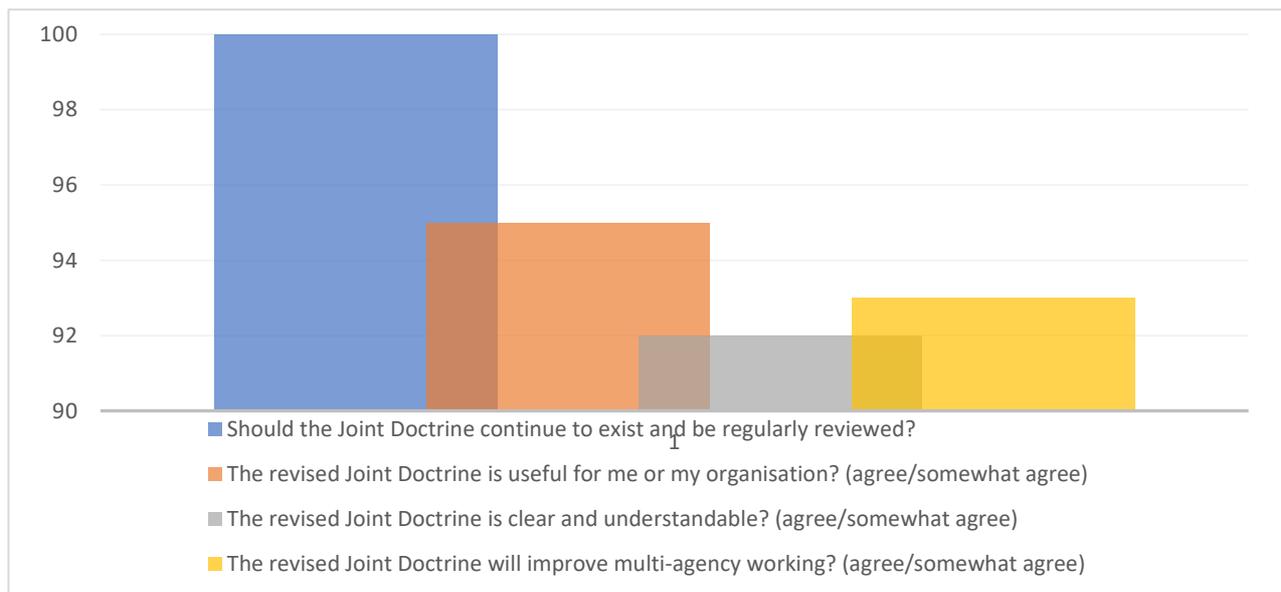
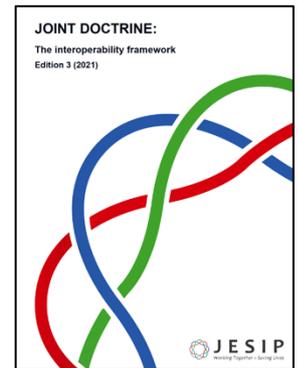


JOINT DOCTRINE REVIEW

The Joint Doctrine review consultation closed on Tuesday 7th April and we are pleased to say we had a great response. Thank you to everyone who took the time to review the document and reply, this will help to shape the future of joint working in the UK.

The consultation, which ran for 6 weeks resulted in over 650 comments from more than 260 organisations and individuals. The project board have now begun the significant task of sifting through the responses and considering them for inclusion in the final version of the Joint Doctrine.

The consultation asked people to consider a number of specific questions around the Joint Doctrine to help us understand its relevance to organisations across the country. A selection of the questions are highlighted in the graph below



This is obviously very encouraging and we hope organisations will continue to drive the embedding of the Joint Doctrine and the JESIP ways of working across their teams.

We will continue to update as we progress with the review of the responses in future news editions.



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INTEROPERABLE ORGANISATIONS

When I left the ambulance service in September 2019, I wasn't quite sure what my world would look like. After all, green was all I had known for the last 15 years and the first challenge was learning to dress myself again without relying on a uniform every day. I have worked in Emergency Preparedness, Resilience and Response (EPRR) since 2011 and so was there when the Joint Emergency Services Interoperability Programme was developed.

I fully bought into the concept of the three emergency services working better together, so much I became a JESIP trainer. The tangible benefits that the programme wanted to achieve were obvious, and as a supporter of capturing lessons, welcomed a nationally facilitated process for joint organisational learning. I got it. I wanted it. I sold it. I didn't want to lose it.



Embedding the principles into my practice improved situational awareness of JESIP and provided common structures and approach to incident response. On reflection, all this seemed ideal, as I was one of the emergency services. I now find myself walking from a blue light organisation into an NHS Mental Health Trust.

A lot of challenges ahead, however one area that I was sure of was EPRR. EPRR is transferrable thanks to the EPRR core standards for NHS funded organisations and I was confident that I would be able to learn and expand my knowledge of the NHS and attempt to weave it into this new focus for me and EPRR. I was clear that I did not want to lose sight of the principles and I was keen to ensure that I promoted a consistent and familiar approach to emergency planning and response. The EPRR arrangements within my new Trust were well established and recognised across the organisation with an already positive culture towards incident management and business continuity.

I felt that I wanted to somehow pull together my previous emergency service experience and this new field of mental health. We recognised that we could use JESIP to possibly introduce structures and improve response plans by using common formats, offering the JESIP tools to our commanders and using the principles of JESIP to focus training, exercising and incident response.

We challenged ourselves; we were clearly not an emergency service, could we as a mental health trust legitimately make use of the JESIP tools and concept? We reviewed the principles and realised that the objectives of JESIP were transferrable and could be applied in any organisation. As a Mental Health Trust, whilst we do not have an emergency response capability; we are still required to deliver EPRR requirements as per the NHS England EPRR Core Standards. We have seamlessly started to introduce elements of JESIP to improve:

- Familiarity of document structure (using the IIMARCH format).
- Joint decision making (using the JDM which has been introduced into command training and meeting agendas).
- Building our response around the 5 principles of effective command.

We completed an alignment exercise as part of the EPRR Governance to assure ourselves that we could effectively translate JESIP into existing mental health structures:

Co-Locate	Internal Trust managers, Mental Health specialist practitioners to ensure all areas of the Trust can be presented at the time of an incident.
Communicate	Encouraging use of common terminology, especially where there are duplication of acronyms in mental health which have different meanings in other areas of health.
Coordinate	Agreeing the Trust department to lead the response based on the circumstances. Identifying key managers to liaise with wider healthcare providers and health system response structures. Coordinating with volunteer, private and other mental health providers.
Joint understanding of risk	Introducing the JDM as part of meeting agendas and teaching how to effectively use the JDM as part of the emergency planning process.
Shared situational awareness	Introducing METHANE; building on an existing use of SBAR and using familiar structures to format emergency response documentation (IIMARCH for example)

The result was an obvious solution to agree to embed JESIP into our planning and response and begin to address the same issues that JESIP identified in 2012 to improve the effective working between the emergency services.

The benefit that we have identified over the last 12 months as the exposure to multi-agency response structures has increased due to the Coronavirus global pandemic response is that our commanders and managers felt better prepared to join coordinating groups and practice the theory of JESIP in an actual incident.

The COVID incident for mental health has been and is much like other healthcare providers. People working in different ways whilst delivering an effective incident response, maintaining a level of business continuity and a safe service. Interestingly what we have seen is the surge and increase of demand has closely followed our colleagues in the ambulance and acute settings.

As a Trust we used the JESIP principles to guide us to develop COVID specific surge planning for mental health needs by separating our response into two distinct areas of focus:



- Service Users that we were aware of and currently in our care.
- New service users that would require our services as a result of the pandemic.

The second group, those that we had no predictions for included Children and Adolescent Mental Health (CAMHS) with increased social anxiety concerns for example, service users who were victims to financial, relationship and employment mental health concerns due to COVID; and finally, the existing community caseloads or previous service users who had an exacerbation of their mental health and

required additional or enhanced support presented a unique challenge for the Trust. The JESIP approach supported managers to articulate and develop tactical options to best support our staff and service users.

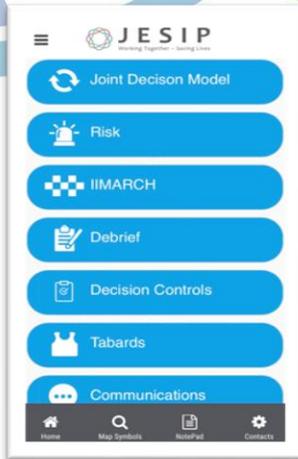
The final point I would like to include is, that by having access to the Joint Organisational Learning (JOL) has significantly supported the mental health Trust learning from others to influence and develop our response plans. Not only to ensure that we can react appropriately and proportionality based on experiences and learning, but to deliver a response that aligns and supports our partner organisations, in the true spirit of JESIP. Mental Health awareness and dialogue is improving and increasing across multiple organisations and industries. We are embracing JESIP to help direct us to work better by interoperable approaches to incident management.

Thank you to Ollie Tovey for sharing his experience with us.

JESIP MOBILE APP Refresh

As we progress with the Joint Doctrine review, it is important that we update the library of JESIP products, but also to add some new ones (more about those in the next edition!).

The JESIP APP is a hugely successful JESIP product with over 100,000 downloads, more importantly though, it is an extremely useful aid memoire for responders when attending incidents, providing a quick reminder of the key JESIP elements, such as the principles for joint working, the joint decision model and so much more.



We have taken this opportunity to give the APP a new look and we will be adding some more, useful content before the relaunch. But before then we wanted to take the opportunity to mention some of the key functionality which we believe all responders should make themselves familiar with.

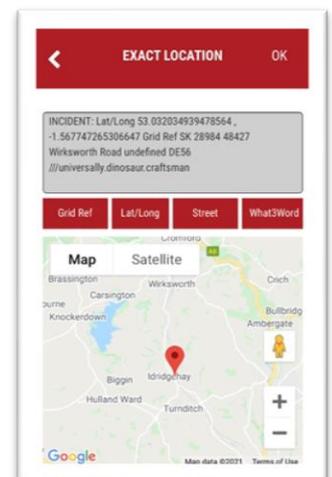
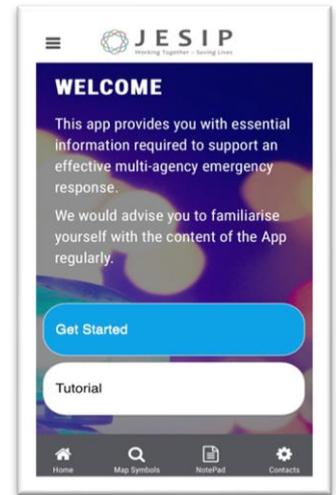
The M/ETHANE section is not only an aide memoire, but is also interactive, it can be completed and saved on the phone for later reference or sent to an email address or other phone via SMS.

If you go into the 'Exact Location' and 'Access to Scene' areas of M/ETHANE, you will be presented with a map. You can select your location using this (it will default to where you are) and display your position as a grid reference, latitude & longitude, street or what3words (or all of them if you like!).

You can also move around the map and drop pins to indicate important points such as the incident, an RVP or access point.

By dropping a pin and adding a location description of what the pin is indicating such as the incident, a rendezvous point (RVP) or access point, you can then add in one of the location labels, for example what3words.

Another extremely useful function is the tutorial video. This short video is less than 3 minutes long and highlights the key functionality of the APP. We would recommend you watch it when you download the APP and maybe periodically to refresh yourself.



If you haven't already got the APP, download it today, its free. If you already have it, why not practice completing M/ETHANE messages with colleagues and sending them to each other or have look at some of the other interactive content such as the JDM completion form and the debrief section.

You can download the APP from the relevant APP Stores by scanning the QR codes opposite and you can access a desktop version for your windows PC [here](#) and access an online version from any device [via this link](#)





We have received a number of Notable Practices around the use of virtual communications in the delivery of training, exercising and incidents. The last year has meant that we have had to explore alternative methods to accomplish certain tasks and this will only evolve further in the years following the pandemic.

So what learning have we identified?

We still need to train

NP02692 and **NP02654** both document experiences delivering virtual JESIP training. They include the challenges this experience brings and advice on how to adapt training to make it suitable for the virtual world.

We still need to exercise

NP02371 details how an LRF has continued its COMAH exercising Statutory duty (the duty holder varies by area) to test the COMAH external emergency plan every three years - previously undertaken via face to face and live response. Due to the COVID19 Pandemic, exercising under COMAH has been successfully transferred to a virtual provision, rather than delaying indefinitely due to there being no mechanism to allow for an extension beyond three years and therefore being technically in breach of the regulations.

Virtual communications during a live incident can benefit a response

NP02730 Storm Ciara resulted in a Major Incident for a Local Resilience Forum. They have kindly shared a redacted version of their debrief report, which you can find within the published NP. They noted that there were clear benefits in the ongoing management of this incident by holding a virtual Strategic Coordinating Group (SCG) within half an hour of the declaration of the Major Incident. It would be very difficult to have all members of an SCG at a physical meeting within that time frame and with us all using virtual communications daily, it has highlighted the benefits of their use during a Major Incident.

Remember, if you wish to receive the JESIP Newsletter when it is released, please go to www.jesip.org.uk and fill in the subscription com

If you want to share your lessons or Notable Practice, please visit JOL Online. If you need assistance contact the JOL Coordinator jol@jesip.org.uk



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