

Trust Board Report

Meeting Date:	23 May 2011
Title:	Emergency Preparedness Work Programme for 2011/2012
Executive Summary:	This report covers the following areas: <ul style="list-style-type: none"> • Work programme for Emergency Preparedness 2011/2012 • Training & Exercise Programmes for 2011/2012
Action Requested:	Approve the emergency planning programme and the training and exercise programme for 2011/2012
Report of:	Director of Planning & Contracting
Author: Contact Details:	Head of Emergency Preparedness Tel:01902 694470 Email:diane.preston@nhs.net
Resource Implications:	Nil
References: (eg from/to other committees)	Emergency Planning Committee Major Incident Sub Group Business Continuity Sub Group Human Infectious Diseases Sub Group
Appendices/ References/ Background Reading	<p>Appendices</p> <p>Appendix 1 – Lessons Learnt framework Appendix 2 – Training Programme for 2011/2012 Appendix 3 - Training Programme for 2011/2012</p> <p>Background Reading/References</p> <p>Civil Contingencies Act 2004 (CCA) Emergency Planning Guidance 2005 Emergency Response & Recovery Guidance Aug 2009 Revision to Emergency Preparedness Chapter 5 Emergency Planning – Cabinet Office The Operating Framework for the NHS in England 2010/11 &</p>

	<p>2011/2012, DOH December 2010</p> <p>Public Health White Paper</p> <p>NHS Resilience and Business Continuity Management Guidance</p>
<p>NHS Constitution: (How it impacts on any decision-making)</p>	<p>In determining this matter, the Trust Management Team should have regard to the Core principles contained in the Constitution of:</p> <ul style="list-style-type: none"> • Equality of treatment and access to services • High standards of excellence and professionalism • Service user preferences • Cross community working • Best Value • Accountability through local influence and scrutiny
<p>Background Details</p>	
	<p>1. Background Information</p> <p>The Trust is responsible for developing the ability to respond to a major incident or incidents and to manage recovery whether the incident or incidents has effects locally, regionally, or nationally within the context of the Civil Contingencies Act 2004. This enables the Trust to continue functioning as near to a normal basis as possible while dealing with incidents either within or beyond the Trust. There has been a considerable amount of work done to ensure that the Trust is responsive and has up-to-date plans in place to allow an appropriate response to be made to any such eventuality.</p> <p>Last year a variety of plans were reviewed including the Major Incident Plan and focus was given on the further development of business continuity, along with exercising those plans and reviewing the lessons learned.</p> <p>The work programme for 2011/2012 identifies key areas of work that will be undertaken, namely to continually build on existing emergency plans, taking forward any lessons learned, an outline of the exercises and lessons learned during 2010/2011 are outlined in Appendix 1. A programme for ongoing training and exercises with a focus on the services and staff who transferred as part of Transforming Community Services, and the integration of emergency preparedness is in development.</p>
<p>Annual work Programme for 2011/2012</p>	
	<p>2. Management Processes</p> <p>Ensure planning for emergencies and integrated emergency management are embedded within the Trust.</p> <ul style="list-style-type: none"> • To be achieved through Major Incident exercise and training schedules for 2011/2012 and for key staff to attend relevant training sessions, both for Acute and Community Services. • Review of emergency plans to incorporate the changing form of the organisation and the integration of community services. • Development of an addendum to the Major Incident Plan which is reflective of mass casualty or specific threat incidents enabling the Trust to deliver an effective response.

- Continual delivery of emergency preparedness awareness sessions through induction and the Trust website.
- Continual delivery of training and exercises to ensure the Trust's resilience
- Incorporating any lessons identified from exercises, and making changes as appropriate

3. Business Continuity

Delivering an effective response to business disruption.

- Continue to work with individual directorates (both the Acute & Community Services) to refine and improve the understanding of business continuity procedures and this learning will be taken forward ensuring as an organisation we have an integrated approach.
- Completion of an internal incident management plan which will support the Trust's business continuity response and recovery arrangements, giving guidance on how to deal with the likely issues, actions and decisions that may arise in the first few hours and days following a disruption will be undertaken.
- Undertake testing of business continuity plans through exercising

4. Pandemic Flu Planning/Human Infectious Disease Planning

- For the Trust and the UK as a whole, the pandemic which did occur was very much on a small scale and led to many lessons to be learned. On this basis the Pandemic Sub Group (now named Human Infectious Sub group) are in the process of reviewing the plan in line with those lessons learned both at a local and national level. The sub group will continue to work with the Primary Care Trust Public Health, who would be the lead in this type of event, to update the plans and the actions required to be undertaken for the Health Economy of Wolverhampton.
- Recognising that Pandemic Flu is only one area to affect the health of people, and that there are many other types of communicable diseases which could affect the health of individuals, the sub group, working with infection prevention is currently developing a framework for the Trust to support its response to an outbreak of an infectious disease. This work will continue to be developed.
- As part of Transforming Community Services with the transfer of community provider services, the Trust now has a responsibility to provide support to the Wolverhampton Primary Care Trust public health in the event of a public health incident. A framework of support is currently underway.

5. Heatwave

The Trust currently has a heatwave plan which will require reviewing and updating in light of the new guidance due to be launched by the Department of Health at the end of May 2011.

6. Training & Exercising

6.1. Training

- A programme for training for 2011/2012 is in Appendix 2. The programme is for both Acute and community staff.
- Development of an e-learning package on emergency preparedness to be included on the Trust Kite site.
- Obtain agreement for emergency preparedness training to become Mandatory for Senior Managers.
- Ongoing awareness of emergency preparedness at Trust induction.

6.2. Exercising

- As a minimum, the Trust is required to undertake the following:
 - Live Exercise – 3 yearly basis
 - Table Top Exercise – yearly basis
 - Communication Test – Every 6 months
- An exercise programme for 2011/2012 is outlined in Appendix 3.

7. Communication

- The Emergency preparedness website will continue to change with plans which are updated or when new plans are developed along with any new legislation or guidance.
- The Trust Management Team will be updated on a quarterly basis in relation to emergency planning activities, any risks and informed of new legislative or guidance changes along with any action required.

8. Co-operation with other Agencies

The Head of Emergency Preparedness will continue to work with the LHRF (Local Health Resilience Form) and the WRF (Wolverhampton Resilience Form) to continue to promote co-operation and understanding between the Trust and those involved in emergency planning and response to ensure that an integrated emergency

management approach is undertaken.

9. Governance

As a direct result of Transforming Community Services (TCS), the structure of emergency planning will need to be revised. The terms of reference and the membership for:

Emergency Planning Committee (EPC)

Major Incident Sub Group

Human Infectious Disease Sub Group

Business Continuity Sub Group

will be changed to reflect the new organisational form of acute and community services to ensure integration of the emergency planning function.

Emergency Planning - Learning outcomes/recommendations from Exercises/Tests undertaken

	Exercise & Overview	Lead	Participants	Learning Outcomes	Actions which have been or due to be undertaken	Updated position as at April 2011
7/4/10	<p>Exercise 'Argus' (Security)</p> <p>The National Counter Terrorism Office (NACTSO) and the NHS Security Management Service (NHS SMS) in association with the DoH developed Project Argus – Health as part of the Health Sections continuing counter terrorism effort and commitment to contest, the UK's Counter Terrorism Strategy.</p> <p>Project Argus – Health was a multimedia presentation which explored the possible consequences for the health sector in the aftermath of a terrorist attack and the risks it may face as a consequence.</p> <p>The aim of the event was for participants who would respond to an incident to consider possible risks to their staff, patients and estate and plan to mitigate against possible impacts. Along with considering in detail how effective security arrangements can aid the prevention, handling and recovery from this and other similar incidents.</p>	LSMS Head of Emergency Preparedness	<p>West Midlands Counter Terrorism Unit</p> <p>Event was run by this Unit.</p> <p>A variety of Trust staff were involved including Health & Safety and Operational front line staff.</p>	<p>The lessons learnt for the Trust:</p> <ul style="list-style-type: none"> To be more vigilant in its approach to security and to emphasize that security was everyone's responsibility. It was also agreed that a 'suspect package or similar threat' exercise was required to be undertaken in the future to judge the Trust's response to this type of incident. 	<ul style="list-style-type: none"> ALSMS to undertake security a campaign to give staff an awareness of the security risks the Trust may face. An exercise involving a 'threat' to the Trust to be considered as part of the annual emergency planning cycle for exercising and testing. 	<p>Implemented November 2010</p> <p>Not yet undertaken under consideration for exercise programme for 2011/2012)</p>

Emergency Planning - Learning outcomes/recommendations from Exercises/Tests undertaken

	Exercise & Overview	Lead	Participants	Learning Outcomes	Actions which have been or due to be undertaken	Updated position as at April 2011
18/05/10	<p>Leopold (Terrorism / Transport Accidents / Fire & Explosion)</p> <p>Aimed at a tactical Level in an emergency situation (Silver), to test the West Midlands Conurbation Local Resilience Forum's ability to respond to and recover from a Major Incident on a large scale that has had a significant impact on the West Midlands Conurbation, involving mass casualties.</p> <p><i>The Main Objectives of the Test were to:</i></p> <ul style="list-style-type: none"> ➤ Test the ability to provide effective multi agency incident command. ➤ Test communication procedures. ➤ Assess ability to provide a coordinated response to a mass casualty incident. ➤ The Trust participated in this exercise to test its own resilience in the event of this type of incident occurring. ➤ The Trust's Gold and Silver Command teams were present at the exercise in Sandwell and also operated its Silver command team back in the Hospital as part of this exercise. 	WMAS & Health Lead for the West Midlands Conurbation	The exercise was open to all Category 1 and 2 responders including the Voluntary Sector from within the West Midlands Conurbation Local Resilience Forum (LRF), including the Trust.	<p>There were many lessons learned for the Conurbation as a whole, but in particular for the Trust they were:</p> <ul style="list-style-type: none"> • Participate in more Multi-agency exercising • Continue to undertake more training/exercise tests • Review of communications in relation to the viability of the Trust and having capability of airwave facilities. 	<ul style="list-style-type: none"> • Working more closely with partners through exercising and the Wolverhampton Resilience Forum. • Annual exercise programme to include 1 live exercise and at least 2 desk top exercises pa. • Review the costs associated with airwave. 	<p>Mutli- Agency exercise took place in July 2010 with Bilston Fire Service – looking at adopting this approach for future 'live' exercises but widening out to include West Midlands Ambulance Service</p> <p>A review has been undertaken in relation to airwave facilities and found currently not viable due to cost of licences and that this works if several organisations have this facility which currently they do not. To be reviewed once more organisations use this facility.</p>

Emergency Planning - Learning outcomes/recommendations from Exercises/Tests undertaken

	Exercise & Overview	Lead	Participants	Learning Outcomes	Actions which have been or due to be undertaken	Updated position as at April 2011
25/07/10	<p>Exercise Short Fuse (CBRN/Decontamination Security)</p> <p>This was a joint 'live' exercise with Bilston Fire Service specifically testing the Trust's plan for the initial management of self presenting contaminated casualties, but also the integration of the response with the local fire service.</p> <p>This tested the Trust's CBRN (Chemical, Biological, Radiological and Nuclear) response plan and the use of the new decontainer unit.</p> <p>A further level of test was undertaken to assess the Trust's security response in the event of this type of incident and in the event of a potential terrorist incident.</p> <p>Trust's aim: To test the response of RWHTs CBRN site specific plan for New Cross Hospital and its integration with the West Midlands Fire Service in response to a chemical incident.</p> <p>WMFS aim: To test the ability to commit crews to rescue life from a hazmat incident wearing CP suits and 'new ba sets' and the subsequent full west decontamination of all operational crews and equipment from the risk area. To raise awareness of WMFS specialist departments and joint working arrangements.</p> <p>Scenario used: a small explosion in the chemical store on the New Cross site. Trapped workers, wide range of substances and a number of live casualties which need rescuing and decontaminating.</p>	<p>Head of Emergency Preparedness Clinical Lead for Major Incident Planning WMFS Emergency Planning Lead</p>	<p>WMFS West Midlands Health Emergency Team for the Conurbation. Security A&E Trust CBRN lead External Observers Internal Observers Volunteers</p>	<ul style="list-style-type: none"> The feedback from the West Midlands Conurbation Health Emergency Preparedness team on the day and Silver Command for the Fire service was positive and the 2 organisations worked well together. It however highlighted that parts of the CBRN plan needed to be updated, along with revised action cards for a CBRN incident. Further training needed to take place with the A&E staff now the new decontainer was in place. Clear signage to be established in the directing of individuals to the decontainer. Joint working with the fire service to be explored with the use of their HAZmat team supporting A&E staff in the usage of the decontainer unit along with A&E staff manning the A&E. Involvement of Estates to be able to handover site plans of buildings, confirming ventilation systems, identifying hazards in buildings etc – as this was an issue in terms of sharing information with the fire service. A&E Reception staff appeared unclear and it is recommended that further training be offered to the staff. Once staff were inside the decontainer unit it was difficult to inform them how long they had been within the unit and the suit. – the present process did not work effectively. A better way of warning staff needs to be developed. The triage sieve and access to it by the decontainer staff needs to be better sign posted rather than a hand held card. 	<ul style="list-style-type: none"> CBRN plan and action cards to be updated and substituted in the Major Incident Plan. A new training programme to be developed with the A&E staff. To work with the West Midlands Emergency Planning Team in order to take forward the concept of HAZmat (Fire Service hazardous team) assisting hospitals in the event of a CBRN incident. Better signage to be developed re the decontainer unit. 	<p>Implemented November 2010 and posted to the Trust EP web site</p> <p>New training programme for A&E staff has been developed and implemented at August 2010.</p> <p>Involving HAZmat in assisting A&E is ongoing and is a wider discussion with the Fire Service. Ongoing update received from West Midlands Emergency Health Team – discussions ongoing with FRC – May 2011.</p> <p>Temporary signage available permanent solution to be made available from 16 May 2011.</p>

Emergency Planning - Learning outcomes/recommendations from Exercises/Tests undertaken

	Exercise & Overview	Lead	Participants	Learning Outcomes	Actions which have been or due to be undertaken	Updated position as at April 2011
5/08/10	<p>Communications Tests</p> <p>In line with our Civil Contingencies duty the Trust has undertaken its 6 monthly communication tests.</p> <p>The aim of the communication test was to review our call out procedure in the event of a major incident. The Trust instigated a Test which involved the West Midlands Ambulance Service declaring a major incident with a request that the Trust responds.</p> <p>Objectives were:</p> <ul style="list-style-type: none"> ➤ Correct activation of phone number used by EOC, Brierley Hill (WMAS) ➤ Exercise message is passed correctly and logged appropriately. 	Head of Emergency Preparedness	WMAS A&E Switchboard	<ul style="list-style-type: none"> • Awareness of WMAS plans in notifying the Trust of a major incident that had been declared were unclear. • The test demonstrated that effective cascade between the A&E department and switchboard in order for the Major Incident Plan to be evoked was not achieved. 	<ul style="list-style-type: none"> • Test to be repeated. 	Repeat of test of undertaken in February 2011

Emergency Planning - Learning outcomes/recommendations from Exercises/Tests undertaken

	Exercise & Overview	Lead	Participants	Learning Outcomes	Actions which have been or due to be undertaken	Updated position as at April 2011
3/11/2010	<p style="text-align: center;">‘Egress’ (Evacuation)</p> <p>This was a combination of a ‘live’ and a desk top exercise to test business continuity arrangements in the event of an evacuation.</p> <p>Aim: To test Trust's response in the event of the evacuation of a ward and recovery post 3 hours later and beyond.</p> <p>Objectives:</p> <ul style="list-style-type: none"> • To test the joint working between key players in dealing with the evacuation of a ward. • To test roles and responsibilities of those participating in the exercise. • To improve awareness of all organization's roles and responsibilities in a realistic scenario. • To identify areas for improvement. • To test the Trust's ability to recover and maintain service in the event of an untoward incident. <p>Exercise ‘Egress’ scenario was where a fire had broken out in one of the wards, involving medical students as ‘patients’, requiring evacuation.</p> <p>In the afternoon, the exercise continued with a desk top where staff worked in groups to identify issues and actions they would need to do in the event of such an incident. This was aimed at testing what the Trust needed to consider post the event in order to continue operating as normal. The scenario was two wards being out of commission for a period of time, highlighting the ability to recover was important as well as responding to an incident.</p>	Divisional Manager Estates & Facilities/Head of Emergency Preparedness	West Midlands Conurbation Emergency Planning Team. Trust Estates & Hotel Services Volunteers Student Nurses, Senior Managers	<p>The exercise highlighted some key actions to be taken forward, involving a review of the equipment to be used in the event of an evacuation and communications.</p> <ul style="list-style-type: none"> • Confusion occurred due to none activation of the fire alarm which would have occurred in normal circumstances – this needs to be considered in future exercises and multi-agency working with the fire service. • Lack of leadership at ward level – this was accepted and would expect that in normal circumstances the ward manager would take on that role. This needs to be considered in future designs of exercises. • Lack of equipment was identified in evacuating patients. This was not a normal fire evacuation when moves tend to take place horizontally. This was an evacuation involving vertical evacuation and therefore having the appropriate equipment did prolong the length of time for an evacuation of an individual. This was particularly the case in the movement of a bed ridden patient. • Lack of training on the use of EVAC equipment – it was noted that there was only one trained security staff member in the use of the EVAC chair, the Trust needs to consider training more Trust and APOCA staff members in the event of this type of incident occurring again. • 1hour fire doors outside of C5 were kept open too long due to patients being taken out one at a time; it was an exceptionally slow process, which once again relates to lack of equipment and leadership. • There was confusion in terms of identifying staff to security and the identification of fire wardens; because this was an exercise on a small scale it did not clearly promote the roles of individuals. • Business continuity planning highlighted a few areas around who took control and the interaction of key services and external providers to support the Trust in the event of this type of incident. This needs to be taken forward as part of business continuity planning. This would have clearly affected the Trust's bed capacity and would have drawn the attention of the Media. 	<ul style="list-style-type: none"> • Site Evacuation Plan to be developed. • Training programme for Security in the role of a major incident. • Site/Floor plan being displaying hydrant/Riser locations in all areas for use by the fire crews on all wards. • More involvement between Trust staff and APCOA staff in order to understand the procedures and to improve overall communications. • Purchase of further equipment to assist in the evacuation of patients, both bed ridden and unstable patients. • Identification of individuals to attend EVAC chair training i.e. porters, security etc. • Recovery and business continuity needs to be more robust and needs to be developed as part of the Trust's Internal Incident Management Plan for command and controls along with ensuring that this is encompassed in business continuity plans. • Communications to be included at the start of the incident so that preparation work could have been commenced through the preparation of staff bulletins, response statement etc. 	This is an ongoing and will be taken forward as part of the Work Programme for 2011/2012

Emergency Planning - Learning outcomes/recommendations from Exercises/Tests undertaken

	Exercise & Overview	Lead	Participants	Learning Outcomes	Actions which have been or due to be undertaken	Updated position as at April 2011
18/11/2010	<p>Exercise 'Baby Snatch' (Security)</p> <p>The aim of this exercise was to test the response and robustness of the Trust's plan, procedure and actions in the event of an infant abduction from the Trust's Maternity Unit.</p> <p>It specifically looked at the system, the joint working between key players, roles and responsibilities of those participating in the exercise, the Trust's security effectiveness in their response along with identifying areas for improvement.</p>	LSMS/Head of Emergency Preparedness	Internal Test with Maternity Services	A debriefing was held after the event which highlighted some lessons that needed to be taken forward, which indicated some actions to be taken forward by the Maternity Team; this included review of the system arrangements, to enhance security measures, communication, and enhance training for staff.	<ul style="list-style-type: none"> Report to be presented to Maternity Unit for further consideration and the Divisional Manager for Estates for the security components, including the following recommendations: review of the alarm system to enhance response, put in place enhanced security measures, provide further education and training for staff, review of internal plan and undertake a further test in the next 9 months. 	Report presented to Maternity in April 2011 for discussion and implementation
09/02/2011	<p>ERMA Command (Communications Test) 'Exercise Distraction'</p> <p>Directors and the Chief Executive undertook a communications test in line with ERMA command requirements. The scenario given involved mass casualties for which the Trust was asked to respond to as one of the receiving hospitals.</p> <p>The Trust operated its 'Gold control' room and tested its own communication ability in the event of a major incident.</p>	Head of Emergency Preparedness	SHA/ERMA Trust Directors	<ul style="list-style-type: none"> External communication using the satellite phone was a problem and new aerial capability to be considered. The emergency phones in the Gold control room were tested which worked appropriately. It did however highlight problems with email access and the telephone numbers used by Silver to Gold – these need to be clearly distinguished and highlighted to Gold and Silver Commanders. 	<ul style="list-style-type: none"> Explore wider aerial capability on top of McHale building (Location of Gold room) Clearly mark process for accessing email in the Gold room and put on posters in the silver and gold rooms the telephone extensions. 	Currently being explored - June 2011 Implemented February 2011

Emergency Planning - Learning outcomes/recommendations from Exercises/Tests undertaken

	Exercise & Overview	Lead	Participants	Learning Outcomes	Actions which have been or due to be undertaken	Updated position as at April 2011
18/02/11	<p>‘Exercise Cupid’ (Mass Casualties)</p> <p>A table top exercise which tested the Trust’s ability to respond to a mass casualty incident. Scenario used rival football supporters clashed at a football game, with the football stadium being turned into a ‘battle field’, also affecting innocent bystanders.</p> <p>Objectives:</p> <ul style="list-style-type: none"> • Ensuring the Trust’s resilience in the event of a major incident involving mass casualties of all types of injury. • To work as a team through an unfolding scenario • Exploration of issues arising in an objective controlled manner particularly Command, control, co-ordination and communication. • To highlight learning outcomes to support any changes required to ensure the Trust is prepared in any type of emergency. • Trust’s interaction with ERMA command during an incident. 	Clinical Lead for Major Incident Planning/Head of Emergency Preparedness	West Midlands Health Conurbation Emergency Planning Team. Trust Gold, Silver & Bronze Teams; A&E, H&L Centre, Security and Communications.	<p>The lessons learned highlighted changes that need to be incorporated into the addendum to the Major Incident Plan for mass casualties. Some communication issues and information flow processes presented some further challenges.</p> <p>Key areas highlighted were:</p> <ul style="list-style-type: none"> • Control Teams understanding of ‘live’ situation of the Theatres during an incident. • Communication between Silver and Bronze Command was disjointed and sometimes confusing– a clearer process needs to be developed. • The tracking of patients and staff in the event of an incident – the system needs to be more robust to support the decisions made by the Control Teams. • Major incident action cards for Wards need to be reviewed to ensure they are explicit in the creating of capacity to accept decant or patients who are admitted as a result of the incident. • There needs to be a process to ensure that the addendum to the MIIP plan is fully launched and that Control Teams and front line users are fully aware of it, this may include awareness sessions and ongoing training/exercising. • Review of the major incident action cards for cardiothoracic to be undertaken. • Review of the templates to ensure they are robust in Silver Control room to establish capability and understanding of the patient load. 	<ul style="list-style-type: none"> • Overall revision of the Addendum of MIP for mass casualties. • Introduce the Galaxy System for theatre management into Silver control room. • Development of an A4 sheet of key numbers for use in control numbers which can be easily displayed. (Feb 2011) • Look at tracking systems for patients and what is already available within the Trust which could be used. (March 2011) • Review of some of the action cards used in a major incident, update accordingly. (April/May 2011) • Review of communication process between Gold, Silver and Bronze. (April 2011) • Re Test Addendum (July 2011) 	<p>June 2011</p> <p>Currently the Trust is reviewing the theatre system generally once this has taken place further discussions will be held re reviewing capability in Silver Control Room.</p> <p>September 2011 to review</p>

Emergency Planning - Learning outcomes/recommendations from Exercises/Tests undertaken

	Exercise & Overview	Lead	Participants	Learning Outcomes	Actions which have been or due to be undertaken	Updated position as at April 2011
22/02/11	<p align="center">Communications Test</p> <p>In line with our Civil Contingencies duty the Trust has undertaken its 6 monthly communication tests.</p> <p>The aim of the communication test was to review our call out procedure in the event of a major incident. The Trust instigated a Test which involved the West Midlands Ambulance Service declaring a major incident with a request that the Trust responds.</p>	Head of Emergency Preparedness	WMAS A&E Switchboard	<ul style="list-style-type: none"> The test in August 2010 identified that communication between A&E and the Switchboard was unsuccessful and therefore the test was repeated again in February 2011, with communications being tested across the Trust's cascade list in the event of an incident. Test was successful but wider cascade needed to be considered for the next communications test. 	<ul style="list-style-type: none"> Plan for the communications test in August 2011 to include WMAS and wider tiers of cascade to reach some of the front line staff. 	August 2011

Emergency Planning - Learning outcomes/recommendations from Exercises/Tests undertaken

	Exercise & Overview	Lead	Participants	Learning Outcomes	Actions which have been or due to be undertaken	Updated position as at April 2011
28/03/11	<p>Exercise 'Eris' (Rail accident /Gas explosion)</p> <p>A multi agency table top exercise focused on the management of, and recovery from, a large scale incident taking place in Wolverhampton. The Trust participated with a team from the Gold and Silver Control teams.</p>	WCPCT & Head of Emergency Preparedness	WMAS WMFS Virgin Rail WCPCT ERMA command West Midlands Emergency Preparedness Team Wolverhampton LA HPA	<p>An external report on the exercise and the lessons learned are yet to be provided from the exercise organisers. This however needs to be reviewed in line with Transferring Community Services (TCS) and the community providers who have transferred to the Trust.</p> <p>For the Trust, it did highlight staff welfare in the event of an incident and whether appropriate consideration had been given to this in the Trust's emergency planning. Within the Trust plan there is a small outline regarding staff welfare but this needs to be reconsidered as to robustness of this.</p> <p>Recovery and a central staff check point area was although not fully explored at the exercise, but for the Trust it did highlight that these areas may need further development.</p>	<ul style="list-style-type: none"> Review lessons learnt of full report once available. Consider options available in terms of psychology support with Occupational Health for staff. Review major incident plan section on Recovery including repatriation of patients/process. Establish a location on site for deployed staff – a meeting point. 	June 2011

Training Timetable 2011/2012
Emergency Preparedness

Timescale	Activity	Aimed at	Numbers to be Trained	Responsibility
Throughout 2011/2012	ERMA command training for Directors to understand their involvement in the event of a major incident which has been escalated beyond the Trust's capability to deal with.	Directors	5	Head of Emergency Preparedness & West Midlands Conurbation Emergency Planning Team
Quarterly basis throughout 2011/2012	CBRN inc Radiation Training for A&E Doctors	Junior Medical Staff	TBC	Clinical Director for Major Incident Planning
2011/2012 Yearly basis	CBRN inc Radiation training A&E	Consultants & Middlegrades	TBC	Clinical Director for Major Incident Planning
Quarterly basis throughout 2011/2012	Training of roles in the event of a major incident.	Gold & Silver Commanders (Trust on call mgrs/directors) inc community on call managers	Approx 30	Clinical Lead Major Incident Planning/Head of Emergency Preparedness
TBC	Media Training for Gold Commanders	How to respond to the Media in the event of a major incident or any news story	Approx 5	Head of Communications
April 2011 onwards - Ongoing each Month	Induction of new staff to the Trust Presentation & in induction packs to all new staff on emergency preparedness and their responsibilities.	All new employees including community staff	Approx 500 per year	Head of Emergency Preparedness – Clinical Lead for Major Incident planning for Junior Doctors induction
May onwards	Loggist Training	Managers plus admin staff to include community services	Approx 20	Head of Emergency Preparedness

June/July 2011	CBRN Training A&E – yearly compliance	A&E staff Qualified staff to receive Ramgene All staff for CBRN	Approx 60	CBRN Lead
July onwards	Awareness sessions on Emergency Preparedness – an induction into emergency planning as part of the new organization to ensure an integrated emergency management approach.	Community Managers	Approx 15	Head of Emergency preparedness/Clinical Lead for Major incident planning
July 2011 onwards	Awareness campaign on business continuity arrangements within the Trust and for community providers.	All Staff plus community staff		Head of Emergency Preparedness Business Continuity Sub Group.
August 2011 onwards	Formulation of mandatory training e learning package for use by all members across the Trust	All Staff	All Staff	Head of Emergency Preparedness & major incident sub group
September 2011	Bond Solon Training - legal aspects & court training in the event of a major incident	Executive Directors	3	West Midlands Emergency Preparedness Team for the Conurbation
March 2012	Involvement in Business Continuity Awareness week	All Staff	All Staff	Head of Emergency Preparedness

DP April 2011

NB as the year progresses the training timetable may change with the integration of emergency planning with the community services or requests specifically made from Directorates/Departments or changes in legislation/guidance.

Exercises 2011/2012
Emergency Preparedness

Live Exercise – 3 yearly –
Communication Test – 6 monthly
Tabletop – yearly

Timescale	Activity	Aimed at	Numbers part of exercise	Responsibility
25 July 2011	Desk Top exercise using the Trust's control rooms to test the Trust's response to a mass casualty Incident, involving ERMA command arrangements.	Gold, Silver and Bronze teams within the Trust, Heart & Lung Centre and other key departments across the Trust. This is to test the Trust's addendum to the major incident plan for mass casualty planning.	Approx 40	Head of Emergency Preparedness/Clinical lead for Major incident planning
August 2011	Communication Testing Switchboard MI cascade list.	Switchboard operators testing call out procedures across all levels of the organization– involving cascade teams.	Approx 40	Head of Emergency Preparedness
August 2011	IT disruptive test to test the Trust's business continuity arrangements within Departments across the Trust for both IT and telephony.	Front line services and their ability to cope as a result of a disruption	Approx 30-50	Divisional Manager IT/Head of Emergency Preparedness
September 2011	Testing community services support in the event of a major incident, looking at flows from the acute to the community.	Community & Trust Staff Senior teams	Approx 30-40	Head of Emergency Preparedness
TBC	Radiation exercise – working in conjunction with the fire service	Live exercise involving 'volunteers as patients' who would self present in A&E. Further details to be worked through	TBC	Head of Medical Physics/CBRN Lead/Head of Emergency Preparedness
Feb 2012	Communication Testing Switchboard MI cascade list.	Switchboard operators – involving cascade teams & WMAS & community teams	Approx 30-40	Head of Emergency Preparedness Emergency Planning Officer in WMAS & Lead for Community Services.
March 2011	Suspect Package incident – desk top exercise	Testing the Trust's resilience when a suspect package is left in one of its departments.	Approx 30	ALSMS/Head of Emergency Preparedness

DP 4 April 2011

NB as the year progresses the exercise timetable may change with the integration of emergency planning with the community services or requests specifically made from Directorates/Departments