



## COVID19 – A Message from the National Strategic Lead for Ambulance Services



The current Coronavirus pandemic has presented the UK with probably the greatest challenge in a generation, there is not an area of society that hasn't been touched by this unprecedented event. But through all of this, the emergency services have been there, as they always are to respond to the challenges presented to us.

As the true extent of the virus began to unfold back in February, the Government set about putting measures in place to protect the NHS in order to give it the best chance of being able to generate the capacity to cope with the number of anticipated patients. As the gateway to the NHS, the Ambulance service began putting in to place, well-rehearsed plans to create capacity and reinforced safe systems of work for frontline staff treating patients with suspected or confirmed COVID-19 infections. But as with all national emergencies of this size, it wasn't going to be a one service effort and it would require true partnership working on a Countrywide scale.

Professor Anthony Marsh, the Strategic Lead for the ambulance response said, "I would like to take this opportunity to thank NHS staff including ambulance service personnel, hospital staff and our multi-agency partners for their assistance at this time. It has been an unprecedented period of response for all responding agencies, specifically with huge pressure on all of our NHS colleagues. I am immensely proud of each and every one of you, and of all the keyworkers who keep our communities safe."

"As the National Ambulance Strategic Lead for JESIP, and member of the JESIP Interoperability Board, it is important to highlight the support received from members of partner organisations, such as the military and our blue light colleagues. The past few months have shown true interoperability, and this has enhanced the resilience of the National Health Service and enabled us to continue to provide care to those in need."

"It is important that we continue to improve during the response and evolve as we learn from each day during the pandemic. It is vital lessons are captured and shared via JOL Online during the response phase, as this learning process can improve the way we respond moving forward."

"My thoughts are with the families, friends and colleagues of those who we have lost to Covid19, members of the public and our own keyworkers."

"Thank you for your continuing professionalism and hard work. Please be assured of my continued full support. Stay safe."

If you need any help with putting your lessons onto JOL Online, please contact [jol@jesip.org.uk](mailto:jol@jesip.org.uk)



## UK Fire & Rescue Services Help in The Pandemic Fight



Roy Wilsher, the Chair of the National Fire Chiefs Council (NFCC) and the JESIP Interoperability Board has been explaining how the UK Fire and Rescue Services have stood up in the fight against the Coronavirus

Pandemic.

Thousands of Fire & Rescue Service staff are taking on additional duties to help fight COVID-19. Fire and rescue service staff from across the UK have volunteered to support the NHS and other key services in the fight against Covid-19, roles include driving ambulances, transporting the deceased and delivering food to vulnerable people.

These numbers show how staff from across fire services are ready, willing and able to play their part during the pandemic and is testament to the commitment & determination of all staff to assist during a time of crisis.

The additional activities were agreed by the National Fire Chiefs Council the National Employers and the Fire Brigades Union. Operational firefighters, officers and wider fire staff from across services are taking part.

Other activities carried out by fire staff include face fitting for masks for frontline NHS and clinical staff; delivery of personal protective equipment (PPE) and other medical supplies. More recently agreed activities include assisting in taking samples for Covid-19 antigen testing, driving non-blue light ambulance transport, and driving instruction to deliver training for non-service personnel to drive ambulances (not on blue lights).

The further activities are in addition to fire and rescue services maintaining the response to emergency incidents and carrying out core duties such as prevention and building safety based on risk. Fire and rescue services are now looking to provide more support to care homes by providing training in PPE use.

## Police Service COVID-19 Response



The past few months have been challenging ones for the emergency services, our partners in the Local Resilience Forums and our communities as a whole. The particular challenge for policing has been the balance required to support government efforts to keep

our communities safe through enforcement of the emergency legislation whilst managing daily business. We fully recognise that our partners in Health have been the ones on the frontline of this crisis and it has been great to see the spirit of JESIP really coming through in the way that services and partners have pulled together to support our Health Colleagues.

Specially trained officers have been supporting Ambulance Service Hazardous Area Response Teams (HART), working in partnership to attend a wide variety of incidents as well as the formation of Pandemic Multi-Agency Response Teams to bring together resources to deal with excess deaths in the community. Many forces have used their driving instructors to train volunteers for patient transport duties and Police staff have been volunteering to assist with clearing out furniture and equipment from hospital wards ready for COVID response facilities.

The Citizens in Policing program has seen a significant rise in hours contributed by members of the community to support policing and wider partnership work. More than 280,000 hours were put in by Special Constables alone during March and April and our colleagues at the National Enabling Program have also been working hard to accelerate the roll out of Office 365 products to support multi agency planning and command.

I am really encouraged that there is a real drive across all agencies and partners to learn from this experience in order to enhance our capability for the future both in terms of emergency response and daily business.

# JESIP in the NHS – “A Practical Example”



The NHS has adopted the principles and tools of JESIP to varying degrees. The NHS England Emergency Preparedness, Resilience and Response (EPRR) Framework 2015 identifies METHANE as the preferred model to share information in an incident and the Joint Decision Model (JDM) as a tool to support effective decision making.

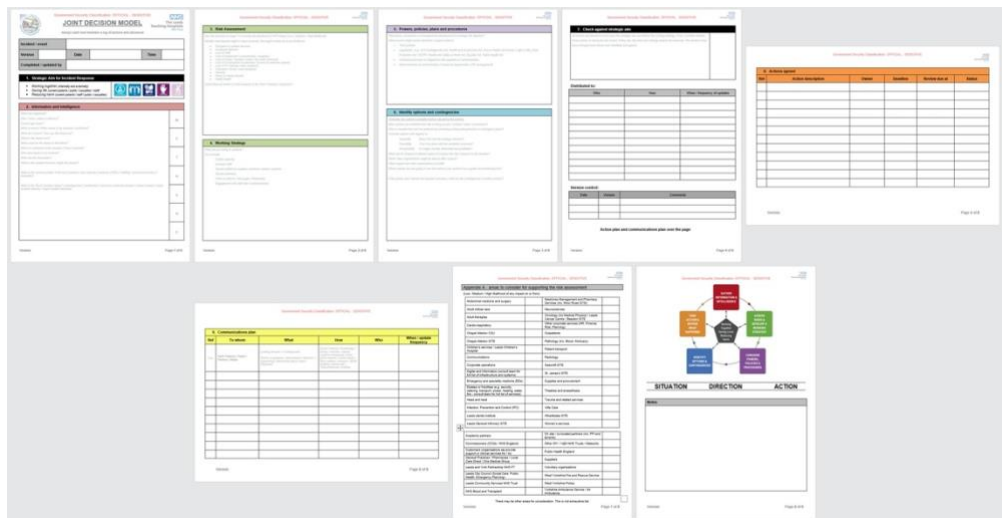
The Leeds Teaching Hospitals NHS Trust went further, embedding JESIP in response and recovery arrangements and training. Having been involved in the response and recovery for a number of multi-agency, Local Resilience Forum led incidents and exercises I brought the benefits of JESIP with me when I joined the Trust in 2017.

All strategic and tactical on call staff and operational commanders within the clinical service and support units are now trained on JESIP, the five principles are embedded in incident response arrangements and the JDM has been adapted to a standard template with prompts for an internal and major incident. All on call staff carry a JESIP aide-memoire with their on-call pack and are encouraged to download the app on their mobile devices.

The JDM template is the go-to tool for our teams for the initial response to any incident or potential incident and it provided the structure to the early and ongoing response to COVID-19 as part of our pandemic plan. Using the JDM we established an early risk assessment and options appraisal for managing this new high consequence infectious disease in January and the subsequent impacts of the viral pandemic.

As this protracted incident progressed, the aim of working together (across the organisation and with partners), reducing harm and saving lives formed the basis of the organisation’s response strategy. I left at the end of May as the first phase of recovery was beginning in earnest and this approach has been maintained going forward.

The principles of **communication**, **coordination** and the **shared situational awareness** to inform a **joint understanding of risk** have been invaluable in responding to the pandemic across a large organisation and health and social care system. The unexpected challenges of having to balance **co-location** and social distancing have been broadly overcome by the rapid adoption of ‘new’ technology (video conferences), although this isn’t without its own frustrations.



For further information about how the NHS uses JESIP or the tools that have been developed in Leeds, please contact Adam Bland, former Head of Resilience. Connect on LinkedIn at <https://www.linkedin.com/in/adamblanduk>.

***Do you have any examples of how you or your organisation have implemented JESIP? If so, get in touch and we may feature your story in a future newsletter.***



# MILITARY

Whilst the MOD retains its ability to deliver Military Aid to the Civil Authorities (MACA) in response to a wide range of disruptive challenges, 2020 has so far been dominated by the response to Covid-19, or Operation RESCRIPT as the MOD has chosen to name it. Initially (March 2020) the MOD generated 20,000 personnel at heightened readiness as part of a Covid Support Force (CSF), with up to 4,000 committed on most days. However, as other government departments (OGDs) were increasingly able to maintain core outputs, the MOD decided to re-balance the CSF, reducing it to 7,500 but maintaining a heightened state of readiness.

A selection of tasks undertaken is listed below, but a key factor on Op RESCRIPT, in terms of output and influence rather than size, has been the deployment of a large number of MOD liaison officers and planners into, amongst others, Whitehall departments, devolved governments, arms of the health services and into LRFs. Most received a programme of training delivered by the MOD and Ministry for Housing, Communities and Local Government (MHCLG) before embarking on their duties; such training included JESIP. Whilst never in the lead (the MOD is not a categorised responder), in the main it was felt that they added value, depth and additional expertise. As one LRF member put it during a recent survey:



*the RAF Regional Liaison Officer for the South East, and a CH-47 Chinook crew, providing aeromedical evacuation advice and support to the ambulance service.*

‘The role of the military planners was vital. They have come to the LRF with knowledge and skills that has helped share the workloads being done by organisations’.

Tasks undertaken include (not an exhaustive list):

- Assistance to the planning and establishment of the Project NIGHTINGALE hospitals around the country.
- Military logisticians to distribute police PPE from the new police logistics hub in Oxfordshire.
- Assisting the health services with the planning and establishment of a network of Mobile Test Units, deployable nationwide, each capable of testing up to 500 each day. By the end of May, over 300,000 people had been tested at such facilities.
- Assisting the Cabinet Office and DHSC with the purchasing and subsequent delivery of PPE; between February and early May the MOD helped to deliver over 1.18 bn items of PPE to the NHS in England.
- Assisting the NHS in Scotland with FFP3 face mask fitting.
- Assisting a number of ambulance services with the provision of trained drivers.

Returning to the Liaison Officers and planners, in conjunction with OGDs and devolved administrations, the MOD is reviewing the network as the year progresses and as winter approaches. Absolutely key to the success of the deployment of Liaison Officers has been training both induction training delivered by the MOD and subsequent on-the-job familiarisation by LRFs and equivalents.

Running through both has been an understanding of JESIP and its components. This will continue, and lessons learned, in addition to feeding into JOL where appropriate, will inform the ongoing review of JESIP doctrine, and its military annex in particular. If you need further information on the MACA process then either consult the MOD’s [Joint Doctrine Publication 02](#) or e-mail [Richard.garston574@mod.gov.uk](mailto:Richard.garston574@mod.gov.uk)



*a deputy RAF Regional Liaison Officer advising on the storage of commercially manufactured ventilators at RAF Odiham in Hampshire.*



*an Army Logistician plans distribution of ventilators.*

# JESIP Training

## Multi-agency courses

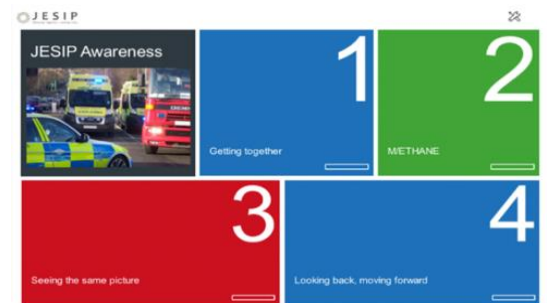
Has your organisation thought of how future training, including JESIP training will look like? It is likely social distancing measures are here to stay for the foreseeable future. Do you have any ideas to overcome this barrier to learning? We have been contacted by an organisation for ideas and would be grateful to share your thoughts across the responding community. You can submit as a Notable Practice on JOL Online, or if you need assistance, contact the JOL Coordinator [jol@jesip.org.uk](mailto:jol@jesip.org.uk)

## JESIP e-learning

If you are currently working from home, now is a good time to refresh yourselves on your JESIP awareness. You can access the JESIP e-learning via this link: [JESIP e-learning](#) It takes around 40 minutes to complete and counts towards your Continuous Professional Development for JESIP.

Please check whether your service have made this package available via your organisation's e-learning platform before completing remotely as this will then be automatically recorded.

If it isn't available via your organisation then you can print a certificate of completion when you finish.



## JESIP Embedding Questionnaire

Whilst we are aware that some training has been put on hold temporarily due to the COVID19 pandemic, The JESIP team will still be conducting a collection of the embedding data via the embedding questionnaire. This will be sent out in the first week of June with a return due at the end of August.

As always, these returns are not an inspection on services, they are reported to the JESIP Interoperability Board so the National Chief Officers and Government representatives have an overall picture of JESIP Embedding and identify any issues that may require assistance, therefore it is important that figures reported are accurate.

## JOL Online – COVID19

### NP02625

Clinical staff working front line are having to don Level 3 PPE which comprises of a full Tyvek suit, face mask, gloves and eye protection. When this is being worn, it could be for incidents which are fast paced and serious, such as cardiac arrests. During these incidents it was hard to distinguish who was who and therefore who could do what as each grade of has a different skill set.

South Western Ambulance Service have designed a set of four stickers which were different colours and clearly set out the grade of the person wearing it. It also provided enough room to allow the person to write their name on with a marker pen which we also provided on all the ambulances along with the stickers.



The overall aim of the stickers was to make it easy to recognise different staff members and grades quickly to allow patient care to be delivered safely.

The stickers are A6 in size and glossy to make them withstand the elements a little. In terms of procurement, a local printing company was approached for a quote and who kindly said they would do it for nothing and supplied 2500 stickers. The feedback from staff has been well received and has certainly made these incidents smoother and safer.

Does your organisation have any real time learning around your response to COVID19?

Sharing your lessons identified and notable practices can influence how we respond in the coming months

Visit JOL Online to submit your ideas, or if you need assistance contact the JOL Coordinator [jol@jesip.org.uk](mailto:jol@jesip.org.uk)

## Joint Doctrine Review

May saw the start of a review into the Joint Doctrine – The Interoperability Framework. A group from across the response community met virtually to kick the review off. Those involved are from LRFs, Coastguard, the Military, national training bodies as well as the emergency services across all 4 countries of the UK. We will keep you updated of the progress in future newsletters.

