



# Resilience and Special Operations Annual Report 2014/15

**Date:** April 2015

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**Version:** 2.0



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## 1. INTRODUCTION

This Annual Report has been prepared by the Resilience and Special Services Department. It covers the resilience elements of that department which are namely that for Emergency Preparedness, Response and Recovery and Special Operations (Hazardous Area Response Team and Yorkshire Air Ambulance) function. It does not cover activities related to the Community Resilience Team or Private and Events.

The report has been produced primarily for internal organisational purposes to update the Trust Board, managers and staff. However, the security designation allows for external audiences, NHS partners and other agencies to have copy and therefore any activities e.g. special operations/tactics that would otherwise appear under the security marking of 'Official Sensitive' will not be covered in this annual report.

From April 2015 the annual report, along with two six-monthly in-year updates, will provide the Trust Board with assurance that their continued commitment to developing and maintaining prepared and resilient services by taking a proactive approach to Emergency Preparedness, Resilience and Response (EPRR) and the on-going programme to increase the resilience of the Trust so that it is able to respond to major incidents and business disruptions, regardless of source, whilst continuing to deliver the critical services that its stakeholders and communities rely upon. As part of this programme, the Trust continues to maintain its statutory duties as a Category 1 responder under the Civil Contingencies Act (2004).

The Civil Contingencies Act (2004) identifies a wide range of public sector organisations as 'Category 1' responders. The category includes all acute and ambulance NHS trusts, Public Health England and NHS England. Community providers, mental health trusts and other NHS organisations (NHS Blood and Transplant, NHS Logistics and NHS Protect) are not listed in the Civil Contingencies Act 2004.

Furthermore, the NHS England 'Core Standards for Emergency Preparedness, Resilience and Response (EPRR)' January 2013 states that NHS organisations and providers of NHS-funded care must have suitable, up-to-date plans which set out how they plan for, respond to and recover from major incidents and emergencies as identified in local and community risk registers. This is a contractual requirement.

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## 2. ACCOUNTABLE EMERGENCY OFFICER (AEO)

The Health and Social Care Act 2012 places upon NHS-funded organisations the duty to have an accountable emergency officer with regard to EPRR (section 46.9). Chief executives of organisations commissioning or providing care on behalf of the NHS will designate the responsibility for EPRR as a core part of the organisation's governance and its operational delivery programme.

The Accountable Emergency Officer (AEO) in YAS is the Executive Director of Operations and they are supported by a Non-Executive Director of the Trust Board.

The AEO is responsible for:

- Ensuring that the organisation is compliant with the EPRR requirements as set out in the Civil Contingencies Act (2004), the NHS planning framework and the NHS Standard contract as applicable.
- Ensuring the organisation is properly prepared and resourced for dealing with a major incident or civil contingency event.
- Ensuring their organisation and providers they commission have robust business continuity planning arrangements in place which reflect standards set out in the Framework for Health Service Resilience (PAS 2015) and ISO 22301.
- Ensuring their organisation has a robust surge capacity plan that provides an integrated organisational response and that it has been tested with other providers/parties in the local community(ies) served.
- Ensuring that the organisation complies with any requirements of the NHS Commissioning Board, or agents thereof, in respect of the monitoring of compliance.
- Provide the NHS Commissioning Board, or agents thereof with such information as it may require for the purpose of discharging its functions.
- Ensure the organisation is appropriately represented at any governance meetings, sub-groups or working groups of the Local Resilience Partnership (LHRP) or Local Resilience Forum (LRF).

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### 3. RISK ASSESSMENT How do we know what to plan for?

#### National

The Resilience and Special Operations Department has access to the National Risk Assessment. Within the documents are threats and risks that have been identified and assessed against the likelihood and consequence. The Resilience and Special Operations Department takes this information and assesses how the threats and risks identified may have an impact on YAS and its operations. Where mitigation is required, either a plan or guidance document is produced highlighting the threat(s) and/or risk(s) and providing strategic and tactical options to try and mitigate against it.

#### Local Resilience Forums (LRFs)

LRFs are responsible for drawing up community risk registers derived from the National Risk Assessment and areas of risk within their LRF area. YAS plays an integral part in the development of the community risk register and where applicable plans its mitigations for those risks along with partners e.g. severe weather (winter, heatwave, flooding).

#### National Capabilities Survey (NCS)

The National Capabilities Programme is the core framework through which the Government is seeking to build resilience across all parts of the United Kingdom. The programme identifies the generic capabilities that underpin the UK's resilience to disruptive challenges and requires each of these to be developed by LRFs to ensure consistency and high standards.

YAS completed the 2014 National Capabilities Survey which covered the following areas:

Business Continuity	CBRN	Flooding	Fuel
Human Infectious Disease	Interoperability	Mass Casualty	Resilient Telecoms

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## YAS

YAS completed a review of the four LRF Community Risk Registers this year to identify any gaps in our plans and guidance. Threats and risks can arise within our own organisation and again assessments against the likelihood and consequences are made. Dependent upon the threat(s)/risk(s), YAS will look at what business continuity plans are available or whether a new plan or guidance document needs to be prepared.

With all plans and guidance documents, training and exercising of the plans takes place to ensure that they are fit-for-purpose. Examples of some of the exercises that have taken place include Exercise Joint Meridian and Jacketless (both testing our response to a Marauding Terrorist Firearms Attack (MTFA)), Exercise Watermark (to test against flooding) and Exercise Broadsword (tested YAS's response to a crashed aeroplane at Robin Hood Airport in Doncaster).

## Operation Blitz

As part of a five-year planning cycle EPRR and Special Operations carry out revisions of plans and guidance following risk assessments as described above, lessons identified at exercises and incidents and changes to national requirements. Operation Blitz has been ongoing throughout the last year.

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#### 4. YAS EMERGENCY PREPAREDNESS RESPONSE AND RECOVERY (EPRR) FRAMEWORK

This year YAS has introduced an Emergency Preparedness, Response and Recovery Framework document.

The aim of this Framework is to:

*“outline how the Trust will develop and maintain prepared and resilient services that meet the statutory and mandatory duties as set out in the Civil Contingencies Act 2004 and the NHS England Emergency Preparedness Framework 2013”.*

This Framework will achieve the stated aim by ensuring the following objectives are met:

- An integrated emergency planning process is in place across the Trust that is built on the principles of Integrated Emergency Management (IEM) as well as risk assessment, co-operation with partners, emergency planning, communicating with the public and information sharing.
- A major incident plan and associated plans and guidance are in place, kept up-to-date, accessible, tested regularly and specifically address any potential causes of a major incident for which the Trust is at particular risk.
- A Business Continuity Policy and associated plans for business continuity disruptions are in place, kept up-to-date, accessible and tested regularly.
- Significant incident or emergency plans take account of the requirements of the Civil Contingencies Act 2004.
- Business continuity arrangements take account the principles within ISO 22301 in line with the Business Continuity Framework and Strategy.
- The needs of vulnerable persons, including children, are taken into account in all resilience arrangements.
- Appropriate arrangements are in place to provide and receive mutual aid locally, regionally and nationally.

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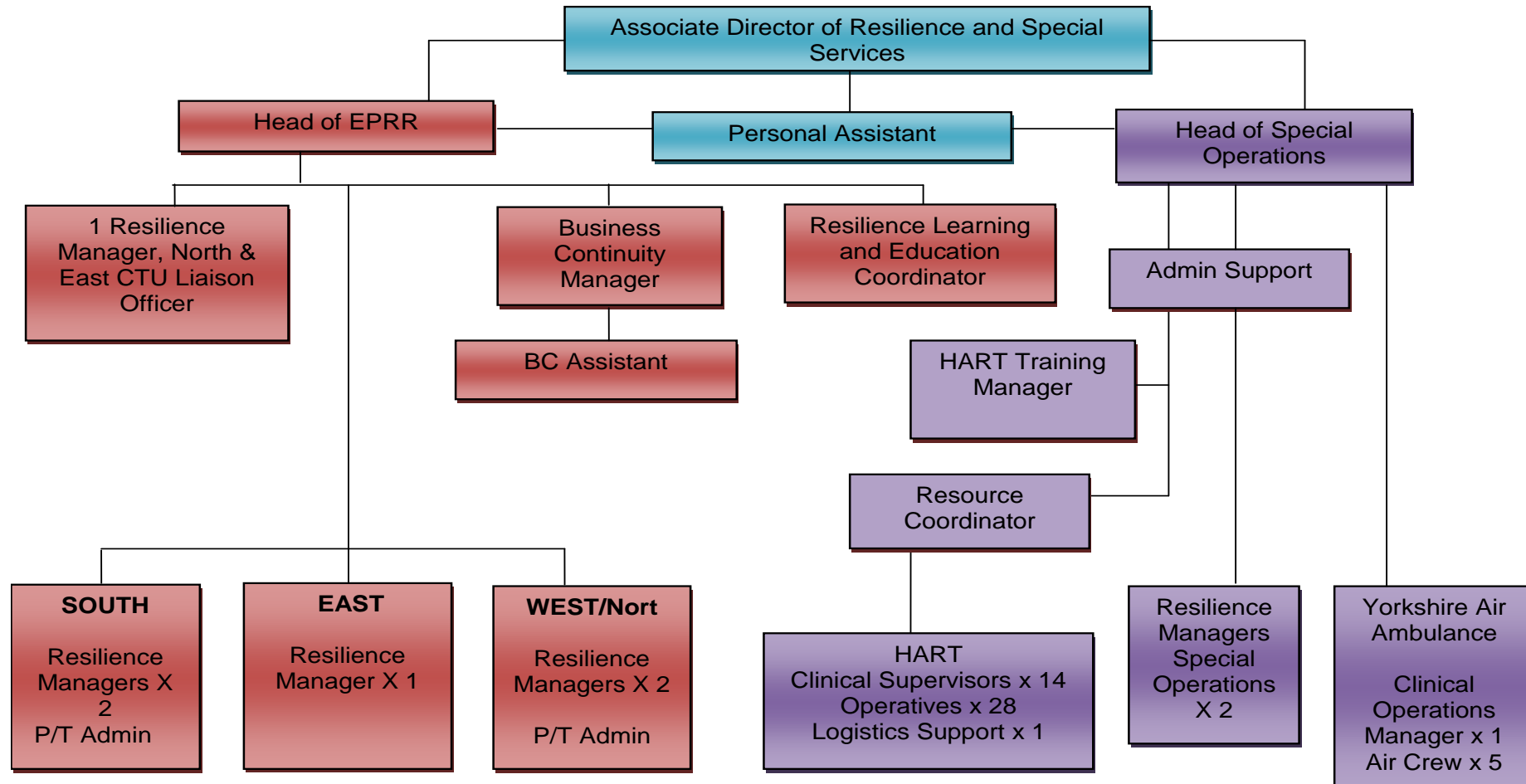
- Planning is undertaken in conjunction with all local, regional and national NHS partners including acute services, NHS 111, NHS Property Services and other appropriate healthcare agencies (including Independent Sector Treatment Centres (ISTCs), or their equivalents).
- Systems and facilities are in place to ensure the health, safety and welfare of all staff in a major incident or business continuity situation.
- Suitable and sufficient training arrangements are in place to ensure the competence of staff in performing emergency planning and major incident roles.
- Suitable governance arrangements are in place for resilience across the Trust.
- Systems are in place to ensure effective monitoring and reporting can be completed during a significant/major incident.
- The Trust's resilience arrangements are mutually compatible with and fully support other resilience arrangements within the wider health economy and it actively participates in Local Health Resilience Partnerships (LHRPs) and Local Resilience Forums (LRFs).
- Renewal and maintenance of specialist assets as required by local, regional or national guidance/directives e.g. Chemical, Biological, Radiological. Nuclear and explosives (CBRNe).
- A culture of resilience is adopted within and across the Trust that makes emergency preparedness an intrinsic element of management and operation.

Appendix 1 (Fig 1) shows the components of the YAS EPRR system and how they inter-relate.

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## 5. YAS EPRR AND SPECIAL OPERATIONS STRUCTURE



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## 6. MULTI -AGENCY WORKING

### Local Resilience Forums

Local Resilience Forums (LRFs) are the mechanism by which multi-agency responders to emergencies can cooperate with each other. It works alongside other elements of the multi-agency planning structure at the local, regional and central government levels. In the event of a large scale emergency LRFs become the strategic coordinating group all of which provides the framework for the effective delivery of the statutory duties under the Civil Contingencies Act 2004.

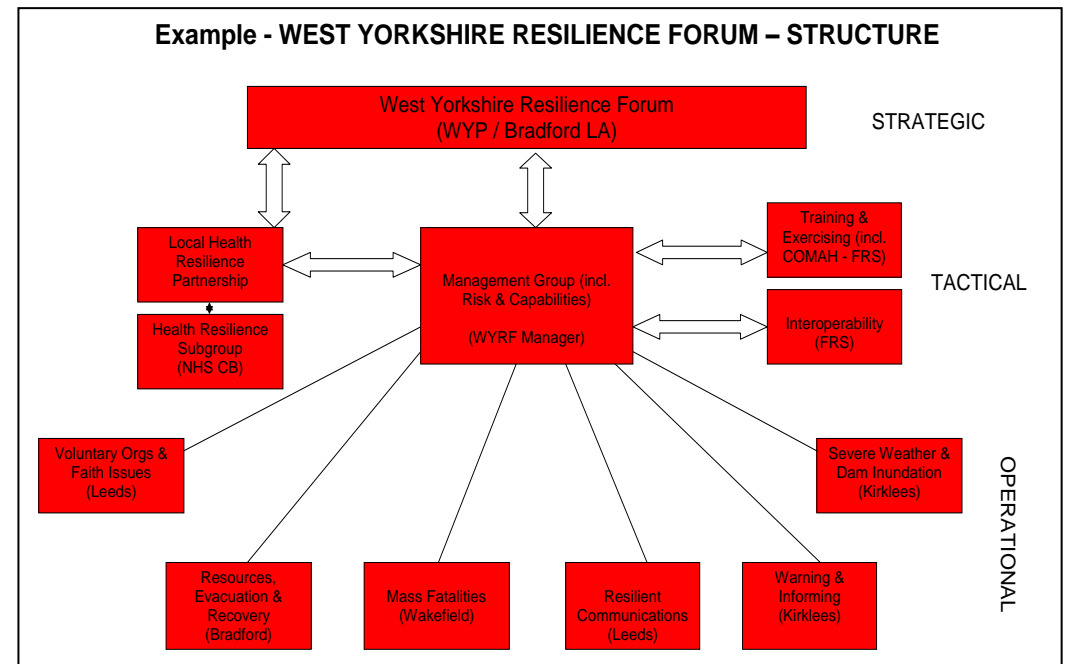
YAS Senior EPRR and Special Operational Managers are members of all four LRFs (South Yorkshire, West Yorkshire, North Yorkshire and Humber) and have continued to support the forums throughout the year.

Resilience managers attend and support the sub-group structures of the LRFs (see example) to ensure that YAS plays an integral role in cooperation, sharing of information, shared planning and testing.

LRFs meet on a quarterly basis with sub-groups generally meeting on a monthly basis.

YAS LRF Strategic Group members:

West Yorkshire: Associate Director of Resilience and Special Services  
 South Yorkshire: Head of EPRR  
 North Yorkshire and Humber: Head of Special Operations



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### Local Health Resilience Partnerships (LHRPs)

LHRPs were established as part of the restructure of the NHS in 2012. LHRPs bring together NHS providers of care in a similar way to LRFs. Three LHRPs cover the YAS operational area, and to ensure there is continuity between LHRPs and LRFs, YAS's members of the LHRPs are the same as for LRFs:

West Yorkshire: Associate Director of Resilience and Special Services  
South Yorkshire: Head of EPRR  
North Yorkshire and Humber: Head of Special Operations

Unlike LRFs, LHRPs are only active for planning purposes, they have no response role; this reverts back to the Strategic Coordinating Group of the LRF.

YAS continues to support the LHRP work-plans and have attended meetings throughout the year.

This year YAS has had a primary role in a number of LHRP activities. YAS, through its regional oversight, was able to share information, intelligence and plans for the Tour de France with health partners, supporting those activities via *ResWeb<sub>TM</sub>*.

YAS has carried out a review of the West Yorkshire LHRP Mass Casualty Plan to inform of any gaps in capacity and capability.

Following the publication of the Hillsborough Independent Panel Report on the Hillsborough Disaster in 1989 YAS provided all three LHRPs with a summary report on the roles and responsibilities of those LHRP organisations that are involved in planning, delivering, and overseeing sporting and other events. A key highlight of that work was the role of the Safety Advisory Groups (SAGs), the role of YAS in those groups and the legal requirements placed upon SAGs and their members.

The LHRPs have played a significant role in ensuring the preparedness of the NHS in Yorkshire in relation to the Ebola crisis in some parts of Africa. YAS has planned its response accordingly and exercises involving partners from the LHRP have been conducted this year.

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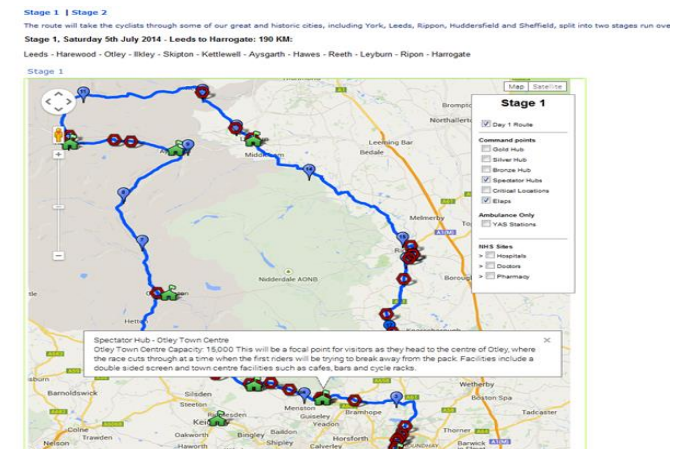
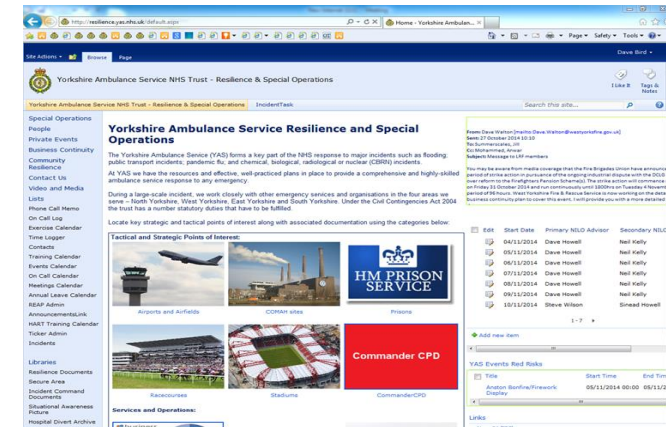
## 7. ResWeb™

ResWeb™ is a Resilience portal developed by the YAS EPRR and Special Operations Team. It provides a single location for all YAS Plans, Guidance and other resilience-related information.

The team continues to develop its functionality each year. This year it hosted all the information relating to the Tour de France cycle race for YAS and NHS partners.

The portal serves three purposes:

- It supports the day-to-day work of the EPRR and Special Operations Team.
- It provides YAS Commanders with 'live' plans so they are always using up-to-date information.
- It provides information to those partners who have access to the portal.



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## 8. NATIONAL DELIVERABLES

### Joint Emergency Services Interoperability Programme (JESIP)

The Joint Emergency Services Interoperability Programme (JESIP) has been established to address the recommendations and findings from a number of major incident reports including the London bombings in 2005.

JESIP is a two-year programme that aims to improve the ways in which police, fire and ambulance services work together at major and complex incidents. 2014/15 was focused on the delivery of training to all commanders.

When police, fire and ambulance services respond to major incidents, along with other agencies, each organisation brings their own expertise to that situation. This programme aims to help the emergency services better understand each other's expertise and ways of working so they can improve how they can jointly deal with an emergency.

A major incident can be thought of as an emergency arising with or without warning. It can threaten or cause death, injury or serious disruption to a significant number of people, property or the environment. It may require the implementation of specialist arrangements and response teams.

A key element of the programme is the joint training of police, fire and ambulance service commanders at operational and tactical levels in decision making and joint risk assessment. The training relates to commanders in the field as well as commanders in our emergency operations centres. Resilience managers have been trained in delivering the JESIP course under licence.

Training completed to date is detailed below:

COURSE	COMPLETED
JESIP Operational Commander Course	111
JESIP Tactical Commander Course	39
JESIP Control Room Manager and Supervisor Course	70
JESIP E-Learning Package	221
JESIP Validation Exercises (2 held in 2014)	12

The JESIP Validation Exercise was a national exercise carried out by the national JESIP Team to assure themselves that the training package was followed and that commanders could use the modules in practice in the field.

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## Revised National Guidance for Medical Emergency Response Incident Teams

In 2010 the Department of Health introduced national guidance relating to Medical Emergency Response Incident Teams (MERIT).

Seven acute hospitals in the Yorkshire region provide MERITs to support casualty treatment in the field of operations in a mass casualty scenario supported with appropriate equipment and transport. YAS was the only trust to interpret the guidance and working with the former Strategic Health Authority and Primary Care Trusts, funded the concept which to date has been supported by commissioners each year since its inception in 2011.

In 2014 revised guidance was issued 'Medical Support-Minimum requirements for a Mass Casualty Incident (NARU 2014)' and the commissioners requested a feasibility paper on how YAS could maintain its MERIT capability whilst also meeting the requirements of the new guidance for doctors specialising in emergency/trauma care to be available each day, enhancing day-to-day operational capability within the same funding envelope.

YAS has been working in the latter part of this year to bring together the best parts of both pieces of guidance and the feasibility paper has been presented to commissioners and a decision on how to proceed is awaited.

## Initial Operational Response (IOR)

In late 2012 the IOR Programme produced revised guidance for emergency service first responders to enable them to take a risk-based approach to managing casualties affected by a CBRNe incident, before the arrival of specialist teams.

This requires all frontline A&E staff to undertake training in the revised system for first responders on scene. Preparations for undertaking this training have been developed throughout 2014/15 both nationally in the form of training material and within YAS's Resilience training programme. The following materials have been made available to support the training:-

- The IOR Guidance document,
- An aide-memoire which has been designed to be tear-proof and waterproof, and to fit within each police, fire and ambulance's officer's uniform;
- A multi-agency e-learning package (20 mins);
- A 'Train the Trainer' package, designed so that responders can train themselves, and;

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- A short film (10 mins) which illustrates a fictional CBRN incident, and outlines the key elements of the IOR operational response.

The national requirement is that ambulance services have to train 60% of frontline staff and EOC staff by the end of August 2015 with full completion by 31 March 2016.

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## 9. EMERGENCY PREPAREDNESS RESPONSE AND RECOVERY (EPRR)

Our resilience response is based upon a two-centre model with assets based at Magna in Rotherham and the new HART base in Leeds. This model reflects the risks associated with 'core cities' Sheffield and Leeds whilst providing a response to all other parts of Yorkshire.

### EPRR Statement of Compliance

All providers of NHS-funded care are required to work towards meeting the requirements for EPRR as set out in the NHS England Core Standards Matrix, the NHS England planning framework, Everyone Counts: Planning for Patients 2013/14, and the 2013/14 NHS Standard Contract.

In November 2014 the YAS Trust Board approved the EPRR Statement of Compliance and associated action plan. A number of improvement actions are covered in the report below. YAS scored itself as having 'substantial' compliance against the standard.

To further underpin the Statement of Compliance, the EPRR department achieved ISO 22301 for business continuity in December 2013 and successfully re-certified in March 2014.

### Major Incident Procedures

In January 2015 the Trust Board approved the revised version of the YAS Major Incident Plan which is now known as YAS Major Incident Procedures. This document provides the framework to manage a dynamic situation such as a major incident and is less restrictive than the traditional plan format.

### Commander Continual Professional Development (CPD)

This year YAS developed a structured CPD methodology based on national requirements for ambulance service commanders. Hosted on *ResWeb* all YAS commanders have access to their own personal CPD portfolio and a system of monitoring compliance is supported the Resilience managers.

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## Annual Training Programme

Each year the EPRR and Special Operations Team contributes to the development of the EPRR Training Programme. The Resilience Learning and Education Coordinator oversees the delivery of the training programme. A summary of all training carried out in relation to EPRR and Special Operations for 2014/15 can be found at Section 13.

## National Training

YAS was involved in the development and attendance of pilot course for the Health Service Commander Award. In partnership with BPP University and North West Ambulance Service, YAS and other ambulance trusts. The course was designed for NHS Commanders and not just those from ambulance services.

YAS Resilience Managers assist in the delivery of learning on the National Incident Liaison Officer courses for the blue light services. Our input relates to the integrated command between services and the liaison with specialist military response teams should they be called to scene. Four courses have been attended this year.

YAS Resilience Managers support their military colleagues once each year providing new officer intakes with information on the role of the NHS and ambulance services in the region.

## Safety Advisory Groups (SAGs)

Safety Advisory Groups are established by Local Authorities to assist them in exercising their functions under the Safety of Sports Ground Legislation. With the increase, number, variety and complexity of public events, many local authorities now convene advisory groups for other types of activities that fall outside the legal framework for certified sports grounds.

The YAS Resilience Team is engaged in all levels of SAGS, including the preparation and monitoring of the events through During Performance Inspections and Annual Inspections. Our role on the SAG is to provide advice on medical provision and impact on the local health community where the events with associated risks are taking place.

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Safety Advisory Groups attended (not including follow-on meetings)	During Performance Inspections/Annual Inspections
93 Inc. 16 SAGs Jan-March 2015 related to Tour de Yorkshire	17

### Significant Events

In the past year the EPRR team has planned for a number of significant events:

- Tour De France International Cycle Race
- VVIP Visits to the region
- Industrial action both locally and nationally
- Liberal Democrat Conference and UKIP Conference
- Protests by English Defence League and other political factions
- Winter preparedness.

### Exercise and Testing

A list of exercises conducted this year can be seen at Section 13. YAS Resilience and Special Operations managers are actively involved in all exercises either as part of the planning groups, umpires and/or players supporting commanders in their role as National Inter-Agency Liaison Officers (NILOs).

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## 10. BUSINESS CONTINUITY

Key documents and templates in our Business Continuity Management System (BCMS) have been reviewed this year:

- Business Continuity (BC) Management Policy
- Debrief Policy
- Business Continuity Management Guidance Document
- Debrief Guidance Document

Templates in the system:

- Business Continuity Plan
- Risk Assessment
- Staff Mapping

New documents introduced into the system this year:

- EPRR legal review document

The Executive Team carried out its 'Top Management Review' of our BCMS on 4 March 2015. They reviewed the system and confirmed the following:

- The protection on the YAS 7 prioritised activities are to remain as it was deemed they were still fit-for-purpose and were appropriate across the whole Trust.



**Protect The YAS 7**

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- The scope of the BCMS is to remain the same
- An additional objective was added to the policy that related to interdependencies; the Executive Team wants to ensure departments are not working in silos and that joint planning and arrangements are developed across the Trust to ensure the BCMS is more robust. As a result the policy will be reviewed to include the new objective.

Business Continuity Awareness Week took place on 16 - 20 March 2015, YAS used the social media channel Twitter and developed a screensaver for the whole week which directed staff to the new BCMS e-learning training package developed this year. The Resilience Team also held a business continuity exercise during the week. Prior to the awareness week the British Standards Institute (BSI) which promotes the campaign nationally responded to the YAS tweets and wished us success.

### ISO 22301

ISO 22301 specifies the requirements for a management system to protect against, reduce the likelihood of, and ensure your business recovers from disruptive incidents. In May 2014 the Resilience team certified to the standard; YAS was the first and only ambulance service in the UK to certify and, we believe, only the second NHS Trust (Basildon and Thurrock NHS Foundation Trust being the other one).



On 6 March 2015 BSI carried out an annual health check and re-certified the YAS BCMS system as compliant with the standards.

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Throughout the year planning has been on-going towards certification of another four departments: Emergency Operations Centres (EOC), NHS 111, Patient Transport Service (PTS) and Information, Communications and Technology (ICT). Various meetings, training events and documentation have been produced in order to meet the requirements for these departments working towards their certification.

YAS now has two qualified ISO 22301 auditors; the BC Manager and the BC Lead for EOC.

The BCMS dashboard showing current status of departments compliance with the BCMS system can be seen at Appendix 2.

### National Ambulance Resilience Unit (NARU) Business Continuity Managers Group

The YAS BC Manager is a member of the NARU Business Continuity Management Group. This group consists of the BC managers from all UK ambulance services. They meet around 3-4 times per year to share best practice, carry out peer reviews and are available to support and guide new managers through the BCMS for their own Trust. This year the group participated in a joint training session to become ISO 22301 auditors; this has ensured some consistency across the BCMS at a national level. The profile of the group has consistently risen and it is now consulted on national regional and local issues.

### Incidents

The majority of incidents YAS experiences are business continuity incidents. This year the significant incidents managed include:

- Industrial Action (locally and nationally)
- Tour de France cycle race
- Loss of command and control systems in our Emergency Operations Centre
- Management of significant pressures over the winter period
- Loss of accommodation at Fairfield, Rotherham
- Denial of access to Magna in Rotherham which houses the resilience training facility as well as specialist assets.

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## Training (Internal)

The BC team has carried out many training courses this year both internally and externally:

- Exercise Jackdaw (Executive) - YAS Associate Directors attended a full-day event; this included a training session on BC and incident management followed by an exercise on a loss of EOC premises scenario. Key lessons identified included staff mapping, e-learning for business continuity and updating of the YAS contacts list.
- ISO 22301 and BCMS awareness 5 x one-day courses for PTS, EOC, ICT and NHS 111 staff in preparation for certification to ISO 22301
- e-learning package complete and awaiting roll-out by the Organisational Effectiveness and Education Department. (during Business Continuity Awareness Week)
- One-to-one training with BC leads for each department on the new templates for BC plan and risk assessment
- Two-day debrief training.

## Training (External)

- Two Introduction to Business Continuity Management courses to Calderdale and Huddersfield Foundation Trust (CHFT)
- One-to-one training with the Emergency Planning Manager for CHFT
- One-day debrief to Wakefield Council.

## Exercises

Trust policy dictates that each department should test its plan via an exercise on an annual basis and best practice dictates that testing and exercising should become more complex over time.

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This year the organisation planned a suite of five live exercises under the codename 'Exercise Jackdaw'.



Exercise Jackdaw (Executive) took place on 23 September 2014; this was a table-top exercise with the Associate Directors of the Trust and the scenario focused on a loss of accommodation at HQ in Wakefield.

Exercise 'Jackdaw 1' took place on 16 September 2014, this was a no-notice live test of loss of premises at the EOC in Wakefield. The exercise required evacuation of staff to the fall-back centre at CallFlex. The main objectives were to test the assumptions in the BC plan. Despite some minor issues around finding the location, access to the building and logging on, the players successfully took calls and dispatched vehicles from the fall back site in just under two hours. The lessons identified and subsequent action taken to resolve these issues now mean that the EOC can confidently assume that they could move to fall-back capability in approximately 60 - 90 minutes.

The remaining three planned live exercises were postponed due to operational pressures, delays in maintenance work and perceived high risk. We are hopeful that these will go ahead in the new financial year.

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## Debriefs and Lessons Identified (DATIX)

The Trust has carried out several debriefs for various incidents and exercises most significant are:

- Tour de France debrief
- Derbyshire PTS bid debrief
- Industrial Action
- Exercise Jackdaw (Executive) and Jackdaw 1.

Lessons identified are included in all debrief reports. Best practice dictates that all lessons identified should be considered risks. With this in mind YAS has developed a new system for logging lessons from significant incidents/events and BC interruptions. All lessons will now be entered on to the Datix risk management system and treated as risks, thus ensuring they are acted upon and monitored. The new process for this was launched in January 2015. Any significant risks or recurring issues will be identified and raised at Risk and Assurance Group as and when required.

## Departmental Performance

Audits and governance:

- In September 2014 the EOC had an internal audit for business continuity management; findings were presented to the EOC and these have been used to improve the BC planning and arrangements
- On 6 January 2015 an internal audit was carried out on the BCMS with particular focus on risk and education. YAS was given a significant rating with some minor recommendations around risk management; the findings will be used to improve the BCMS.

YAS policy dictates that all departments must review their BC plans and arrangements on an annual basis.

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The BC team has received training at the Emergency Planning College on Safety at Sports Grounds; this has increased the cadre of people available to carry out 'During Play Inspections' at events and has also added to the competencies of the BC Team.

The 'Business Continuity' section on ResWeb<sup>TM</sup> has been updated and now includes the BCM dashboard.

### Partnership working

YAS's reputation for business continuity excellence has gained significant recognition.

We have been invited to deliver presentations on BCMS and training at the region's Local Resilience Forums, this has enabled YAS to share best practice and support other partners and NHS Trusts.

YAS has and will continue to work closely with Calderdale and Huddersfield Foundation Trust, Sheffield University, Wakefield Council, Hull and East Yorkshire NHS Trust and , South and West Yorkshire Partnership NHS Foundation Trust.

YAS has also provided support, guidance and templates to People Asset Management (the YAS Occupational Health provider) to ensure that their BC plans reflect their service delivery commitments to YAS.

The YAS BC Manager is the Chair of the LRF Regional Business Continuity Working Group Meeting.

The Assistant Business Continuity Manager supported the national work of the Emergency Services Mobile Communications Programme (ESMCP) by evaluating the specific business continuity question responses in tender documents for the Ambulance service element submitted by the bidding companies. This involved reviewing and scoring the proposed business continuity plans and disaster recovery plans for the eleven companied bidding for the contract.

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## 11. SPECIAL OPERATIONS

As an NHS ambulance service, the Department of Health, through NHS England requires that we have a number of specialist capabilities to deal with a variety of incidents. These are defined in the NHS England Emergency Preparedness, Resilience and Response (EPRR) Core Standards. The Special Operations team is part of the Resilience and Special Services department and is coterminous with the Emergency Preparedness, Response and Recovery (EPRR) team. Collectively we develop the policies, training and exercise programmes, equipment and capabilities and provide incident commanders with tactical advice on resilience and specialist assets and tactics at their disposal, as well as providing advice and guidance to the Trust Board and senior management team. Working with EPRR, the Special Operations team provides the following functions:

Hazardous Area Response Team (HART)  
Yorkshire Air Ambulance (YAA)  
Chemical, Biological, Radiological, Nuclear and explosives (CBRNe)  
Marauding Terrorist Firearms Attack (MTFA)  
Viral Haemorrhagic Fever (VHF)  
Medical Emergency Response Incident Team (MERIT)  
Incident Support and Logistics.

### Hazardous Area Response Team (HART)

The population of England faces a serious and sustained threat from the foreseeable events listed within the Government's National Risk Register for Civil Emergencies. HART is part of the NHS contribution to the Government's National Capabilities Programme and Counter Terrorism (CONTEST) strategy. Their role is to provide NHS standard paramedic care to any persons within a hazardous environment that would otherwise be beyond the reach of NHS care. This includes the provision of NHS care within the inner cordon or 'hot zone' of incidents.

The core capabilities HART provides are detailed in the table below:

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Table 1

IRU	HAZMAT	Capability to provide Paramedic-standard care within the inner cordon (hot zone) of incidents involving hazardous materials, usually within the industrial setting and non-intentional.
	CBRNe (SOR)	Capability to provide Paramedic-standard care within the inner cordon (hot zone) of a designated CBRNe incident as part of the national SOR programme. These incidents are usually intentional with a link to criminal or terrorist intent.
USAR	SWaH	Capability to provide Paramedic-standard care at unlimited height including man-made structures and natural features.
	ConSpace	Capability to provide Paramedic-standard care within designated confined spaces that may include unstable collapsed structures.
IWO		Capability to provide Paramedic-standard care across a range of water rescue operations including to SRT (DEFRA Module 3) standard, operating within boats and urban or rural flooding.
TMO		Capability to provide Paramedic standard care during incidents involving firearms or special security operations including operating within a warm (ballistically unsafe) environment.

IRU: Incident Response Unit,  
 IWO: Inland Water Operations  
 HAZMAT: Hazardous Materials  
 SWaH: Safe Working at Height

USAR: Urban Search and Rescue  
 TMO: Tactical Medicine Operations  
 SOR: Special Operations Response  
 ConSpace: Confined Space

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HART, whilst being a locally managed resource, is also a national asset and can be deployed anywhere in the UK to provide patient care. Their mandate to operate therefore, is derived from the National Risk Assessment, but commissioned and provided locally:

National mandate		Local delivery
Home Office: UK Counter Terrorism Strategy (CONTEST)		HART Incident Response Unit (IRU) and Tactical Medical Operations (TMO) capabilities have been developed and implemented to provide the NHS pre-hospital inner cordon contribution to the CONTEST strategies 'Prepare' arm.
Cabinet Office: National Capabilities Programme	Home Office: CBRN IOR / SOR	HART IRU capability provides the NHS Ambulance Service contribution to the UK CBRNe response capability.
	DEFRA: Flood Response / Water Rescue	HART Inland Water Operations (IWO) capability provides the NHS contribution to a DEFRA Module 3 water response capability.
	Department of Health: Mass Casualties	HART core capabilities (IRU / Urban Search and Rescue (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 disease including group 3 and 4 pathogens such as VHF, for example Ebola.
	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.

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## Team Composition

There are 42 staff divided into seven teams operating 24/7. In 2014/15 they responded to 3,619 incidents (as of 29 February 2015) ranging from a single patient, through to multiple casualty incidents, providing care across the whole spectrum of their remit.

### Training and Education

Due to the nature of their role, training and exercising is a key component in maintaining and developing their skill set.

**In 2014/15 HART received over 12,000 hours of training and exercising.**

## Audit

### East Coast Audit Consortium:

In 2014 the East Coast Audit Consortium undertook an audit of the HART capability. They made several recommendations, all of which have been implemented. A detailed report is available through the Resilience department.

### Care Quality Commission

In early 2015 the CQC audited the Trust, including HART. They identified a number of areas requiring improvement, which have been addressed. A copy of the report will be available through the CQC website.

## Yorkshire Air Ambulance

YAA is an independent charity which provides a life-saving rapid response emergency service to the people of Yorkshire. The Charity operates two helicopters, from their Nostell Air Support Unit near Wakefield and RAF Topcliffe, near Thirsk.

The service operates 365 days a year and has conveyed nearly 6,000 patients since starting in 2000. Yorkshire Ambulance Service provides the paramedics and doctors who fly on the aircraft. A strong partnership exists between the charity and the Trust which enables the air ambulance service to grow from strength to strength.

**In 2014/15, the aircraft conveyed nearly 1,300 patients to treatment centres across Yorkshire and the Humber.**

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Air crew training over the past year has included extending their skills to further improve the outcomes for patients.

### Training

A variety of training courses were conducted throughout the year to maintain and improve the clinical skills of the air crew. Specifically, the Red Arrest Team (RAT) training for all air crew has been completed to improve performance when dealing with cardiac arrests, bi-monthly governance days based upon clinical performance and reflection, fire training carried out at Leeds Bradford Airport and RAF Linton-on-Ouse as part of the air crew statutory training requirements and helicopter underwater rescue training undertaken at Fleetwood Nautical College. In addition a number of inter-agency training and exercise programmes have been undertaken including, Mountain rescue joint training exercise in Dalby Forest, North Yorkshire to improve joint working.

### Other Advances

New defibrillators have been provided by YAS for both aircraft and tested to the standards required by the Civil Aviation Authority (CAA) for use in flight by YAA.

A number of YAS staff secondments to the YAA came to an end and new YAS paramedics have been selected and trained and are seconded to YAA for a two-year period.

Both aircraft are dispatched from the air-desk at the Nostell base, which has received further upgrades and developments in year to enhance dispatch effectiveness.

### Hazardous Materials/CBRNe

The Civil Contingencies Act 2004 places a legal responsibility on Category 1 responders (including the National Health Service (NHS)), requiring it to have in place plans to deal with major incidents. It is essential that such plans are maintained, exercised and reviewed. Plans must be based on the principles of risk assessment, communication and multi-agency co-operation.

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Part of this emergency preparedness requires organisations at the frontline of delivering healthcare, ie ambulance services and hospitals with an emergency department, to be able to decontaminate patients who have been exposed to, or potentially exposed to, a chemical, biological, radiological or nuclear (CBRN) substance, which may have been released accidentally or intentionally.

YAS has a cohort of staff who are trained and equipped to provide a decontamination capability. During the course of 2014/15 a recruitment programme to fill vacancies was undertaken. Training and exercising programmes continue throughout the year to maintain the service provision. Details of Special Operations Training can be seen at Section 13.

### Specialist Assets and Roles

YAS maintains a number of capabilities to provide specialist assets for mass casualty incidents. Part of these assets includes the Medical Emergency Response Incident Team (MERIT). This is a team of doctors and nurses from hospitals across the region who are mobilised for incidents with high numbers of casualties. To support the team once they arrive at the scene, equipment is mobilised to provide a casualty clearing station that is commensurate with their skill set and allows for the management of seriously injured patients until conveyance to specialist hospitals across the region can be undertaken.

In 2014 the West African Ebola crisis gave rise to a review of the infectious disease capability across the UK. YAS has a capability to convey patients with infectious diseases to any of the specialist treatment centres across the UK. Exercises have taken place to test and validate the procedures in the latter part of the year and will continue through 2015/16.

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## 12. FINANCIAL GOVERNANCE

A number of bespoke funding streams support the EPRR and Special Operations budgets. They are linked to the on-going provision and maintenance HART and specialist assets including specialist training and equipment.

The Hazardous Area Response Team in its entirety continues to be funded by clinical commissioning groups based on a national formula.

MERIT is funded by Clinical Commissioning Groups funding both the hospital element and the YAS element of the scheme.

National funding is provided via the Department of Health and the National Ambulance Resilience Unit for specialist assets:

- Annual funding for CBRN Equipment and training of Special Operations Team members.
- Annual funding MTFA equipment and training (inc. capital funding for replacement at the equipment end of life).
- Annual funding for National Mass Casualty Vehicles x 2 covering maintenance, storage and security.

Cost Improvement Programme (CIP) targets have been met for EPRR activities this financial year.

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### 13. SUMMARY ACTIVITY DATA FOR ALL TRAINING AND EXERCISES

Course Title	Course Duration	Target Audience	Numbers Trained	Delivered by:
JESIP Operational Course	1 Day	Clinical Supervisors, Event Commanders	111	Resilience
JESIP Tactical Course	1 Day	Locality Managers, Senior Ops Managers	39	Resilience
JESIP Control Room Manager and Supervisor Course	1 Day	EOC Duty Managers, EOC Team Leaders	70	EOC
Bronze Commander Course	5 Days	Clinical Supervisors, Event Commanders, Locality Managers	46	Resilience and Special Operations
Joint National Decision Model	5 Days	Event Commanders, Locality Managers, Senior Managers, EOC Duty Managers, EOC Team Leaders	15	South Yorkshire Police
Joint National Decision Model - Staff Side	3 Days	Union Representatives	8	South Yorkshire Police
Resilience Awareness Day	1 Day	ECAs, Urgent Care Support Workers	242	Resilience
Business Continuity and ISO22301 Introduction Course	1 Day	Business Continuity Leads, Resilience Managers	53	Resilience
Structured Debrief Course	2 Days	Clinical Supervisors, Locality Managers, Resilience Managers, EOC Duty Managers	6	Resilience
Health Service Commanders Award	Module course	Clinical Supervisors, Locality Managers, Senior Managers	9	BPP University
SORT Course	5 Days	SORT Team Members (ECAs / Paramedics)	23	Special Operations
AIT Course Refresher	1 Day	AIT Team Members (Paramedics)	27	Special Operations
<b>Total number of staff receiving training and awareness in business continuity, EPRR and special operations (does not include HART staff and staff who have Completed sections on CBRN,BC and Major Incident in the mandatory Workbook)</b>			<b>649</b>	

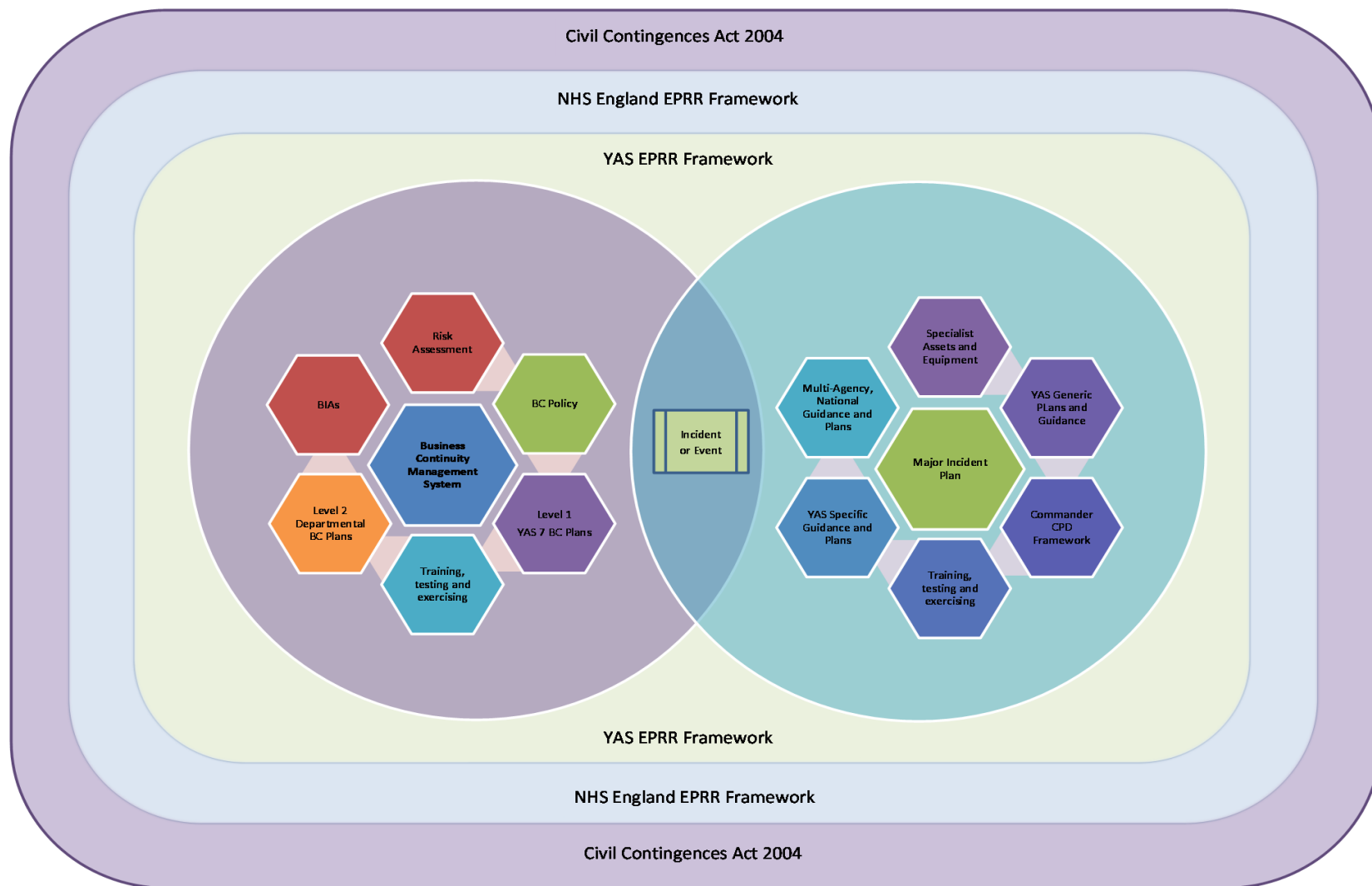
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<b>EXERCISES 2014/15</b>			
<b>DATE</b>	<b>NAME</b>		<b>AREA</b>
8.4.2014	Exercise Knox	COMAH Exercise	SOUTH
9.4.2014	Exercise Pulaski	COMAH Exercise	SOUTH
9.4.2014	Exercise Essenco	COMAH Exercise	WEST
24.4.2014	SMART Motorways	TableTop	WEST
13.5.2014	Exercise Sudden Shock	Filey Town Emergency Evacuation Plan	NORTH
15.5.2014	Exercise Syngenta	COMAH Exercise	WEST
21.5.2014	Exercise Phillips 66	COMAH Exercise	EAST
5.6.2014	Exercise Hilltop	COMAH Exercise	EAST
12.6.2014	Exercise Scottish Power	COMAH Exercise	SOUTH
17.6.2014	Exercise Black Swan	CBRN	SOUTH
18.6.2014	Exercise Ineos	COMAH Exercise	EAST
27.6.2014	Yorkshire JESIP Exercise	JESIP Validation	WEST
29.7.2014	Exercise Bingley Live.	Music Festival	WEST
14.8.2014	Leeds Festival table Top Exercise.	Music Festival	WEST
19.8.2014	Scarborough Town Evacuation Plan	Test Plan	NORTH
22.8.2014	Yorkshire JESIP Exercise	JESIP Validation	WEST
27.8.2014	Exercise Swale	Aircraft Post Crash Management Plan(RAF Leeming).	NORTH
14.9.2014	Scarborough Town Evacuation Plan	Test Plan	NORTH
18.9.2014	Exercise Vivergo	COMAH Exercise	EAST
24.9.2014	Exercise Rhodia	COMAH Exercise	WEST
13.10.2014	Exercise Cygnus	Multi Agency - Pandemic Flu	SOUTH
15.10.2014	Exercise SAPT	COMAH Exercise	EAST
6.11.2014	Exercise Pegasus	Robin Hood Airport	SOUTH
10.11.2014	Exercise Salus	Kirklees Council Evacuation Plan	WEST
10.11.2015	BP Exercise	COMAH Exercise	EAST
11.11.2014	SYLRF _ EBOLA Exercise	To Test Multi Agency Plan.	SOUTH
19.11.2014	Exercise SSE Atwick	COMAH Exercise	EAST
10.12.2014	Exercise Unilever	COMAH Exercise	WEST
11.12.2014	Exercise Nippon Goshei	COMAH Exercise	EAST
11.12.2014	Exercise BP Chemicals	COMAH Exercise	EAST
4.3.2015	Exercise	Robin Hood Airport	SOUTH
5.3.2015	Exercise Dark Knight	WYLRF Gold	WEST
8.3.2015	Mass Decontamination Exercise	NYFRS	NORTH
11.3.2015	Exercise Berryville	LBIA - Cancelled	WEST
18.3.2015	Exercise Croda	COMAH Exercise	WEST
24.3.2015	Exercise Beckham Culina Ambient	COMAH Exercise	SOUTH
25.3.2015	Exercise	Robin Hood Airport	SOUTH
26.3.2015	Exercise Pursuit	Public Order WYP	WEST
30.3.2015	Exercise BASF	COMAH Exercise	WEST
31.5.2015	Exercise York	York Evacuation Plan.	NORTH
<b>40 IN TOTAL</b>			

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Fig 1. Components of the YAS EPRR Framework



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# Yorkshire Ambulance Service Business Continuity Dashboard

Produced by the Business Continuity Team 2014

05/03/2015

Department	BC Plan & BIA	Testing & Exercising	Risk Assmnt	Staff Mapping
EOC (Emergency Operations Centre)	Green	Green	Green	Grey
ICT (Information, Communication & Technology)	Yellow	Yellow	Green	Orange
Resilience	Green	Yellow	Green	Green
A&E Operations	Green	Yellow	Green	Grey
PTS (Patient Transport Service)	Green	Green	Green	Green
Fleet	Green	Green	Green	Green
Estates	Green	Green	Green	Green
Procurement	Green	Red	Green	Green
Standards & Compliance	Green	Yellow	Green	Orange
Clinical	Green	Yellow	Green	Green
Corporate Communications	Green	Red	Green	Orange
Private & Events	Green	Green	Green	Green
NHS 111	Green	Green	Green	Grey
Business Intelligence & Management Information	Green	Yellow	Green	Green
Air Ambulance	Yellow	Yellow	Red	Red
Finance	Green	Green	Green	Orange
HR (Human Resources)	Green	Red	Green	Green
OEE (Org Effectiveness & Education)	Orange	Red	Red	Red
HART Team	Yellow	Red	Green	Green

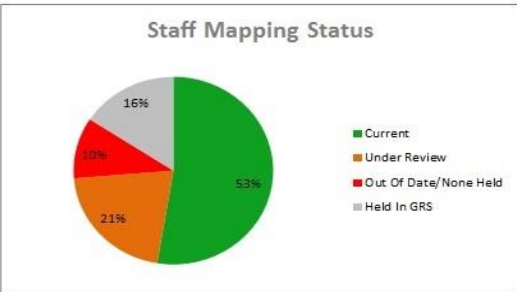
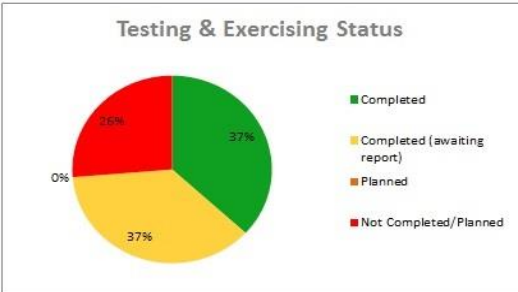
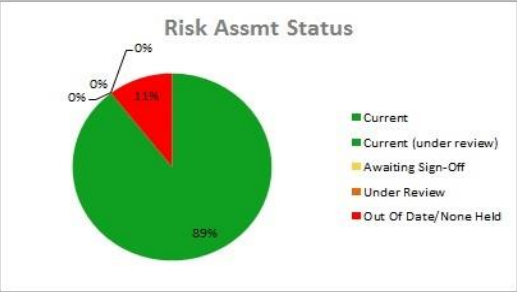
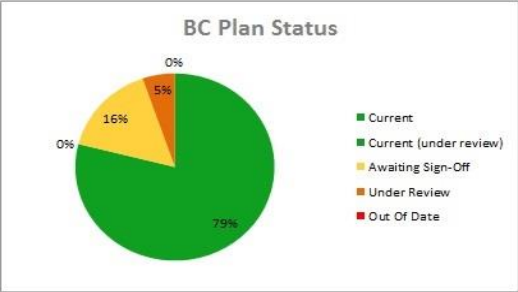
**KEY:**

BC Plan Status  
 Current  
 Awaiting Sign-Off  
 Under Review  
 Out Of Date

Testing & Exercising Status  
 Completed  
 Completed (awaiting report)  
 Planned  
 Not Completed/Planned

Risk Assmnt Status  
 Current  
 Awaiting Sign-Off  
 Under Review  
 Out Of Date/None Held

Staff Mapping Status  
 Current  
 Under Review  
 Out Of Date/None Held  
 Held In GRS



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