Teams (HART) and Specialist Operations Response Teams (SORT). These teams employ the same methods, equipment, and skills to ensure effective interoperable responses consistent across all ambulance trusts so they can be combined to create a unified response to a national incident.

A total of 95 courses and events to equip newly recruited HART paramedics with the skills they need were held between April 2022 and March 2023, training 2,424 delegates from trusts across the country. A raft of exercises, including those involving live casualties, were held including two to implement and test the new Major Incident system Ten Second Triage, which involved 200 delegates.

These specialist skills were put to the test 13,399 times in the year to April 2023. This included 2,304 assignments into situations involving hazardous materials, Chemical,

Biological, Radiological and Nuclear (CBRN) or high consequence infectious disease (HCID) transfers as well as 1,327 safe working at height assignments.

We also conducted assurance inspections for the ten English ambulance trusts, including reviewing over 1,000 items of evidence and conducting interviews with over 200 staff.

Whether it's search and rescue missions such as that following the collapse of a block of flats in Jersey (see case study), the summer spike in the numbers getting into trouble in open water or in the sea or treating casualties on train tracks, specific kit and skills are required.

Most recently HART teams were called to a major incident where a school bus overturned in Wirral, Merseyside, with over 50 casualties that required specialist HART expertise.

We continued to offer our expertise to coroners' inquiries and major investigations.





National Ambulance Resilience Unit **NARU**

In addition to these activities, the most important outputs for the NARU service are its core business commitments to NHS England. We provide national coordination for the interoperable capabilities and maintain the safe system of work utilised by all Ambulance Trusts in England.

We provide subject matter expertise to support the development of national policy and assurance activities undertaken by NHS England and regulators including the Care Quality Commission and the Health and Safety Executive.

As part of its core business, NARU also manages several national improvement projects on behalf of the Ambulance Sector. In total, these projects include over £30 million of NHS investments.

NARU has developed or maintained over 400 safe system of work provisions ranging from standard operating procedures to equipment specifications, training competencies and risk assessments.

We have also worked with trusts to improve the quality and safety of physical competence assessments for HART and Special Operations Response Teams (SORT) staff.

We have also led the ongoing national roll out of an enhanced capability across English ambulance trusts to significantly improve the response to terrorist incidents including Marauding Terrorist Attacks (MTA).

This has included providing subject matter experts, clinical leaders and hosting the field testing to assess quantitative and qualitative aspects of two significant new tools. These are the new Major Incident Triage Tool (MITT), for healthcare responders, and Ten Second Triage (TST) for all emergency service responders. These were launched in April 2023 by NHSE, backed up with a comprehensive NARU training package including two new training videos.

Our ongoing national programme to attract more women to work in HART teams, through measures such as commissioning bespoke PPE and enhanced programmes to support women back into duty following maternity leave has expanded (see Our Culture, section 11).

Activities in this field also include those to recruit more women into HART teams involving open days such as that held by Yorkshire Ambulance Service to illustrate HART capabilities and workshops.

Looking Forward

NARU will continue to ensure specialist paramedics have the best possible skills and experience, and develop improved clinical pathways so that patients, the public, ambulance staff, the NHS and our multi-agency partners are kept as safe as possible at all times.

➤ *NARU will also robustly implement the recommendations from the Manchester Arena Inquiry so that all agencies can work together in the most testing environments to improve clinical outcomes and save lives.*



Keith Prior

Keith Prior QAM
NARU National Director



CASE STUDY: Rescue from collapsed building

The collapse of a three-story block of flats on the Channel Island of Jersey last December required a fast and coordinated response from the National Ambulance Resilience Unit (NARU) together with other emergency services.

Sadly, there were no survivors and ten people died that night. But the search and rescue operation launched rapidly in the hope of saving lives illustrates the kind of challenges that Hazardous Area Response Team (HART) paramedics face every day.

NARU was informed at 6am on a Sunday of the incident setting out the facts followed by images showing the collapsed building. At this point NARU's on call team convened a multiagency virtual response group, which initially consisted of NHS England's National Operations Centre, South West Ambulance Service, and authorities in Jersey with HM Coastguard, army representatives and local police joining shortly after.

At first a six-strong team with specialist equipment was shipped out from the mainland with additional kit flown over by a HM Coastguard helicopter as more specialists joined the rescue.

"We established quite early on that because this was a collapsed building, mutual aid and specialist skills would be required including healthcare in confined spaces, managing unstable terrain and working at height." says Parsyab Khan, NARU Planning Manager. Pars has been a paramedic for 28 years.

A battle rhythm was established to identify best times for meetings. Staff rotation was mapped out to ensure operatives could rest working 24 hours a day. Alternative hospital

provision on the mainland was identified for survivors to avoid overwhelming local hospitals. Logistics planning had to made around transporting operatives and equipment back to the mainland using private aircraft or ferries.

Pars adds: ***"We overcame multiple challenges and still delivered an effective response working closely with all our partners and demonstrated our mantra of resilience."***





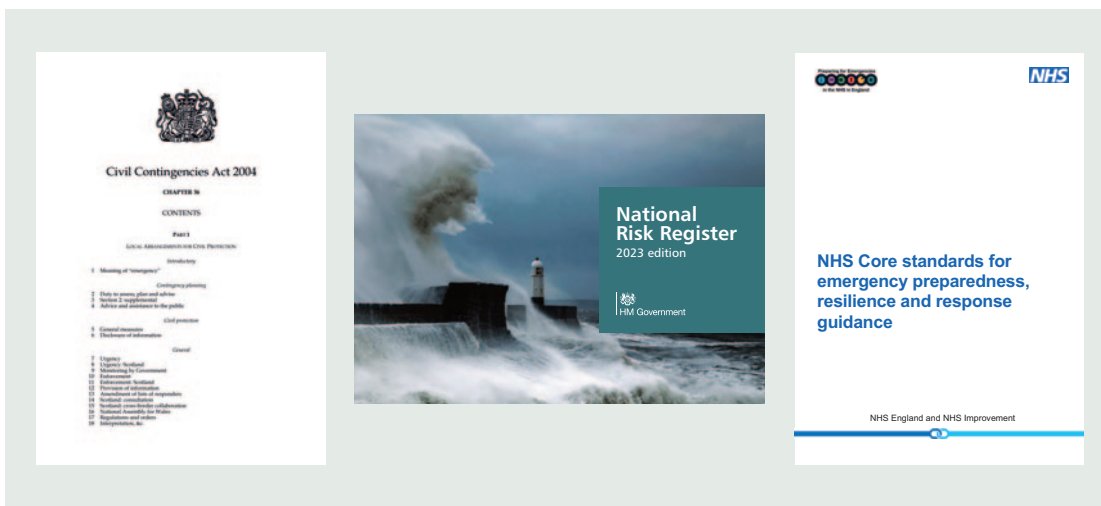
One of NARU's fundamental functions is to nationally maintain and coordinate a set of 'interoperable' capabilities.

02 THE NATIONAL AMBULANCE RESILIENCE UNIT (NARU)

2.1. The mandate for NARU comes from four primary sources:

- 2.1.1. The Civil Contingencies Act 2004 and its legislative requirements for specified responders, including NHS Ambulance Services, to be prepared for complex and major incidents.
- 2.1.2. The National Risk Register which identifies the main risks or threats to the United Kingdom that emergency services, among others, should prepare to deal with effectively.
- 2.1.3. The NHS England Emergency Preparedness, Resilience and Response (EPRR) Core Standards. These include contractual obligations for the Ambulance sector.
- 2.1.4. The NARU Contract which formally constitutes our organisation and specifies what services we need to deliver within the context of the three principal documents set out above.

- 2.2. NARU has a key strategic role in supporting the NHS Ambulance Services to provide an effective response to the major or complex emerges, envisaged in the national risk register.
- 2.3. One of NARU's fundamental functions is to nationally maintain and coordinate a set of 'interoperable' capabilities. These represent specialist capabilities designed to provide life saving emergency care to patients caught within high-risk situations.
- 2.4. NARU is hosted by an English NHS Ambulance Trust which helps to administrate the organisation under the contract with NHS England. Our host is West Midlands Ambulance Service University NHS Foundation Trust.
- 2.5. NARU receives its funding from NHS England under the provisions of the contract. The majority of our funding is transitioned through NARU to support the effective maintenance of the interoperable capabilities by each of the English NHS Ambulance Services. The funding retained by NARU allows us to deliver the national services specified in the NARU contract including the work programme detailed in this Annual Business Plan.





2.6. The Interoperable Capabilities

2.1.1. The National Risk Register details a range of threats to society. These include accidental, environmental and malicious hazards.

2.1.2. The NHS is obligated to provide care to those caught inside the inner cordon of high-risk emergencies. Ambulance personnel cannot rely on other responding agencies to provide clinical care and extrication from these environments. Hence, a series of special capabilities allow the NHS to extend its reach into high-risk environments which is essential to save life and improve clinical outcomes.

2.1.3. In extending its reach, the NHS has also extended its legal duty of care, both to employees and to those critically in need of its services. It has simultaneously increased its exposure to risk. The capabilities that facilitate this care must, therefore, be subject to clear standards and a consistent safe system of work.

2.1.4. These capabilities have been commissioned nationally to be 'interoperable'. They remain consistent across Ambulance Trusts so they can be combined to create a unified response to a national incident.

2.1.5. The benefits of interoperability:



2.1.6. A fundamental part of NARU's role is to provide the national coordination required to ensure these capabilities remain interoperable. Our coordination activities include:

- Specifying the capabilities through national contract standards.
- Developing and maintaining the national safe system of work for each capability.
- Providing national training and education to ensure consistency in the competence of specialist responders and commanders.
- Specifying safety critical equipment and maintaining national buying frameworks.
- Supporting a range of inspection and assurance activities.

2.1.7. In England, the NHS Ambulance Services have 15 interoperable capabilities that are coordinated nationally by NARU:

NARU Interoperable Capabilities

| | | | | | |
|---|---------------------------------|---|--|---|--|
|  | Water Operations. |  | Support to Security Operations. |  | Hazardous Materials / CBRN: Extended Duration Breathing Apparatus and Gas Tight Suits. |
|  | Safe Working at Height (SWaH). |  | Marauding Terrorist Attack (MTA). |  | High Consequence Infectious Disease (HCID). |
|  | Confined Space Operations. |  | Chemical Biological Radiological Nuclear (CBRN) Casualty Decontamination. |  | Command and Control. |
|  | Unstable Terrain. |  | Hazardous Materials / CBRN: Powered Respirator Protective Suits (PRPS). |  | Mass Casualties. |
|  | All-Terrain Vehicle Operations. |  | Hazardous Materials / CBRN: Next Generation Personal Protective Equipment. |  | Small Unmanned Aircraft (SUA / Drone) Operations. |





Anthony Marsh, National Strategic Advisor for Ambulance Services, said:



Anthony Marsh
National Strategic
Advisor for
Ambulance Services

“NHS ambulance services operate in the most dangerous situations. This includes rescues where people are trapped at height in buildings, in fast moving waters and in hazardous areas affected by chemical, biological, radioactive or nuclear materials to name but a few.

These pose real risks to both the patient and the specialist paramedic so it's vital that high-quality training, using the latest specialist equipment, can work on an interoperable basis with other Trusts and services in Major Incidents. That's where the National Ambulance Resilience Unit comes in.

NARU runs regular training courses for paramedics each year to ensure both Hazardous Area Response Teams and Specialist Operations Response Teams, which are embedded in each of the ten English Trusts, have the expertise and skills to save lives and improve clinical outcomes.

It also develops effective training resources to meet new demands such as mass casualty incidents following a terrorist attack. In the last year it has worked with NHS England to produce and embed two new triage systems to address this very challenge – those are the new Major Incident Triage Tool (MITT), for healthcare responders and Ten Second Triage (TST) for all emergency service responders.

This is why the work of NARU is so important; they ensure our specialist paramedics are trained to use the latest and most effective triage techniques that save lives and ensure those who run into danger can operate as safely as possible.”

ANNUAL UTILISATION SUMMARY FOR INTEROPERABLE CAPABILITIES

Reporting Period:

01/04/2022 to 22/03/2023 (12 months)

Note: Excludes Command and control which is used extensively for all capabilities.

| DEPLOYMENT | NUMBER OF RESPONSES |
|--|---------------------|
| Total Responses All mobilisations of HART within the reporting period. | 13,399 |
| Hazardous Materials | 2,304 |
| Safe Working at Height | 1,327 |
| Confined Space | 166 |
| Unstable Terrain | 421 |
| Water Operations | 726 |
| Support to Security Operations | 518 |
| Operational Support | 937 |

03 BUSINESS PLANNING

- 3.1. The NARU contract lasts for three years with an option to extend for a further two years. The latest contract was awarded to West Midlands Ambulance Service University NHS Foundation Trust to host NARU from March 2020 to March 2023 with the option to extend for two further 12 month periods.
- 3.2. Our business planning is based on both the contract provisions and its term.
- 3.3. A five-year **strategic aim** is agreed with NHS England.
- 3.4. NARU then undertakes a comprehensive review of the contract provisions within the context of the National Risk Register and develops a set of **strategic objectives** for each financial year. These objectives are designed to meet our obligations under the contract.
- 3.5. We then develop a further set of **key deliverables** aligned to each strategic objective. These deliverables represent our key outputs for each financial year.
- 3.6. The strategic objectives and key deliverables are reviewed by NHS England and approved for each financial year.
- 3.7. Each NARU department then translates their allocated key deliverables into several **work streams**. These work streams represent our comprehensive work programme in any given year.
- 3.8. Each NARU department produces work stream trackers that can be used to monitor progress through the year. These trackers are also formally reviewed monthly by NHS England through our contract meetings.
- 3.9. Due to the COVID-19 emergency, some of our work streams from last year had to be reprioritised and have been carried forward into this year's work programme. They are identified in the work stream trackers for each department.
- 3.10. In addition to our 'business as usual' work programme, we also have several key improvement projects to deliver over the next 12 months.
These include:
 - Comprehensive review of contract standards relating to the interoperable capabilities (the EPRR Core Standards).
 - The National safe system of work enhancement programme.



- The HART 3rd generation fleet and incident ground technology replacement project.
- Implementation and roll out of the new mass casualty capability.
- Implementation and roll out of new physical and psychological assessment standards for HART and SORT staff.
- Introducing High Consequence Infections Diseases (HCID) critical care transfers for patients.

Every three to five years the NARU service is reviewed and put out to open tender. NHS England have confirmed that 2023-24 is a tender year. During this period NARU will put transitional arrangements in place and maintain safety critical elements relied upon by those at Trust level deploying into high-risk situations and to maintain essential national training provisions.





04 STRATEGIC AIM

- 4.1. To support NHS England's Emergency Preparedness, Resilience and Response (EPRR) objectives, in line with the NHS Act 2006, Civil Contingencies Act 2004 and NHS EPRR Framework and guidance, to maintain an effective and consistent response to high-risk or complex emergencies, improving clinical outcomes, with patients and staff at the forefront of any response.

➤ *Our strategic aim is to support the NHS Ambulance Service to maintain an effective and consistent response to high-risk or complex emergencies, improving clinical outcomes.*



05 STRATEGIC OBJECTIVE FOR 2023/24

5.1. Corporate:

- 5.1.1. Provide a well governed, patient focused, service that offers value for money and is delivered through a motivated workforce.

5.2. Operations:

- 5.2.1. Maintain the nationally interoperable capabilities ensuring they remain safe and operationally effective.

5.3. Education & Training:

- 5.3.1. Increase Ambulance Service preparedness for dealing with major and complex emergencies through the provision of high-quality training and education aligned to the national risk register and current doctrine.

5.4. Clinical:

- 5.4.1. Ensure all NARU activity remains patient focused and promotes the best patient outcomes.

06 ORGANISATIONAL STRUCTURE

- 6.1. The NARU service is constituted under a contract between NHS England and a host Ambulance Trust, currently West Midlands Ambulance Service University NHS Foundation Trust (WMAS).

- 6.2. The Chief Executive of the current host Ambulance Trust is also the National Strategic Advisor of Ambulance Services.

- 6.3. This annual business plan, including its strategic objectives and key deliverables are agreed with NHS England as part of the contract mandate.

- 6.4. NHS England monitor the NARU service and its outputs via a Steering Group and a Contract Management Group. These groups meet quarterly and monthly throughout the year.

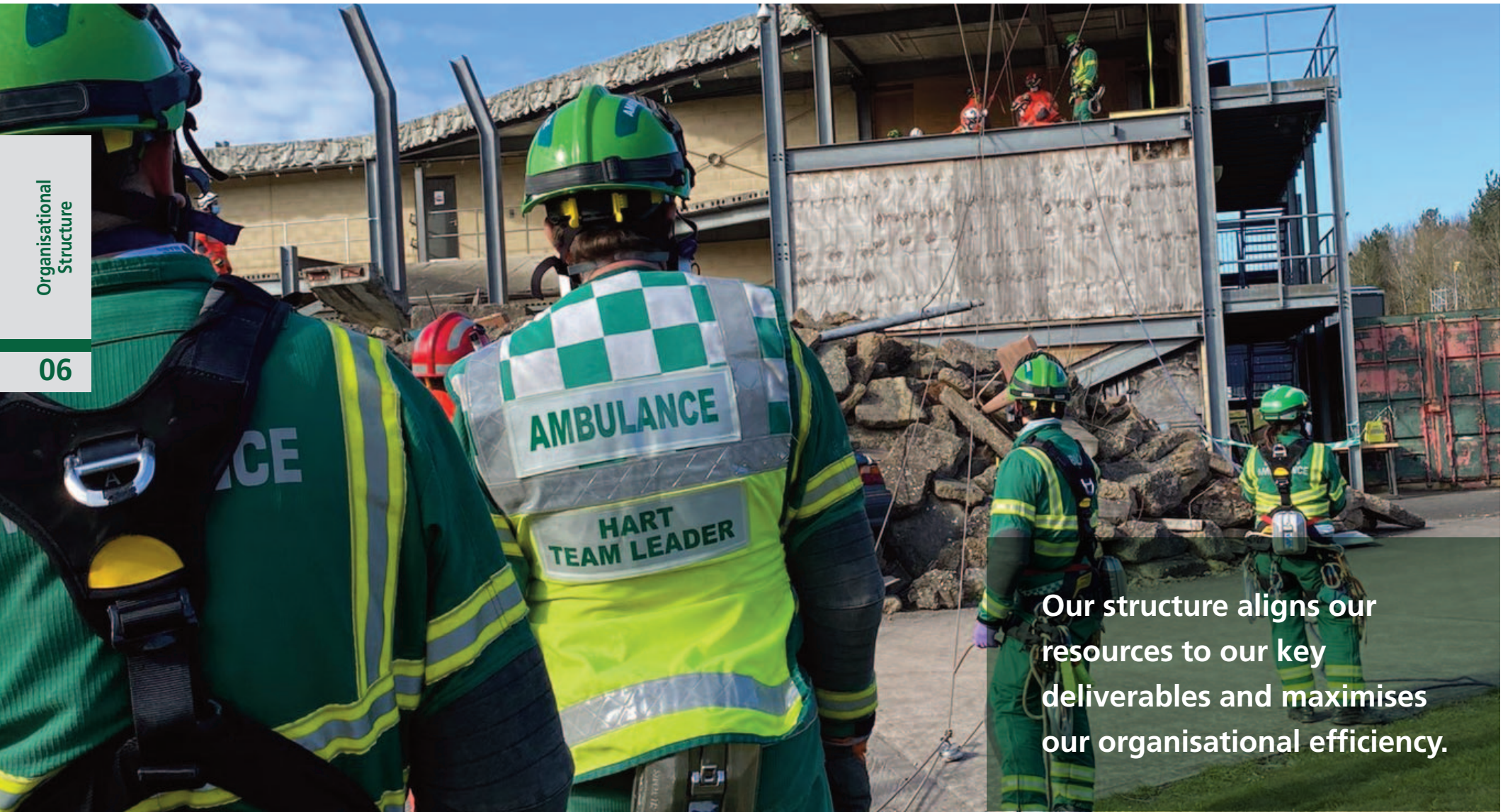
- 6.5. The host Trust 'administrates' NARU and oversees performance of its obligations under the contract. This includes administering the NARU finances on behalf of NHS England and facilitating various procurement processes. The host Trust also facilitates the secondment or fixed term contracts used to employ NARU staff. These administration functions are managed through monthly meetings of the NARU Delivery Board.

- 6.6. The day-to-day management of NARU, including its agreed work programme, is managed by the NARU Central Management Team (CMT), Chaired by the NARU Director.

- 6.7. NARU has four departments based on our four strategic objectives.

- 6.8. The Heads of each department make up the NARU Central Management Team.





Our structure aligns our resources to our key deliverables and maximises our organisational efficiency.

07 CORPORATE DEPARTMENT



7.1. Department Strategic Objective:

➤ *Provide a well governed, patient focused, service that offers value for money and is delivered through a motivated workforce.*

7.2. Department Key Deliverables for 2023/24:

- Deliver the service requirements of the NARU contract and improve clinical outcomes.
- Ensure robust corporate governance and financial efficiency for NARU and its services.
- Maintain an effective NARU workforce through professional support and development.
- Support the Ambulance Sector to maintain effective emergency preparedness arrangements.

7.3. Department Overview:

The Corporate Department is led by the National Director. It manages all matters relating to the effective running of the organisation and its corporate governance.

Included within the department's functions is the Central Management Team (CMT) which supports the director to manage the day-to-day activities of NARU. CMT comprises the Director (acting as Chair) and the three other department heads. CMT is also supported by finance and procurement leads from the host Trust as well as NARU's own administration staff.

The Corporate Department is also responsible for supporting and briefing key strategic stakeholders, including:

- NHS England National EPRR Team.
- The National Strategic Advisor of Ambulance Services.
- The National Ambulance Commissioning Network.
- The Association of Ambulance Chief Executives.





08 OPERATIONS DEPARTMENT



8.1. Department Strategic Objective:

- *Maintain the nationally interoperable capabilities ensuring they remain safe and operationally effective.*

8.2. Department Key Deliverables for 2023/24:

- Maintain national standards and consistency across the interoperable capabilities.
- Maintain operational effectiveness for NARU and the interoperable capabilities.
- Ensure robust emergency preparedness through national planning and business continuity.
- Continually review and improve the interoperable capabilities.

8.3. Department Overview:

The principal focus of the Operations Department is to develop and maintain the standards needed to effectively operate the interoperable capabilities. The department includes some of the country's leading subject matter experts. In addition to working very closely with operational leads in each Ambulance Service and our multiagency partners, the department also supports regulators, commissioners, and legal inquiries with matters of governance and performance management.

The department is led by the National Head of Operations and its main office is co-located with the College of Policing at Ryton in Coventry.

The department has an extensive national remit centred around the following four portfolios:

Standards

- Contract Standards & Service Specifications
- Safe System of Work Provisions
- Risk Management

- Guidance & Publications
- Performance Monitoring & Reporting
- Audit, Inspections & Reviews
- Support to Regulators & Commissioners

Operations

- Operational State of Readiness (Interoperable Capabilities)
- National Ambulance Coordination Centre
- National On-Call Provision
- Mutual Aid
- Multi-Agency Engagement
- Interfaces with the Joint Emergency Services Interoperability Principles (JESIP)
- Interfaces with the National Interagency Liaison Officer (NILO) networks
- National Logistics Coordination

Planning

- National Operations Planning
- Analytics & Forecasting
- Business Continuity
- Education and Clinical Interfaces
- National Funding Provisions
- Internal department planning

Improvement

- Quality Assurance
- Change Management
- Safety Alerts
- Legal Compliance
- Coordination of Lessons
- Research
- Business Cases & Policy Development
- Service Improvement Projects





09 EDUCATION DEPARTMENT



9.1. Department Strategic Objective:

➤ *Increase Ambulance Service preparedness for dealing with major and complex emergencies through the provision of high-quality training and education aligned to the national risk register and current doctrine.*



Increase Ambulance Service preparedness for dealing with major and complex emergencies through the provision of high-quality training and education aligned to the national risk register and current doctrine.

➤ Continue to develop and enhance National training information sheets (TIS) including competencies for the interoperable capabilities. Enhancing training standards in accordance with legal and professional obligations.

➤ Develop E learning modules that are bespoke to the interoperable capabilities, enabling greater consistency for local delivery.

➤ Develop instructor training modules, aligned to the interoperable capabilities and national doctrine, enhancing local delivery. Working with Trusts to ensure consistency and standardisation in accordance with NHSE EPRR core standards.

➤ Continue to enhance realism into National courses, ensuring patient focus is at the forefront of such courses.

➤ Monitor the implementation of new triage modules (TST & MITT) on courses and practical exercises, providing feedback to NHSE.

10 CLINICAL DEPARTMENT



10.1. Department Strategic Objective:

➤ **Ensure all NARU activity remains patient focused and promotes the best patient outcomes.**

10.2. Department Key Deliverables for 2023/24:

Provision of expert opinion to the Manchester Arena Inquiry, many of which were incorporated within the recommendations in Volume 2.ii. Currently leading or collaborating in the NHSE Task & Finish Working Groups addressing these recommendations. These include:

- Major Incident triage supporting the roll out and education of Ten Second Triage tool (TST) & Major Incident Triage tool (MITT).
- Effective and rapidly deliverable analgesia to patients at major incident working with stakeholders on controlled drug regulation



including the Home Office and Medicines and Healthcare products Regulatory Agency (MHRA).

- Development of intramuscular tranexamic acid (IM TXA) to speed delivery of this life-saving medication at large scale incidents.
- Role of blood products far forward. NARU has supported a feasibility study of HART paramedics administering freeze dried plasma to patients with major haemorrhage.
- Clinical Response to Major Incidents looking at a patient focussed response to major and complex incidents.

- This involves collaboration with key stakeholders including national Major Trauma Networks, Faculty of Pre-Hospital Care and College of Paramedics.

Other activities include:

- Review of submersion survivability model for all emergency services.
- Review of nerve agent countermeasures to meet current threat.
- A survey of clinical skills used by HART paramedics to ensure optimal patient care and interoperability.





CASE STUDY: Rescue at height

A man was threatening to jump from a three storey building and threatening emergency personal in Yorkshire. The patient was in some distress and also actively self-harming using a broken roof tile and attempting to cut his wrists. The Yorkshire Ambulance Service HART linked in with the fire service and deployed in the Fire and Rescue Service Aerial Ladder Platform (ALP) in full Safe Working at Height (SWAH) kit to access patient. Negotiators were talking to him with his partner and a mutual plan was made for patient access.

Plan was made that one HART, one fire and police negotiator would go up on the platform while ambulance crew with operations team leader would stay with a kit dump then other HART operative would stay by the only other access point to the building which was a ladder with police in case access needed to be made that side. Once in the ALP the HART team reached the roof but the man would not allow us to access the roof or for him to come on the platform. Verbal exchange and remote assessment of his wounds was conducted. He had superficial lacerations to his wrists.

The entire assignment demonstrated JESIP principles of interoperability with police and police negotiators ensuring safety of the area, fire service ensuring safe systems of work with arial access and then the ambulance service for medical cover for both patient and emergency colleagues. Remote assessment by a clinician aided in police decisions and fed into a safe resolution. The patient eventually climbed down from the property via scaffolding. This route was also covered by an additional HART member also in SWAH kit and able to provide medical interventions in a timely manner should it be required. This is a good example of not always needing to deploy a full HART team once on-site HART officer in charge was satisfied that a safe system of work was in place with other partner agencies. Only HART teams would have had the capability to deliver care at height in protective uniform had patient proved to be uncooperative.

11 OUR CULTURE

11.1. The values at the core of NARU’s culture match those of the NHS:

- Working together for patients.
- Respect and dignity.
- Commitment to quality of care.
- Compassion.
- Improving lives.
- Everyone counts.

11.2. How We Will Succeed:

11.2.1. Patient Centred:

- We will ensure that the patient remains at the centre of our activities.
- We will respond to the needs of patients, with a particular focus on those that may be caught in high-risk situations or complex pre-hospital emergencies.
- We will ensure that the interoperable capabilities and Ambulance deployments within

high-risk areas (the inner cordon) remain consistent with our legal duty of care to patients.

11.2.2. High Quality Service:

- NARU staff will include national subject matter experts who can demonstrate the highest levels of credibility and competence in their specialist areas.
- We will maintain a nationally accredited Education Faculty to promote and maintain the highest standards of training for specialist Ambulance capabilities.
- We will commission research and development activities to ensure we are the cutting edge of innovation and improvement.
- We will maintain a quality management system for the National Safe System of Work and our associated activities to ensure they remain legally compliant and represents industry best practice.
- We will specify and procure quality equipment for the

interoperable capabilities which meets the requirements of our staff and patients.

- We will use our resources carefully, making sure we provide the most cost-effective high-quality service.
- We will work hard, and our staff will remain fully committed to delivering our outputs.
- We will learn from successes and mistakes made across the sector to ensure we continually improve. This will include positive engagement with single sector and Joint Organisational Learning activities.
- We will take pride in the service we provide.

11.2.3. Communication and Partnership Working:

- We will be transparent with our staff and our contract holders on our performance against deliverables and objectives.





- We will be open and honest with our staff and our stakeholders.
- We will listen and respond to feedback from service users.
- We will work closely with our multi-agency stakeholders in accordance with the principles set out under the Joint Emergency Services Interoperability Principles (JESIP).
- We will work in close partnership with other NHS organisations.
- NARU staff will work as an effective team, showing dignity and respect for everyone.
- We will handle data carefully and in compliance with our associated obligations.

11.3. Gender profile working group

To date we have identified a number of areas within the HART/SORT Personal Protective Equipment (PPE) that has required more robust specifications (to ensure the PPE we were specifying is inclusive to all) and evaluations. NARU has more women involved in the evaluations which supports feedback

from their point of view.

An example being the Ballistic PPE (BPPE) whereby comfort played an important factor in the awarded contract. NARU has been able to gain approval for all staff to be supplied with a type of 'dry robe' which predominately allows for modesty to be protected when staff are required to change on the side of the road or get unchanged out of PPE to utilise facilities.

NARU has encouraged women only open days at a local level whereby those who attend are women however, the team facilitating the day are a mixture of men and women but predominantly women. Three Trusts have successfully run these days to date with positive feedback received (NARU supported these days where asked). NARU aims to support two national open days which are yet to be arranged.

The group is supporting NARU to develop a 'Return to Work' Guidance document post maternity to assist Trusts and women to consider all the elements that need to be factored into local policies and procedures. There has been a lot of feedback that highlights a lot of inconsistencies and lack of support for these women.



Heading the programme, Jenna Davies, NARU Improvement Manager, delivered a session at the Trauma Conference in Manchester this year on the work of the group to date. She is due to present on the AACE Women's Network this month.

As a result of feedback from the group, NARU has funded five members of staff within each Trust who have a Level 2 or 3 fitness certificate to undertake a pre and post-natal module which allows those staff members to support women during maternity and post maternity by developing fitness plans during this timeframe if they wish to utilise the additional support. The Physical Competency Assessment (PCA) has been highlighted as an area to cause women returning from maternity anxiety and support like this is seen to alleviate this.

The working group has issued a number of communications from a woman's perspective and has increased the presence of women in our literature such as pictures of women in PPE, not just men.

12 KEY CONSULTATION GROUPS

12.1. Essential to NARU service delivery is close consultation with Ambulance Service providers and other key stakeholders.

12.2. Our consultation activity can be separated into three principal levels:

12.2.1. Our strategic interfaces with the health sector.

These include:

- NHS England National EPRR Team.
- The National Strategic Advisor of Ambulance Services.
- The Association of Ambulance Chief Executives.
- The National Ambulance Commissioning Network.
- The Care Quality Commission.
- The National Institute for Health Protection.

12.2.2. Multi-agency and stakeholder engagement.

These include:

- Supporting the JESIP programme (Joint Emergency Services Interoperability Principals).
- The National Interagency Liaison Officer (NILO) networks.
- Formal links with the National Police and Fire Chiefs Councils and their associated sub-groups.
- Formal links with various Armed Forces working groups.
- The National CBRN Centre.
- UK Search and Rescue.
- Flood and Water Rescue Groups.
- And many other stakeholder organisations.

12.2.3. NARU's own Central Management Team sub-groups.





12.3. CMT Sub-Groups

- 12.3.1. NARU's Central Management Team has several sub-groups which help support and develop the work of NARU.
- 12.3.2. The National Operations Group comprises managerial representation from all English NHS Ambulance Trusts and the Devolved Administrations. Members of the group are Trust leads for the interoperable capabilities. The National Operations Group supports the maintenance and operational effectiveness of these capabilities. They have a specific role to review and approve the national standard operating procedures and risk assessments.
- 12.3.3. The National Trainer's Forum comprises Training Leads for interoperable capabilities from each Trust. This group reviews education and training provisions ensuring national consistency and the maintenance of competency standards.
- 12.3.4. The Clinical Sub-Group is Chaired by the NARU Medical Advisor and comprises selected clinical specialists. Its role is to continually

review the clinical provisions provided through the interoperable capabilities to ensure effective patient care is maintained. This group also reports up to the National Ambulance Service Medical Directors group (NASMeD) and the NHS England Clinical Reference Group (CRG) for clinical matters arising from the interoperable capabilities.

- 12.3.5. A set of Technical User Groups (TUGs) are also maintained to provide a forum for Ambulance practitioners. Members of these groups are subject matter experts and experienced practitioners in the specialist areas. These groups play a critical role in reviewing the national provisions maintained by NARU including procedures, training, equipment, and risk assessments. These groups also review safety alerts and change requests from the perspective of the operational practitioners. The groups provide regular feedback, reports and recommendations to the decision-making bodies.



APPENDIX 1: NARU STRATEGY TO MARCH 2024

Strategic Aim March 2024

Support the NHS Ambulance Service to provide a consistent and effective response to complex emergencies ensuring that our staff are protected and that we save as many lives as possible.

Strategic Objectives March 2024

| | |
|----------------------------------|---|
| Corporate | Provide a well governed, patient focused, service that offers value for money and is delivered through a motivated workforce. |
| Quality & Improvement | Maintain the nationally interoperable capabilities to ensure they remain safe, effective and compliant with relevant legislation. |
| Education | Increase Ambulance Service preparedness for dealing with major and complex emergencies through the provision of high-quality training and education aligned to the national risk register and current doctrine. |
| Capabilities | Support an effective Ambulance Service response to major and complex emergencies by maintaining and enhancing the interoperable capabilities and national coordination arrangements. |
| Clinical | Ensure all NARU activity remains patient focused and promotes the best patient outcomes |

Key Deliverables Annual

- Each 'Strategic Objective' has a sub-set of 'Key Deliverables'. These are updated each year.
- Key Deliverables are defined in the NARU Annual Business Plan and agreed annually with NHS England.

Our Core Values

- Working together for patients.
- Respect and dignity for everyone.
- Commitment to quality care.
- Innovating and improving patient access to care.
- Prepared and resilient.

Department Workstreams Annual

- At department level, each 'Key Deliverable' is broken down further into a set of individual 'Workstreams'. These workstreams define our day-to-day activity.
- Each department maintains a 'Workstream Tracker'. The trackers are used by the NARU Central Management Team to monitor performance.

How We Will Succeed

- Patient centred.
- High quality service.
- Communication and partnership working.
- Robust governance.
- Effective and motivated workforce.

Strategic Governance

| | |
|--------------------------------------|--|
| Contract Management | Monthly meetings between NHS England (the contracting Authority), the host Trust (West Midlands NHS University Foundation Trust) and NARU. Oversees performance of the contract. |
| Delivery Board | Monthly meetings between NARU and our host Trust. Allows the host Trust to administrate the NARU budget and key deliverables under the contract. |
| Central Management Team (CMT) | Monthly meetings of NARU's senior team. CMT manages the day-to-day work of NARU and monitors performance using the workstream trackers. |





National Ambulance
Resilience Unit
NARU



The National Ambulance Resilience Unit (NARU) Annual Business Plan 2023-2024

For further information please contact:

National Ambulance Resilience Unit (NARU)

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