

Trust Board Meeting in Public: Wednesday 13 July 2016
TB2016.70

Title	Emergency Preparedness, Resilience and Response – Annual Report
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Status	For approval.
History	This is a regular report to Trust Management Executive and Trust Board.

Board Lead(s)	Mr 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 2016

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 England Emergency Preparedness, Resilience and Response Framework 2015.
- 1.2. The Trust has a mature suite of plans to deal with Major Incidents and Business Continuity issues. These conform to the Civil Contingencies Act (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
 - co-operate 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
- foreign nuclear accident affecting the UK.

4. Assurance

- 4.1. Appendix 1 details the EPRR assurance logs for 2015/16 and 2016/17 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. Following this audit training for front-line staff has been increased and a rolling programme put in place. This annual audit was repeated in May 2016 and feedback is awaited.
- 5.2. In July 2015, Oxfordshire CCG undertook an audit of our EPRR arrangements. The report noted that planning was in line with the national core standards for EPRR; however, training and exercising of plans 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 (Executive and Business Groups), and the Oxfordshire Resilience Group. The Trust is also represented at a number of sub groups of the Thames Valley Local Resilience 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 and business continuity plans, and are 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 were 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.

9.2. Major Incident Policy

- 9.2.1. 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.
- 9.2.2. Version 9.3 of the Policy was released in October 2015.

9.3. Business Continuity Management Policy

- 9.3.1. 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.
- 9.3.2. 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.
- 9.3.3. 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
- 9.3.4. Version 5.2 of the Policy was released in October 2015. The Policy aligns to British Standard ISO22301.
- 9.3.5. Table 1 shows the Division's progress on developing service continuity plans.
- 9.3.6. 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.

9.4. Hospital Evacuation Policy

- 9.4.1. 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 5.2 of the Policy was released in October 2015.

10. Policy Review

10.1. The Trust Management Executive 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	<ul style="list-style-type: none"> • Updated throughout in line with national guidance. • Amalgamation of Appendices 7 and 8 and Maps 7 and 8. • Hospital site listing order changed to receiving sites first. • Removal of operational Radiation Monitoring Unit Action Cards to Medical Physics and Clinical Engineering Intranet Site.
Business Continuity Management Policy	<ul style="list-style-type: none"> • Reviewed throughout. • Updated action cards to balance workload.
Hospital Evacuation Policy	<ul style="list-style-type: none"> • References updated. • Minor updates throughout. • Updated population modelling.

10.2. 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>

11. Testing and Exercising

11.1. 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 the following:

- Communications exercise - minimum frequency – every six months
- Table top exercise – minimum frequency – every 12 months
- Live play exercise – minimum frequency – every three years
- Command post exercise – minimum frequency – every 3 years
- Put in place arrangements to make information available to the public about civil protection.

11.2. If an organisation activates their ICC in response to a live incident this replaces the need to run an exercise, providing lessons are identified and logged and an action plan developed.

11.3. 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 April 2015 to April 2016. In addition to these, a rolling programme of service-level major incident and business continuity exercises has taken place (see Table 1 for details).

- 11.4. Further exercises are being planned for next year. These will include two communications cascade exercises (the first being scheduled for October 2016) and at least one table-top exercise (the first being scheduled for June 2016).
- 11.5. At the regional level, a mass casualties table-top exercise is being planned for July 2015.
- 11.6. 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.

12. Live Events

- 12.1. During 2015/16 and into 2016/17, the OUH experienced a series of days of Industrial Action (Junior Doctors). This required the Trust to enact its business continuity arrangements in planning for these periods of disruption.
- 12.2. During 2015/16, the OUH experienced a number of extraordinary incidents. These are detailed below:
 - Churchill – Loss of Heating. During planned asbestos removal works in the Churchill boiler house a low voltage electrical joint cable was disturbed, causing loss of power supply to the boiler house. This resulted in loss of heating to much of the old estate. Continuity arrangements were successfully put into action during the repairs to the cable.
 - Throughout 2015/16 the Trust continued to plan for infectious pathogens (i.e. Zika Virus, MERS and VHF). The Trust worked with all services and partner organisations to ensure that appropriate patient pathways were in place should any suspected cases present to the Trust.
 - In February 2016, the Trust Major Incident Plan was enacted in response to a building collapse at Didcot Power Station.
 - In March 2016, the Trust responded to a suspicious package. The Trust response was praised by the Police.
- 12.3. 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.

13. Summary

- 13.1. 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.
- 13.2. The Trust should be undertaking a more detailed and comprehensive training and exercising programme; however, this requires resourcing.

14. Recommendations

- 14.1. It is recommended that the Trust Management Executive accepts and endorses this report.

14.2. It is recommended the Trust Management Executive approves the revised EPRR Policies.

Paul Brennan, Director of Clinical Services

David Smith, Emergency Planning Officer

June 2016

Appendix 1 – Emergency Preparedness, Resilience and Response Assurance Log – 2015/16 and 2016/17 YTD

Oxford University Hospitals NHS Trust
Emergency Preparedness, Resilience and Response Assurance Log

2015/16

Group	Valid	Valid Period (Months)	Review Date	Date Approved/Sent														
				2014/15 Date	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	07/16	10/09/14													30/06/15
Business Continuity Policy	TME/Trust Board	✔	12	07/16	10/09/14													30/06/15
Hospital Evacuation Policy	TME/Trust Board	✔	12	07/16	10/09/14													30/06/15
MERS Plan	TME/OXMID	✔	12	12/16	30/07/15													30/11/15
VHF Plan	TME/OXMID	✔	13	03/17	13/11/14													30/01/16
2 RISK REGISTER																		
Risk Register Review		✔	12	10/16	30/10/14													04/10/15
3 REPORTING																		
Annual TME Report	TME	✔	12	06/16	28/08/14													01/06/15
Annual Trust Board Report	Trust Board	✔	12	09/16	10/09/14													01/09/15
Directorate Board Report	Directorate Management Team	✔	1	01/17	01/03/15	01/04/15	01/05/15	01/06/15	01/07/15	01/08/15	01/09/15	01/10/15	01/11/15	01/12/16	01/01/16	01/02/16	01/03/16	
Monthly Divisional Teams Report	Divisional Teams	✔	1	01/17	01/03/15	01/04/15	01/05/15	01/06/15	01/07/15	01/08/15	01/09/15	01/10/15	01/11/15	01/12/16	01/01/16	01/02/16	01/03/16	
EPRR Group Report	EPRR Group	✘	4	05/00														
4 AUDITS																		
EPRR Core Standards Self-Assessment Audit	TME and CCG	✔	12	07/16	30/10/14													01/07/15
National Capabilities Survey	DCS	✔	24	11/16	12/11/14													
CBRN Equipment Audit	EPRR Group	✔	3	06/16	10/02/15													08/09/15
																		29/01/16
																		15/03/16
4 TRAINING																		
Communications Exercise	EPRR Group	✘	6	04/16	15/04/15													22/10/15
Table Top Exercise	EPRR Group	✔	12	10/16	20/04/15													22/10/15
Live Exercise	EPRR Group	✔	36	03/19	01/03/12													
Command Post Exercise	EPRR Group	✔	36	10/17	13/09/14													
Front on House JESIP IOR	EPO	✔	12	01/01														
ED Staff JESIP IOR	EPO	✔	12	11/16														01/11/15
ED Front of House JESIP IOR	EPO	✔	12	11/16														01/11/15

Oxford University Hospitals NHS Trust
Emergency Preparedness, Resilience and Response Assurance Log

2016/17

Group	Valid	Valid Period (Months)	Review Date	Date Approved/Sent													
				2015/16 Date	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	07/16	30/06/15												
Business Continuity Policy	TME/Trust Board	✔	12	07/16	30/06/15												
Hospital Evacuation Policy	TME/Trust Board	✔	12	07/16	30/06/15												
MERS Plan	TME/OXMID	✔	12	12/16	30/11/15												
VHF Plan	TME/OXMID	✔	13	03/17	30/01/16												
2 RISK REGISTER																	
Risk Register Review		✔	12	10/16	04/10/15												
3 REPORTING																	
Annual TME Report	TME	✔	12	06/16	01/06/15												
Annual Trust Board Report	Trust Board	✔	12	06/16	01/06/15												
Directorate Board Report	Directorate Management Team	✔	1	06/16	01/03/16	01/04/16		01/05/16									
Monthly Divisional Teams Report	Divisional Teams	✔	1	06/16	01/03/16	01/04/16		01/05/16									
4 AUDITS																	
EPRR Core Standards Self-Assessment Audit	TME and CCG	✔	12	07/16	01/07/15												
National Capabilities Survey	DCS	✔	24	11/16	12/11/14												
SCAS CBRN Audit	SCAS	✔	12	05/17	15/02/15			18/05/16									
CBRN Equipment Audit	EPRR Group	✔	3	09/16	15/06/16												
4 TRAINING																	
Communications Exercise	EPRR Group	✔	6	10/16	22/10/15			11/04/16									
Table Top Exercise	EPRR Group	✔	12	10/16	22/10/15												
Live Exercise	EPRR Group	✔	36	03/19	23/02/16												
Command Post Exercise	EPRR Group	✔	36	03/19	23/02/16												
Front on House JESIP IOR	EPO	✘	12	01/01													
ED Staff JESIP IOR	EPO	✔	12	11/16	01/11/15												
ED Front of House JESIP IOR	EPO	✔	12	11/16	01/11/15												

Table 1 – Service Continuity Plan Status

As at 24/05/16

Updated Rows for contact details are in black - red italics are awaiting update				
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	16 Jul 15	
Children's & Women's	JR Paediatrics	31 Aug 14	16 Jul 15	
Children's & Women's	Maternity - JR and HG	31 Aug 14	17 Jun 15	
Children's & Women's	Newborn Care Unit	31 Aug 14	16 Jul 15	
Clinical Support Services	AICU/CICU	30 Jun 15	23 Feb 16	
Clinical Support Services	Cellular Pathology	30 Apr 16	20 Apr 16	
Clinical Support Services	Clinical Biochemistry	30 Nov 14	26 May 15	
Clinical Support Services	Genetics Laboratories	30 Sep 15	05 May 16	
Clinical Support Services	Laboratory Haematology	16 Nov 15	03 Dec 15	
Clinical Support Services	Laboratory Immunology	01 Jan 16	11 Apr 16	
Clinical Support Services	Microbiology	30 Jun 15	09 Jul 15	
Clinical Support Services	Pain Relief	30 Oct 15	30 Oct 15	
Clinical Support Services	Pharmacy	30 Nov 15	16 Oct 15	
Clinical Support Services	Pre-operative Assessment Service	10 Nov 15		
Clinical Support Services	Radiology CH & Breast Screening	01 Oct 15	11 Aug 15	
Clinical Support Services	Radiology Community	02 Oct 15	11 Aug 15	
Clinical Support Services	Radiology GHG	03 Oct 15	11 Aug 15	
Clinical Support Services	Radiology JR	04 Oct 15	11 Aug 15	
Clinical Support Services	Radiology West Wing	05 Oct 15	11 Aug 15	
Clinical Support Services	Resus Department	30 Sep 15	11 Apr 16	
Clinical Support Services	Theatre Sterile Services Unit	31 Jan 16	25 Nov 15	
Clinical Support Services	Theatres and Anaesthetics JR & WW, and HG	31 Jan 16	25 Nov 15	
Corporate	Estates	21 Aug 13		
Corporate	Finance	31 Aug 15	24 Feb 15	
Corporate	HR	26 May 15	12 Nov 13	
Corporate	IM&T	31 Mar 16	11 Jul 15	
Corporate	Media and Communications	17 Jul 15	20 Nov 15	
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	30 Sep 15	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	03 Aug 15	21 Oct 13	
Medicine, Rehabilitation & Cardiac	Physiotherapy	03 Aug 15	21 Oct 13	
Medicine, Rehabilitation & Cardiac	Respiratory Medicine	31 Jan 14	05 Dec 13	
Neurosciences, Orthopaedics, Trauma & Specialist Su	Community Neurology	22 Oct 15	20 Oct 15	
Neurosciences, Orthopaedics, Trauma & Specialist Su	NOC Site - Orthopaedic Directorate Management	30 May 16	03 Feb 15	
Neurosciences, Orthopaedics, Trauma & Specialist Su	NOC Site - Inpatient Wards	16 Oct 15	14 Feb 16	
Neurosciences, Orthopaedics, Trauma & Specialist Su	Neurosciences	31 Jul 15	04 Dec 14	
Neurosciences, Orthopaedics, Trauma & Specialist Su	NOC Site - G4S	17 May 16	01 Jun 15	
Neurosciences, Orthopaedics, Trauma & Specialist Su	Orthotics	13 Apr 16	03 Feb 15	
Neurosciences, Orthopaedics, Trauma & Specialist Su	Outpatients/POAC	16 Oct 15	14 Feb 16	
Neurosciences, Orthopaedics, Trauma & Specialist Su	Prosthetics	31 Jul 15	16 Oct 15	
Neurosciences, Orthopaedics, Trauma & Specialist Su	Specialist Surgery	30 Nov 14	04 Dec 14	
Neurosciences, Orthopaedics, Trauma & Specialist Su	Theatres - Orthopaedics	01 Aug 15	14 Feb 16	
Neurosciences, Orthopaedics, Trauma & Specialist Su	Therapies - Orthopaedics	31 Jul 15	15 May 15	
Neurosciences, Orthopaedics, Trauma & Specialist Su	Trauma	15 Oct 15	04 Dec 14	
Operations & Service Improvement	Blood Safety and Conservation	18 Aug 15	25 Nov 12	
Operations & Service Improvement	Operational Management	21 Aug 15	23 Apr 16	
Operations & Service Improvement	Telecommunications	09 Feb 15	08 Jun 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 2015/16 and 2016/17 YTD

Year	Month	Exercise Name/Details	Type	Description	Led by	Target audience	Debrief Notes
2015	April	Exercise Talk Talk	Communications Cascade	Communications Cascade	SCAS (Amb) for region	All health agencies	<p>In hours, Level 1</p> <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> 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. <p>JW requested for next exercises a "ward list": table of all casualties on one page with treatment required and transfer destination.</p> <p>DS to ensure that the Major Incident admissions pack contains a paper drug chart.</p> <p>DS/JW to include the Multiple Trauma Protocol action cards into the Major Incident Policy where there were gaps in the Major Incident Policy action card set.</p> <p>It was noted that a Radiology plan might be of benefit. JW would discuss with Susie Anthony. DS would assist with plan production if required.</p> <p>The ability of the Trust to maintain the MTC automatic acceptance policy during a major incident was doubted. This would need to be discussed with the MTC Network leads to define the protocol to be put in place should a major incident be declared.</p> <p>DS to discuss with MTC leads.</p> <p>DS to ensure that the ED Admitting Officer Action Card includes "To provide overall coordination of the ED".</p> <p>Top Tips to be added into action cards; e.g.:</p> <ul style="list-style-type: none"> - Utilize staff currently in the hospital - Use large white boards in ED to keep track on coming/transferred patients - Use of Waters Sets to manage intubated patients - Allocation of patient to space - make it appropriate. - Don't use jargon or acronyms - Cohort into patient presentation types, and allocate a specialist to care for them - Patient teams - team stays with the patient prevent multiple hand overs.
2015	April	Exercise Strontium II	Table Top	Major Incident	EPO/ED	OUH ED Responders	<p>DS to discuss with MTC leads.</p> <p>DS to ensure that the ED Admitting Officer Action Card includes "To provide overall coordination of the ED".</p> <p>Top Tips to be added into action cards; e.g.:</p> <ul style="list-style-type: none"> - Utilize staff currently in the hospital - Use large white boards in ED to keep track on coming/transferred patients - Use of Waters Sets to manage intubated patients - Allocation of patient to space - make it appropriate. - Don't use jargon or acronyms - Cohort into patient presentation types, and allocate a specialist to care for them - Patient teams - team stays with the patient prevent multiple hand overs.
2015	June	Thames Valley Pandemic Influenza Table Top Exercise	Table Top	Influenza Pandemic	NHS England South Central	Thames Valley Commissioners and Provider Trusts, Prison Services	See report due to numbers of recommendations across the LRF.

Year	Month	Exercise Name/Details	Type	Description	Led by	Target audience	Debrief Notes
2015	October	Oxford City Airport Major Incident Exercise/ETC Walk-through	Live	Major Incident	OCC	OCC, Oxford City Airport, Red Cross, NHS England	Awaited
2015	October	IOR Decontamination Training (20/10/15 onwards)	Presentation	Major Incident	EPO	ED Staff Nurses	N/A
2015	October	Exercise Strontium III	Table Top	Major Incident	EPO/ED	OUH ED Responders	A list of equipment that departments may need to access during an incident would be provided to David Smith. All units would be contacted to ascertain levels of equipment, type and accessibility and be housed on the intranet. Additional phone lines for Resus would be scoped. A summary to staff of what to bring with them in a major incident and an overview of the Trust traffic management plan would be sent to all staff.
2015	November	Black Swann Part I Introduction to Major Incidents and IOR	Seminar	Mass Casualties	TV LRF	TV LRF	N/A
2015	November	Decontamination Training (16/11/15 onwards)	Presentation	Major Incident	EPO	ED Admin and Reception	N/A
2015	November	Exercise Procurus	Table Top	Influenza Pandemic	NHS England - Thames Valley	TV LRF	<p>Actions:</p> <ol style="list-style-type: none"> PPE for staff. For all organisations other than Health and Social care which is being centrally procured. In your plan have you identified the need for PPE for your staff including <ul style="list-style-type: none"> Taking a risk assed approach with your Occupation Health/specialist advice for Identification of any PPE levels or precautions you may need. Process for procurement Any specialist fitting requirements Disposal Storage/Availability Where to find health advice during before/during an outbreak – PHE Website www.gov.uk/government/organisations/public-health-england. A useful guidance publication can be found at www.gov.uk/guidance/pandemic-flu <p>Who: All Agencies within their pandemic/BC Plans.</p> <ol style="list-style-type: none"> Outsourced Services. Most organisations are using external contractors or have outsourced services and this exercise highlighted that there may be potential points of failure that are not yet fully understood as such the following areas were identified: <ul style="list-style-type: none"> Are organisations confident that resilient process to maintain services are built into their contracts? Have these been tested? Have you carried out assurance checks on existing contracts? Are these contractors/outsourced services covered within your organisation BC plan <p>Who: All Agencies within their pandemic/BC Plans. LRF Business Continuity Group to issue best practice advice to partners</p> <ol style="list-style-type: none"> Single Point of Reliance It was identified that there are likely to be single points of failure within all organisations. Specifically identified were the following which should be reviewed within each organisations Pandemic/BC plans

Year	Month	Exercise Name/Details	Type	Description	Led by	Target audience	Debrief Notes
2015	November	Hydra Communications Exercise	Hydra (Immersive)	Communications Exercise	OCC	OCC, OUH, OFRS, TVP, SCAS, Oxford Health, and Oxfordshire District Councils	<ul style="list-style-type: none"> • People - Capacity issues across their service especially small teams • Ability for staff to carry out remote working -Does your system have capacity for a higher proportion of use than normal? Have you tested it works before it is needed • Outsourced providers i.e. HR /ICT have you checked their systems can be accessed remotely • Suggested increase Business Continuity personnel / on call service during run up to pandemic <p>Are you aware of your organisations critical infrastructure and do you have contingency plans in the event of failure? Who: All Agencies within their pandemic/BC Plans.</p> <p>4. Pandemic/Business Continuity Plans. Organisations to feedback the learning points from this exercise into their organisation with recommendation to test their own plans. The LRF Business Continuity Group to consider providing guidance and support in the form of seminars/workshops to support this and assist in embedding. Who: All Agencies to test their pandemic/BC Plans.</p> <p>Learning Discussion Session:</p> <ul style="list-style-type: none"> • Mutually aware – knowing about other agencies and people in them • Roles & responsibilities – don't rely only on knowing people and know about roles – gold, duty officer etc • Timely & tempo – recognition that need to manage at speed, particularly as a result of social media without getting swamped or taken over • Share comms checklists and best practice - base on time rather than incident type • Leadership + ownership + training • Key stakeholder management (MPs, members, board, trustees, etc – no operational input but need to be informed and can help with reassurance/community leadership.) • Enable comms officers to keep colleagues and other agencies informed easily and early so can manage with competing priorities of own internal demands <p>Further Learning Points Discussed:</p> <ul style="list-style-type: none"> • Share team details and update comms network as teams change • Using pre-scripted message bank • Place your comms critical functions into: <ul style="list-style-type: none"> o Your BCP and/or EP o Your corporate BC and/or EP o Corporate strategic level awareness o Any talking heads • Stay tuned in to LRF Comms Plan development and multi-agency comms requirements • Seek multi-agency networking/learning futures • Seek Resilience Direct learning opportunities • Seek EP familiarisation opportunities • Review your controls for social media • How to cascade/escalate/notify through internal comms as well as respond to external media? Report awaited <p>Wrong numbers to be investigated and corrected. Phrasing on the automated system to be changed from "Pager ID" to "Bleep Number". Radio pagers – system configuration to be investigated with IM&T and NetCall.</p>
2016	January	Black Swann Part II	Seminar	Mass Casualties	TV LRF	TV LRF	
2016	February	Internal Communications Cascade (Level 2)	Communications Cascade	Communications Cascade	EPO	OUH	

Year	Month	Exercise Name/Details	Type	Description	Led by	Target audience	Debrief Notes
2016	April	Exercise Talk Talk	Communications Cascade	Communications Cascade	SCAS (Amb) for region	All health agencies	<p>The use of SMS Messaging from NetCall is to be investigated. Repeat test call to be scheduled. Go live date to be scheduled.</p> <p>In addition to organisation specific actions (OUH not allocated any specific actions); all organisations require: Action 13: Undertake a review of on call phone directories; Action 14: Undertake familiarisation training with all points of contact that may need to receive a METHANE message; Action 15: Ensure that all TALK TALK results proformas are returned as soon as possible after notification to allow the teleconference invites to be sent to all who are required to dial into the call.</p>