

Resilience Development Network

Annual Report 2016-17



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MISSION STATEMENT

To encapsulate the principles of inter-agency health and social care networking, with the intention of sharing experiences, knowledge and ongoing best practice initiatives and innovations, thereby enhancing the resilience of member organisations.

INTRODUCTION

Having facilitated the Resilience Development Network for several years now, I can honestly say that it never fails to be a wholly worthwhile and enjoyable experience.

I continue to be impressed by the amount of knowledge and experience that members possess and their constant willingness to share this with colleagues from other areas.

As in previous years, the Resilience Development Network has held all of its meetings in London. The feedback from members indicates that this should continue for the foreseeable future.

Once again we have benefited from an excellent range of speakers and I would like to extend my particular thanks to David Walker (Regional Head of EPRR - Midlands & East - NHS England), David Robinson (EPRR Officer. NHS England – National), Bethan Davies (Chemsafe Manager - National Chemical Emergency Centre) and Tony Thompson (Chair of the Emergency Planning Society)

The first meeting of the next round will be held on **Tuesday 13 June 2017** at the **Imperial Hotel, London**. As usual the venues and dates for subsequent meetings will be determined by members.

I'm very much looking forward to another successful round.

Dale Atkins
RDN Facilitator

CHAIRS VIEW

It has been a pleasure to chair the 3 Resilience Development Network meetings over the last year. The days have proved to be an invaluable opportunity to;

- exchange ideas/discuss lessons learnt, with colleagues across the country
- share organisational and partner agency challenges,
- share good practice
- actively supporting others going through similar resilience challenges.

Whilst guest speakers and group members are unlikely to confess to being experts they have been willing to share their approach, pitfalls and gains to facilitating change within their (& respective) organisations; introducing new concepts or developing resilience arrangements, to meet legal requirements.

This report highlights the diversity of subjects covered including social media, evacuation and providing emergency accommodation for vulnerable patients, as well as latest national developments on CBRN, major trauma networks and responses to recent flooding demands.

Business continuity and management of mass casualties continues to be a major challenge to us all so it was heartening to hear from those who had persevered and achieved national accreditation as a result.

All of this could not have been achieved without the support of Group Facilitator, Dale Atkins and the NPAG Team, for facilitating each event and developing the document reference library, available to all members.

Claire O'Brien
Chair - NPAG Resilience Development Network

DOCUMENTS/PRESENTATIONS/ANALYSES DISTRIBUTED DURING 2016/17

The following is a selection of the documents, presentations, etc. that have been distributed to group members during 2015/16. These also represent the range of topics covered during this period.

Please note: copies of these are available upon request from the BVG facilitator on e-mail: dale.atkins@hotmail.com or by contacting the NPAG office on tel. no: 01245 544600

- **Presentation: The National Chemical Emergency Centre and the Chemsafe Service**
(Bethan Davies, Chemsafe Manager - National Chemical Emergency Centre - NCEC)
- **Presentation: i) National Security Strategy (including Counter Terrorism Approaches) ii) Hillsborough Inquest- Emergency Management Issues iii) Exercise United Response**
(Tony Thompson - Chair of Emergency Planning Society)
- **Presentation: CBRN Update**
(David Robinson. EPRR Officer. NHS England)
- **Presentation: Resilient Telecoms**
(David Walker. Regional Head of EPRR (Midlands & East) at NHS England)
- **Documents (a selection of):**
 - i) 'Resilient Communications Guidance for NHS England and for the NHS in England' (draft)
 - ii) 'Chemsafe user guide version Jun 2015'
 - iii) 'ED CBRN/HAZMAT Decontamination Plan' – Royal Cornwall Hospitals NHS Trust
 - iv) 'Various Incident Debrief Documents'
 - v) 'Policy and Procedure for the Use of Digital Radios for Patient Flow, Major Incident, Fire or Bleep Failure' – Royal Cornwall Hospitals NHS Trust
 - vi) 'Fuel Demand Summary – Guidance to Local Health Resilience Partnerships in relation to the EPRR Assurance 'deep dive' questions 2016/17'
 - vii) 'EMERGO' Letter
 - viii) 'JESIP-Aide-Memoire'
 - ix) 'Mass Casualty Framework' – Ashford and St Peter's Hospitals NHS Trust
 - x) 'Report: Exercise Fortuna Mass Casualty Incident (MTFA)' NHS England South 14.7.16
 - xi) 'Standard for EPRR CBRNe' – LHRP – Acute Hospitals- Kent and Medway

As we go in to the new round we intend to make even greater use of the knowledge and expertise of group members when it comes to some of the presentation and discussion slots.

SUMMARY OF MEETINGS, KEY THEMES AND HOT TOPICS FOR 2016/17

This section provides a brief summary of a selection of discussions that have taken place at the 3 meetings held this year. As can be seen from the range of topics covered, members have been provided with a significant level of information, guidance, ideas for improvement and suggested areas for cost savings. *Please refer to the actual minutes of each meeting for a greater level of detail.*

Three meetings were held in this round:

- 1st Thursday 27 June 2016 at the Imperial Hotel, London
- 2nd Thursday 27 October 2016 at the Imperial Hotel, London
- 3rd Thursday 2 February 2017 at the Imperial Hotel, London

NPAG Network

During the course of this round of meetings a new process came in to place for members to link with the broader network. This was as follows:

1. Please visit: <http://www.npag.org.uk/npag-network/>
2. Complete the short enquiry form
3. Click Submit.

A member of the NPAG Team will then be in touch within 48 hours. If a member's enquiry includes attachments or they have any questions about the service, they are asked to email: npagnetwork@npag.org.uk.

'Members Area' on the website

Access to the RDN 'Members Area' on the website was explained as follows:

- Accessed at: <http://www.npag.org.uk/members-2/>
- Password for Nursing & Temporary Staffing BVG = Crocodile (this is case sensitive).
- Once you are logged into your page, you will see a lock feature which allows you to logout of the area. If you do not logout, the cookie will remain on your computer for up to 10 days and you will not need to log back in. If you logoff, then you will need to re-enter the password.
- Please remember this is a confidential page for members of the Nursing & Temporary Staffing BVG only.

Membership Referral Scheme

Members were also encouraged to make use of the NPAG Membership Referral Scheme:

- Introduce a friend and get 1 meeting for free.
- A member referral resulting in another Trust / Organisation registering for full membership of the same group will result in the referring member qualifying for a one meeting discount (Equivalent to £137.50 for the RDN)
- The discount applies to the full membership fee only (not applicable to the 2nd member rate).
- The discount will be applied once, at the start of the current meeting round. Mid round membership referral discounts will be processed at the start of the following year's membership round.
- Multiple referrals will result in multiple discounts up to four referrals per meeting round. Second Club Membership
- 10% discount will be applied when an existing NPAG member joins an additional Group.

Inter Meeting Email Discussions:

This agenda item, introduced in the previous round, proved to be very useful to members. The following are just a few examples of the questions and issues raised in between meetings and discussed across the group network:

i) MI Officer Action Card

NT asked the following question:

"Could you please ask the Acute Trusts in our group if they could send me a copy of their Action Card for the Major Incident Officer Role"

ii) PREVENT

TM asked the following question:

"We have had a change of PREVENT lead at the Trust in Salisbury, and are reviewing the approach to the agenda. Do others use a standard MLE package for PREVENT training and face to face training for WRAP or other means? Is the PREVENT training a mandatory package? Is the WRAP training only for key groups?"

iii) ED Decant Facilities BC Planning

RG asked the following question:

“Can any members of the group who have Emergency Departments confirm whether their contingency planning extends to having decant facilities and/or other temporary accommodation solutions. This request stems from a colleague’s question, but unable to answer as my organisation does not have A&Es”

iv) Policy/Procedure/Plan for Radio

MO asked the following question:

“Does anyone have a policy/procedure/plan for radio use either for patient flow, major incident or telephony/bleep failure that they would be willing to share with me?”

v) MI/MC Patient Flow Diagram

DP asked the following question:

“Does anyone have in their major incident/mass casualty plan a diagram that articulates the patient flow process through the ED (A&E), and does anyone have anything that links to paediatrics”

Note - In all cases helpful responses were provided by other members.

Presentation - Resilient Telecomms

(David Walker. Regional Head of EPRR (Midlands & East) at NHS England)

This was a very interactive session in which David was seeking the members input to the development of a national guidance document that he was leading on – ‘Resilient Communications Guidance for NHS England and for the NHS in England’

David began to seeking to understand member’s knowledge around the various acronyms that exist in the field of communications e.g. MTPAS – Mobile Telephone Privileged Access System – a mobile phone with a specific SIM card that enabled mobile phone usage when the main system was down. As an aside, it was noted that these are deliberately in limited supply and only provided on a need to have basis.

As part of the discussions David recommended to members that they look in to ‘Disaster Recovery Centres’ – ideally visiting one if possible, noting that these are ready made facilities existing all over the country and provide a dedicated site in the event of a trust losing its control centre / communications centre.

In looking at the resilience of communications in its various forms, David explained to the group that he had broken this down in to 3 components:

- the Function
- the Primary system for delivering this function
- Alternative / Back Up systems for delivering this function for delivering this function

The following are a selection of the examples that the group worked through:

Example 1

- i) Function: Voice message
- ii) Primary System/s: Analogue phone (but going to VoIP)
- iii) Alternative/Back Up System/s: Mobiles / Airwaves / Satellite phones

Example 2

- i) Function: Sending data
- ii) Primary System/s: Emails (LAN)
- iii) Alternative/Back Up System/s: Faxes / 3g mobile / Runners

Example 3

- i) Function: Inform / Warn / Advise
- ii) Primary System/s: Twitter / Facebook
- iii) Alternative/Back Up System/s: Direct SMS / Local Media

Example 4

- i) Function: Data Storage (e.g. BC Plan)
- ii) Primary System/s: Hardcopy / Shared Drive / Resilience Direct
- iii) Alternative/Back Up System/s: Cloud (*note here JT Imagen Cloud Storage item below*)

Members were invited to look at the draft guidance outside of the meeting and to feed any comments back to David.

Presentation - CBRN Update

(David Robinson. EPRR Officer. NHS England)

The following are some general notes and selected extracts from the presentation:

CBRN Guidance

- *CBRNe Handbook*

PHE + NHSE – new handbook being produced for acute trusts – clinical focus. Hopefully out in next couple of months. Expected to be very useful. Both hardcopies and electronic copies to be provided. DR confirmed that it will be 'official' but not 'classified'.

Members requested that the handbook be sent to EPRR leads not to the ED departments.

- *Consolidation of CBRN advice*

Current project to pull all items together. Will be a significant amount of documentation. As part of consolidation process various components will be corrected to give consistency of message. DR reported that it will knit in with JESIP.

DR reported that the lead for new guidance is legally trained and looking at it from that perspective.

PRPS

- *Replacement Programme*

All trusts to be provided with a nominal 24 suits per A&E/ED. Still awaiting formal sign off.

Noted that a number of suits are now coming to the end of their lives - can be used for training. DR reported that national stockpile had now been depleted.

Maintenance of the new suits was built into the contract with Respirex. Also that a letter confirming a 12 week extension had been signed.

Distribution of the new suits will initially focus on priority areas – i) COMAH sites ii) large cities iii) isolated areas with no other local CBRN support.

Countermeasures

- *Exercise Paraselsus Nov '16*

Linked to cyanide poisoning. CO felt that it had been useful for awareness raising but was rather contrived and didn't cause trust to through full response process

- *Exercise Tanner Oct '17*

Re 'collection points' for antivirals re biological outbreaks, antibiotics for anthrax. Will be a live exercise set up in sports halls to test throughput rates. LRF site already chosen.

Mass Casualties – Concept of Operations

▪ *National level ConOps*

Noted that Concept of Operations was a military term. The ConOps for mass casualties will be high level. It is expected to be published by end of March 2017. Currently out with medical directors and trauma networks. Featured at Trauma Conference in January will aim of learning from work already undertaken elsewhere.

ConOps is slightly more prescriptive than frameworks but also allows scope for local development.

JW felt that when it came to mass casualties better use should be made of the MIUs. In his locality if each MIU were to take just 10 P3s that would equate to 150 P3s.

Supply Resilience

▪ *Products of Concern*

DR reported that were currently 7 of these. They are predominantly those with a long lead in time and have a single manufacturer. Example: Baxter Healthcare IV pumps/ sterilisation – now looking at multiple sites and hoping to be ISO 22301 aligned by the end of the year.

▪ *Mass Casualties - Stock access protocols*

Hoping that supply chain will be in place quickly. DR reported that he was currently working on the above protocols – including checks and balances to avoid inappropriate requests at user end. Regional directors are likely to get involved if the standard number of requests in exceeded.

▪ *Checklist*

On the back of 'products of concern' NHSE would be going out to providers to get their views on 'risk areas'.

Market Place – Sharing Good Practice

Members had been reminded previously that the aim of this session was for there to be a more structured, all-engaging approach to sharing good practice.

Members were asked to consider the following questions: a. What are you trading? b. What are the benefits? c. What (if any) are the cost savings? d. What (if any) are the pitfalls? e. What advice (if any) would you give to colleagues?

Items being traded and the method of presentation could range from a formal PowerPoint presentation to a more basic verbal presentation without materials.

The following are just two examples of input provided by members:

i) The Plymouth Train Crash – 3 April 2016 (MO)

A particular issue raised by MO was that locally there had been a switch in the alerting system for a major incident from a manual one, involving direct communication with an ambulance officer, to the use of an automated system – Everbridge.

It was felt that the introduction of this had been somewhat rushed resulting in a number of problems (including that the go live date was set as 1 April!):

- a. it was found that some switchboards were not equipped to work with Everbridge
- b. Everbridge sent one long SMS message with no gaps and was impossible to read
- c. one of the trusts receiving an alert did not pick up the call and this was not realised
- d. a number of the messages were mixed and confused

In addition, the out-of hours arrangements for the ambulance to update its website/operational status was given to their comms officer who happened to be away in an area without an adequate internet signal.

MO's key message to members was to beware if their local ambulance trusts decided to adopt Everbridge and to certainly make sure, if they did, that it was properly implemented and not rushed.

ii) New Comms System (DP)

RWT – normally operates an electronic call cascade system in the event of a Major incident or Mass Casualty being declared to ensure that all areas across the Trust are aware and are prepared to respond – this is through a service provided by rapid reach (Enera) – this is instigated via our switchboard and goes out Trust wide.

The one area we have identified where communication does not work well, is the Trust's new Urgent Care Centre. In November 2015, the Trust opened the new purpose built Urgent Care Centre which houses ED/A&E, Acute Medical Unit (AMU), NHS 111, GP walk in facility, ED Radiology.

It was highlighted that due to the size and expanse of the floor print it was difficult to communicate across the footprint of the new build. To this end in order to improve communications amongst the ED staff and to support them in doing the 'day job', along with coping with alerts in this building a new communication system was put in called ASCOM. ASCOM is a focus on wireless solutions (on site communication Solutions). The service offers voice and messaging solutions etc. Different parts of the ED have key staff/roles identified as the equipment vendors (they are liked phones).

To date, the ED department is still continuing to use this and develop its use further. More equipment has now been purchased.

HOT TOPICS Discussions

This has been a regular agenda item where Members are invited to share a current, work related 'hot topic' with the group. The following is just one of the topics that arose during the course of the round:

'Deep Dive Fuel Survey' (*this item had recently been added to the core assurance standards*).

Members collectively raised concerns regarding the actual question being asked of each organisation. As there was no descriptor provided, organisations did not have a clear start point. For example, if you are an acute trust then in theory you should not be asking for fuel (unless you provide community services), however some acute trusts have been asked to define what they see as priority staff (excluding travel to & from work) which would open a can of worms and lead to Trusts assuming that they can define priority staff groups leading to inaccurate data being provided.

Members felt that the questions needed to be far clearer and provide specific guidance as to how best to undertake the calculations – including:

- exactly which staff groups were to be considered (noting that it's never just clinical staff, for example, that are required to ensure business continuity)?
- what assumptions should be made around average vehicle fuel consumption (including petrol diesel)?
- what were the distances in which staff might be expected to walk to work? and so on and so on?

Without this greater clarity it was felt that those being asked the questions would either: a. make a guesstimate (similar to asking how long was a piece of string!) or b. not answering at all for fear of providing incorrect information.

Following these discussions, the concerns were fed back to NHS England resulting in changes being made to the data collection process.

A SELECTION OF THE TOPICS IDENTIFIED FOR THE 2017/18 BVG ROUND

- Hazmat / CBRN
- Disease Outbreaks
- NHSE BCM Toolkit
- National Risk Register of Civil Emergencies
- National Occupational Standards for Civil Contingencies
- Identification of Vulnerable People / Patients / Staff
- Dynamic Risk Assessments
- Terrorist Threats
- 'Hot Topics' Discussions / Sharing Good Practice
- Cyber Security
- CQC Inspections
- Industrial Action
- Fuel Plan
- Shelter & Evacuation
- Hospital Response to Croydon Tram Crash
- Warning and Informing
- Business Continuity
- Major Incident Planning
- Hillsborough Issues
- Injured Persons Returning from Abroad

GROUP MEMBERSHIP – 2016/17

Name	Job Title	Trust
Claire O'Brien (Chair)	Head of Emergency Planning & Resilience	Ashford & St Peters Hospitals Foundation Trust
Chris Bartram	Emergency Planning Officer	Bedford Hospital NHS Trust
Wayne Deakin	Director / EP Lead to a variety of Trusts	Bounceback Solutions
Natasza Lentner / Ian Taylor	Head of Resilience	Brighton & Sussex University Hospitals NHS Trust
Ian Kilroy	Trust Security and Emergency Preparedness Manager	Calderdale and Huddersfield Foundation Trust
Jonathan Tynan (Vice Chair)	Risk & Patient Safety Manager	Mersey Care NHS Trust
Richard Greene	Resilience Manager	Cumbria Partnership NHS Foundation Trust
Bob Mearns	Resilience Manager	East of England Ambulance Service
John Weeks	Emergency Planning Manager	Maidstone & Tunbridge Wells NHS Trust
Julie Elphick	Emergency Planning Officer	Maidstone & Tunbridge Wells NHS Trust
Jayne Bridge	Senior Nurse / Head of Risk and EPRR	Mersey Care NHS Trust
Terri Sowter	Head of Corporate Governance and Assurance	Nottingham City Care Partnership

Sam Grundy	Emergency Planning Officer	Rotherham Doncaster & South Humber NHS Foundation Trust
Matthew Overton	EP Lead	Royal Cornwall Hospitals NHS Trust
Tracey Merrifield	Deputy EPRR Manager	Salisbury NHS Foundation Trust
Diane Preston	Head of Emergency Planning & Business Continuity	The Royal Wolverhampton NHS Trust
Nick May	Emergency Planning Officer	East Kent Hospital University Foundation Trust
Honorary Members:		
<i>Mandy Brokenshow</i>	<i>Emergency Planning Liaison Officer</i>	<i>Basildon & Thurrock University Hospitals NHS Foundation Trust</i>
<i>David Walker</i>	<i>Regional Head of EPRR (Midlands & East)</i>	<i>NHS England</i>
<i>Tony Thompson</i>	<i>Chair</i>	<i>EPS Emergency Planning Society</i>

NPAG DEVELOPMENTS

CPD Certification

The NPAG is a member of the CPD Certification Service. The Resilience Development Network has received CPD approval for 2017.

CPD Certification is a formal recognition of the contribution that membership of the Resilience Development Network makes to members' continued professional/personal development.

At the end of the annual round of meetings, members will receive certificates of attendance for all meetings attended during the year to evidence the contribution made as part of lifelong learning.

NPAG Network

The NPAG Network provides the facility for members to ask questions of any individuals, group or groups within the overall NPAG membership. Questions can be sent to the NPAG Network Coordinator who disseminates them across the NPAG membership. Responses are collated and returned to the originator and others who declare an interest in the question asked.

NPAG Library

The NPAG Library holds presentations from NPAG best value groups and conferences, together with policy and other documents sent in by members. Access to these items is via the NPAG NetWork Facilitator.

NPAG Website

The NPAG website includes a private members Area for each of the NPAG BVGs. Through these sites, BVG members can access and download meeting agendas, minutes, presentations and survey forms. The areas are password protected.

MEMBERS REFERRAL SCHEME AND DISCOUNTS

Members Referral Fee – Introduce a friend and get 1 meeting for free.

A member referral resulting in another Trust / Organisation registering for full membership of the same group will result in the referring member qualifying for a one meeting discount*

The discount applies to the full membership fee only (not applicable to the 2nd member rate). The discount will be applied once, at the start of the current meeting round. Mid round membership referral discounts will be processed at the start of the following year's membership round.

Multiple referrals will result in multiple discounts up to four referrals per meeting round.

**Equivalent to £147.*

Second Club Membership - A 20% discount will be applied when an existing NPAG member joins an additional Group. This does not apply to the £195 second member rate.

Introducing our **Try Before You Buy** option. Simply attend the first meeting of a group's new round, see what it's all about and if you decide it's not for you walk away commitment free*.

**Try before you buy option is available to new members only. New members must inform NPAG in writing that they wish to 'try before they buy' prior to first meeting attendance. If the new member continues membership beyond the first meeting then the full group membership fee applies.*

NPAG Benchmarking & Best Value Groups

The NPAG organises and facilitates a national network of Best Value Groups that enables members to share experience, identify good practice; innovation and information to assist individual managers develop their own service improvement action plans.

Clinical Engineering (North) BVG	National District Nurses Network
Clinical Engineering (South) BVG	NHS Car Parking and Travel Planning Network
Decontamination BVG	NHS Sustainability Leads Network
Estates Services (North) BVG	NHS Transport and Logistics BVG
Estates Services (South) BVG	Nursing and Temporary Staffing BVG
Facilities (North) BVG	Operating Theatres BM Group
Facilities (South) BVG	Resilience Development Network
Health, Safety and Risk Management Network	Security Network
Health Visiting and School Health Services DN	Telecoms
IT and Connectivity Network	Waste Management BVG
Mental Health Network	

For further information on the NPAG and our future activities, please contact Marie Cherry, Gemma Aitchison or Victoria Combes by telephone on 01245 544 600, or by e-mail on:

marie.cherry@npag.eastamb.nhs.uk

gemma.aitchison@npag.eastamb.nhs.uk

victoria.combes@npag.eastamb.nhs.uk

Some Group Testimonials...

“Membership of the Resilience Development Network has proven to be really good value for money. The year’s membership cost my trust something in the order of £350. However what I was able to take away from the meetings in terms of time-saving ideas, resources, lessons learned and really helpful information must have saved my trust this sum of money several times over. This is aside from all the extremely helpful network support between meetings. There’s no question for me that membership is beneficial for the Trust as well as my own personal development!”

Head of Resilience. Brighton & Sussex University Hospitals NHS Trust

“I am delighted to be associated with the Resilience Development Network (RDN) in my capacity as Chair of the Emergency Planning Society, and as an honorary member. I believe that face-to-face networking is a vital foundation to sharing experiences, knowledge, learning and opinions. Everyone who attends a RDN meeting brings a wealth of quality information and, importantly, access to their own networks around the country. This two-way flow of knowledge is essential to help everyone improve their individual and organisation’s performance in an era where financial constraints and operational demands are increasing week-on-week. The UK is facing enormous challenges across a number of inter-connected fronts, and notably from international terrorism, with a threat level held at ‘severe’ for over two years. The NHS will be at the forefront of any mass casualty incident, and the RDN provides an ideal opportunity to address many of the pressures that such an attack will bring”

Chair. Emergency Planning Society.

“As a new member this year I have found the warmth of the group and the willingness to share both experiences and good practise invaluable. Making new contacts and talking with people suffering the same or similar challenges is invaluable.”

Emergency Planning Officer. Maidstone & Tunbridge Wells NHS Trust

“This has been my first year involved in the group, I have found it to be an excellent networking forum, it covers a diverse range of topics, it is great to feel that there are other professionals out there who are equally as keen as myself to face and respond to the many resilience challenges we face. It is a good group which ensures your involvement and recognises your contribution, with lots of sharing taking place”

Head of Emergency Planning & Business Continuity. The Royal Wolverhampton NHS Trust

“The RDN has proved to be an excellent forum for exchanging information on all emergency planning and resilience related issues. Over the last year, the group has covered a diverse range of subjects, bringing understanding of the challenges we all face, whilst sharing practical solutions that can easily be adapted locally.”

Emergency Planning & Liaison Manager. Plymouth Hospitals NHS Trust

“The Resilience Development Network is new to my Organisation for this round of meetings – I have been made to feel very welcome and the journey to London each time has certainly been fruitful in the networking and information gained. I will certainly be suggesting that we sign up for the next round of meetings!”

Clinical Risk Manager / Emergency Planning Lead. Calderstones Partnership NHS Foundation Trust

“The group provides an opportunity for members to share best practice and discuss common themes and issues. The meetings are very well facilitated and provide a professional but friendly approach and excellent networking opportunities”

Emergency Planning Liaison Officer. Basildon & Thurrock University Hospitals NHS Foundation Trust

"The sharing of information demonstrates a determination by the members to meet new challenges and move forward with a common purpose."

Resilience Manager. East of England Ambulance Service NHS Trust

NPAG Network

Available to all members of NPAG Benchmarking and Best Value Groups, and individual subscribers, the **NPAG Network** provides the facility for members to ask questions of any individuals, group or groups within the overall NPAG membership.

The response to questions raised has been excellent. The **NPAG Network** provides a managed forum for colleagues to share information - saving time and money in not re-inventing the wheel!

Questions raised in the past month have included the following topics:

- ❖ Job descriptions and banding
- ❖ Staff parking charges
- ❖ Electric Vehicle (EV) charging
- ❖ Disposal of ionisation smoke heads
- ❖ HFSS food removal
- ❖ Reporting pressure ulcers
- ❖ DaVinci Robot use
- ❖ Pathology waste policy
- ❖ Pool cars
- ❖ Decontamination of portable medical equipment
- ❖ Use of latex gloves



Thank you all who have responded!

For full details of how to use the **NPAG Network**, please contact the NPAG team on 01245 544600 or email: npagnetwork@npag.east.amb.nhs.uk

Forthcoming NPAG Events

Please visit www.npag.org.uk for all our current course, workshops, training & BVG meetings.

Phone: 01245 544600 / email gemma.aitchison@npag.eastamb.nhs.uk, marie.cherry@npag.eastamb.nhs.uk or victoria.combes@npag.eastamb.nhs.uk

Clinical Engineering Conference, 12th September 2017, Ricoh Arena, Coventry

Contact Gemma for further information.

Occupational Health Modules

Contact Gemma for further information.

Putting the Patient First – Customer Care and Communication Skills in the NHS Training Onsite Workshop

A one day workshop for NHS professionals, reinforcing customer care best practice so that patients receive the best possible experience through our people, always Putting the Patient First:

- Understanding the impact of your own behaviour on others
- How to handle challenging situations and people
- Effective communication techniques
- Understanding and managing patient expectations
- Identifying how and why perceptions are formed
- Proactive versus reactive behaviour
- Demonstrating a positive attitude
- Taking ownership

Contact Marie for further information.



REGISTRATION FORM

National Performance Advisory Group

Resilience Development Network 2017-18

ORGANISATION	
ADDRESS	

PHONE NO.		FAX NO.	
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Member 1 for a £440 fee (4 meetings) Member 2 for an additional £195

NAME		
POSITION		
EMAIL		
SPECIAL REQUIREMENTS (Dietary/Access)		

Reservations

Please send completed booking form to:
 (Photocopies acceptable)
National Performance Advisory Group
East of England Ambulance Service NHS Trust
Hospital Approach
Broomfield, Chelmsford, Essex
CM1 7WS
 Tel: 01245 544600
 Email: gemma.aitchison@npag.eastamb.nhs.uk
www.npag.org.uk

Invoicing

If the invoice address is different from that above please enter address below

REGISTRATION CONDITIONS:

A VAT invoice will be issued. VAT Registration No. 654 9195 01. VAT applies to any NHS organisation outside England and to any non-NHS organisation.
 Payment is due on receipt of invoice. DO NOT send payment in advance of receipt of invoice. When invoice is received, payment should be made to 'East of England Ambulance Service NHS Trust.'
 ALL cancellations must be in writing. Cancellations received within 14 days of receipt of the registration form will receive a full refund. After this date refunds cannot be made. A substitute is acceptable. NPAG cannot be held responsible for any travel expenses or accommodation costs in the event of a cancellation or postponement of a meeting, workshop or an event.
 A 20% discount will be applied when an existing NPAG member joins an additional Group. This does not apply to the £195 second member rate.

I confirm that I have read and accept the above REGISTRATION CONDITIONS and would like to register as a member of the 'Resilience Development Network 2017-18'. Please invoice me for payment.

Authorisation Signature Your Order Number.....



Cert No: 9210