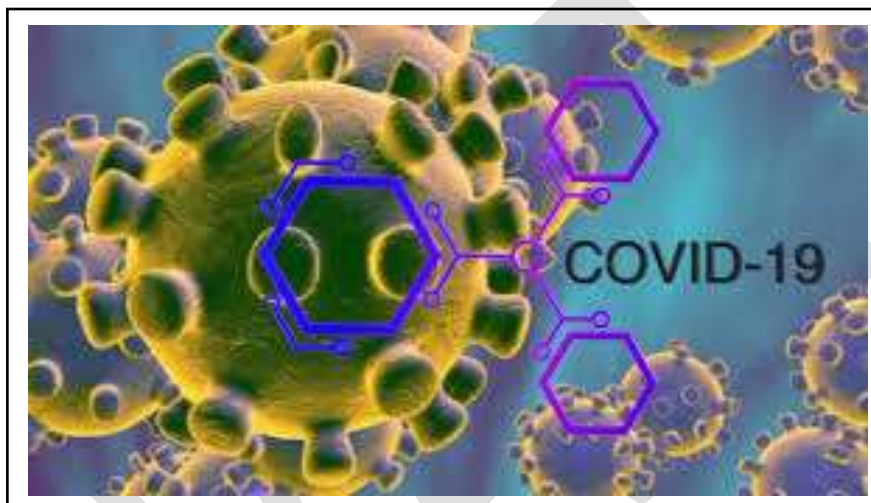


COVID-19 Table Top Exercise Evaluation Report



December 2020

Version 0.3

Official Sensitive

Contents

1. Executive Summary	Page
1.1 Exercise Rationale and drivers	3
1.2 Overarching Recommendations	3
2. Executive Planning	
2.1 Exercise Overview	4
2.2 Exercise Aim	5
2.3 Exercise Objectives	5
2.4 Planning Team	5
2.5 Scenario and Injects	6
3. Exercise Management	
3.1 Role and Responsibilities	7
3.2 Evaluation	7
3.3 Joint Organisational Learning	8
4. Appendices	
1: Invites and Attendees	9
2: Examples of Agendas	11
3: Example of Feedback Form	13
4: Collective Feedback from Participants	14
5: Overarching Recommendations	16
6: Suggested Operational Actions Required	17

1. Executive Summary

1.1 Exercise rationale and drivers

An influenza (flu) type pandemic is rated as one of the top risks on the Jersey Community Risk Register and as such should be exercised every three years.

However, consideration of UK and EU Risk Registers should similarly be noted whereby Emerging Infectious Diseases are also considered a risk.

This table top exercise (TTX) was designed to evaluate the Health and Community Services (HCS) COVID Operational Response Plan.

The main focus of the TTX included validating the various trigger and activation processes, implementing command and control and to validate the effective use of Resilience Direct within HCS.

1.2 Overarching Recommendations

Following a review of outcomes and lessons identified, a number of overarching recommendations have been highlighted by the TTX Working Group to enhance the HCS response to such an incident.

These include:

Overarching Recommendations	
1	Additional TTX's to be organised for Cell leads/Bronze/Silver/Gold Command.
2	JESIP/Command and Control training to be mandatory for all key HCS staff – including Hospital Switchboard and Clinical Co-ordinators.
3	All key HCS staff to register with Resilience Direct.
4	Resilience Direct training to be given to all key HCS staff.
5	Cell Leads to ensure all key Cell members are registered with Resilience Direct.
6	All Business Support Officers and Personal Assistants are to receive loggist training.
7	Switchboard contact list for key HCS staff to be updated.
8	All COVID Cell Leads to provide preferred contact details for their key Cell members.
9	All HCS staff to provide preferred contact details to be used in the event of a major incident.

10	A single HCS contact list to be created and updated accordingly by individual staff when required.
11	HCS contact details to be uploaded onto Resilience Direct.
12	Email distribution list created for COVID Bronze, Silver and Gold Command members.
13	Lack of attendance by key Cells during the TTX to be improved.
14	A more efficient form of communications between the Clinical Co-ordinator/Discharge Nurse and Wards.
15	Improved IT facilities in the Operations Hub.
16	IT support/administrator required for all meetings.
17	Chair to be provided support in the form of an assistant.
18	Business Support Officers to be made available to assist in administration duties during an incident.
19	Members of the Bronze and JNW Initial Contact Group contact lists to be prioritised.
20	A debrief is organised with key HCS members in order to capture any lessons learnt relating to the interoperability within the HCS.

2. Executive Planning

2.1 Exercise Overview

The exercise was co-ordinated by a HCS Working Group with the intention to evaluate the HCS COVID Operational Response Plan.

The TTX focussed on the working collaboration of a HCS Bronze Command Team, HCS emergency preparedness, resilience and response to a developing COVID scenario within the Island.

Prior to each session, and in order to maintain social distancing, the COVID Bronze Command members were informed of their individual participation method. This method included either:

- Face to face communications;
- Teams call in;
- Or by mobile/landline.

For a full list of those invited and attending the TTX, please refer to **Appendix 1**.

Examples of the agendas used for the morning and afternoon sessions can be found in **Appendix 2**.

2.2 Exercise Aim

The aim of the TTX was to provide an opportunity for all key HCS staff to become familiar and confident with the HCS COVID Operational Response Plan.

2.3 Exercise Objectives

Objectives included:

- To exercise the HCS COVID Operational Response Plan;
- To explore the community resilience, communications and co-ordination throughout HCS (at an operational level);
- To consider business continuity and resilience of staff;
- To consider communication needs for staff, partners, the public and media;
- To consider the likely impacts/risks and how they could be mitigated;
- To identify any gaps in planning and the actions required to fill those gaps;
- To identify lessons learnt to support the development of dealing with a pandemic response;
- To provide participants with an opportunity to experience multi-departmental planning during a major incident.

2.4 Exercise Planning Team

The TTX Working Group consisted of the following members:

Name	Department
Rob Sainsbury	Group Managing Director
Jackie Tardivel	General Manager
James Mason	General Manager
Adrian Noon	Consultant
[Redacted]	General Practitioner
[Redacted]	Manager, Resuscitation Services
[Redacted]	Operations Manager, Ambulance Service
[Redacted]	MEx Support
[Redacted]	Emergency Planning Project Manager

2.5 Scenario and Injects

One scenario was agreed that would focus on the patients' pathway throughout the HCS process. This scenario was divided into two parts:

Part 1: The Morning session;

Involved the General Hospital and its ability to deal with an increasing amount of COVID positive admissions and patients;

Part 2: The Afternoon session;

Focused on the necessity to open the JNW and the considerations required to allow it to open.

A number of 'injects' were also introduced. Each inject detailed the emerging situation and development of the incident.

This allowed for a number of Response Cell Leads to operate their various Action Cards stored on Resilience Direct and also highlighted any potential gaps in their planning.

Injects covered included:

- Insufficient anaesthetists for elective surgery;
- CAMHS patient arriving in ED for admission;
- HOT activity in ED exceeding COLD demand;
- An outbreak of COVID in a Nursing Home;
- A leak on social media;
- Activation of departments BC Plans.

3. Exercise Management

3.1 Roles and Responsibilities

A number of positions were allocated to each Working Group member to ensure the TTX was managed and presented efficiently and effectively.

These positions included:

Name	Department
Rob Sainsbury	Lead and Sponsor
James Mason	Bronze Chair (morning session)
Jackie Tardivel	TTX observer
[REDACTED]	TTX observer
[REDACTED]	Facilitator
[REDACTED]	Support

3.2 Evaluation

The overall aim for the TTX Working Group was to deliver an impartial and transparent evaluation and identify areas for positive change.

Exercise feedback for all participants was captured by an electronic form which included three questions. An example of the feedback form can be found in **Appendix 3**.

Altogether a total of 31 electronic feedback forms were sent out to participants. 5 completed feedback forms were received back.

Collective participant feedback can be found in **Appendix 4**.

Following consideration of the feedback received, a number of recommendations were identified by the TTX Working Group and can be found in **Appendix 5**.

Suggested operational actions from the feedback can be found in **Appendix 6**.

A table identifying if the objectives were achieved can be found below:

No.	TTX Objectives	Were the objectives achieved?		
		Yes	Partially	No
1	Exercise the HCS COVID Operational Response Plan.		✓	
2	Explore the community resilience, communications and co-ordination throughout HCS.		✓	
3	Consider business continuity and resilience of staff.		✓	
4	Consider communications needs for staff, partners, public and media.	✓		

No.	TTX Objectives	Were the objectives achieved?		
		Yes	Partially	No
5	Consider likely impacts/risks and how they can be mitigated.		✓	
6	Identify gaps in planning and actions required.		✓	
7	Identify lessons learnt to support the development of a response.		✓	
8	Provide participants to experience multi-departmental planning.	✓		

3.3 Joint Organisational Learning (JOL)

In light of a review by the Cabinet Office of major incident enquiries, a number of common failures which impacted on multi-agency interoperability were identified. This included documenting any lessons following on from a major incident and/or exercise.

The UK developed a national Joint Organisational Learning strategy, applicable to all levels of command to share lessons.

Joint Organisational Learning (JOL) is hosted on Resilience Direct and provides a consistent, accountable and secure mechanism to ensure that any lessons are

identified and acted upon to continually improve the way all emergency services work in a multi-agency response.

Although this was only a single agency exercise, any lessons should be communicated to other appropriate agencies/departments in order to provide shared situational awareness and improve learning.

Therefore, once the recommendations have been agreed by the Senior Leadership Team it is the proposal of the TTX Working Group to nationally share these lessons learnt from the TTX on JOL.

Appendix 1: Invites and Attendees

Morning Session		
Name	Cell/Role	Full Attendance
James Mason (Chair)	TTX WG	Yes
[REDACTED]	Lead Nurse	Yes
[REDACTED]	IPAC	No
[REDACTED]	IPAC	No
Claire Thompson	Community Resilience	No
[REDACTED]	Community Resilience	No
[REDACTED]	PPE & Logistics	Yes
[REDACTED]	Digital, Data & Communications	Yes
[REDACTED]	Digital, Data & Communications	No
[REDACTED]	Workforce and HR	Yes
[REDACTED]	Workforce and HR	Yes
[REDACTED]	Bed Management	Yes
[REDACTED]	Bed Management	Yes
[REDACTED]	Therapies	Yes
Rachel McBride	Mental Health	No
Clare Ryder	Mental Health	No
Kate Southern	Women & Children	Yes
[REDACTED]	JNW	Yes
[REDACTED]	Diagnostics & Pharmacy	Yes
[REDACTED]	Training	Yes
Judith Gindill	General Manager	Yes
[REDACTED]	Clinical Care Manager	Yes
Nick Dodds	Clinical Management	No
[REDACTED]	Wellbeing	No
[REDACTED]	Finance	No
Afternoon Session		
[REDACTED] (Chair)	JNW	Yes
[REDACTED]	PPE & Logistics	Yes
[REDACTED]	Health & Safety Dept	Yes
[REDACTED]	Workforce and HR	Yes
Effie Liakopoulou	AMD	Yes
[REDACTED]	Diagnostics & Pharmacy	Yes
[REDACTED]	IPAC	No
[REDACTED]	IPAC	No
[REDACTED]	Diagnostics & Pharmacy	Yes

Afternoon Session (cont.)		
[Redacted]	Wellbeing	Yes
[Redacted]	Digital, Data & Communications	Yes
[Redacted]	Clinical	Yes
Bernard Place	PPE & Logistics	Yes
[Redacted]	Radiology	Yes
[Redacted]	IT	Yes
[Redacted]	Estates	Yes
TTX Working Group		
	Jackie Tardivel	
	James Mason	
	[Redacted]	
	[Redacted]	
	[Redacted]	

DRAFT

Appendix 2a: Examples of Agendas – Morning Session

HCS Bronze Command

TTX Standing Agenda

Date: Wednesday 02 December 2020

Time: 1000-1130/1400-1530

Venue: Operations Hub, 4th Floor

Number	Item	Item Lead
1	Introductions (by exception and only where deemed necessary)	Chair
2	Declaration of items for urgent attention	Chair
3	Confirmation of decisions on urgent items	Chair
4	Situational briefing and review outstanding actions <ul style="list-style-type: none"> • Are resources under pressure? • Are additional resources required? • Lessons identified from previous experiences that we can learn from? • Identify other agencies who should be represented at this meeting. 	All Cell Leads or Deputy
5	Review and agree strategy and priorities <ul style="list-style-type: none"> • Ensure that risks are understood and reflect on any significant risks that need strategic consideration • Consider powers, plans, procedures, or other relevant information that support the response 	Chair
6	Review outstanding actions and their effect	Chair
7	Determine new operational actions required	Chair
8	Update from Communications Cell (if required)	Comms Cell
9	Allocate responsibility for agreed actions (Loggist/Chair to review, admin support to publish)	Chair
10	Confirm date and time of next meeting and required attendees (alongside an established meeting rhythm)	Chair
11	Post Meeting: Distribute record of policy decisions and actions, ensure Decision Log is updated and complete, update the RD Response Page (if required)	Loggist/Chair

Appendix 2b: Examples of Agendas – Afternoon Session

JNW Initial Contact Group Standing Agenda

Date:

Time:

Venue: Operations Hub

No.	Item	Lead
1	Introductions (by exception and only where deemed necessary)	Chair
2	Update from Bronze Command Cell	Chair
3	Situational briefing <ul style="list-style-type: none"> • Identify situation and gather information • Assess risks • Policies and procedures • Options and considerations 	All
4	Review and agree operational priorities	Chair
5	Determine new actions required	Chair
6	Allocate and confirm responsibilities	Chair
7	Confirm date and time of next meeting and required attendees (alongside an established meeting rhythm)	Chair
8	Post Meeting: Distribute record of decisions, ensure decision log is updated and complete	Chair/Loggist

Appendix 3: Examples of Feedback Form

HCS COVID TTX

JNW ICG Attendees

Feedback and Evaluation Form

Date: Wednesday 2nd December 2020

Dear All,

Thank you for participating in this table top exercise (TTX).

In order to improve future training events based around your needs, would you be kind enough to complete the following feedback form.

Name: (Optional)

Response Cell:

Name 3 things that you think went well during the TTX	
1	
2	
3	
Name 3 things that you think could have been improved during the TTX	
1	
2	
3	
List 3 key learnings from today's TTX	
1	
2	
3	

Thank you for completing the above feedback and evaluation form.

The COVID TTX Working Group

Appendix 4: Collective Feedback from Participants

Positives	
1	Everyone appeared prepared.
2	Good understanding of everyone's input.
3	Contributing remotely worked well.
4	Ability to indicate you had something to contribute without interrupting the flow (raise your hand).
5	Letting Staff know it was an exercise, so they were expecting it.
6	Switchboard were able to go through the list.
7	All Staff remained professional throughout the exercise.
8	Message was clear.
9	Expectations were outlined and given a deadline.
10	The team responded to the request.
11	Good use of MS Teams.
12	Well managed by Jessie.
13	Everyone was able to provide opinion.
Improvements	
1	Anticipated a phone call, rather than team meeting although there was benefit as above.
2	Was only offered team meeting, not room, and have very limited access to Team on work IT.
3	No Video or list of who was in the room or online, although informed at the beginning would have been good to see a list of who was actually online / attending.
4	Unable to make out some of the contributors (quiet and muffled) sounded like they were far away from the microphone.
5	As Staff knew it was an exercise, it wasn't necessarily addressed with the needed speed.
6	The contact list for Bronze Team needs to be improved with deputies clearly added to it.
7	Action Cards given to Switchboard need to be reviewed to provide instruction as to what to do if Lead and Deputy have been unable to be reached.
8	Use of a microphone to help with hearing those speaking when on the virtual other end.
9	Switchboard to ring mobile and desk phone (rung by desk phone, did not leave a voice message then wrong Lee (correctly as deputy) on the mobile).
10	Use of a Starleaf or MS Teams group to get the message out and aid communication only for JNW activation.
11	Lead up was confusing, only found out it was on Teams after start of session.
12	The purpose of the meeting seemed more of a review of process rather than an exercise in escalation.

Key Learnings	
1	Need to generate/update action card.
2	The time involved to prepare the area for MDU to move, the move and subsequent ICU moving into HDU is considerable (probably the best part of the day) and although on that morning ICU could send a nurse to support the wards with a deteriorating patient we couldn't have in the afternoon.
3	Good to know that escalation is being considered and worked through.
4	Support Staff to contact Switchboard and confirm who was contacted needs to be onsite – so would need to be added to the list as well.
5	All contact information for all members including phone numbers to be checked.
6	Clear messages of expectations of Staff to be sent.
7	Need to ensure the action card is uploaded to RD.
8	Need to ensure that the action card is shared with my team who do not have access to RD in the event of my absence.
9	It was a worthwhile exercise to really test the action cards and get everyone thinking of omissions.
10	Radiographers have been counted as part of the team for the Fire Licence.
11	On call radiographers may need full induction training, something not made clear originally.

Appendix 5: Overarching Recommendations

Overarching Recommendations	
1	Additional TTX's to be organised for Cell leads/Bronze/Silver/Gold Command.
2	JESIP/Command and Control training to be mandatory for all key HCS staff – including Hospital Switchboard and Clinical Co-ordinators.
3	All key HCS staff to register with Resilience Direct.
4	Resilience Direct training to be given to all key HCS staff.
5	Cell Leads to ensure all key Cell members are registered with Resilience Direct.
6	All Business Support Officers and Personal Assistants are to receive loggist training.
7	Switchboard contact list for key HCS staff to be updated.
8	All COVID Cell Leads to provide preferred contact details for their key Cell members.
9	All HCS staff to provide preferred contact details to be used in the event of a major incident.
10	A single HCS contact list to be created and updated accordingly by individual staff when required.
11	HCS contact details to be uploaded onto Resilience Direct.
12	Email distribution list created for COVID Bronze, Silver and Gold Command members.
13	The attendance of key Cell members for all future TTX's to be made mandatory.
14	A more efficient form of communications between the Clinical Co-ordinator/Discharge Nurse and Wards to be identified, agreed and implemented.
15	Improved IT facilities in the Operations Hub.
16	IT support/administrator required for all meetings.
17	Chair to be provided support in the form of an assistant.
18	Business Support Officers to be made available to assist in administration duties during an incident.
19	Members of the Bronze and JNW Initial Contact Group contact lists to be prioritised.
20	A debrief is organised with key HCS members in order to capture any lessons learnt relating to the interoperability within the HCS.

Appendix 6: Suggested Operational Actions Required following TTX

Issue	Action Required	Assigned to
No email distribution list for COVID Bronze, Silver, Gold Command.	Email distribution list created and made available.	[redacted] /IT
Wards to be thorough cleaned when moving patients.	Action Card required.	[redacted]
Contact details unavailable for some key staff members.	Preferred contact details to be provided by all key staff members and uploaded onto Resilience Direct.	All/[redacted]
Switchboard leaving messages when unable to directly contact Cell leads.	Further training to be provided in emergency planning/command and control to Switchboard staff.	James Mason/[redacted]
Unable to contact Porters during TTX.	Improved communications link required.	[redacted]
Key members of COVID Bronze and Silver Command unable to access information on Resilience Direct.	All key members of HCS to register and familiarise themselves with Resilience Direct.	All Cell Leads/[redacted]
No back up plan for relocation of MDCU in the absence of Corbiere.	Action card to be developed for making the MSK space in Physio ready to re-locate MDCU.	[redacted]
Lack of information regarding the relocation of the Chapel to the Education Centre.	Action card for preparation of the move and relocation.	Chaplin
No seating plan for Bronze membership.	Seating plan to be created.	James Mason/[redacted]
Insufficient details for the cleaning of the JNW prior to its opening.	Action Card required.	[redacted]

Issue	Action Required	Assigned to
Sufficient stock of PPE to be made available for staff at the JNW.	One week's supply of PPE to be made available at all times when the JNW is opened.	Bernard Place
The provision and training for the appropriate face masks for JNW staff.	Sufficient stock and training of face masks to be made available.	Bernard Place/ [REDACTED]
Missing data Action Card for the JNW.	Action Card to be completed and uploaded onto Resilience Direct.	[REDACTED]
Representative from Data not included on the Initial Contact Group list for the meeting.	Rep from Data to be added to the JNW ICG list.	[REDACTED]
PALS representative not invited to the meeting.	Nicola de Jesus to be included in all future correspondence.	[REDACTED]
A list of Doctors who will be working at the JNW is required in order to sign death certificates.	List to be sent to Shan Morgan.	[REDACTED]
Staff unclear of the content of Action Cards on Resilience Direct.	All staff to familiarise themselves with their Cells Action Cards.	All
Insufficient G4S staff for the opening of the JNW.	Two extra staff required from G4S when the JNW opens.	[REDACTED]
Unclear procedure regarding the handing over of the JNW from IHE to HCS.	Identify who holds responsibility regarding the handing over procedure.	[REDACTED]
Unclear procedures regarding staff parking and Victoria Avenue lane closure.	Identify who is responsible for the on-site staff parking and Victoria Avenue lane closure.	[REDACTED]



DRAFT