

Strategic framework document outlining the agreed joint working national emergency arrangements between St John Ambulance and British Red Cross and the UK NHS ambulance services during times of exceptional pressure

Document Details

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Version: 1.2

Date: 23 December 2011

Review: 1 January 2013

Equality and Diversity Assessment: Complete, no impact identified. Assessment held at Resilience Department of East of England Ambulance Service.

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1. Aim

1.1 The UK NHS ambulance services, the British Red Cross and St John Ambulance (hereafter referred to in this document as the Voluntary Aid Societies (VAS)) work together effectively to provide care for the public at times of exceptional need.

2. Intention of this document

2.1 This is an overarching national document and designed to complement local arrangements and agreements already in place between St John Ambulance, British Red Cross and UK NHS Ambulance Services. It does not change, alter or replace local agreements between those parties described in this document.

3. Objectives

- To predetermine process and structure for national joint operations
- To describe the co-ordination procedure for the provision of cross-border mutual aid
- To provide a framework for national co-ordination of local joint working arrangements
- To establish standard operating procedures and levels of expectation that all parties will endeavour to fulfil

4. Scope (when would this document apply)

4.1 This strategic framework agreement is designed to be implemented in the lead up to, during, and after incidents and situations which are exceptional in impact and require extraordinary resources and arrangements over and above local emergency operations. Examples of which may be:

- Rising tide style of emergency situation such as pandemic flu
- Big bang style of incident, such as terrorist activity or catastrophic incident
- Natural disaster, such as flooding or adverse weather eg: snow
- Industrial action by NHS ambulance staff resulting in a reduction in the ability of the ambulance services to provide suitable levels of service
- Any other situation whereby the Ambulance Service national Resource Escalatory Action Plan (REAP) levels indicate its implementation

4.2 This agreement recognises the independence of the NHS Ambulance Services and the two VAS and the separate obligations each has under statutory regulations and their own Trusts and Charters. However, it recognises the overriding need to operate co-operatively to ensure that the best possible care is provided to those suffering under the above exceptional circumstances.

5. Background.

5.1 Under normal circumstances, NHS ambulance services provide pre-determined emergency and routine services to the public. However, the Civil Contingencies Act 2004 requires NHS Ambulance Services to make specific arrangements for when, in some circumstances, emergencies can overstretch their resources. Designated under the Act as "Category 1" responders, ambulance services are required by the Regulations to have regard to the activities of certain voluntary organisations in the course of carrying out their

emergency and business continuity planning duties¹. Additionally, similar requirements are placed upon both the NHS ambulance services and the VAS by the Care Quality Commission². The Commission regulates the essential standards of quality and safety that people who use health and adult social care services have a right to expect.

5.2 Many NHS ambulance services are engaged in joint day to day working with St John Ambulance and the British Red Cross providing valuable routine contracted services and additional ad hoc resources. This assistance is in various forms and includes the provision of vehicles and crews, (eg A&E, PTS ambulances, response vehicles, 4x4 vehicles, communications vehicles); first aiders, event managers, and assistance in call centres; building sharing; and city centre initiatives. The terms of this localised service provision are agreed between senior VAS managers in each region and their respective ambulance service counterparts. The agreements are in the form of contracts and memoranda of understanding. Each NHS ambulance service and its respective VAS local counterparts regularly review these agreements in the light of changing circumstances and expectations.

5.3 This Framework acknowledges the excellent relationships that currently exist between the VAS and Ambulance Services locally and regionally across the UK. It is the intention that the first call on any additional VAS regional resource will continue to be through these local and regional mechanisms with regionally agreed terms and conditions applying. The purpose of this document is to provide a strategic, national framework that guides and supports the UK NHS ambulance services and VAS when working together to maintain service provision within the UK, across VAS regional and Ambulance Service boundaries, during periods of significant pressure and does not replace those local agreements.

5.4 Every NHS ambulance service is required to have a structured capacity plan to enable a suitable response when demand increases, this is known as its Resource Escalatory Action Plan (REAP), see Annex A. The UK Association of Ambulance Chief Executives (AACE) has, therefore, agreed an enhanced national strategic approach to ensure all eventualities are addressed in a collaborative way and define a consistent approach to rising pressure across the country; this national strategic approach results in a consolidated national REAP level.

5.5 Levels of support across the UK are determined by local and national REAP levels. As the REAP level increases, there is a proportional increase in the level of support required, some of which may be provided by the VAS. At higher REAP levels, the National Ambulance Co-ordination Centre (NACC) may be established. Framework operating procedures are available and lodged with the NACC and both VAS.

6. Voluntary Aid Societies (for the purposes of this document)

6.1 For the purposes of this document, the VAS are:

6.1.1 British Red Cross

The British Red Cross is a member of the International Red Cross and Red Crescent Movement. It works to provide help to people in crises and respond to emergencies in support of the emergency services and other statutory authorities.

¹ Civil Contingencies Act 2004 (Contingency Planning) Regulations 2005; Regulation 23

² Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, and the Care Quality Commission (Registration) Regulations 2009

Not protectively marked

Red Cross volunteers provide practical help and emotional support to victims. In addition, the Red Cross is a major provider of first aid training.

6.1.2 St John Ambulance

St John Ambulance (SJA) is a registered charity that provides first aid and medical support services, education, training and caring services in support of community needs and personal development to young people. Its service is provided by trained volunteers and staff. This Framework encompasses SJA in England, Northern Ireland, St John Cymru-Wales is a separate Priority of SJA. For the purposes of this Framework, St John Cymru-Wales will channel its availability and operations in support of Ambulance services in England through the SJA National HQ in England.

7. Triggers for implementation

7.1 At a pre-determined level(s) of demand or forecast pressure, the ambulance services would call upon the VAS to support them in their task and this is likely to involve co-ordination of additional resources across the country in accordance with this agreement. A VAS National Liaison Manager will attend the NACC (either physically or virtually) to coordinate moving VAS assets to individual Trusts. This would be implemented by the ambulance services' directors of operations group or the AACE group based on the particular situation faced by the UK or parts of the UK at the time, which would normally be reflected in an increase in REAP levels. In certain circumstances, the situation may require pre-emptive planning (rising tide/flu pandemic) or action (such as vaccinations or pre-deployment) regardless of REAP level.

8. Expectation of NHS Ambulance Services

8.2 NHS ambulance services expect that the VAS acting in support of their service provision are appropriately trained, competent and equipped³. It is agreed that the VAS support shall comply with current standards and best practice and where appropriate, shall comply with regulation.

8.3 It is agreed that the NHS Ambulance Services shall expect the VAS to participate in and contribute to such planning, training and other preparatory measures that they take to ensure emergency operations are conducted safely, promptly and effectively with due regard for business continuity⁴.

8.4 The VAS shall be clear in their communication with the NHS Ambulance Services about the resources they can offer, having due regard for other commitments the VAS may have to other Category 1 responders in such circumstances⁵

9. Expectation of VAS

9.1 VAS expect that in preparation for, and when engaged in, joint working prior to and during periods of exceptional need and the recovery phase that follows, the NHS ambulance services shall provide appropriate support. This support shall include, but is not limited to:

³ CCA 2004. Emergency Preparedness chapter 14 paragraphs 16 – 18 and 24 - 26

⁴ CCA 2004. Emergency Preparedness chapter 14 paragraphs 14.7

⁵ CCA 2004. Emergency Preparedness chapter 14 paragraph 9 - 15

- Participation in emergency planning,
- Provision of training and exercising to respond to emergencies as appropriate
- Guidance on sourcing vaccination and other such health protection as may be appropriate
- Provision of fuel for authorised vehicles to enable volunteers and staff to reach places of need

10. Operational arrangements

10.1 Governance

10.1.1 Governance arrangements shall be the responsibility of regional ambulance and VAS managers in compliance with their organisational policies and regulatory requirements.

10.1.2 The NHS ambulance services, SJA and Red Cross are registered with and regulated by the Care Quality Commission as ambulance operators. Governance arrangements are in accordance with the “Essential Standards of Quality and Safety” and are subject to external audit by the Commission.

10.2 Personnel

10.2.1 ID. Staff and volunteers from the VAS shall all have their own organisation's personal photographic identification cards and will all have been either enhanced CRB checked (England/Wales) or Enhanced Disclosure Checked (Scotland).

10.3 Competencies

10.3.1 Management competencies. Operational managers that are, or likely to be, assigned to Strategic or Tactical (Gold or Silver) positions, should have undertaken training aligned to the National Occupational Standards (NOS) for civil contingencies and demonstrated continuous professional development in this area.

10.3.2 British Red Cross First Aid Competencies are at Annex B.

10.3.3 St John Ambulance First Aid Competencies are at Annex C.

10.4 Driving

10.4.1 The Red Cross and St John Ambulance have rigorous driving procedures and policies in place, including the mechanisms for governing the claiming of the use of exemptions from road traffic regulations whilst engaged on emergency calls for those qualified to do so.

10.4.2 Some VAS volunteers and staff do not hold such qualification. Each inter county/service deployment made under this agreement will stipulate if the drivers hold emergency driving qualification as a specific service level agreement. Trust control room allocators will be briefed accordingly and shall not deploy staff inappropriately. Local managers shall ensure strict compliance with these policies and procedures.

10.5 Equipment and supplies

10.5.1 Vehicles. All vehicles shall be clearly marked and fit for purpose and where appropriate, shall comply with the regulatory requirements.

10.5.2 Medical equipment. All such equipment shall be fit for purpose and where appropriate, shall comply with the regulatory requirements.

10.5.3 Consumable medical supply arrangements. Where local arrangements have been agreed for the replacement of medical supplies from local ambulance services, these shall remain in operation. NHS ambulance services shall ensure that there are adequate arrangements to provide for additional supplies for extraordinary circumstances.

10.6 Communications

10.6.1 NHS ambulance services shall ensure that appropriate communications equipment is provided, including Airwave when appropriate. This will ensure that inter-agency interoperability is maintained.

10.7 Fuel

10.7.1 In the event of a national fuel emergency being declared, NHS ambulance services shall issue temporary logos to registered VAS vehicles operating on their behalf under the National Emergency Plan – Fuel (NEP-F 2010).

10.8 Reporting

10.8.1 Utilisation rates. Records of work and journeys undertaken shall be kept by the VAS when acting in support of the ambulance services.

10.8.2 Medical Records. Appropriate patient report forms shall be completed for each patient treated or moved and will be stored in accordance with the Data Protection Act and in line with individual VAS policies and appropriate regulation.

10.8.3 Adverse Incidents. Adverse incidents will be dealt with internally by the VAS in line with each organisation's policies. Any adverse incident occurring when acting in support of the local ambulance services shall be reported within 24 hrs back to the nominated ambulance service representative.

10.9 Press liaison.

10.9.1 Both the VAS hold charitable status and rely on the good will of the public to finance operations. In order to maximise the potential for donations and inform benefactors, it is imperative that the VAS are able to promote their work. However, when acting in support of the ambulance services, due recognition shall be made of sensitive information, patient confidentiality, government/DH information etc. In this respect, the VAS undertake to collaborate with the appropriate ambulance services communication teams to agree a joint position prior to releasing information to the press.

11. Charging rates.

11.1 VAS national liaison officers. The provision of VAS liaison personnel to the NACC will be at the rate of £425 per 12 hour shift per person chargeable by the VAS through AACE

11.2 Local operations. Local rates and charging procedures shall apply to services provided under local agreements.

11.3 Inter-regional deployment of operational personnel. Charges for the provision of central inter-county, inter-service mutual aid provided under the auspices of this Framework are agreed as follows:

- All direct expenses including accommodation incurred by each VAS will be reimbursed through the AACE.
- An agreed charge representing the direct operating costs and organisational administrative costs for the provision of ambulances and crews etc.

12. Industrial action

12.1 Both St John Ambulance and the Red Cross place great importance on being independent bodies of charitable status and they will remain neutral and non-political at all times. Both organisations operate under their own Trusts and Charters which specify that their priority is to save life and to render assistance to those in need.

12.2 Industrial action by NHS staff is a matter for the NHS and the VAS will not become involved in, or express opinion on, the politics surrounding the action.

12.3 The VAS's priority is for the saving of lives and the welfare of those in need and the organisations' actions will be predicated on that principle. Arrangements for VAS assistance to the NHS ambulance service during times of industrial action shall recognise the above principles. The VAS also recognise the requirements of the NHS ambulance services to provide emergency care at all times and will assist in getting that care to those in need.

Signatories:

Hayden Newton, Chief Executive of East of England Ambulance Service NHS Trust (on behalf of the Association of Ambulance Chief Executives)

Brian Rockell, Director of Operations, (on behalf of St John Ambulance)

Margaret Lally, Director of UK Service Development (on behalf of the British Red Cross)

Reference documents

Annex A: REAP Levels

Annex B: Red Cross first aid competencies

Annex C: St John Ambulance first aid competencies

Framework operating procedures, available through the signatory organisations

For strategic input, contact with the VAS will be through:

Red Cross:

Simon Lewis (Head of Emergency Response & Resilience)	07515991948
Martin Annis (Senior Emergency Planning Officer)	07710976608
Richard Hankins (Head of Event First Aid)	07986854132
Nick Barr (National Ambulance Advisor)	07739285575

St John Ambulance:

Brian Rockell (Director of Operations)	07803135006
John Newman (Head of Emergency Operations)	07801414653
Simon Dunn (Head of Service Delivery)	07717291202

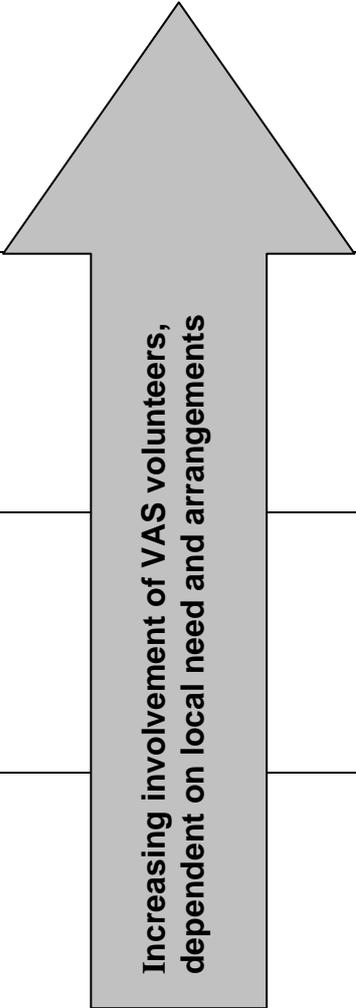
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Annex A: REAP Levels
Resource Escalatory Action Plan
 (adapted from the National REAP for use in this document)

REAP Level	Description	Potential for VAS Support	
REAP Level 6	Potential Service Failure		
REAP Level 5	Critical		
REAP Level 4	Severe Pressure		
REAP Level 3	Pressure		
REAP Level 2	Concern		Normal arrangements
REAP Level 1	Normal service		Normal arrangements

Annex B: Red Cross First Aid Competencies

Range of Volunteer Skills

Basic First Aider. Successfully completed a one day first aid course (just below a FPOS basic qualification, may be an Emergency Response volunteer)

Standard First Aid (just below FPOS Intermediate)

- Respond to the needs of casualties with minor injuries
- Respond to the needs of casualties with major injuries and medical conditions
- Respond to the needs of unconscious casualties
- Perform cardio-pulmonary resuscitation
- AED

Standard First Aid with enhanced skills and IHCD assessment (above FPOS intermediate)

- Administer First Aid (this is the standard first aid certificate syllabus)
- Resuscitation support and monitoring
- Moving and Handling
- Applied anatomy and physiology
- Trauma management
- Working with other services

On completion of each module, candidates are examined by Red Cross assessors. When the training programme is complete, candidates can then undertake an external assessment by IHCD approved Red Cross assessors resulting in the award of the IHCD Enhanced Skills First Aid award.

Note: In addition to the first aid qualifications above, personnel will also have completed:

- A Red Cross induction day
- An enhanced disclosure check
- A child protection module
- Protection of vulnerable adults training
- Manual handling
- Driving skills training (tbd)
- Management of aggression training (tbd)

Red Cross ambulances will be crewed, under normal circumstances, with a minimum of one IHCD qualified member and one standard first aid qualified person.

Annex C: St John Ambulance first aid competencies

The purpose of this summary is to provide the NHS ambulance services with a consistent countrywide practical tool to enable them to make working decisions when SJA personnel are deployed to provide the support within the scope of this document..

All SJA personnel have undertaken an SJA induction programme including the protection of children and vulnerable adults.

The following summary is an outline of the *minimum* competences that St John Ambulance volunteers and staff (other than Health Care Professionals) are qualified to perform in a range of operational roles. All SJA personnel are required to provide evidence of current competence by *annually* demonstrating competence *for the role in which they operate*.

- **Trainee First Aider has demonstrated current competent to:**

Operate with a First Aider or other more qualified SJA person to assist in the management of non major incidents safely and effectively

Recognise and implement the principles of infection prevention and control relating to personal hygiene and uniform cleanliness and use of personal protective equipment.

Recognise and use the basic principles of communication and casualty care

Recognise the principles of safe moving and handling

Undertake the Primary survey of adult casualties, recognise and deal with:

- conscious choking casualties
- unconscious breathing casualties using head tilt, chin lift airway opening and maintenance manoeuvres with no airway adjuncts and recovery position,
- Unconscious non breathing casualties using compression only CPR with no equipment

Recognise and treat shock by using casualty positioning.

Recognise and treat minor wounds by cleansing and simple dressings

Recognise and treat minor bruising using cold compresses

Recognise and treat burns and scalds using water and simple coverings

Recognise and treat casualties who have fainted

Recognise and treat casualties with bites and stings using no equipment or medications

- **First Aider**

Safely manage non major incidents in which persons are sick or injured

Recognise and operate in accordance with recognised major incident procedures under the guidance of appropriate SJA and NHS Ambulance Service Managers.

Recognise and use casualty moving and manual handling techniques without equipment

Recognise and implement the principles of infection prevention and control relating to hand hygiene, dealing with clinical waste and management of soiled linen.

Recognise the rights of casualties of all ages, race, sexuality, gender, physical and mental ability, socio-economic background, religion or belief with due regard for patient consent, dignity and confidentiality and the specific requirements of the Mental Capacity Act 2005

Undertake the appropriate incident and casualty recording and reporting procedures

Undertake the Primary Survey of casualties of all ages, recognise and deal with the outcomes for:

- conscious choking casualties
- unconscious breathing casualties using simple airway opening and maintenance manoeuvres with no airway adjuncts using head tilt, chin lift and the recovery position,

Not protectively marked

- Unconscious non breathing casualties using an AED and basic life support with no equipment other than and a face shield or pocket mask
- Recognise and treat severe bleeding using pressure, elevation and prepared sterile dressings and treat shock by using casualty positioning

Assess patients using the secondary survey with no diagnostic adjuncts to recognise and treat a range of injuries and conditions using simple patient positioning and manual first aid techniques and dressings and triangular bandages.

Administer specific over the counter medications and assist patients to use their own medications for specific conditions according to published protocols.

Decide on and arrange for the appropriate consequent casualty care

- **Advanced First Aider**

Handle and move patients using a range of aids and equipment including carrying chairs, wheelchairs, Furlley type stretchers, carry sheets, long boards, orthopaedic stretchers, ambulance trolley cots. Assess casualties using the Primary Survey and manage the outcomes for:

Undertake the Primary Survey of casualties of all ages, recognise and deal with the outcomes for:

- unconscious breathing casualties using simple airway opening and maintenance manoeuvres, oro and nasopharyngeal airways, recovery position and manual and electric aspiration devices
- Unconscious non breathing casualties using an AED, basic life support with a face shield, pocket mask or bag valve mask as a two person procedure and oxygen
- Recognise and treat severe bleeding using pressure, elevation and prepared sterile dressings and treat shock by using casualty positioning and oxygen

Assess patients using the secondary survey, blood oxygen saturation, blood pressure and body temperature measurement.

Manage trauma casualties using analgesic gas for pain relief, recognised techniques for safety helmet removal, in line cervical spine protection and the recognised range of immobilisation equipment including cervical collars and box splints.

- **Community First Responder**

Safely manage non major incidents in which adults are suffering from a range of acute medical conditions.

Recognise and implement the principles of infection prevention and control relating to personal hygiene including hand hygiene, uniform cleanliness and the use of personal protective equipment. Deal with clinical waste.

Recognise and use the basic principles of communication and patient care

Recognise the principles of safe moving and handling

Undertake the Primary Survey of adult casualties, recognise and deal with the outcomes for:

- conscious choking casualties
- unconscious breathing casualties using simple airway opening and maintenance manoeuvres, oropharyngeal airways, recovery position and aspiration devices
- Unconscious non breathing casualties using an AED, basic life support with a face shield, pocket mask or bag valve mask (two person procedure) and oxygen
- Recognise and treat severe bleeding using pressure, elevation and prepared sterile dressings and treat shock by using casualty positioning and oxygen

Assess patients using the secondary survey with no diagnostic adjuncts to recognise and treat a range of conditions using simple patient positioning and manual first aid techniques and oxygen.

Not protectively marked

- **Cycle Responder (Advanced Level)**

As Advanced First Aiders with minimum standards of fitness and cycle skills as agreed through the NHS Cycle Response Unit Group.

Advanced Level Cycle Responders have reached the Public Safety Cycling Advanced EMS Standard and can be considered for solo working or joint NHS CRU work

NOTE: St John Ambulance Cycle First Aiders are generally less than 18 years of age and would not normally be used in this role for Emergency Operations.

- **Patient Transport Attendant (PTA)**

As Advanced First Aiders but with a range of vehicle and equipment checking competences including documentation.

Recognise and use a range of ambulance lifting and carrying equipment in an ambulance vehicle

NB: PTAs are not necessarily qualified drivers. Those who drive SJA PT vehicles hold SJA competences in non emergency driving

- **Emergency Transport Attendant (ETA)**

Competences approximately equivalent to those of an Emergency Medical Technician as defined by the IHCD standards *without* those adjuncts added by individual NHS Ambulance Services as additional skills. Typically these are invasive procedures or the administration of drugs other than the patient's own eg: measuring of blood sugar, administration of broncho-dilators

NB: ETAs are not necessarily qualified drivers. Those who are deployed to drive SJA emergency vehicles in emergency situations hold SJA competences in emergency driving

Non clinical roles

- **Radio Operator**

Level 1 – operate two way radios to communicate using appropriate terminology

Level 2 – operate two way radios within SJA protocols and using standard best practice for operational purposes

Level 3 - operate two way radios within SJA protocols in an operations control room, including dispatching ambulances, deploying resources, taking messages and keeping records.

Others

SJA have a number of volunteers and staff with other recognised non clinical competences including: Child Protection; Driving a range of vehicles including motor cycles, HGVs, towing and four wheel drive; Management at a range of levels; first aid trainers; health and safety trainers; administrating and counselling.