Oxford University Hospitals NHS
NHS Trust

Trust Board Meeting in Public: Wednesday 9 September 2015

TB2015.119

Title	**Emergency Preparedness, Resilience and Response – Annual Report**

Status	For approval.
History	This is an annual report to the Board and was previously submitted to the Trust Management Executive meeting on 25th June 2015.

Board Lead(s)	**Paul Brennan, Director of Clinical Services**			
Key purpose	Strategy	**Assurance**	**Policy**	**Performance**

Executive Summary

1. This paper provides a report on the Trust's preparedness for emergencies.
2. It discusses the planning progress over the past year, looks at the training and exercising programme, and gives a summary of instances in which the Trust has had to respond to extraordinary circumstances.
3. **Recommendation**

   The Trust Board is asked to accept and endorse this report and approve the revised EPRR Policies.

Emergency Preparedness, Resilience and Response – Annual Report July 2015

1. Introduction

1.1. This paper provides a report on the Trust's emergency preparedness in order to meet the requirements of the Civil Contingencies Act 2004 and the NHS Commissioning Board Emergency Preparedness Framework 2013.

1.2. The Trust has a mature suite of plans to deal with Major Incidents and Business Continuity issues. These conform to the CCA (2004) and current NHS-wide guidance. All plans have been developed in consultation with regional stakeholders to ensure cohesion with their plans.

1.3. The paper reports on the training and exercising programme, EPRR reporting programme, and details the developments of the emergency planning arrangements and plans. The report gives a summary of instances in which the Trust has had to respond to extraordinary circumstances.

2. Background

2.1. The Civil Contingencies Act 2004 outlines a single framework for civil protection in the United Kingdom. Part 1 of the Act establishes a clear set of roles and responsibilities for those involved in emergency preparedness and response at the local level. As a category one responder, the Trust is subject to the following civil protection duties:

- assess the risk of emergencies occurring and use this to inform contingency planning
- put in place emergency plans
- put in place business continuity management arrangements
- put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency
- share information with other local responders to enhance co-ordination
- cooperate with other local responders to enhance co-ordination and efficiency

3. Risk Assessment

3.1. The Civil Contingencies Act 2004 places a legal duty on responders to undertake risk assessments and publish risks in a Community Risk Register. The purpose of the Community Risk Register is to reassure the community that the risk of potential hazards has been assessed, and that preparation arrangements are undertaken and response plans exist. Those risks currently identified on the Thames Valley Local Resilience Forum Community Risk Register with a rating of very high include:

- industrial action
- influenza-type disease (pandemic)
- fuel shortage
- severe weather (low temperatures, heavy snow, storms and gales, flooding)
- local accident on motorways and major trunk roads

- disruption to the fuel supply
- disruption to the telecommunications infrastructure

4. Assurance

4.1. Appendix 1 details the EPRR assurance logs for 2014/15 and 2015/16 YTD. These logs detail the publication dates of key EPRR documents and dates they are due for release or review

5. Audits

5.1. In February 2015, SCAS undertook an audit of the Trust's CBRN(E)/HazMat (Chemical, Biological, Radiological and Nuclear (Explosive)/Hazardous Materials) incident preparedness. Feedback to the Trust noted that the Trust was well-prepared to manage a CBRN(E)/HazMat incident; however, further training and exercising would be beneficial. It was noted in the light of recent guidance, development was required to adopt the revised decontamination procedures. This guidance has been incorporated into the next version of the Major Incident Policy (see section 8.1) and the EDs consulted on taking training forward.

5.2. In March 2015, Oxfordshire CCG undertook an audit of our Business Continuity arrangements. The report noted that planning was in line with the national core standards for EPRR; however, training and exercising of plans at the service level could be improved.

6. Partnership Working

6.1. The Trust works in collaboration with a range of partner agencies through formal standing meetings and ad hoc arrangements. Formal committees of which the Trust is a member include the Thames Valley Local Health Resilience Partnership, the Oxfordshire Resilience Group, and Thames Valley Emergency Planning Forum. The purpose of these groups is to ensure that effective and coordinated arrangements are in place for NHS emergency preparedness and response in accordance with national policy and direction from NHS England South Central.

7. Debriefing From Live Events and Exercises

7.1. Following live events and exercises, debriefs are undertaken in order to capture learning points. Lessons identified from live events and exercises are subsequently incorporated into major incident plans and business continuity plans, and also shared with partner organisations.

8. Communications

8.1. Communication is critical in dealing with any adverse incident. As part of the Trust's exercise programme, a series of communications exercises was held in the Thames Valley over the year. The exercise series, named 'Exercise Talk Talk', simulated a major incident communications cascade. Table 2 details these exercises and the learning gained from them.

9. Planning Sector Reports

9.1. The following sections provide an area-by-area report on developments over the past year and planning for next year.

10. Major Incident Policy

10.1. This Policy details the Trust's actions in the event of an external major incident (e.g., an air disaster, rail crash, floods, or a terrorist attack). Such an event will require the hospital to employ a different method of working in order to manage the situation. The Policy is supplemented with unit-level plans (held locally) that detail the actions required of individual units to ensure that the corporate plan is achieved. In addition to conventional incidents, the policy details how the Trust will manage CBRN(E)/HazMat incidents. The Policy plans for the management of mass casualties.

10.2. Version 9.1 of the Policy was released in March 2015.

11. Business Continuity Management Policy

11.1. Business Continuity Management is a management process that helps to manage the risks to the smooth running of an organisation or delivery of a service, ensuring that the business can continue in the event of a disruption. These risks can be from the external environment (e.g., power failures or severe weather) or from within an organisation (e.g., systems failures or loss of key staff). A business continuity event is any incident requiring the implementation of special arrangements within an NHS organisation in order to maintain or restore services. For NHS organisations, there may be a long 'tail' to an emergency event, e.g., loss of facilities, provision of services to patients injured or affected in the event, etc.

11.2. The Policy is comprised of a corporate-level policy and supported by service-level plans. These service-level plans detail what would be required for the service to continue; which less-critical services or functions could be suspended and for how long in order to maintain critical services; which other services are required for that service to function; and which services rely on that service being operational.

11.3. The Policy has specific plans for the management of high likelihood incidents. These are:

- Fuel supply disruption
- Adverse weather
- On-site traffic management
- Pandemic influenza

11.4. Version 5.0 of the Policy was released in September 2014. The Policy aligns to British Standard ISO22301.

11.5. Table 1 shows the Division's progress on developing service continuity plans.

11.6. The Trust needs to undertake more training and exercising on business continuity issues. To enable this, a series of on-line training and exercising packs have been produced for the services.

12. Hospital Evacuation Policy

12.1. This Policy details how the Trust would manage a scenario whereby it would need to evacuate a number of patients from the premises and potentially a whole block or site. Version 5 of the Policy was released in September 2014.

13. Policy Review

13.1. The Trust Board is requested to approve the following policies as part of the annual review process. A summary of changes made to the documents is detailed below:

Major Incident Policy	Revision of decontamination procedure following revision of national guidance. Conversion of some text based sections to algorithms. Update of organisations names.
Business Continuity Management Policy	Revised following revision of national guidance. Amended action cards, flowcharts, document design etc. Update of organisations names. Removal of Bleep Failure Plan (now held within the OUH Bleep Policy). Removal of document history from Appendix F.
Hospital Evacuation Policy	References updated. Appendices 8 and 9 removed as more detailed and up to date information held by OCC. Inclusion of Healthcare Evacuation Triage Priorities and Definitions table. Update of names of organisations.

13.2. Full versions of all of the above-mentioned policies can be found on the following link:

http://ouh.oxnet.nhs.uk/EmergencyPlanning/Document%20Library/Forms/AllItems.aspx?RootFolder=%2fEmergencyPlanning%2fDocument%20Library%2fDraft%20Policies%20For%20Comment&FolderCTID=0x010100B8D667E6D53D4008BD59E0D3C18CDFE0002AE606AEDB29F94AA21DD6A203BF9A8A&View=%7bB91A3C86%2dC9D8%2d41E8%2d985D%2dD44918773D05%7d

14. Testing and Exercising

14.1. The Trust has a rolling programme of live, table-top and communications exercises that are designed to test and develop our plans. The Trust is required to hold a live test every three years, a table-top test every year, and a communications cascade every six months. Whenever possible, the Trust strives to ensure that our testing is held in a multi-agency context. This is to provide familiarisation with other organisations and to assist with benchmarking our response with our partners. Exercises provide invaluable insight into the operationalisation of our plans and important information regarding the areas of the plans that require further development. Table 2 details the training and exercises undertaken from June 2014 to April 2015. In addition to these, a rolling programme of service-level major incident and business continuity exercises has taken place (see Table 1 for details).

14.2. Further exercises are being planned for next year. These will include two communications cascade exercises (the first being scheduled for October 2015)

and at least one table-top exercise (the first also being scheduled for October 2015.

14.3. At the regional level, a pandemic influenza workshop and a table-top exercise are being planned for June and November 2015 respectively. A major incident exercise is being planned for autumn 2015.

14.4. As required by the EPRR Core Standards, all corporate-level training and exercising is based on and referenced to the National Occupation Standards for Civil Contingencies.

15. Live Events

15.1. During 2014/15, the OUH experienced a number of internal emergencies. These are detailed below:

- July 2014, the lifts in the Trauma block failed. This resulted in patients on the ward being put at risk should they have needed transfer to other clinical areas.
- October 2014, a bleep failure on the JR site required the continuity arrangements to be enacted.
- In October 2014, January 2015, and March 2015, industrial action by unions required the enactment of business continuity plans to manage potential and actual strike action.
- February 2015, the Trust Multiple Major Trauma protocol was enacted in response to an RTC on the M40.

15.2. Debriefs were held after the incidents and action plans for plan development were produced. These incidents have helped the Trust and Services to develop their plans to manage such incidents should they occur again in the future.

16. Summary

16.1. The past year has seen good developments in the Trust's resilience arrangements; however, more work is required at the service level to achieve full resilience.

16.2. The Trust should be undertaking a more detailed and comprehensive training and exercising programme; however, this requires resourcing.

17. Recommendations

17.1. It is recommended that the Trust Board accepts and endorses this report.

17.2. It is recommended the Trust Board approves the revised EPRR Policies.

Paul Brennan, Director of Clinical Services

David Smith, Emergency Planning Officer

August 2015

Appendix 1 – Emergency Preparedness, Resilience and Response Assurance Log – 2014/15 and 2015/16 YTD

Oxford University Hospitals NHS Trust

Emergency Preparedness, Resilience and Response Assurance Log

2014/15

	Group	Valid	Valid Period (Months)	Review Date	2013/14 Date	Date Approved/Sent 2014 Apr	2014 May	2014 Jun	2014 Jul	2014 Aug	2014 Sep	2014 Oct	2014 Nov	2014 Dec	2015 Jan	2015 Feb	2015 Mar
1 POLICIES																	
Major Incident Policy	TME/Trust Board	✓	12	09/15	01/08/13						10/09/14						
Business Continuity Policy	TME/Trust Board	✓	12	09/15	01/08/13						10/09/14						
Hospital Evacuation Policy	TME/Trust Board	✓	12	09/15	01/08/13						10/09/14						
VHF Plan	TME	✓	13	12/15	01/11/14								13/11/14				
2 RISK REGISTER																	
Risk Register Review		✓	12	11/15	01/11/13							30/10/14					
3 REPORTING																	
Annual TME Report	TME	✓	12	09/15	01/08/13					28/08/14							
Annual Trust Board Report	Trust Board	✓	12	09/15	01/12/13						10/09/14						
Directorate Board Report	Directorate Management Team	✗	1	04/15	01/03/14	01/04/14	01/05/14	01/06/14	01/07/14	01/08/14	01/09/14	01/10/14	01/11/14	01/12/14	01/01/15	01/02/15	01/03/15
Monthly Divisional Teams Report	Divisional Teams	✗	1	04/15	01/03/13	01/04/14	01/05/14	01/06/14	01/07/14	01/08/14	01/09/14	01/10/14	01/11/14	01/12/14	01/01/15	01/02/15	01/03/15
4 AUDITS																	
EPRR Core Standards Self-Assessment Audit	TME and CCG	✓	12	11/15	01/01/14							30/10/14					
National Capabilities Suvey	DCS	✓	24	11/16									12/11/14				
CBRN Equipment Audit	EPRR Group	✗	3	05/15	01/04/14											10/02/15	

2015/16

	Group	Valid	Valid Period (Months)	Review Date	2014/15 Date	Date Approved/Sent 2015 Apr	2015 May	2015 Jun	2015 Jul	2015 Aug	2015 Sep	2015 Oct	2015 Nov	2015 Dec	2016 Jan	2016 Feb	2016 Mar
1 POLICIES																	
Major Incident Policy	TME/Trust Board	✓	12	09/15	10/09/14												
Business Continuity Policy	TME/Trust Board	✓	12	09/15	10/09/14												
Hospital Evacuation Policy	TME/Trust Board	✓	12	09/15	10/09/14												
VHF Plan	TME	✓	13	12/15	13/11/14												
2 RISK REGISTER																	
Risk Register Review		✓	12	11/15	30/10/14												
3 REPORTING																	
Annual TME Report	TME	✓	12	09/15	28/08/14												
Annual Trust Board Report	Trust Board	✓	12	09/15	10/09/14												
Directorate Board Report	Directorate Management Team	✗	1	06/15	01/03/15	01/04/15	01/05/15										
Monthly Divisional Teams Report	Divisional Teams	✗	1	06/15	01/03/15	01/04/15	01/05/15										
4 AUDITS																	
EPRR Core Standards Self-Assessment Audit	TME and CCG	✓	12	11/15	30/10/14												
National Capabilities Suvey	DCS	✓	24	11/16	12/11/14												
CBRN Equipment Audit	EPRR Group	✗	3	05/15	10/02/15												

Table 1 – Service Continuity Plan Status

As at 08/06/15

Division	Service	SCP Release Date	Date of SCP Test	Status
Children's & Women's	Gynaecology	31 Oct 14	09 Sep 14	
Children's & Women's	Horton Paediatrics	31 Aug 14	30 Oct 12	
Children's & Women's	JR Paediatrics	31 Aug 14	30 Oct 12	
Children's & Women's	Maternity - JR and HG	31 Aug 14	27 Dec 12	
Children's & Women's	Newborn Care Unit	31 Aug 14	29 Jul 13	
Clinical Support Services	AICU/CICU	08 May 13	17 Dec 14	
Clinical Support Services	Cellular Pathology	31 Mar 15	28 Feb 15	
Clinical Support Services	Clinical Biochemistry	30 Nov 14	26 May 15	
Clinical Support Services	Genetics Laboratories	18 Dec 12	08 Apr 14	
Clinical Support Services	Laboratory Haematology	31 May 14	30 Mar 14	
Clinical Support Services	Laboratory Immunology	06 Jan 15	25 Mar 15	
Clinical Support Services	Microbiology	31 Jan 14	21 Mar 15	
Clinical Support Services	Pain Relief	30 Oct 14	15 Dec 14	
Clinical Support Services	Pharmacy	30 Nov 14	31 Aug 14	
Clinical Support Services	Radiology CH & Breast Screening	01 Sep 14	04 Jun 14	
Clinical Support Services	Radiology Community	01 Sep 14	04 Jun 14	
Clinical Support Services	Radiology HGH	01 Sep 14	04 Jun 14	
Clinical Support Services	Radiology JR	01 Sep 14	04 Jun 14	
Clinical Support Services	Radiology West Wing	01 Sep 14	04 Jun 14	
Clinical Support Services	Resus Department	31 May 13	17 Jan 14	
Clinical Support Services	Sterile Services Department	10 Aug 12	13 Jul 12	
Clinical Support Services	Theatres and Anaesthetics JR & WW, and HG	01 Dec 14	09 Aug 13	
Corporate	Estates	21 Aug 13		
Corporate	Finance	15 Jan 15	24 Feb 15	
Corporate	HR	26 May 15	12 Nov 13	
Corporate	IM&T	28 Feb 15	07 Feb 15	
Corporate	Media and Communications	31 Dec 14	20 May 14	
Corporate	Procurement	26 Jan 10		
Medicine, Rehabilitation & Cardiac	AGM and Geratology - HG	30 Oct 12	31 Oct 12	
Medicine, Rehabilitation & Cardiac	AGM and Geratology - JR	31 Jul 14	22 Jul 14	
Medicine, Rehabilitation & Cardiac	Assistive Technology	21 Aug 13		
Medicine, Rehabilitation & Cardiac	Clinical Genetics	20 Sep 12	05 Dec 13	
Medicine, Rehabilitation & Cardiac	Clinical Immunology	15 Jan 16	05 Dec 13	
Medicine, Rehabilitation & Cardiac	CTV	28 Nov 11	18 Apr 13	
Medicine, Rehabilitation & Cardiac	Dermatology	19 May 15	05 Dec 13	
Medicine, Rehabilitation & Cardiac	Diabetes and Endocrinology (OCDEM)	19 May 15	05 Dec 13	
Medicine, Rehabilitation & Cardiac	Sexual Health and Colposcopy	19 May 15	05 Dec 13	
Medicine, Rehabilitation & Cardiac	Horton ED	31 Mar 13	24 Oct 12	
Medicine, Rehabilitation & Cardiac	Infectious Diseases	12 Dec 13	05 Dec 13	
Medicine, Rehabilitation & Cardiac	JR ED	31 Mar 13	24 Oct 12	
Medicine, Rehabilitation & Cardiac	Occupational Therapy	17 Jan 13	21 Oct 13	
Medicine, Rehabilitation & Cardiac	Physiotherapy	17 Jan 13	21 Oct 13	
Medicine, Rehabilitation & Cardiac	Respiratory Medicine	31 Jan 14	05 Dec 13	
Neurosciences, Orthopaedics, Trauma & Specialist Surgery	Community Neurology	31 Jul 14	16 Jul 14	
Neurosciences, Orthopaedics, Trauma & Specialist Surgery	NOC Site - Directorate Support	12 Dec 14	03 Feb 15	
Neurosciences, Orthopaedics, Trauma & Specialist Surgery	NOC Site - Inpatient Wards	15 Mar 15	16 Jul 14	
Neurosciences, Orthopaedics, Trauma & Specialist Surgery	Neurosciences	30 Apr 14	04 Dec 14	
Neurosciences, Orthopaedics, Trauma & Specialist Surgery	NOC Site - G4S	09 Apr 15	16 Jul 14	
Neurosciences, Orthopaedics, Trauma & Specialist Surgery	Orthotics	31 Mar 15	03 Feb 15	
Neurosciences, Orthopaedics, Trauma & Specialist Surgery	Outpatients/POAC	01 Oct 14	16 Jul 14	
Neurosciences, Orthopaedics, Trauma & Specialist Surgery	Prosthetics	07 Aug 14	09 Oct 14	
Neurosciences, Orthopaedics, Trauma & Specialist Surgery	Specialist Surgery	30 Nov 14	04 Dec 14	
Neurosciences, Orthopaedics, Trauma & Specialist Surgery	Theatres - Orthopaedics	01 Aug 14	03 Feb 15	
Neurosciences, Orthopaedics, Trauma & Specialist Surgery	Therapies - Orthopaedics	15 Mar 15	16 Jul 14	
Neurosciences, Orthopaedics, Trauma & Specialist Surgery	Trauma	05 Jun 14	04 Dec 14	
Operations & Service Improvement	Blood Safety and Conservation	31 Aug 13	25 Nov 12	
Operations & Service Improvement	Operational Management	08 Aug 13	07 Apr 15	
Surgery & Oncology	Endoscopy	30 Apr 13	11 Jul 12	
Surgery & Oncology	Haemodialysis	14 Sep 11	11 Jul 12	
Surgery & Oncology	Medical Physics	26 Jul 11		
Surgery & Oncology	Oncology & Haematology	27 Jul 11	11 Jul 12	
Surgery & Oncology	Oxford Haemophilia and Thrombosis Centre	31 Aug 14		
Surgery & Oncology	Radiotherapy	21 Feb 12		
Surgery & Oncology	Renal, Transplant and Urology	09 Feb 12	11 Jul 12	
Surgery & Oncology	Surgery and Gastroenterology	17 Dec 12	13 Nov 12	
Surgery & Oncology	Theatres and Anaesthetics CH	30 Nov 13		

Table 2 – Testing and Exercising Programme 2014/15

Year	Month	Exercise Name/Details	Type	Description	Led by	Target audience	Debrief Notes
2014	July	Thames Valley Pandemic Influenza Workshop	Workshop	Influenza Pandemic	NHS England - Thames Valley	Thames Valley Commissioners and Provider Trusts	N/A
2014	July	Business Continuity Exercise	Table Top	Effusive Volcano	EPO	AGM, Geratology and Stroke JR	The creation of action cards for areas as well Action Leads to be identified. Understand whether Consultants should be available to be contacted 24/7 and whether there should be further contingency with medical and nursing staff being on a, on call roster. Run a call out exercise for all medical and nursing staff Ensure contact lists are up to date
2014	September	Exercise Calcium	Live Decon/Table Top Command Post	OFRS CBRN Decontamination and OUH Command Post Exercise	EPO/OFRS	OFRS and OUH Strategic/ Tactical Command	Training exercise. Individual feedback given.
2014	October	Exercise Chavasse	Table Top	Mass Casualties	TV LRF/NHS England - Thames Valley	All responders.	• All multi-agency incident response plans to be updated and to include declaration of mass casualties' incident by SCAS. • TVLRF to look at influencing Resilience Direct to use a national crisis management system for example CLIO. • Develop and publish Mutual Aid Policies for Health and LRF. • All multi-agency partners mass casualties' plans, communications plans and other associated plans to be reviewed and updated. • All multi-agency partners to look at training plans to reflect the key themes identified that need further consideration. • Health to consider MIUs and Walk in/Urgent Care Centres to be included in communications cascades. • To ensure that proactive discharge planning is an essential role for acute trusts pre and post incident with support from community and social care. This would link into repatriation pathways/policies. • Develop a process for logging of self-presenters at different health organisations. • Health to consider equipment levels for mass casualties at EDs. • Health to consider messages required to primary care if mass casualties' incident occurs. • Health to consider management of national targets and the financial implications of these if not achieved. • Acute trusts to consider lock down and shutting down of some services; • Acute trusts need contact lists of key trauma specialists i.e. with relation to ballistic/high velocity injuries. • Escalation process required for GPs to support vulnerable patients to aid admissions avoidance with 24/7 service.
2014	October	Exercise Strontium	Table Top	Major Incident	EPO/ED	OUH ED Responders	It was noted that Trauma would quickly run out of key supplies. The Trauma participants would take this issue back to the unit with them and investigate how they could obtain more equipment and how it would be delivered to the

Year	Month	Exercise Name/Details	Type	Description	Led by	Target audience	Debrief Notes
							hospital. Action: David Noyes. Closed: Trauma clarified with Synthes how more equipment could be obtained, and how it would be delivered to the hospital 6/1/15. Jon Walker and David Smith would review the ED action cards with a view to improving them. This would include instructions on the escorting of patients between departments. Action: David Smith/Jon Walker. Closed: Moved to on-going review of MIP 20/4/15. It was noted that a profile of equipment and its location in the Trust would be of benefit. Notably, the number of ventilators, transfer ventilators and theatre equipment. Action: David Smith Update: Richard Osman and Marcus Durand emailed 1/12/14. Closed: This will now be taken forward at the local level 20/4/15. It was noted that in such an incident an increase in demand for blood products at the scene of the incident was possible. The question of how this would be done was noted as requiring consideration. Action: Julie Staves to take forward with John Black in SCAS. Closed: Appropriate guidance will be attached to the Transfusion department major haemorrhage protocol 20/4/15. The group noted that the road network close to the hospital is often congested and this could delay staff coming in to support a major incident. The Trust traffic management plan was presented; however, this could only manage on site issues. The group felt and overview of equipment held Trust-wide would be beneficial. Action: David Smith/DMEED. Update: Richard Osman and Marcus Durand emailed 1/12/14. Closed: This will now be taken forward at the local level 20/4/15. The exercise highlighted the need for strong command and control at the front door with multi-disciplinary input. The need for additional training and exercising was noted. It was reported that exercises such as this one were hoped to be held 6-monthly. Closed: Second exercise scheduled for April 2015. Clarity over whether staff would be paid for any overtime incurred in a major incident. Action: David Smith/Sara Randall. Update: Sara emailed 1/12/14. Closed: 17/2/15 – HR confirmed that any a work undertaken during a Major Incident falls under the normal payment rules for each individual that works over and above their contractual hours. The need for up to date contact numbers for staff was highlighted. It was noted that the Switchboard upgrade (currently being undertaken) should aid this. Update: Switchboard upgrade in progress Jan 2015. Closed: Switchboard upgrade completed 26/2. Ability for Trust staff to update details via intranet and via switchboard. Concern was noted that the numbers of staff able to attend OOH could be small. This would be tested when the new call out system (Confirmer) was in place. Update: Test scheduled for March 2015. Closed: Confirmer in place 20/4/15. Should Trauma OPD be opened as a reception centre, it was noted that administrative support from the ED would be required to ensure that patients are correctly admitted to the hospital. Action: Jon Walker. Closed: 14/4/15 – ED would send Receptionist to Trauma to receive and admit patients. Due to the changes in the use of technology it was noted that the number of wrist bands and patient sticky labels in the major incident registration packs might need to be increased. Action: Jon Walker/Alex Monaghan. Closed:

Year	Month	Exercise Name/Details	Type	Description	Led by	Target audience	Debrief Notes
							8/1/15 – Increased labels and wrist bands in each set of major incident notes. It was felt that more patient monitors in the ED would be beneficial. Action: Jon Walker. Closed: 8/1/15 – due to ED rebuild, the number and type of monitors in the department is likely to change. During the rebuild process, this would be kept in mind. All felt that a SCAS representative at such exercises would be beneficial. Action: David Smith. Closed: 1/12/14 SCAS invited to next exercise scheduled for 20/4/15. Improved triage protocols would be beneficial for staff working in Trauma OPD should it be opened as a reception centre. Action: Jon Walker. Closed: Taken forward as part of the Action Card review 20/4/15.
2014	October	Exercise Talk Talk	Communications Cascade	Communications Cascade	SCAS (Amb) for region	All health agencies	Out of hours, Level 2. No issues reported.
2014	October	Ebola Preparedness Walk Through	Table Top	Ebola Preparedness Walk Through	OCC EPU	TV LRF	N/A
2014	November	MI/Business Continuity Introduction and Exercise Walkthrough - Band 6 Nurses SEU	Workshop	Major Incident and Business Continuity	EPO	Staff nurses	Training exercise. Individual feedback given.
2014	November	Evacuation Exercise - G Harris Ward	Table Top	Evacuation Exercise	EPO	Staff nurses	Training exercise. Individual feedback given.
2015	April	Exercise Talk Talk	Communications Cascade	Communications Cascade	SCAS (Amb) for region	All health agencies	In hours, Level 1 • Present the 'Talk Talk' report to the EPLO Forum 23rd April 2015 to gain clarity and engagement on actions. • Training for SCAS EOC staff on the call out process in a major incident • This should include: o Key 'exercise exercise…' o Use of the designed action cards o Confirmation that staff do have knowledge of the agreed protocol to contact trusts. E.g. emergency departments Vs switchboard. o An exercise should be set to include 'a call from outside the health system' to the EOC to initiate the exercise onwards. o Any additional actions identified for the EOC to follow when contacting trusts with two emergency departments. o Revision of what content needs to be included within a pager message for an exercise • Given the level of man power and time needed to conduct this exercise by TVEA, future exercises should include a 'heads up' of 'start date and time' to TVEA. • Inclusion of Milton Keynes Unitary Authority public health team at the next exercise. • To consider including the wider NHS England South (South Central) health economy in future exercises.