

**Written submissions received for the London Assembly's investigation
into London's emergency and health services' preparations for 2012 Olympic
and Paralympic Games**
Part I

Evidence Log – Olympics and Emergency Services

| Number | Organisation | Contact/Title |
|------------|---|--|
| Sub-001 | Ealing Hospital | Gurijinder Nisar - <i>Executive Assistant to Ian Green-Chairman and Julie Lowe-Chief Executive</i> |
| Sub-002 | Department of Health | Mike O' Brien - <i>QC MP</i> |
| Sub-003 | University College London Hospitals | Robert Naylor - <i>Chief Executive</i> |
| Sub-004(a) | NHS London and London Ambulance Service | Ruth Carnall - <i>Chief Executive, NHS London</i> |
| Sub-004(b) | NHS London and London Ambulance Service | Ruth Carnall - <i>Chief Executive, NHS London</i> |
| Sub-005 | Homerton University Hospital | Nancy Hallett - <i>Chief Executive</i> |
| Sub-006(a) | Metropolitan Police Service and Metropolitan Police Authority | Chris Allison - <i>Assistant Commissioner</i> Kit Malthouse - <i>Chairman</i> |
| Sub-006(b) | Metropolitan Police Service and Metropolitan Police Authority | Chris Allison - <i>Assistant Commissioner</i> |
| Sub-007 | Olympic Delivery Authority | John Armitt - <i>Chairman</i> |
| Sub-008 | Health Protection Agency | Dr Brian McKloskey - <i>Regional Director for London</i> |
| Sub-009 | Tube Lines | Andrew Cleaves - <i>Acting Chief Executive</i> |
| Sub-010 | NHS Haringey | Matt Holmes - <i>Freedom of Information</i> |
| Sub-011 | London Councils | - |
| Sub-012(a) | London Fire Brigade | Ron Dobson - <i>Commissioner</i> |
| Sub-12(b) | London Fire Brigade | Ron Dobson - <i>Commissioner</i> |
| Sub-013 | NHS Tower Hamlets | Andrew Ridley - <i>Acting Chief Executive</i> |
| Sub-014 | Government Office for London | Chris Hayes - <i>Regional Director</i> |
| Sub-015 | British Red Cross | Chrissie Lowe - <i>2012 Olympics Programme Manager</i> |
| Sub-016 | Mayors Office | Boris Johnson - <i>Mayor of London</i> |
| Sub-017 | Transport for London | Peter Hendy - <i>Commissioner of Transport</i> |
| Sub-018 | St John Ambulance | Len Bamba - <i>CEO</i> |
| Sub-019 | Enfield Council | Simon Gardner - <i>Head of Leisure and Culture</i> |
| Sub-020 | London Organising Committee of the Olympic Games | Debbie Jevans - <i>LOCOG Director of Sport</i> |

Ealing Hospital NHS Trust

Dear Teja

Further to James Cleverly's letter of 18th March, please find Ealing Hospital's response to the questions:

1. No expected impact in Ealing Hospital.
2. No expected impact in Ealing Hospital. Normal contingency plans for business continuity will be used in the event of a specific incident.
3. None in Ealing Hospital.
4. None in Ealing Hospital.
5. None specific to Ealing Hospital.
6. None specific to Ealing Hospital.

Best regards,

Gurjinder K Nisar (Ginder)

*Executive Assistant to Ian Green-Chairman and Julie Lowe-Chief Executive
Ealing Hospital NHS Trust, Uxbridge Road, Southall, Middlesex, UB1 3HW*

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From Rt Hon Mike O'Brien QC MP Minister of State
for Health Services

POC4_494143



James Cleverly
Chair of the Health and Public Services Committee
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Telephone: 020 7210 3000

06 APR 2010

Dear James,

Thank you for providing me with the opportunity to set out how London's emergency services will be working to ensure the delivery of services during the 2012 Olympic and Paralympic Games.

Your questions primarily relate to how London is making plans for emergency and health services during Gametime and I know that you will be getting detailed responses from the NHS in London on that. In the meantime, I can provide you with some indication of what officials in my Department have been working on in preparation for the Games.

- ② The Department of Health has a significant part to play in relation to national responsibilities for the health implications of the 2012 Olympic and Paralympic Games. Work is currently underway to ensure that the NHS is prepared for and delivers on, the health services requirements for the Games and that the NHS has business continuity, security and protection plans to mitigate potential incidents during the Games.

To achieve these aims, we have set up an Olympic and Paralympic Health Programme to provide focus and coordination for the Olympics related work across the Department and the NHS. The Programme is directed by a Senior Civil Servant and governed by an Olympic and Paralympic Health Programme Board. There are three workstreams within the Programme covering health services; health resilience, which includes emergency medical services; and health legacy.

- ⑤ The Department of Health is fully engaged in the planning work being undertaken by the Home Office Olympic Security Directorate, GOE, HPA and LOCOG from which Gametime planning assumptions have been made.

The OPHP has set up an Olympic & Paralympic Delivery Assurance process so that we can be assured that the NHS as a whole, which includes NHS London in addition to all Strategic Health Authorities in England, has made suitable plans to:

- ③
- a) deliver business as usual performance levels for the NHS during the Olympic and Paralympic Games ('Gametime');
 - b) provide appropriate contingency for health resilience at Gametime in compliance with DH and Home Office guidance;

- c) meet any Olympics bid commitments that are applicable to individual Strategic Health Authorities.

I hope that this provides you with the reassurance that you are seeking.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Mike O'Brien', with a stylized, cursive script.

MIKE O'BRIEN QC MP

9 April 2010

Teodozja Kuncewicz
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RECEIVED
11 APR 2010
SECRETARIAT

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Dear Teodozja

CALL FOR VIEWS & INFORMATION: REVIEW INTO HOW LONDON'S EMERGENCY SERVICES ARE WORKING TOGETHER TO ENSURE THE DELIVERY OF SERVICES DURING THE 2012 OLYMPIC AND PARALYMPIC GAMES

I am responding to the letter we have received from James Cleverly, Chair of the Health & Public Services Committee, dated 18th March. Our response to your questions are as follows:

1. What is the expected impact of the Games on London emergency and health services' ability to deliver services as usual?

UCLH planning on the assumption that July to September will be business as usual in the full knowledge that there will be a significant increase in the non residential population in and around the centre of London on a daily basis. Accident & Emergency expect to see additional minor injuries most of which will not require admission or follow up.

UCLH will continue to provide contingency for health resilience at Games time in compliance with DH guidance and in agreement between DH and the Home Office Olympic Security Directorate.

2. What is your role in ensuring delivery of health and emergency services as usual during the Games and what are you doing to meet these responsibilities?

- UCLH will continue to provide non elective care to the local population and other UK residents as usual.
- UCLH will provide non elective care free at the point of delivery to the Olympic and Paralympic Family (Games Family).
- Non elective care to non UK residents/non Games Family will be provided on the current reciprocal arrangements and charging between the UK and other nations.
- UCLH has appointed Dr Paul Glynn Medical Director to provide clinical leadership to the Trust's responsibility in providing care to the Games Family; he will be supported by Hospital Olympic and Paralympic Liaison Officer and a team of multi-disciplinary and multi agency personnel.

3. What milestones and planning assumptions are London's emergency and health services working towards in preparing for the Games?

- UCLH has prepared a detailed project plan setting out the work streams for completion in 2010.
- Developing the plans for 2011 and 2012 will be aligned with priorities set by NHS London and LOCOG. UCLH is working in close harmony with its external partners.
- UCLH Key planning assumptions are;
 - Games time covers between 15 July to 12 September 2012 (60 days)
 - The expected volumes into UCLH based on the Sydney experience suggest 160 A&E presentations and 54 admissions; the equivalent of 4 in-patient beds
 - Any additional emergency activity during the 2 months of the games time with the exception of the Games Family will be treated as part of normal business and charged under the existing PbR tariff arrangement.
 - Payments for Games Family excludes high cost drugs and high cost specialist treatment-separate discussions will need to take place with either the local PCT or NHS London.

4. What are the resource implications for delivering emergency and health services during the Games and how will these be managed?

UCLH will mobilise a number of teams and services all of which carry a resource implication;

| Workforce | Process |
|-------------------------------|-------------------------|
| Clinical Leadership | Training |
| Specialist clinical expertise | Coordinating IOC visits |
| Nurse specialists | Information tracking |
| Project management | Fast track patients |
| Operational management | Interpreting services |
| HR and Finance | Dedicated telephones |
| Press & PR | |

5. What co-ordination arrangements are London's emergency and health services entering into with other relevant stakeholders to ensure delivery of services as usual during the Games?

UCLH will engage with external partners through existing work channels associated with non elective admissions and contingency for health resilience.

6. What are the key issues facing London's emergency and health services in planning for the Games over the next 12 months?

Political:

- There maybe some tangible impact as a result of a change in Government

Financial:

- Unsuccessful bid for additional funding to support UCLH input
- The current resource constraints (or a perception) which may have a negative impact on the Trusts ability to sustain the current level of change to support the QEP.

Workforce:

- Ability to recruit and retain key staff in non elective services.
- Staff being approached by LOCOG to take time out to help the Games

Environmental:

- Epidemic

Security:

- Terrorist attack

I hope the above is of some assistance to you? If you require any further information, please do not hesitate to contact Nicky Besag, Senior Project Manager on 0845 155 5000 Ext 3683 or via e-mail: nicky.besag@uclh.nhs.uk

With best wishes

Yours sincerely

A handwritten signature in black ink, appearing to read 'Rob Naylor', with a large, sweeping flourish extending from the end of the signature.

SIR ROBERT NAYLOR
CHIEF EXECUTIVE



London Ambulance
Service
NHS Trust



Ref: 201003-252 LAM

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07 APR 2010

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30 April 2010

Calls for views and information: Review into how London's emergency services are working together to ensure the delivery of services during the 2012 Olympic and Paralympic Games

Dear Mr. Cleverly,

Thank you for your letter of 18 March 2010 regarding the above call for views and information.

NHS planning for 2012 is organised through a pan-London programme, led by NHS London in partnership with a range of key stakeholders and a lead PCT Chief Executive from NHS Newham. Through the programme NHS London is working with designated NHS providers, including the London Ambulance Service (LAS) and all of London's 31 Primary Care Trusts (PCTs), to ensure effective plans are in place to meet the demands of hosting the Games and ensure the delivery of services as usual. The Chief Executives of all London PCTs and acute trusts were invited to contribute to this letter, enabling us to provide you with a comprehensive response on behalf of the NHS in London.

Under the leadership of NHS London's 2012 Programme, the NHS in London will ensure that: services as usual are delivered to local residents during Games time; the bid commitments relating to health services are met; and the NHS is ready to respond should a major incident occur during the Games. To enable this, London's NHS is working in partnership with its stakeholders. These stakeholders include: London Organising Committee of the Olympic Games (LOCOG); Olympic and Paralympic Safety and Security Programme (OPSSP); Department of Health (DH); Greater London Authority (GLA); local authorities and others, to clarify planning assumptions relating to the Games.

With regard to your specific questions:

1. What is the expected impact of the Games on London emergency and health services' ability to deliver services as usual?

London Strategic Health Authority

Chair: Sir Richard Sykes

Chief Executive: Ruth Carnall CBE

NHS targets in London will not be relaxed during the Games and business as usual services to Londoners will not be compromised. NHS London has communicated this message to all NHS organisations in London. As a result of the robust planning work that is ongoing, we do not anticipate any adverse impact on health services' ability to deliver services as usual during the Games.

We have identified the following three main factors which have the potential to impact on health services during the 2012 Games.

- i) Bid commitments - Fulfilling the bid commitments to LOCOG for ambulance cover at Games venues and the provision of free medical services for the Olympic Family
- ii) Games Effect - Any extra demand on health services generated by a temporary increase in the population of London during the Games, or by increased activity such as live screen and cultural events that may take place at this time.
- iii) Business continuity – Disruption to health services related to the Games, such as interruption to supplies or workforce caused by transport changes e.g. the Olympic Route Network (ORN) and road closures.

The following work is being undertaken with our stakeholders to further define the bid commitments and the impact they will have on NHS organisations. It is also to refine the planning assumptions with regards to the Games Effect and business continuity. This work will mitigate the risk to business as usual that might be presented by these factors, by enabling the NHS to plan accurately and ensure sufficient capacity is in place to absorb any additionality.

i) *Bid commitments*

The key bid commitments regarding health services will primarily affect the London Ambulance Service and the three designated Olympic and Paralympic hospitals – Homerton University Hospital NHS Foundation Trust ('the Homerton'), Barts and the London NHS Trust ('BLT') and University College London Hospitals NHS Foundation Trust ('UCLH'). Working groups have been set up to define and scope any additional requirements for the Games. 'Statements of principle' for ambulance and designated hospital services have been drafted in order to bring greater clarity to the original bid commitments. These groups include representatives from service providers and their commissioners, DH, OPSSP, Government Olympic Executive (GOE) and LOCOG. The statements of principle for both ambulance and hospital services outline the services that the LAS and the three designated hospitals will be expected to deliver during the 2012 Games. They will also be included in a Memorandum of Understanding between the DH and LOCOG, thus forming the basis for future Olympic related activity by these providers in relation to LOCOG requirements.

Evidence from previous Games indicates that the designated hospitals will not see large volumes of patients from the Olympic Family. Instead the onsite polyclinic, managed by LOCOG, is expected to manage the majority of presentations and treatments for health services to minimise the need for acute care in hospitals. Early planning is underway to ensure that designated hospital trusts can deliver the bid commitments, without compromising their ability to discharge their business as usual responsibilities to the local population.

ii) *Games Effect*

Previous host cities have reported varying degrees of health service activity during the Games and as a result evidence from previous Games is inconclusive. The GOE has asked the Office of National Statistics (ONS) to review the various visitor numbers that are being used across Government and ODA/LOCOG. They are due to produce a final report by the end of June.

NHS London, LAS and commissioners will work with DH to translate these population statistics into an expected level of demand on health services.

Both NHS London and the LAS have built relationships with colleagues in Vancouver to learn lessons from their recent experiences of hosting the 2012 Winter Games, and have reviewed literature from previous Summer Games in Athens, Sydney and Beijing, as well as the Commonwealth Games in Manchester and Melbourne, to assist in their planning.

NHS London represents the NHS on the Public Services Working Group and is an active partner in the London Events Coordination Calendar (LECC) workstream. This workstream aims to map the public events that are to be held during Games time and ensure that they do not exceed the capacity of services, including ambulance and health. This calendar of events will be a valuable tool for NHS organisations in understanding the impact of local gatherings on their services.

iii) Business continuity

In April 2010 a workshop was held for PCT colleagues who are responsible for providing out of hospital services, to begin the planning work to ensure that primary health and social care services are geared up to meet any Games time disruption. As is the case before any event that may impact on health services, PCTs – particularly in those areas of London most likely to be affected by the Games - are working with local planning groups in order to ascertain their overall planning assumptions. This work is focussing on the impact on communication, social services, workforce, transport and roads to ensure that there is an appropriate response to local services and most notably, access to community and primary care services.

2. What is your role in ensuring delivery of health and emergency services as usual during the Games and what are you doing to meet these responsibilities?

The role of the NHS in London in ensuring delivery of health and emergency services during the Games will be no different to any other time. However the following NHS organisations have assumed additional responsibilities as detailed below.

NHS London

The Senior Responsible Owner for the NHS responsibilities in respect of the 2012 Games is Dr Simon Tanner, Regional Director of Public Health and Health Adviser to the GLA. Simon is an Executive Director of the SHA and has established a 2012 Programme Team at NHS London, to design and lead the response of the NHS in London to the 2012 Games. This includes providing assurance to the DH on the successful delivery of NHS related services to meet the bid commitments, and that any additional demands during the Games do not compromise business as usual. In order to meet these responsibilities, NHS London employs a dedicated Programme Team and leads several workstreams relevant to this investigation: health services, health resilience and public health.

It is the role of NHS London to seek assurance from London's NHS that it is ready for any additional demands imposed upon it as a result of hosting the Games. The Programme is supported by a lead PCT Chief Executive, Melanie Walker from NHS Newham. The 2012 Team work with NHS London's Performance Management team and the relevant commissioners, to ensure that business as usual is not compromised at the designated hospitals using the Programme governance structure. NHS London supports London's NHS by managing risks to the pan-London health programme, disseminating Games related information and working with service providers to develop business plans and secure exceptional funding. The organisation also manages strategic relationships with key stakeholders, such as LOCOG and the other

emergency services to ensure planning is joined up. NHS London also leads a public health workstream jointly with the Health Protection Agency (HPA), which aims to protect business as usual services by preventing inappropriate A&E attendances. This is done through the appropriate signposting of NHS services to visitors and through health promotion work.

London Ambulance Service

The role of the LAS in the run up to and during the 2012 Games, is to meet the requirements of the bid commitments, to cope with any additional activity generated outside of Games venues, and to be an active partner in the provision of a safe and secure 2012 Games. To meet these demands the LAS has undertaken the following.

The LAS employs a dedicated Olympic Games Planning Office and has developed a comprehensive programme of work for 2012, covering all areas of its operations. This programme of work is integrated with other agencies representing health and the OPSSP.

The LAS is an active partner in the OPSSP, working with the Association of Chief Police Officers (ACPO), the Metropolitan Police Olympic Policing Coordination Team (OPCT) and the Home Office Olympic and Paralympic Security Directorate (OPSD). The Olympic and Paralympic Safety and Security Strategy details clearly a response from the emergency services in London in line with the principles contained within existing procedures. These include the London Emergency Services Liaison Panel (LESLP), the London Command and Control Protocol (London Resilience) and relevant event planning guidance (The Guide to Safety at Sports Grounds – ‘the Green Guide’ and The Event Safety Guide– ‘the Purple Guide’).

The LAS is also the lead UK Ambulance Service for the coordination of ambulance planning for the 2012 Games. It undertook this role at the request of the DH early in 2007.

Designated Olympic and Paralympic Hospitals

The Homerton, BLT and UCLH will be the designated hospitals providing health services to the Olympic Family. Evidence from previous Games indicates that the designated hospitals will not see large volumes of patients from the Olympic Family, as the vast majority of these cases will be dealt with by LOCOG at the LOCOG run polyclinic. The three trusts will ensure that there will be no interruption to services for local residents.

Other NHS organisations across London

NHS London is working with other NHS organisations to ensure that there is service planning to provide capacity and capability to deliver business as usual at Games time. PCTs are working with local planning groups, in order to ascertain their overall planning assumptions and plan accordingly.

3. What milestones and planning assumptions are London’s emergency and health services working towards in preparing for the Games?

Regarding resilience, the NHS in London is working to the London Olympic Regional Planning Assumptions (LORPAs) developed by the London Resilience Team, commissioned by the Cabinet Office. Emergency planning leads at all NHS organisations in London have been advised to familiarise themselves with these planning assumptions. NHS London will audit these organisations against the assumptions in summer 2011, to ensure their resilience plans are ‘Olympic proof’.

LAS planning to meet the bid commitment to provide ambulance cover for the Games is based on the Green and Purple Guides mentioned above, the IOC technical manual and the Host City Contract.

The NHS in London is working to a set of additional planning assumptions in relation to the bid commitments that have been agreed with DH and LOCOG. We continue to work with LOCOG, supported by DH, to refine planning assumptions as we move towards the Games.

NHS London, LAS and designated hospital milestones are integrated with those of LOCOG, DH and the Olympic and Paralympic Safety and Security Strategy.

Planning assumptions and milestones are under constant review as circumstances change.

4. What are the resource implications for delivering emergency and health services during the Games and how will these be managed?

With the exception of NHS London, the LAS and the designated hospitals, we do not anticipate any significant additional resource requirements for the NHS. We note that under *Workforce issues* in the report made to the Committee on this investigation, the issue of releasing NHS staff to volunteer at the Games is raised. The NHS is awaiting guidance from DH on this matter – to be published in June - but we expect this to confirm that requests from staff to volunteer will be dealt with under usual annual leave policies and procedures, which will mitigate the impact on staff numbers and be cost neutral to the NHS. In addition, LOCOG have confirmed that recruitment for medical staff will be carried out nationally to further reduce the amount of resource it might draw from London's NHS.

An Information Pack issued to the NHS by DH in July 2009, noted that costs relating to the Games are expected to lie where they fall, except in exceptional circumstances. Business cases for exceptional funding were submitted to DH outlining expected costs related to the Games by NHS London, LAS, the designated hospitals and the London Sexual Health Programme. DH and London's PCTs have provided funding of £3.15m to support planning work in 2009/10 and 2010/11. Constructive discussions are ongoing between London's NHS and DH regarding future funding.

To ensure that core services during the Games are not affected, the LAS have developed a resource requirement based on the current Olympic Games schedule for clinical staff and vehicles. The Paralympic schedule has not yet been agreed. This will then be joined later this year with a more detailed picture of any additional resources needed to meet any additional Games Effect (see Q1). The LAS is also working with voluntary ambulance services, such as St John Ambulance and the British Red Cross, and private ambulance services to understand their capacity to assist the LAS if required during the 2012 Games.

The preferred approach by NHS London, DH and ambulance commissioners is for any extra resource requirement (clinical staff, equipment and vehicles) for the 2012 Games to be sourced using pre-planned aid from other UK ambulance services. The LAS has been working with other services, the DH and ambulance commissioners to fully understand the implications of this option, and a national approach is being developed with the National Ambulance Directors of Operations Group.

The LAS will manage any clinical staff with support from any provider ambulance service, based on the learning, experience and identified lessons from other large planned events, such as the G20.

The resource implications for the designated hospitals relate primarily to ensuring the availability of ring-fenced capacity for the Olympic Family, and employing a Hospital Olympic and Paralympic Liaison Officer (HOPLO) to manage relationships with LOCOG. Providing these resources will ensure that business as usual services are protected.

5. What coordination arrangements are London's emergency and health services entering into with other relevant stakeholders to ensure delivery of services as usual during the Games?

The NHS in London works with relevant stakeholders on a daily basis to ensure that health services are not affected by disruptions, such as those that may be seen during the Games e.g. mass gatherings and road closures. Within business as usual, NHS trusts maintain close working relationships with local authority colleagues and are represented on Local Resilience Forums alongside the emergency services.

Relationships are in place with Games-specific stakeholders who might not otherwise feature in the day to day business of the NHS. These relationships – with stakeholders such as LOCOG, GOE, and City Operations - are managed centrally by NHS London, which ensures that health is represented on forums such as the City Operations Public Services Working Group and that information is gathered and shared effectively. The LAS is also established as an active partner in the OPCT and is a member of relevant programme and project boards under the OPSSP.

There are well established protocols in London for the co-ordination of emergency services and responders under the Civil Contingencies Act, such as LESLP. Command and Control during the Games will be an enhancement of existing coordination arrangements for other events and incidents in London.

The involvement of the NHS in London's Command and Control structure during the Games is still to be finalised, as it can only be defined once the national work around Command and Control is completed by the Cabinet Office. However it is already known that the LAS, through the National Coordination Project (reporting to the Olympic Command, Control and Coordination Board of the OPSSP), will be an operational partner of the National Olympic Coordination Centre (NOCC). The LAS will represent all UK Ambulance Services within the NOCC during the 2012 Games.

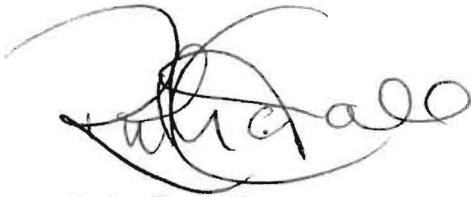
6. What are the key issues facing London's emergency and health services in planning for the Games over the next 12 months?

The NHS in London will work with relevant stakeholders to progress the following key issues over the next year.

- Further refinement of the bid commitments – for example as planning assumptions are revised, we will seek agreement from all parties on the level of resources the LAS will have to commit to sporting venues.
- Workforce – the DH will issue guidance on releasing NHS staff to work at the Games in June. As noted under Q4, we expect this to confirm that requests from staff to volunteer will be dealt with under usual annual leave policies and procedures.
- Games Effect – we will work to translate better refined population predictions at Games time into levels of activity for the NHS, so that all providers can plan accurately.

- Pre-planned mutual aid – the LAS and DH will seek final agreement on the scope and provision of pre-planned aid from other UK Ambulance Services.
- Funding – constructive discussions are ongoing between London's NHS and DH for Games related funding post March 2011.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Ruth Carnall', with a large, stylized flourish above the name.

Ruth Carnall
Chief Executive, NHS London

A handwritten signature in black ink, appearing to read 'Peter Bradley', with a large, stylized flourish above the name.

Peter Bradley CBE
Chief Executive, London Ambulance Service

Annex 1

List of acronyms

| | |
|---------------|--|
| ACPO | Association of Chief Police Officers |
| BLT | Barts and The London NHS Trust |
| DH | Department of Health |
| GLA | Greater London Authority |
| GOE | Government Olympic Executive |
| HOPLO | Hospital Olympic and Paralympic Liaison Officer |
| HPA | Health Protection Agency |
| LAS | London Ambulance Service |
| LESLP | London Emergency Services Liaison Panel |
| LOCOG | London Organising Committee for the Olympic Games |
| LORPAs | London Olympic Regional Planning Assumptions |
| NOCC | National Olympic Coordination Centre |
| ONS | Office of National Statistics |
| LECC | London Events Coordination Calendar |
| OPCT | Olympic Policing Coordination Team |
| OPSD | Olympic and Paralympic Security Directorate |
| OPSSP | Olympic and Paralympic Safety and Security Programme |
| PCT | Primary Care Trust |
| UCLH | University College London Hospitals NHS Foundation Trust |



London Ambulance
Service
NHS Trust



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22 July 2010

Dear James,

Investigation into how London's emergency and health services are working together to ensure delivery of services during the Games

Thank you for your letter of 1 July 2010 regarding the above investigation.

As you are aware, NHS planning for 2012 is organised through a pan-London programme, led by NHS London in partnership with a range of key stakeholders including the London Ambulance Service (LAS) and a lead PCT Chief Executive from NHS Newham. The programme aims to ensure that effective plans are in place to meet the demands of hosting the Games, while ensuring the delivery of services as usual to Londoners.

With regard to your questions, over the next 12 months we have identified the following planning process and milestones:

1. Securing any funding required for your service's Olympic requirements

NHS London is engaged in constructive discussions with the Department of Health on behalf of London's NHS to feed into the cross-government Spending Review process. The Spending Review concludes on October 20 and subsequently the Department of Health will be in a position to confirm with NHS London, the level of funding available to meet the additional costs incurred from the Games.

2. Finalising pre-planned aid

Pre-planned aid will be used for the provision of ambulance services.

Formal agreement on the provision of pre-planned aid is expected to be finalised by the end of 2010. This includes all elements of pre-planned aid, including the use of vehicles if required to supplement the LAS fleet.

London Strategic Health Authority

Interim Chair: Professor Mike Spyer

Chief Executive: Ruth Carnall CBE

3. Plans to test your service's readiness for the Games

The NHS is fully engaged in the Government Operations Testing Working Group which coordinates Games wide testing. In addition, the LAS Head of Olympic Planning sits on the advisory board which oversees the work of the Olympic Safety and Security Directorate's Testing and Exercising Programme. London's NHS is therefore well placed to participate in Games wide testing opportunities, such as the summer sports cluster in August 2011 and the Olympic Safety and Security Directorate's tests and exercises due to take place in September 2011 and March 2012.

The Department of Health has been commissioned by the Government Olympic Executive (GOE) to produce a testing strategy for the health community in England, including London's NHS. NHS London and LAS are contributing to the development of this strategy which will be completed and submitted by 30 September 2010.

The LAS 2012 Programme and NHS London's resilience workstream move into the testing and exercising phase early in 2011 in line with other stakeholders planning for the 2012 Games. Planned exercises, involving multiple NHS organisations, include a command post exercise to simultaneously test NHS control rooms in Autumn 2010, and reporting exercises to test data collection from all health bodies in August and November 2011.

4. Agreement of planning assumptions regarding the potential impact of the Games on your service

We continue to work with partners to refine the following planning assumptions regarding the potential impact of the Games on the NHS:

- Confirmation of policies regarding NHS workforce volunteering. We anticipate that guidance from the DH will confirm that NHS staff will be expected to take annual leave within usual policies and procedures and procedures in order to volunteer for the Games. We expect the DH to issue this guidance at the end of July 2010.
- Clarification is required over the predicted population of London at Gametime, as this will be used to model the demand for NHS services outside of venues. The Office of National Statistics (ONS) has been commissioned to review all the statistical work that has been undertaken to date and produce an estimated population range. We expect this work to be published in September 2010.
- The schedule of events in London is not yet known. This schedule will inform NHS capacity planning. The City Operations-led London Events Coordination Calendar (LECC) will hold details of the events taking place between 1 May and 31 October 2012 and will provide an overall picture of the potential demand on London's services to allow risks to be identified and managed. The LECC will start the first round of data collection from the end of September, which allows for the event assessment criteria to have been defined; plus the bulk of the event data will come from commercial event organisers whose plans will be in the early stages by this date. The first round of data entry will conclude 31 December 2010 but will be continuous from end of September 2010 until July 2012 to allow continuous assessment.
- Ambulance provision inside LOCOG venues is currently based on a set of planning assumptions that have been agreed by the Ambulance Working Group led by NHS London, with representation from LAS, LOCOG, DH, City Operations, GOE and the Home Office. Resourcing requirements for this provision will be refined once LOCOG has completed

venue risk assessments for each venue. We expect this work to be completed in December 2010.

- We continue to work with the Olympic Delivery Authority to understand transport planning activity and help the NHS prepare for the transport challenges at Games time. We aim to develop a robust communication plan to provide the NHS with key information to support planning, impact assessment and risk mitigation to ensure that the NHS in London continues to provide services as usual at Games time.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'Ruth Carnall'.

Ruth Carnall CBE
Chief Executive, NHS London

A handwritten signature in blue ink, appearing to read 'Peter Bradley'.

Peter Bradley CBE
Chief Executive, LAS

Mr James Cleverly
London Assembly Member
Chair of the Health and Public Services Committee
City Hall
The Queen's Walk
London, SE1 2AA

SECRETARIAT

RECEIVED

E-mail response sent to: Teodozja.Kuncewicz@london.gov.uk

Dear Mr Cleverly,

Submission from Homerton University Hospital NHS Foundation Trust to London Assembly's Health and Public Services Committee; Review into how London's emergency services are together to ensure the delivery of services during the 2012 Olympic and Paralympic Games.

Thank you for giving me the opportunity to submit evidence as part of the above review. The Homerton Hospital is situated just 3 kilometres from the 2012 Olympic Park and as such is the nearest hospital to it. The trust has had involvement in preparations leading up to the Games since 2003 when we contributed to the IOC assessment of host cities. The Homerton is the designated receiving hospital for LOCOG accredited personnel sustaining injury or illness on the Olympic Park requiring specialist hospital care. I currently sit on the LOCOG Medical Advisory Group and on NHS London's 2012 Executive Planning Committee. In addition, one of our senior Emergency Care Physicians, Dr Laurence Gant, is seconded part time to LOCOG to assist with the development of health services on the Olympic Park.

We are very excited by the prospect of the Games being hosted on our door step. Already we have seen benefits for both our hospital and the local community; most notably the improvement to the train line serving the Homerton Hospital and through donations from the Olympic sponsors.

In response to the specific questions you raise, we provide the following information:

Question 1

What is the expected impact of the Games on London emergency and health services' ability to deliver services as usual?

Although I am only in a position to speak on behalf of the Homerton, my understanding and observation on the work I have been involved in is that with regard to the impact on the emergency services, these are being assessed and prepared for in a comprehensive manner. The impact is being considered at a number of levels:

- Health care for residents.
- Health care for accredited personnel sustaining injury or illness on an Olympic site.
- Health care for people visiting London to watch the Games.
- Emergency health care in the event of a major incident.

Question 2

What is your role in ensuring delivery of health and emergency services as usual during the Games and what are you doing to meet these responsibilities?

The Homerton's role is to ensure hospital services for the residents of Hackney are maintained throughout the Games period. We have an additional responsibility which is to provide hospital services for Games accredited personnel who require them. Experience from previous summer games demonstrates that the number of hospital admissions is likely to be low and presenting medical conditions, within the range of the hospital's capabilities. Some additional resources will be required but these are not considered to be significant. There will be no interruption to services for Hackney residents.

Each summer the hospital closes a ward as demand reduces in the summer months. In 2012, this empty ward will be designated for any Olympic personnel who require admission. The Homerton will appointment a HOLO (Hospital Olympic Liaison Officer) who will coordinate with the Olympic Park.

Question 3

What milestones and planning assumptions are London's emergency and health services working towards in preparation for the Games?

I think this question is best answered by NHS London.

Question 4

What are the resource implications for delivering emergency and health services during the Games and how are these being managed?

For the Homerton, the estimated costs of providing hospital services for Games personnel is £278k.

Question 5

What co-ordination arrangements are London's emergency and health services entering into with other relevant stakeholders to ensure delivery of services as usual during the Games?

I think this question is best answered by NHS London.

Question 6

What are the key issues facing London's emergency and health services in planning for the Games over the next 12 months?

I think this question is best answered by NHS London.

I hope the information above is of help to you. Please do not hesitate to contact me again if further information is required.

Yours sincerely

Nancy Hallett
Chief Executive

