



National Ambulance
Resilience Unit
NARU

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NARU News

THE MAGAZINE OF THE NATIONAL AMBULANCE RESILIENCE UNIT

Preparing for the future, protecting lives today



www.naru.org.uk



A tough first year, but a necessary one

A message from Keith Prior, NARU Director

“Nobody said 2012 was going to be straightforward and I would be the first to admit that the job of leading NARU over the past year hasn't been an easy one.”

Changes in the way national EPRR is managed from the centre, national public sector financial constraints and the myriad issues around establishing a new organisation that quickly delivers on its promises, have meant a somewhat challenging first year to say the least.

Despite this, I am pleased to be able to report that we have made significant progress in year one. True, much of it has been housekeeping, getting the NARU team right, ensuring closer working structures and more regular meetings with Trust EP leads, getting robust governance and risk processes in place, keeping a careful eye on the finances and getting the strategy and business plans right – but all of this is crucial to the future of NARU and forms a solid foundation for us to move forward in the years ahead.

I am proud to be able to say we have delivered a number of successful initiatives including the first ever National Ambulance Resilience Conference which saw over 250 EPRR professionals attending in September. Working with Trusts we have also started to provide a series of central resources – such as National Command and Control Guidance, Action Cards and National Guidance on Preparing an

Emergency Plan – all of which benefits the national ambulance service as a whole.

And let us not forget that we have continued to deliver HART training whilst assessing ongoing national ambulance training requirements and delivering innovative, bespoke courses on a range of EPRR subjects from our renowned NARU Education Centre. All this whilst we are still establishing the NARU 'brand' and establishing rapport with our key stakeholders, including the people in charge of new arrangements for EPRR nationally.

Our strategy is clear and we are quickly getting to grips with the needs of our stakeholders. We will soon be running a NARU Stakeholder Engagement Survey where we will consult with all of the individuals and organisations that are key to NARU's success and ask them for their views on what we do, and how we might improve our services.

We must not forget that NARU is primarily here to support Ambulance Trusts deliver a consistent national approach to help strengthen national resilience and improve patient outcomes in a variety of challenging pre-hospital environments. In order to deliver this we have devised four strategic objectives:



Keith Prior,
NARU Director

- **Achieve Quality & Excellence.**
- **Always Learn, Innovate and Develop.**
- **Ensure Effective Stakeholder Relationships.**
- **Provide Sound Governance, Value for Money and Financial Control.**

Our strategy is to deliver our vision for the future through continuous improvement and looking ahead to 2013/2014 it is clear that our focus has to be on three key areas:

- **Ensuring that our products and services are the best they can be and that we deliver what our stakeholders need and want.**
- **Ensuring that we play a key part in the new arrangements for national EPRR and that our voice is heard at the highest levels, especially among the NHS Commissioning Board, NHS Operations and the DH.**
- **Ensuring that we always keep patients and the safety of staff at the centre of everything we do.**

I will always welcome your feedback and ideas so please feel free to email me at keith.prior@wmas.nhs.uk.

Here's to a successful second year.

Keith Prior
NARU Director

Safely past the post: An Olympic Review

Paul Kudray is the Director of Resilience at North West Ambulance Service NHS Trust. In July 2012, along with a range of other ambulance, emergency services and security and resilience staff, Paul was seconded to work in the National Olympic Coordination Centre (NOCC) for the Olympic Games in London. In this quick-fire article for **NARU News** we ask Paul what he learned during this unique experience.

1) What was the NOCC and why was it set up?

The National Olympic Coordination Centre (NOCC) was a unique coordination centre which had a national overview of the multi-agency safety and security operation for the 2012 Games. Its aim was to ensure the delivery of a safe and secure Games.

2) What was its main benefit?

It enabled real time information sharing and helped assist decision making between Government, those delivering the safety and security operations and the event organisers, LOCOG. It gave a great opportunity for partnership working at a national strategic level and the NHS and the Ambulance Service were recognised key players.

3) Where was the NOCC based?

It was based on the 12th floor at New Scotland Yard, and was created to support Assistant Commissioner Chris Allison in his Games-time role as the National Olympic Security Coordinator (NOSC).

4) Who was based in there?

There were over 16 different partner agencies, including representatives from Police forces, the Fire Service and the Ambulance Service. As previously indicated, the membership had high level strategic overview of what was happening across the country.

5) What was the most interesting moment for you whilst you were there?

For me it was the insight into how other organisations worked and what they had to consider; these included agencies that we would not normally sit around the table with during normal Strategic Coordinating Groups (SCG's) but they were key agencies in the delivery of the safe and secure Games concept. It was also good to see how the NHS and Ambulance Service are viewed by others and it should be noted that we should maintain our drive to ensure all agencies fully understand what we do and what impacts on our services. It is interesting therefore to note that we still need to change cultures and ways of thinking.

6) How many hours a day were you required to spend in the NOCC?

The shifts were basically 12 hours with each shift having two Ambulance Commanders working side by side. We had to provide 24 hour cover during the key identified periods.

7) Did you get to attend the opening and closing ceremonies?

If you were working in the NOCC, your viewing of the Games was restricted to the television coverage. That said, I was fortunate enough to win some tickets for one of the dress rehearsals of the Opening Ceremony on the Monday before the full 'real' event took place on the Friday. That was a great experience and I did keep the secret...honest!



Paul Kudray,
Director of Resilience at
North West Ambulance
Service NHS Trust

8) Thankfully there were no untoward incidents reported – can NOCC take any credit for this?

I think it is always good to note that when things go well, people forget the good planning, training and exercise that took place beforehand. It is not 'just by good luck' but should be recognised that an enormous amount of hard work and exceptional planning takes place behind the scenes, often by people who don't show up in the limelight. The NOCC did what it was intended to do and it was great to be part of it, representing the NHS and the Ambulance Services, but the credit needs to go to all involved behind the scenes and at the front end.

9) Do you think the NOCC model should be used for other large scale events, and if so, can you think of an example?

I think that the concept was good in terms of good full partnership working and sharing of key information in a secure environment so it could work in the future. However command and control should remain at the lowest point available with good coordination above if required.

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Safely Past The Post: An Olympic Review Continued

10) What are the key things you learned whilst being in the NOCC?

It was good to be able to measure how the NHS Command & Control compares to other agencies and it is great to note how far we have come with the introduction of the National Occupational Standards (NOS) for Ambulance Commanders and our recent Command & Control Guidance. These ensure consistency and quality in how we deliver command and control but we need to maintain the momentum in continuing to improve and develop. This includes influencing within the NHS and other partners.

11) Did this experience bring fire, police and ambulance services any closer together or did it cause any friction?

I think it helped us to build on the existing good working relationships and with the Joint Emergency Services Interoperability Programme (JESIP) being implemented, it will help us with the future working. There is good practice between all three agencies and a common aim during incidents and events but there is also the danger of thinking everything is perfect when it is not, and we don't claim it to be that way. I am confident that with the right drive and the right people, the Ambulance Service can continue to be recognised as a key partner and help to shape and influence a better future for the public we serve.

12) Any plans to move to London?

In a nutshell...No! But who knows what the future holds, though I don't think the transfer window is open....

First NARU Conference 'a great success' says Chair

The first ever National Ambulance Resilience Conference took place on the 20th September 2012 at Silverstone Racetrack and was declared 'a great success' by Conference Chair Robert Flute.



The Cabinet Office's Civil Contingencies Secretariat Director Christina Scott addresses a packed audience at the NARU Conference.

National Ambulance Resilience Conference 2012

The conference was staged by the National Ambulance Resilience Unit and took place as part of the ambulance service's premier national AMBITION 2012 event.

Conference Chair Robert Flute, Head of Resilience and Special Operations at East of England Ambulance Service NHS Trust said:



Robert Flute

"The conference was a great success, in that it was the first time that NHS ambulance resilience issues

have ever been debated on the national stage, in such an open forum."

"Running the conference as part of the ambulance service's premier annual event, AMBITION, was key to the success of the conference because it meant that delegates had the opportunity to visit an excellent exhibition packed with useful and relevant exhibitors, during breaks in the conference programme."

"It also gave people from across the ambulance service the opportunity to network and meet up with colleagues they perhaps hadn't seen for quite a while."

"The feedback we've had from delegates and visitors has been so encouraging that I am determined that the National Ambulance Resilience Conference becomes an annual event and remains a key part of the wider



60 suppliers were on hand to show their latest products and services.

AMBITION event. We are already thinking about plans for next year, hopefully to include wider involvement from a range of partner agencies involved in national resilience, so watch this space."

The event was attended by a broad range of ambulance staff, including paramedics, EMTs, HART teams, Operations Managers and Directors, Resilience Leads, Emergency

Preparedness Leads, Education & Training personnel and those with a professional interest in interoperability issues. Those working in other pre-hospital situations, A&E or military hospital environments and those operating alongside the ambulance service in partner agencies such as fire and police were also present.



Alongside the conference a number of national ambulance meetings were held at AMBITION 2012, including:

- Chairs of all NHS Ambulance Trusts
- Chief Executives of all NHS Ambulance Trusts
- The National HART Vehicle and Equipment Group
- The Heads of Procurement for all NHS Ambulance Services
- Staff from all Hazardous Area
- Response Teams (HART) in the country plus Scotland and Wales

NARU managers are now looking at the best way to take next year's event forwards and we will report more in the next issue of **NARU News**.



NARU supports Ambulance Service PROCLUS debriefing application



Tony Zarola,
Organisational
Psychologist & NARU
Evaluation Lead

Identifying lessons from events such as exercises or incidents is an important activity for any organisation and is especially important within emergency service organisations.

The National Ambulance Resilience Unit (NARU) has recently supported the implementation of the PROCLUS Lessons Identified Debriefing (LID) system which is being used to support all Ambulance Services in capturing and sharing lessons from incidents and exercises.

PROCLUS LID has been developed by Zeal Solutions and provides each Trust with an integrated system that enables users to record information about events, facilitate discussions as well as identify and share lessons. In addition, the system allows for actions to be tracked and monitored and has a reporting facility that ensures users can demonstrate that learning and change is taking place.

As described by Tony Zarola (Director, Zeal Solutions) and shown in the diagram below, PROCLUS LID is more than just a system for capturing and sharing learning, it is also about encouraging a positive change in culture across the Trusts. The approach adopted through PROCLUS LID is built on supporting Ambulance Trusts achieve what is called an Integrated Organisational Systems Approach (IOSA) to debriefing. This approach helps each service consider what is needed before, during and after events

to ensure debriefing behaviour occurs and is effective. It also appreciates that debriefing activities can be targeted at various levels (e.g. individual, team/unit or organisation) within each service.

PROCLUS LID is also backed by an evidence based evaluation process that measures the added value of debriefing activity on the health, well-being and performance of Ambulance personnel. As shown in the diagram opposite, (right) debriefing has individual and organisational benefits. For example, evidence collected to date has shown that when staff are involved in debriefing and, more importantly, can see that changes have occurred as a result of debriefing, this leads to improved work attitudes, improved performance as well as improved health and well-being in general.

The reason we see these benefits is because debriefing is a process of shared problem solving and sense making. The debriefing process allows employees to reflect, explore, understand and learn from events. When facilitated well, debriefing has health restorative qualities which lead to the benefits shown in the diagram opposite, (right). The debriefing process is in itself an

The Integrated Organisational Systems Approach (IOSA)™

		TIME		
		BEFORE	DURING	AFTER
TARGET	INDIVIDUAL	Training Awareness	Participation Safety and Security Recording	Individual learning Action Reflection Support
	TEAM/UNIT	Team Culture Local Systems, Practices & Procedures	Collective Participation Collective Sharing Recording	Shared learning Action Reflection Team Coaching
	ORGANISATION	Systems Practices Policy Procedures	Resources Monitoring	Shared learning Action Reflection Organisational Development

intervention and should be seen as an organisational resource that helps to develop and strengthen individual and organisational responses to planned and unplanned events.

The LID system is currently being implemented across each Ambulance Service and scheduled for completion by March 2013.

Further information about PROCLUS LID can be obtained by contacting the PROCLUS support team at Zeal Solutions directly on e: support@proclus.co.uk t: 01159 932 324 w: pro-clus.co.uk w: zealsolutions.co.uk



DEBRIEFING BENEFITS

INDIVIDUAL	ORGANISATIONAL
ENHANCED SHARED AWARENESS INCREASED CONFIDENCE REDUCED STRESS IMPROVED PHYSICAL HEALTH IMPROVED JOB ATTITUDES INCREASED COHESION	IMPROVED PERFORMANCE INCREASED INNOVATION REDUCED ABSENCE INCREASED POSITIVE CORPORATE ATTITUDES IMPROVED QUALITY REDUCED ERRORS

NARU web & social media activity on the increase

Do you visit the NARU website regularly?

If so, you might be one of over 2500 people who use the site every month to find out the latest news on ambulance resilience and its related topics.

With numbers like that, the NARU website is already proving an invaluable resource for the EPRR community. It also serves as the hub for NARU's social media outputs, with our Twitter account quickly attracting its first 150 followers and growing daily.

Our followers comprise a broad church, ranging from The Kings Fund, California Emergency Management and The Canadian Planning Society, to the City of London Contingency Unit, as well as several paramedics, CFOs, Clinical Directors, and even specialist Vehicle Conversion Companies.

The NARU website is part of the

stakeholder engagement work undertaken by NARU to ensure that we keep as many people involved and up-to-date on what we do as possible. John McNeil, of MCC Ltd who designed the website, says:

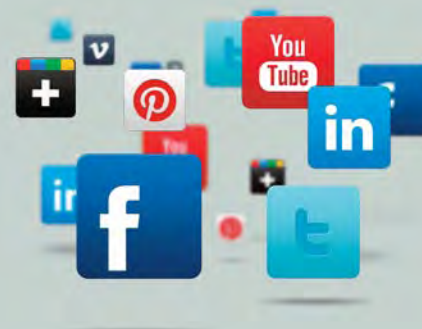
"The NARU website is a crucial way for people to stay in touch. All major organisations now have a growing digital and social media agenda, and by keeping the site fresh with new news and content we show that we are doing our best to keep interested groups informed, at the same time being as transparent about NARU's activities as possible."

John and NARU Stakeholder Engagement Lead Carl Rees assess several sources of information on a daily basis – including emails, RSS feeds, magazines, twitter feeds and

other websites – to pick out information and edit stories that will be of interest and practical use for the NARU audience. The site also carries a wide range of resources such as reports, guidance and other NARU-related productions.

"We are always on the lookout for new content and stories," says Carl. "So if you have anything that you think would be of use to the ambulance resilience community – articles, images, incident reports, job vacancies etc, please feel free to send them to carl.rees@reesps.com and they will be considered for publication."

The NARU twitter feed is **@NARU_org** and our website is **www.naru.org.uk**



NARU: A national approach to ambulance resilience issues

NARU supports all NHS Ambulance Trusts to work together in a coordinated way, to provide a safe and reliable response to major, complex and potentially protracted incidents as one overall unit.

Consistency in implementation of core deliverables is essential if ambulance trusts across the country are to remain sufficiently prepared and resilient to deliver an effective national response capability at all times.

Our values

These include:

- Excellence in delivery and provision of high quality support to NHS trusts;
- Remaining patient-focused at all times;
- Investing in staff health and well-being;
- Providing value for money;
- Showing credibility, integrity, transparency, innovation and proportionality in all we do;
- Sharing learning and being an international leader in ambulance resilience.

NARU Development Objectives

- To deliver service improvement and increase efficiency;
- To provide guidance and advice to our stakeholders;
- To develop new commercial opportunities utilising the expertise within NARU;
- To transform the delivery of national ambulance EPRR;
- To build on the Joint Emergency Services Interoperability Programme, work in partnership with the Office for Security and Counter Terrorism (OSCT) and the Fire and Rescue Services National Resilience and Assurance Team (NRAT) to develop integrated strategic operational resilience arising from Government policy direction.

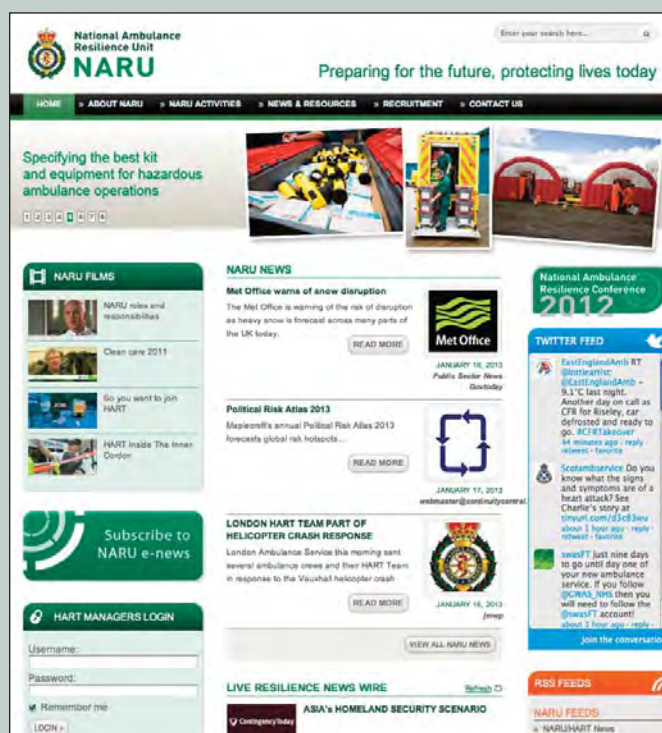
Make the NARU website one of your favourites

The next time you're browsing the internet, why not take a few minutes to visit the NARU website at www.naru.org.uk?

The site is packed with interesting news & resources, and saving the site as one of your 'favourites' in your browser could help you keep up-to-date with the latest developments in the national resilience arena.

As well as an interesting Twitter feed, the site also has a live resilience news wire, which brings a constant stream of useful information and feeds it into the site.

For more information about the site contact the NARU Stakeholder Engagement Lead Carl Rees on 07958 547727 or via carl.rees@reesps.com.



Ambulance Service funeral honours popular former NARU colleague



The Late Peter Kendall,
NARU Ambulance
Adviser



Around 250 family members, colleagues and friends of the late National Ambulance Resilience Unit (NARU) employee Peter Kendall turned out on November 21st 2012 for a full Ambulance Service funeral held in his honour.

Mourners at St Peter de Merton Church in Bedford watched as the funeral procession arrived at the church after travelling from the East of England Ambulance Service. It was led by two ambulance motorcycle outriders and a vintage Bedford ambulance vehicle. Colleagues from ambulance services across the country formed a guard of honour for Peter and a Guardsman played the Last Post.

The congregation heard how committed ambulance man Peter - who was 63 when he died at his home in November - joined the ambulance service 48 years ago, where he continued to work throughout his life. During this distinguished career Peter held several important posts and worked for a number of ambulance-related organisations,

culminating in his role with NARU as an ambulance adviser to the Department of Health in London.

His brother gave an emotional speech explaining how Peter's fascination with the ambulance service began at the tender age of seven, when he fell ill with acute appendicitis and was carried down several flights of stairs from the family flat by an ambulance man, to be whisked to hospital for a life-saving operation. Upon waking, his first words to his mother were, *"I want to be an ambulance man when I grow up!"* True to form, Peter delivered his first baby at the age of 16 and never looked back.

Others to speak included East of England Ambulance Service's Steven Moore, who was mentored by Peter and who raised a laugh when he reminded those gathered of Peter's lifelong Dad's Army-inspired catchphrase, *"You stupid boy!"*

NARU Deputy Director Mike Shanahan spoke of Peter as a *"true gentleman"* while Chief Executive of East of England Ambulance Service, Hayden Newton, said: *"Peter showed the professionalism and dedication of*

somebody giving their life to their job. He was a man to have by your side. I think he has received the turnout he has today because of the sheer respect that people had for him."



He added: *"I looked at Peter's HR file and literally couldn't count the number of 'thank you' letters he had received from people as well as 13 formal commendations praising him for the work he has done. He will be greatly missed by his colleagues."*

Aside from family and friends, Peter's funeral was attended by representatives of a broad range of NHS ambulance services, St John Ambulance workers and other voluntary bodies, as well as a number of colleagues from the Department of Health.

Peter will be sadly missed by all his colleagues in NARU.



Protecting our assets

Matthew Overton has been the Policy Lead for Ambulance Sector Counter Terrorism Security at NHS Protect since 2009. In this article he explains more about his role and what it means for national ambulance service resilience.



Matthew Overton,
Policy Lead -
Ambulance Sector
Counter Terrorism
Security, NHS Protect

Can you give us an overview of your career and ambulance experience to date?

I started my career in nursing working in A&E and a Burns Unit before becoming a Resuscitation Officer. I had always had a desire to work in pre-hospital care and so joined and trained as an Emergency Care Practitioner with what was then Coventry and Warwickshire Ambulance Service (when ECPs were a new thing!) I left what had become West Midlands Ambulance Service in 2007 to become Emergency Planning Manager at West Midlands Police. I have previously been a volunteer Immediate Care Practitioner with the West Midlands BASICS Scheme (CARE Team) and I completed my MSc in Health Sciences in 2010. Currently in my spare time I am a Special Constable with the Metropolitan Police.

How and when did you take up your current role?

I started the role in August 2009 - the job was perfect for me as I had operational ambulance experience but at the same time had worked on various counter-terrorism emergency planning issues for my previous role in the police.

Can you describe the structure of the wider team with whom you work?

I report to Mike Shanahan at NARU and my role is funded by the Department of Health (EPRR), but I am employed within the policy and prevention team at NHS Protect, the organisation which is responsible for tackling fraud and managing security within the NHS.

This gives me the opportunity to issue policy and guidance through a network of Local Security Management Specialists (LSMSs) who are employed by each NHS Ambulance Service in England. Colleagues from a number of teams within NHS Protect, including training, media relations and operations also contribute to the work stream.

What are your main roles and responsibilities?

The majority of my work involves issuing policy and guidance to the NHS ambulance services on counter terrorism security issues, mainly through the LSMS network but, due to the nature of the guidance, at times I have the need to liaise with fleet, resilience and estates personnel as well. I also advise various external stakeholders such as the Police, Association of Chief Police Officers (ACPO) and Centre for Protection of National Infrastructure (CPNI) on ambulance-related issues.



What are your key objectives?

At a strategic level my objective is to decrease the potential for ambulance vehicles, vehicle livery, badges, markings and uniform to be used illegitimately for purposes such as terrorism or theft of assets. My other key objective is to reduce the vulnerability of the ambulance estate to terrorist attack, which also has the effect of reducing vulnerability to other criminal threats such as theft of assets, vandalism or criminal damage.

How does your workstream support and complement the work of the National Ambulance Resilience Unit (NARU)?

The national guidance for the ambulance service response to a terrorist incident is the responsibility of NARU. Alongside that, and linked to it, my work stream



looks at the exploitation of ambulance vehicles, uniforms or facilities as part of a terrorist plot and the need to ensure the safety of those responding to terrorist incidents, as some terrorist groups have been known to target emergency service responders.

How important is interoperability?

It has always been important but particularly now. Complex incidents such as the Derrick Bird shootings in Cumbria require a different and dynamic response. In that case, there was no fixed incident site, and all emergency responders were facing a constantly moving threat, whose location was often unknown. This meant that a normal firearms response was not suitable. In such cases, effective interaction and interoperability are key and will make a real difference to the safety of responders and their ability to deploy and save lives.

What has been your biggest challenge so far?

Ensuring that others understand the potential threats. The fact that crimes against the ambulance service, such as assaults and thefts of (and from) ambulances, including the recent spate of entonox thefts are occurring, suggests that we are not immune from malicious acts, possibly including terrorism. However, the ambulance service is there to help people, and it is difficult to understand why someone would want to do harm to us. Delivering this message has therefore not been easy, as people understandably find this a difficult proposition to accept.

What are the biggest challenges the ambulance service faces in terms of counter terrorism?

As we saw with 7/7 and the first use of suicide attacks in the UK, terrorists will employ tactics they deem to be successful in new locations and situations. An ambulance is a recognised and trusted vehicle, and by

using one terrorists can potentially gain access to areas that would otherwise be off limits. This use of 'Trojan vehicles' by terrorist groups is a reality throughout the world, and is a method used to deliver vehicle-borne improvised explosive devices (VBIEDs).

Whilst a 'Trojan vehicle' attack has not yet occurred in the UK the ambulance service needs to be aware of the possibility and ensure that it is prepared.

What is your main message for ambulance service resilience professionals?

To ensure that they collaborate with the LSMS (Local Security Management Specialist) within their Trust, particularly on issues such as lockdown (the ability to isolate a building and access during an incident) and to ensure they are 'horizon scanning' for emerging threats and hazards.



Matthew Overton can be contacted via email: matthew.overton@nhsprotect.gsi.gov.uk





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