‘It’s all about people & behaviours’

Norwegian Government Medical Evacuation – APM Study Tour 2011

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Presenters

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  - Responsible for PM policy, governance, process and development
  - Experience in managing a number of projects in aerospace & defence from bid stage through development, design, manufacture, test and delivery

- Sam Storrar
  - Project Manager at Marshall Aerospace
  - Responsible for the delivery of a mix of military and commercial projects
  - More recently working with the NDLO to install a full role change modification that turns a standard commercial aircraft into a flying hospital in a matter of hours
Agenda

- Introduction & Study Tour Topic
- Study Tour Approach
- Location
- Training Exercises
- Key Messages
- Lessons Learned
- Programme Assurance
- General Conclusions
Introduction

- Study Tour Background & Purpose
  - APM Sponsored via a formal bidding process
  - Mutual Learning & Benchmarking
  - Study completed against an approved budget

- Interesting, Informative and Fun

- Reminds us of the diverse nature of our profession, how much there is to learn and how adaptive to change we need to be

- Re-affirms what we may have forgotten
APM members generally operate in a relatively structured environment in terms of process

- Can lead to beaurocratic processes in our quest for what is perceived as best practice
- Aim was to assess an operation where a very dynamic approach was required and look at approach to project assurance

East of England branch teamed with the Project & Programme Assurance SIG

- To understand the process of project management in a dynamic and unpredictable environment where decisions **must** be made quickly
- Opportunity to constructively apply and challenge the recently produced APM Assurance Assessment Tool Kit
- To understand and document how APM BoK and Assurance SIG guidelines could be updated to reflect learning from such an environment
Medical Evacuation organised by the Norwegian Government

- aeroMEDical EVACuation (Medevac) refers to the extraction of injured persons from conflict zones and disaster environments

- In the aftermath of the Tsunami that hit South East Asia in 2004, the Norwegian Government identified a significant shortfall in evacuation capability owing to its somewhat antiquated equipment

- More significantly the equipment was not approved by the European Aviation Safety Agency (EASA) for use on board a commercial aircraft.
2011 Study Tour Topic

- **Norwegian Medevac Capability**
  - 3 stages of Medical Evacuation
    - Bell 412 Helicopters for in theatre casualty evacuation
    - Lockheed C130J for tactical evacuation
    - Boeing 737 for strategic evacuation
  - 24/7 Operation coordinated by Norway’s Major Air Command
    - Many of the operations take the aircraft away from its main operation base in Norway to areas outside its own borders where it has to deal with risks and issues in a dynamic and unpredictable environment, not typical of many projects run out of the private and public sector in the UK, where a more structured environment exists

- Tour originally proposed to concentrate on the B737 Operation
  - Repatriotisation of NATO country nationals through dedicated Medevac flight on commercial aircraft
Approach & Agenda – Plan A!

- Meet with relevant stakeholders in Oslo
  - NDLO
  - SAS
  - RNOAF

- Agenda
  - Team structure
  - Decision making structure
  - Risk Assessment/Planning
  - Programme assurance processes
  - How decisions are recorded, approved, escalated, etc
  - What reports are issued
  - How are lessons learned captured and implemented
Late breaking opportunity presented itself whilst finalising the tour dates

- NDLO were holding full helicopter Medevac integrated training exercises to prepare for upcoming detachment to Afghanistan
- In theatre as opposed to strategic

Witness Training Exercises with NDLO

- APM team invited to join NDLO to observe training unrestricted with full access to Medevac team in Setermoen in North Norway
- Offered benefit of seeing 1st hand how they operate with other services and assess cultural/soft skills aspects
- Enabled us to informally observe and interview Medevac team
Approach & Agenda – Plan B!

- Review overall Norwegian plan for Medevac and modus operandi
  ➔ Supported understanding of wider Medevac role and how managed

- Apply selected aspects of Assurance SIG’s Assessment Tool Kit
  ➔ Risk & Opportunities
  ➔ Planning & Scheduling
  ➔ Organisational Capability

- Opportunity not to be missed!
Setermoen
Setermoen

- Situated in Troms county just inside the Arctic circle
- 1 ½ hours flight north from Oslo to Bardufoss followed by 30 minutes journey by road to the luxury of the Bardu Hotel
- 23 km (14 mi) south of Bardufoss Airport
- Population (2009) is 2,457
- Military education was established at Setermoen in 1898 because of its strategic location in the midst of the mountains
- Is one of the oldest camps in Norway today and has shaped Setermoen and the community through its presence.
- Altogether, about 1000 soldiers and 500 officers are stationed here, making it the largest garrison in Norway
- If you are in Setermoen you are either in the Armed Forces, supporting them, married to them or retired from them
Setermoen
Training Exercises

- Competence training established prior to joint exercises
  - Medics, Infantry, translators etc.

- Exercise designed to train in integration and delivery
  - Project delivery training?

- Authentic & Realistic scenarios force natural reactions and behaviours
  - Exercise 1 – Ambush
  - Exercise 2 – Roadside Explosion
  - Exercise 3 – 3 man extraction
Exercise 1 - Ambush

- A meeting is simulated between a UN team and an Afghan tribe is ambushed by insurgents
  - Discussions held in local dialect through an interpreter
  - No brief provided to participants beyond the tagline

Success Criteria

- On ground procedures
  - Stabilise patient for transit in realistic environment
  - Communication to case co-ordinator (9-liner)
- Safe extraction
  - Choice of landing site
  - Landing/loading procedures
Exercise 2 – Roadside Explosion

- A car with 4 Afghan policemen is intercepted by a roadside bomb
  - Car is blown up by explosive specialists to accurately simulate damage
  - No specialist clothing for patients to ensure natural reactions to temperature etc.

Success Criteria
- On ground procedures
  - Correct approach to potentially volatile incident site
  - Stabilise patient for transit
  - Communication to case co-ordinator (9-liner)
- Safe extraction
  - Choice of landing site
Exercise 3 – 3 Man Extraction

- Focus on procedural training as opposed to simulation
  - Landing site chosen by exercise co-ordinator
  - Half speed walkthrough prior to aircraft arrival

- Success Criteria
  - On ground procedures
    - Communication to case co-ordinator (9-liner)
  - Safe extraction
    - Prioritisation of extraction due to patient condition
    - Landing/loading procedures
Key Messages

- Communication
  - Established and communicated clear & simple objectives

- People
  - Trained individual competences then integrated to train behaviours
  - Allowed for local decision making at the lowest level

- Process
  - Continually evaluated risk – did not wait for formal process
  - Focused on appropriate implementation and action v strict adherence

- Culture
  - All in it together, no heirs and graces and no hero’s
  - Go home when the job is done and not before
Lessons Learned

- “Train as you fight”
  - Importance of role play – realistic simulation of different perspectives
  - Attention to detail in scenarios based on real mission objectives; simulations are introduced as feedback from theatre occurred (e.g. sandstorms stopping helicopter take off)
  - Training scenarios not ‘over planned/scripted’ to create some level of realism in terms of uncertainty and reaction to it – they are played out naturally

- “Empower and Support your team”
  - Leadership not to be confused with who is in charge but who needs to lead/take decision for that phase (e.g. making the area safe, medics, pilots)
  - Use of mentors and assessors (visible and active) balanced interference with good coaching to make right decisions at the right time

- “Value the feedback loop”
  - Immediate debrief after exercise based on open discussion as opposed to a checklist

- “Deliver the big picture”
  - Should not be distracted by a quick ‘false’ win – i.e. visual progress creating greater risk
  - Decisions/action taken always relate back to objectives; it is endemic in culture
Programme Assurance

- Difficult to apply Assurance Toolkit in detail in the time allowed
- Used the principles to assess particular areas and shape questions
- Highlights need for tailoring to get the best out of it
- Would recommend more on soft skills and behavioural aspects

Areas assessed:
- Risk & Opportunities
- Planning & Scheduling
- Organisational Capability
Programme Assurance – Risk & Opportunities

- Is the culture & mindset throughout the team ‘risk aware’?
  - Because personal safety is at the heart of the teams objectives, risk awareness is a part of the culture & mindset of the operation
  - Born out by clear objectives and decisions taken by appropriate authority

- Are processes benchmarked against good practise?
  - Not visibly but....they act based on the best response to the risks
  - Regular briefings and debriefings take place to learn lessons and integrate them into day to day standard operating procedures providing an emphasis on opportunity management?

- Is risk management seen as one with project management?
  - Operational risk management is a constant feature during both training and the general operation
  - E.g. Commanders are constantly assessing the next step.....is it safe to approach a car with injured inside, where is the best place to land to protect both injured and helicopter
Programme Assurance – Planning & Scheduling

- How is the performance baseline regularly assured?
  - Process is defined clearly through a clear chain of command which is mirrored in all forms of evacuation but with timelines as appropriate e.g.
    - 24 hours from decision to execute to a/c departure for strategic repatriation
    - 15 mins from 9 liner to airborne extraction in theatre
  - Lessons from previous missions and implementation into Standard Operating Procedures

- How is project control information used to drive management action?
  - Checklist exists – 9 liner

- What integrated project controls have been implemented at all levels of the project?
  - Exit/entry criteria? Yes, but kept very simple as a single body will authorise
  - Who and how is this ratified - no need for meetings/gate reviews etc, criteria is objective as 99% is red, and 100% is green
  - Some process tailoring is allowed - hospital choice for example is supported by a clear definition of facility capability and capacity but defined by area command centre on basis of assessment of all factors as opposed to 'next link in chain'
Programme Assurance – Organisational Capability

- Are objectives clearly communicated and understood?
  ➔ The remit to extract injured and minimise loss of life is paramount

- Are roles & responsibilities documented and published
  ➔ Major Air Command retain ‘big picture’ strategic decision making powers
  ➔ Aeromedical Evacuation Control Centre plans, prepares and executes with the purpose of supporting the sponsor in making the correct decision in terms of mobilisation
  ➔ PM and Flight Surgeon roles clear in SOPs on aircraft and in theatre

- Are all key functions adequately staffed, integrated and represented by those with a track record of success?
  ➔ Teams are integrated as demonstrated during the training exercises
General Conclusions

- Keep it simple
- Focus on end result – not just a slave to process
- Consistent good process is important – but how it is applied is what makes it work and will differ from organisation to organisation
- Whilst accepting you cannot always compare a military operation with industry or local government we can acknowledge what works and look at how we might replicate and implement the same principles

- Good process supports performance, efficiency and assurance but ultimately....

‘It’s all about people and behaviours’
Questions?