

EMERGENCY PREPAREDNESS, RESILIENCE & RESPONSE POLICY

Authorship:	Head of Planning & Assurance
Reviewing Committee:	Senior Management Team
Date:	
Approval Body	Governing Body
Approved date:	
Review Date:	November 2018
Equality Impact Assessment:	
Sustainability Impact Assessment:	
Related Policies:	SRCCG Business Continuity Policy SRCCG Surge & Escalation Policy
Target Audience:	All employees, members, committee and sub-committee members of the group and members of the governing body and its committees.
Policy Reference No:	
Version Number:	V1.0 2.11.16

The on-line version is the only version that is maintained. Any printed copies should, therefore, be viewed as 'uncontrolled' and as such may not necessarily contain the latest updates and amendments.

POLICY AMENDMENTS

Amendments to the Policy will be issued from time to time. A new amendment history will be issued with each change.

New Version Number	Issued by	Nature of Amendment	Approved by & Date	Date on Intranet
V1.0	Head of Planning & Assurance	Final Draft		

**To request this document in a different language or in a different format,
 please contact:**

CONTENTS

ABBREVIATIONS.....	4
SECTION A – POLICY	5
1. Policy Statement, Aims and Objectives	5
2. Legislation & Guidance.....	5
3. Scope	6
4. Accountabilities & Responsibilities.....	6-9
5. Dissemination, Training & Review	8
6. Equality and Diversity	9
SECTION B – EMERGENCY PLANNING PROCEDURE	10
7. Identifying significant incidents or emergencies	10
8. The role of the CCG within the local area	11
9. Planning and Prevention.....	12
10. Risks	14
11. Escalation, Activation & Response	19
12. Recovery	21
13. Notes For Loggists	33
APPENDIX 1 (Action Cards and Escalation Process)	

ABBREVIATIONS

Term	Definition
CCA	Civil Contingencies Act (2004)
CCG	Clinical Commissioning Groups
DPH	Director of Public Health
EPRR	Emergency preparedness, resilience and response
LHRP	Local Health Resilience Partnership
LRF	Local Resilience Forum
PHE	Public Health England
COMAH	Control of Major Accident Hazards
DPH	Director of Public Health
EPRR	Emergency Preparedness Resilience & Response
ICC	Incident Control Centre for Major Incidents
IMT	Incident Management Team
IRP	Incident Response Plan
MACA	Military Aid to the Civilian Authorities include <ul style="list-style-type: none"> - Military Aid to the Civil Communities (MACC) - Military Aid to the Civil Ministries (MACM) e.g. assistance in the event of industrial action - Military Aid to the Civil Powers (MACP), assistance to the Police
MACR	Major Accident Control Regulations
OOH	Out of Hours
PRC	Prepared Rest Centre Local authority organised centre for evacuees from an incident
RH	Receiving hospital A & E Hospital designated to receive casualties from a major incident
REPIIR	Radiation (Emergency Preparedness & Public Information) Regulations 2001
SCC	Strategic Command Centre
SCG	Strategic Coordinating Group
STAC	Science & Technical Advice Cell
TCG	Tactical Coordinating Group - Multi-agency group of operational managers leading the tactical response in North Yorkshire

SECTION A – POLICY

1. Policy Statement, Aims and Objectives

The NHS needs to be able to plan for and respond to a wide range of incidents and emergencies that could affect health or patient care. These could be anything from severe weather to an infectious disease outbreak or a major transport accident. Under the Civil Contingencies Act (2004), NHS organisations and sub-contractors must show that they can deal with these incidents while maintaining services to patients. This work is referred to in the health service as ‘Emergency Preparedness, Resilience and Response’ (EPRR).

This policy outlines how NHS Scarborough & Ryedale CCG will meet the duties set out in legislation and associated statutory guidelines, as well as any other issues identified by way of risk assessments as identified in the national risk register.

The aims of this procedural document are to ensure NHS Scarborough & Ryedale CCG acts in accordance with the Civil Contingency Act 2004, the Health & Social Care Act 2012 and any relevant national policy and guidance as issued by the Department of Health in our role as a Category 2 Responder.

2. Legislation & Guidance

The following legislation and guidance has been taken into consideration in the development of this procedural document:

- The Civil Contingencies Act 2004 and associated formal Cabinet Office Guidance
- The Health and Social Care Act 2012
- The requirements for Emergency Preparedness as set out in NHS England’s planning framework
- The requirements for Emergency Preparedness, Resilience & Response as set out in the applicable NHS standard contract
- NHS England’s EPRR documents and supporting materials, including NHS England’s Business Continuity Management Framework (service resilience) 2015, NHS England’s Command and Control Framework for the NHS during significant incidents and emergencies (2015), NHS England’s Model Incident Response Plan (national, regional and area team) 2015, and NHS England’s Core Standards for Emergency Preparedness, Resilience and Response (EPRR)
- National Occupational Standards (NOS) for Civil Contingencies – Skills for Justice
- BSI PAS 2015 – Framework for Health Services Resilience
- ISO 22301 Societal Security - Business Continuity Management Systems – Requirements

3. Scope

This policy applies to those members of staff that are directly employed by NHS Scarborough & Ryedale CCG and for whom NHS Scarborough & Ryedale CCG has legal responsibility. For those staff covered by a letter of authority / honorary contract or work experience this policy is also applicable whilst undertaking duties on behalf of NHS Scarborough & Ryedale CCG or working on NHS Scarborough & Ryedale CCG premises and forms part of their arrangements with NHS Scarborough & Ryedale CCG. As part of good employment practice, agency workers are also required to abide by NHS Scarborough & Ryedale CCG policies and procedures, as appropriate, to ensure their health, safety and welfare whilst undertaking work for NHS Scarborough & Ryedale CCG.

4. Accountabilities & Responsibilities

The Local Health Resilience Partnership responsibilities are to:

- Facilitate the production of local sector-wide health plans to respond to emergencies and contribute to multi-agency emergency planning.
- Provide support to NHS England Area Team and PHE in assessing and assuring the ability of the health sector to respond in partnership to emergencies at an LRF level.
- Each constituent organisation remains responsible and accountable for their effective response to emergencies in line with their statutory duties and obligations. The LHRP has no collective role in the delivery of emergency response.

The EPRR role and responsibilities of CCGs are to fulfil the duties of a Category 2 responder under the CCA 2004 and the requirements in respect of emergencies within the NHS Act 2006 (as amended). This includes:

- Ensure contracts with all commissioned provider organisations (including independent and third sector) contain relevant EPRR elements, including business continuity
- Monitor compliance by each commissioned provider organisation with their contractual obligations in respect of EPRR and with applicable Core Standards
- Ensure robust escalation procedures are in place so that if a commissioned provider has an incident the provider can inform the CCG 24/7
- Ensure effective processes are in place for the CCG to properly prepare for and rehearse incident response arrangements with local partners and providers
- Be represented at the LHRP, either on their own behalf or through a nominated lead CCG representative
- Provide a route of escalation for the LHRP in respect of commissioned provider EPRR preparedness

- Support NHS England in discharging its EPRR functions and duties locally, including supporting health economy tactical coordination during incidents (Alert Level 2-4)

Overall accountability for ensuring that there are systems and processes to effectively respond to emergency resilience situations lies with the Chief Officer and the Accountable Emergency Officer (if different).

The AEO will be a Board level director responsible for EPRR. They will have executive authority and responsibility for ensuring that the organisation complies with legal and policy requirements.

They will provide assurance to the Board that strategies, systems, training, policies and procedures are in place to ensure an appropriate response for their organisation in the event of an incident. AEOs will be aware of their legal duties to ensure preparedness to respond to an incident within their health community to maintain the public's protection and maximise the NHS response.

The AEO will be supported by a non-executive director or other appropriate Board member to endorse assurance to the Board that the organisation is meeting its obligations with respect to EPRR and relevant statutory duties under the CCA 2004 and the NHS Act 2006 (as amended). This will include assurance that the organisation has allocated sufficient experienced and qualified resource to meet these requirements.

Specifically the AEO will be responsible for:

- Ensuring that the organisation, and any sub-contractors, is compliant with the EPRR requirements as set out in the CCA 2004, the NHS Act 2006 (as amended) and the NHS Standard Contract, including the NHS England Emergency Preparedness, Resilience and Response Framework and the NHS England Core Standards for EPRR
- Ensuring that the organisation is properly prepared and resourced for dealing with an incident
- Ensuring that their organisation, any providers they commission and any subcontractors have robust business continuity planning arrangements in place which are aligned to ISO 22301 or subsequent guidance which may supersede this
- Ensuring that the organisation has a robust surge capacity plan that provides an integrated organisational response and that it has been tested with other providers and partner organisations in the local area served
- Ensuring that the organisation complies with any requirements of NHS England, or agents of NHS England, in respect of monitoring compliance

- Providing NHS England with such information as it may require for the purpose of discharging its functions
- Ensuring that the organisation is appropriately represented by director level engagement with, and effectively contributes to any governance meetings, subgroups or working groups of the LHRP and/or LRF, as appropriate
- That adequate training and testing arrangements are in place to meet the mandatory requirements (live test every 3 years, desktop exercise annually and communications exercise biannually).

Commissioning and Contracting leads have responsibility for ensuring emergency preparedness, resilience and response requirements are embedded within provider contracts.

The A&E Delivery Board has responsibility for effectively managing Surge and Escalation within the area.

5. Dissemination, Training & Review

Dissemination

The effective implementation of this procedural document will support openness and transparency. NHS Scarborough & Ryedale CCG will:

- Ensure all staff and stakeholders have access to a copy of this procedural document via the organisation's website.
- Communicate to staff any relevant action to be taken in respect of complaints issues.
- Ensure that relevant training programmes raise and sustain awareness of the importance of effective complaints management.

This procedural document is located on the NHS Scarborough & Ryedale 'Y' Drive, in the Emergency Planning Policy [folder](#).

A set of hardcopy Procedural Document Manuals are held by the Governance Team for business continuity purposes. Staff are notified by email of new or updated procedural documents.

Training

All staff will be offered relevant training commensurate with their duties and responsibilities. Staff requiring support should speak to their line manager in the first instance.

Review

As part of its development, this procedural document and its impact on staff, patients and the public has been reviewed in line with NHS Scarborough & Ryedale CCG's Equality Duties. The purpose of the assessment is to identify and if possible remove any disproportionate adverse impact on employees, patients and the public on the grounds of the protected characteristics under the Equality Act.

This procedural document will be reviewed every two years by NHS Scarborough & Ryedale CCG, or if required as a result of changes arising from:

- Legislatives changes / Case Law
- Good practice guidelines
- Significant incidents reported or new vulnerabilities identified
- Lessons identified from actual incidents or exercises
- Changes to organisational infrastructure
- Changes in practice

Procedural document management will be performance monitored to ensure that they in-date and relevant to the core business of the CCG.

6. Equality and Diversity

Equality is about creating a fairer society where everyone has the opportunity to fulfil their potential.

Diversity is about recognising and valuing difference in its broadest sense. When preparing arrangements in place to respond to an emergency, organisations should be mindful of their obligations under the Equality Act 2010. The Equality Duty ensures that public bodies consider the needs of all individuals in shaping policy, delivering services, and in relation to their own employees. It encourages public bodies to understand how different people will be affected by their activities so that policies and services are appropriate and accessible to all and meet different people's needs.

SECTION B – EMERGENCY PLANNING PROCEDURE

7. Identifying significant incidents or emergencies

Overview: This procedure covers the CCG response to a wide range of incidents and emergencies that could affect health or patient care, referred to in the health service as ‘Emergency Preparedness Resilience and Response’ (EPRR).

Definition: A significant incident or emergency can be described as any event that cannot be managed within routine service arrangements. Each requires the implementation of special procedures and may involve one or more of the emergency services, the wider NHS or a local authority. A significant incident or emergency may include;

- a. Any occurrence where the NHS funded organisations are required to implement special arrangements to ensure the effectiveness of the organisations internal response. This is to ensure that incidents above routine work but not meeting the definition of a major incident are managed effectively.
- b. An event or situation that threatens serious damage to human welfare in a place in the UK or to the environment of a place in the UK, or war or terrorism which threatens serious damage to the security of the UK. The term “major incident” is commonly used to describe such emergencies. These may include multiple casualty incidents, terrorism or national emergencies such as pandemic influenza.
- c. An emergency is sometimes referred to by organisations as a major incident. Within NHS funded organisations an emergency is defined as the above for which robust management arrangements must be in place.

Types of incident: An incident may present as a variety of different scenarios, they may start as a response to a routine emergency call or 999 response situation and as this evolves it may then become a significant incident or be declared as a major incident. Examples of these scenarios are:

- **Business continuity/internal incidents** – fire, breakdown of utilities, significant equipment failure, hospital acquired infections, violent crime
- **Big Bang** – a serious transport accident, explosion, or series of smaller incidents
- **Rising tide** – a developing infectious disease epidemic, or a capacity/staffing crisis or industrial action
- **Cloud on the horizon** – a serious threat such as a significant chemical or nuclear release developing elsewhere and needing preparatory action

- **Headline news** – public or media alarm about an impending situation, reputation management issues
- **Chemical, biological, radiological, nuclear and explosives (CBRNE)** – CBRNE terrorism is the actual or threatened dispersal of CBRN material (either on their own or in combination with each other or with explosives), with deliberate criminal, malicious or murderous intent
- **Hazardous materials (HAZMAT)** – accidental incident involving hazardous materials
- **Cyber-attacks** – attacks on systems to cause disruption and reputational and financial damage. Attacks may be on infrastructure or data confidentiality
- **Mass casualty** – typically events with casualties in the 100s where the normal major incident response must be augmented with extraordinary measures

As an event evolves it may be described in terms of its **Incident Level** as shown below. For clarity these levels **must be used** by all organisations across the NHS when referring to incidents.

NHS England EPRR Incident levels	
1	An incident that can be responded to and managed by a local health provider organisation within their respective business as usual capabilities and business continuity plans in liaison with local commissioners.
2	An incident that requires the response of a number of health providers within a defined health economy and will require NHS coordination by the local commissioner(s) in liaison with the NHS England local office.
3	An incident that requires the response of a number of health organisations across geographical areas within a NHS England region. NHS England to coordinate the NHS response in collaboration with local commissioners at the tactical level.
4	Level 4 An incident that requires NHS England National Command and Control to support the NHS response. NHS England to coordinate the NHS response in collaboration with local commissioners at the tactical level.

8. The role of the CCG within the local area

The CCG is a Category 2 Responder and is seen as a ‘*co-operating body*’. The CCG is less likely to be involved in the heart of the planning, but will be heavily involved in incidents that affect the local sector through cooperation in response and the sharing of information.

A significant or major incident could place an immense strain on the resources of the NHS and the wider community, impact on the vulnerable people in our community and could affect the ability of the CCG to work normally.

Appendix 1 describes the key roles that will be established in the event of a Major Incident being declared. These include:

- **Accountable Emergency Officer** – responsible for directing the overall CCG response and recovery process
- **Incident Coordinator** – responsible for coordinating the immediate tactical response
- **Loggist** – responsible for ensuring accurate and timely record of events and decisions is kept throughout incident

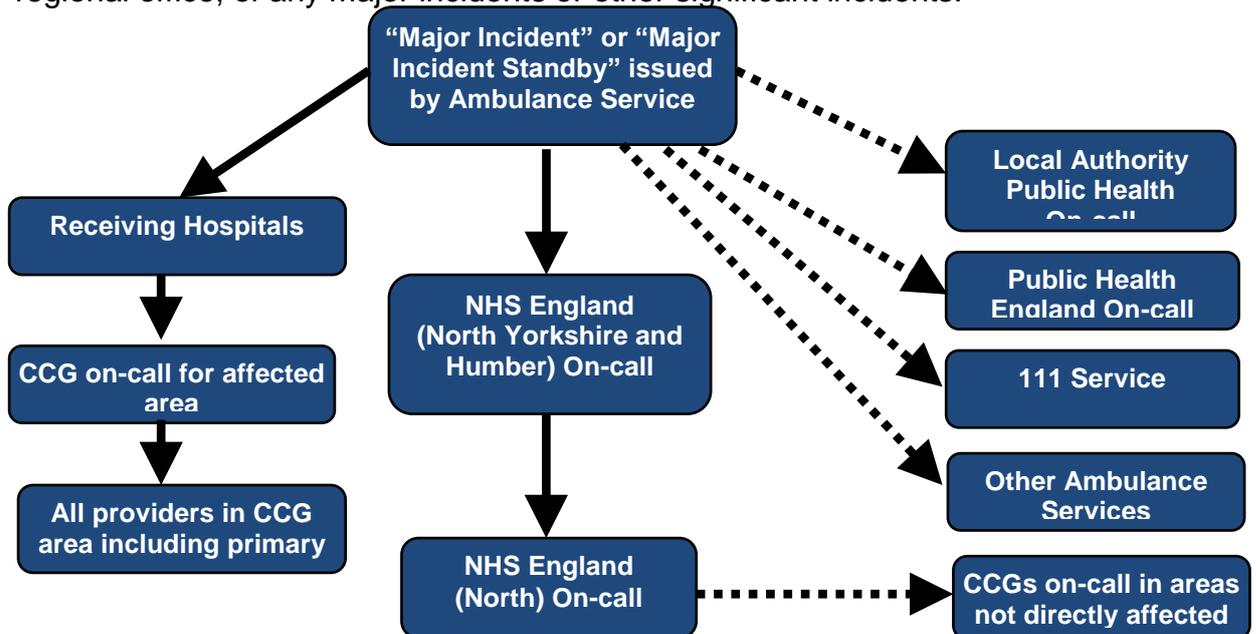
9. Planning and Prevention

Category 1 and 2 Responders come together to form Local Resilience Forums (LRF) based on Police areas. These forums help to co-ordinate activities and facilitate co-operation between local responders. The North Yorkshire LRF is the vehicle where the multi-agency planning takes place via a variety of groups which relate to specific emergencies like fuel shortage, floods, industrial hazards and recovery. These plans will be retained by the North Yorkshire & Humber Area Team.

For the NHS, the strategic forum for joint planning for health emergencies is via the Local Health Resilience Partnership (LHRP) that supports the health sector’s contribution to multi-agency planning through the Local Resilience Forum (LRF).

Major Incident Declaration Process - Major Incident Declared by Ambulance Service

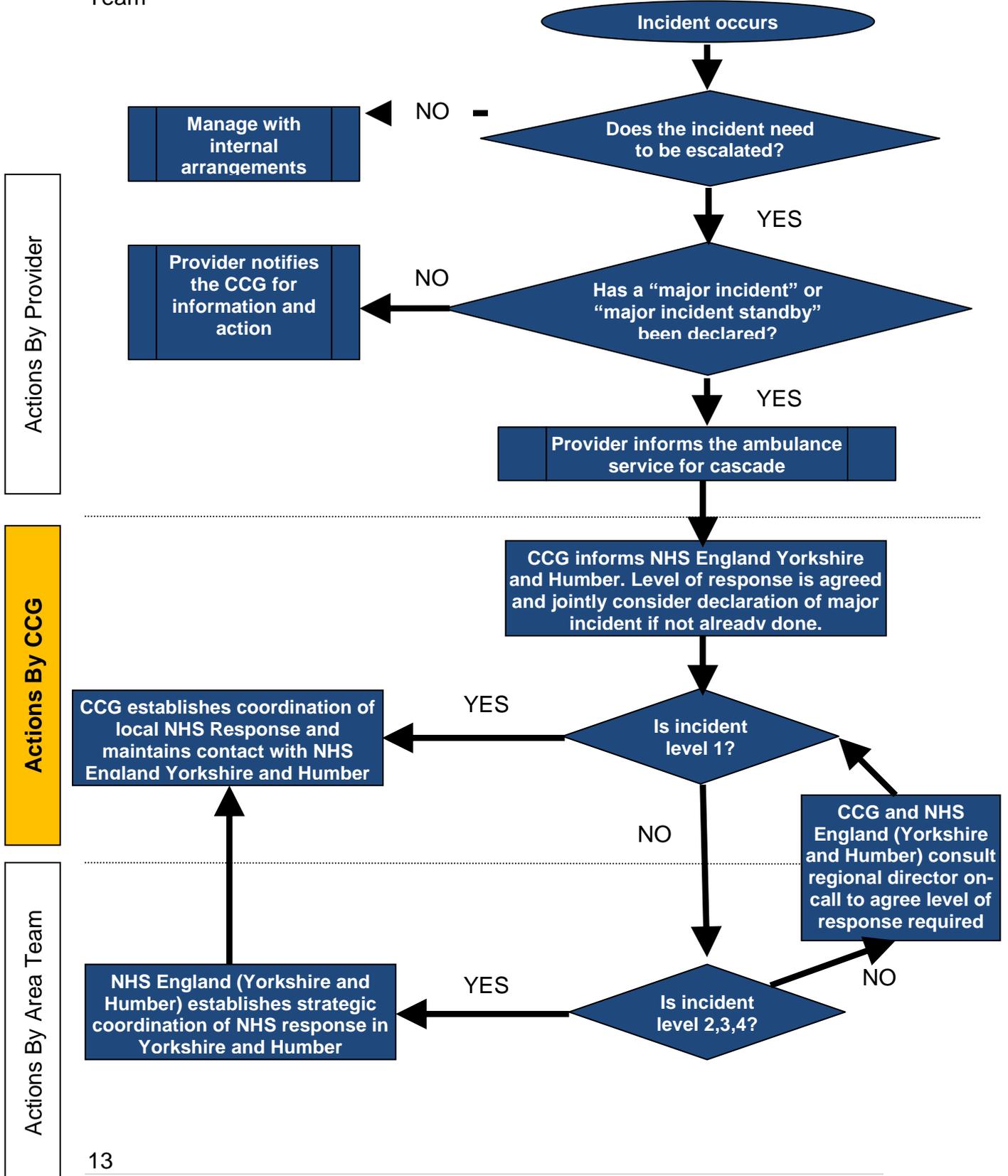
Yorkshire Ambulance Service NHS Trust is responsible for informing receiving hospitals and the NHS North Yorkshire and Humber Area Team whenever the service declares a ‘major incident’ or ‘major incident standby’. NHS England North Yorkshire area team is also responsible for advising the NHS England, regional office, of any major incidents or other significant incidents.



Major Incident Declared By Provider

NHS funded organisations are responsible for informing their commissioning CCGs and the ambulance service whenever they are activate or declare a “major incident” or a “major incident standby.”

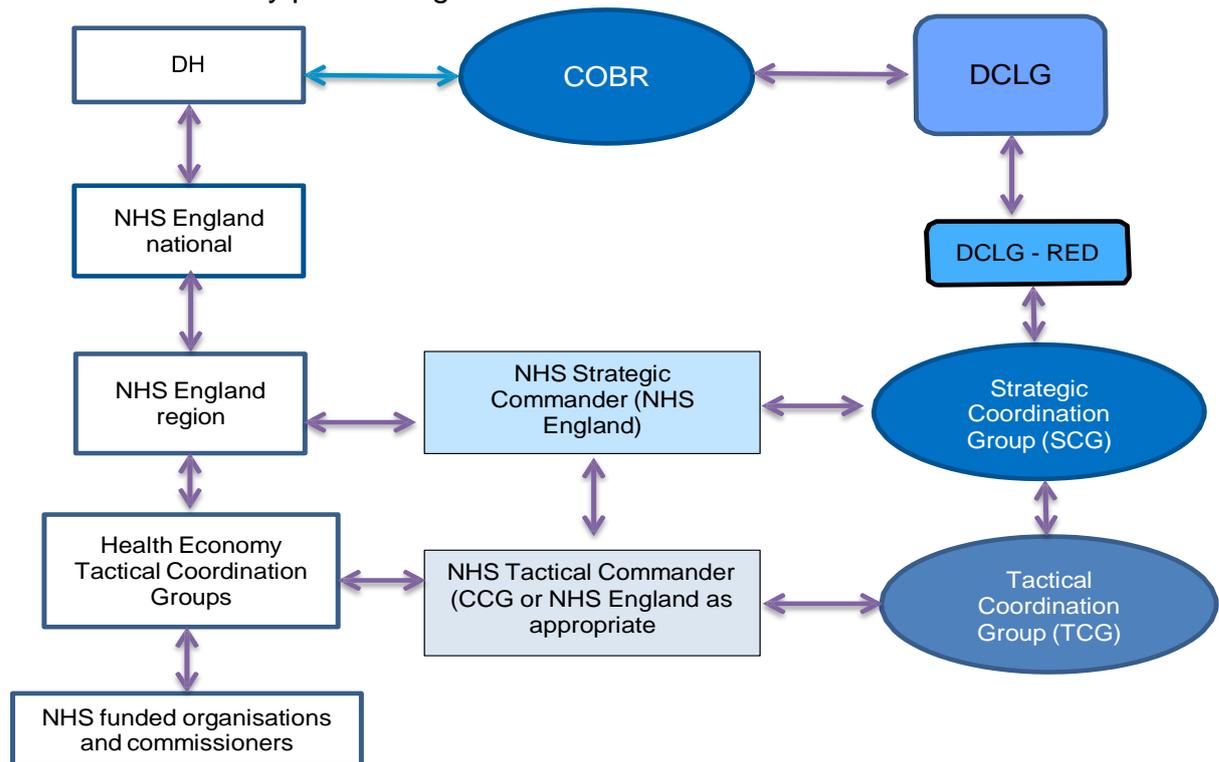
The CCG will then inform NHS England North Yorkshire and Humber Area Team



Major Incident Declared by NHS England

The NHS England North Yorkshire and Humber Area Team is responsible for informing the ambulance services and CCGs of any national, regional or area “major incident,” “major incident standby,” or similar message where there is a need to respond locally or cross border mutual aid is required. The Ambulance Service will then inform acute hospitals and the CCG will inform other providers.

The diagram below shows NHS England’s EPRR response structure and its interaction with key partner organisations.



Independent Plan Activation

The On-Call Director may activate the Incident Response Plan regardless of any formal alerting message. Such action may be taken when it is apparent that severe weather or an environmental hazard may demand the implementation of special arrangements or when a spontaneous response by members of the public results in the presentation of major incident casualties at any health care setting e.g. acute or community hospital, walk in centre, health centre, GP Practice or minor injuries unit.

10. Risks

Local Risks

Hazard analysis and risk assessment: A hazard analysis & risk assessment is undertaken by the Local Health Resilience Partnership (LHRP) and this includes detailed assessments of potential incidents that may occur. The assessments are monitored through this forum. Risk assessments are regularly reviewed or when such an incident dictates the need to do so earlier. Any external risk may be required to be entered onto the North Yorkshire LRF

Community Risk Register if it is felt to pose a significant risk to the population. This action will be co-ordinated through the LHRP. The purpose of producing these lists of hazards and threats is to ensure that each organisation can focus their emergency planning efforts towards those risks that are likely (or could possibly) occur.

A formal risk assessment of hazards and risks is undertaken by a multi-agency LRF risk assessment group every year as required by the Civil Contingencies Act 2004.

North Yorkshire Community Risk Register: Like anywhere in the UK, North Yorkshire has a number of natural and manmade hazards. To ensure we are prepared for these hazards the North Yorkshire LRF has created a Community Risk Register which identifies the wide range of non-malicious risks and emergencies we could potentially face. This Risk Register is then used by the forum to inform priorities for planning, training and exercising. The North Yorkshire Community Risk Register is available to download from: <http://www.emergencynorthyorks.gov.uk/index.aspx?articleid=11778>

Nine risks have been identified per the Public Risk register 2013 (version 7) as “Very High Risk” (Very High Risks are classified as “primary or critical risks requiring immediate attention”), as follows:

NYLRF Ref	Hazard or Threat Category	Hazard or Threat Sub- Category	Risk Rating
H19	Natural Hazards and Severe Weather	Flooding: Major Coastal and total flooding affecting parts of more than two UK regions	Very High 12
H21	Natural Hazards and Severe Weather	Flooding: Severe fluvial flooding affecting more than two UK regions	Very High 16
H23	Human Health	Influenza type disease (pandemic)	Very High 16
H25	Animal Health and Plant Disease	Outbreak of exotic notifiable disease in animals (including birds) now incorporates H26.	Very High 12
HL12	Transport Accident	Local Accident involving transport of hazardous chemicals	Very High 16
HL16	Natural Hazards and Severe Weather	Local coastal/tidal flooding (affecting more than one region)	Very High 12
HL18	Natural Hazards and Severe Weather	Local/Urban flooding (fluvial or surface run-off)	Very High 12
HL19	Natural Hazards and Severe Weather	Local fluvial flooding	Very High 16
HL42	Industrial Action	Loss of cover due to industrial action by workers providing a service critical to the preservation of life (such as emergency service workers)	Very High 15

National Risk Register

The National Risk Register of Civil Emergencies July 2013 has been published and provides an updated government assessment of the likelihood and potential impact of a range of different civil emergency risks (including naturally and accidentally occurring hazards and malicious threats) that may directly affect the UK over the next 5 years.

<https://www.gov.uk/government/publications/national-risk-register-for-civilemergencies-2013-edition>

National Threat level

The level of threat from terrorism is under constant review by the Security Services.

- Low - an attack is unlikely
- Moderate - an attack is possible, but not likely
- Substantial - an attack is a strong possibility
- Severe - an attack is highly likely
- Critical - an attack is expected imminently

The latest threat level can be viewed:

<https://www.mi5.gov.uk/home/the-threats/terrorism/threat-levels.html>

Specific local risks:

A number of specific risks that the CCG may face are listed below along with planned response. Assurance will be obtained through the contracting route by the Head of Contracting or equivalent, and also via local partnership emergency planning within the local geographic area.

Risk	Impact	Response
Fuel shortage	International and national shortages of fuel can adversely impact on the delivery of NHS services.	To seek assurance that commissioned services have plans in place to manage fuel shortages & work with LHRP and LRF on wider community resilience
Flooding	The Environment Agency provides a flood warning service for areas at risk of flooding from rivers or the sea. Their flood warning services give advance notice of flooding and time to prepare.	To seek assurance that commissioned services have plans in place to manage local flooding incidents and LHRP and LRF on wider

		community resilience.
Evacuation & Shelter	Incidents such as town centre closures, flooding, or significant damage to healthcare premises could lead to the closure of key healthcare premises.	To seek assurance that commissioned services have plans in place to manage local evacuation and shelter incidents, work in partnership with the Local Authority, and LHRP and LRF on wider community resilience.
Pandemic influenza	Pandemics arise when a new virus emerges which is capable of spreading in the worldwide population. Unlike ordinary seasonal influenza that occurs every winter in the UK, pandemic flu can occur at any time of the year.	To seek assurance that commissioned services have plans in place to manage local pandemic, work in partnership with the Local Authority, cascade local pandemic communications, and work with the LHRP and LRF on wider community resilience. The CCG will work with and through the A&E Delivery Board to manage unplanned care as a result of pandemic influenza and will manage normal local surge and

		escalation.
Heat wave	The Department of Health and the Met Office work closely to monitor temperatures during the summer months. Local organisations such as the NHS and Local Authorities plan to make sure that services reach the people that need them during periods of extreme weather.	To seek assurance that commissioned services have plans in place that align to the national Heatwave Plan, and that will manage local heatwave incidents. The CCG will cascade local heatwave communications, and will work with the LHRP and LRF on wider community resilience. The CCG will work with and through the A&E Delivery Board to manage unplanned care as a result of heatwave including normal local surge and escalation.
Severe Winter Weather	Severe weather is one of the most common disruptions people face during winter. The impact may be felt in terms of disruptions to delivery of services, the impact of cold/icy weather on health and the potential for increased risk of demand for acute hospital services.	To seek assurance that commissioned services have plans in place to manage local severe winter weather, will cascade local winter communications, and will work with the LHRP and LRF on wider community resilience. The CCG will work with and through the A&E Delivery Board to manage

		unplanned care as a result of severe winter weather and will manage normal local surge and escalation.
Diverts	The North Yorkshire footprint consists of NHS organisations in the NHS England Yorkshire and Humber area. An ambulance Divert Policy agreed across Yorkshire and Humber is in place to manage this risk. The Divert Policy should only be used when trusts have exhausted internal systems and local community-wide health and social care plans to manage demand. A total view of system capacity should be taken including acute resource, community response, intermediate care and community in-patient capacity.	Response to be managed via Director On-Call system

The CCG is a partner in a number of specific plans which have been developed across the health community in order to respond to emergencies and escalate actions appropriately. These include:

- NHS England Incident Response Plan
- Surge & Escalation Plan
- Business Continuity Plan
- Specific multi-agency plans to which the CCG is party such as Heatwave and Pandemic Flu.

Assurance in respect of CCG emergency planning will be provided to the CCG Governing Body via the Governing Body Assurance Framework.

11. Escalation, Activation & Response

Action Card: An Action Card describing the activation process is appended to this procedure as Appendix 1.

CCG: As a Category 2 Responder under the Civil Contingency Act 2004, the CCG must respond to reasonable requests to assist and co-operate with NHS England Area Team or the Local Authority should any emergency require wider NHS resources to be mobilised.

Area Team: The North Yorkshire & Humber Area Team operates a two tier on-call system for Emergency Preparedness, Resilience and Response

(EPRR). This system is not restricted to major emergencies and could be mobilised to assess the impact of a range of incidents affecting, or having the potential to affect, healthcare delivery within North Yorkshire and the Humber.

In respect of EPRR for incidents/risks that **only affect the NHS**, the North Yorkshire & the Humber Area Team covers the following North Yorkshire local authority areas:

- North Yorkshire County Council
- York City Council

In respect of EPRR for incidents/risks that affect all multi-agency partners, the North Yorkshire & the Humber Area Team provides strategic co-ordination of the local health economy and represents the NHS at the North Yorkshire LRF. The initial communication of an incident alert to the first on-call officer of the North Yorkshire & Humber Area Team is via any of the organisations. An additional role of the North Yorkshire & Humber Area Team is to activate the response from independent contractors as required.

Public Health England: Public Health England will coordinate any incident that relates to infectious diseases.

NHS Property Services: NHS Property Services has robust local contact arrangements which should be used in most cases for local out of hours issues that require the involvement or attention of NHS Property Services. Where local contact cannot be made with NHS Property Services or where situations require escalation to regional and communications team senior managers on-call, messages can be sent via the single number PAGEONE service below

- Dial: 0844 8222888 for NHS Property Services On-Call Escalation
- A call handler will ask for a group code
- Ask for NHSPS04 and leave your message and contact details

Vulnerable People: The Civil Contingencies Act 2004 places the duty upon Category 1 and 2 Responders to have regard for the needs of vulnerable people. It is not easy to define in advance who are the vulnerable people to whom special considerations should be given in emergency plans. Those who are vulnerable will vary depending on the nature of the emergency. For planning purposes there are broadly three categories that should be considered:

- Those who for whatever reason have mobility difficulties, including people with physical disabilities or a medical condition and even pregnant women;
- Those with mental health conditions or learning difficulties;
- Others who are dependent, such as children or very elderly.

The CCG needs to ensure that in an incident people in the vulnerable people categories can be identified via contact with other healthcare services such as GPs and Social Care.

Communications: From a multi-agency response perspective the Police would lead on the communications and media support. From a non-public health incident perspective, the North Yorkshire & Humber Area Team would lead on the communications. Public Health England will lead on communications if the incident was public health related.

The CCG role will be to liaise with the communication lead as appropriate, supply information as requested and cascade communications. See Action Card 1 for further information on roles and responsibilities.

Incident Control Centre

The Accountable Emergency Officer will determine the venue for the Incident Control Room for the CCG. During Monday – Friday 08.30-17.00 hours this is likely to be at CCG offices, Scarborough Town Hall.

Out of Hours (or if the Town Hall is deemed inaccessible due to the incident) the Accountable Emergency Officer will allocate a suitable alternative. This may include remote working from home for a period of time.

12. Recovery

In contrast to the response to an emergency, the recovery may take months or even years to complete, as it seeks to address the enduring human physical and psychological effects, environmental, social and economic consequences. Response and recovery are not, however, two discrete activities and the response and recovery phases may not occur sequentially. Recovery should be an integral part of the combined response from the beginning, as actions taken at all times during an emergency can influence the long-term outcomes for communities.

Debriefing and Staff Support

The CCG will be responsible for debriefing and provision of support to staff where required following an emergency. This is the responsibility of individual line managers coordinated by the Accountable Emergency Officer. De-briefing may also be on a multi-agency footprint.

Any lessons learned from the incident will be fed back to staff and actioned appropriately.

Testing & Monitoring of Plans

The CCG emergency resilience plans will be reviewed annually by the Accountable Emergency Officer.

As part of the CCG's emergency preparedness and planning, the organisation will participate in exercises both locally and across the North Yorkshire LRF

with our partners. This helps staff to understand their roles and responsibilities when a situation occurs.

Live incidents which require the plans to be evoked will conclude with a debrief process and lead to review/improvements of the plans.

ACTION CARDS

These action cards describes the key roles that will need to be established and the actions taken in the event of an incident occurring.

They provide a guide to the general actions required and should be adapted as necessary to apply to the specific circumstances of the incident.

ACTION CARD FOR EMERGENCY ACCOUNTABLE OFFICER

Your role	EMERGENCY ACCOUNTABLE OFFICER
Your base	Town Hall, Scarborough unless alternative venue identified – AEO to define
Your responsibility	You are responsible for directing the overall NHS Scarborough & Ryedale CCG's emergency response and supporting system recovery.
Your immediate actions	<p>1. Obtain as much information as practicable and assess the situation. Complete an Initial Risk Assessment, (Template on next page) before implementing the required actions: is this an emergency?</p> <p>METHANE: Major Emergency Declared Exact Location Type of Emergency Hazards present and potential Access / Egress routes Number and types of Casualties Emergency services present and required</p> <p>If the incident is assessed as an emergency, activate the plan. SEE ACTIVATION / ESCALATION ACTION CARD.</p> <p>2. Assign ACTION CARDS in accordance with the key functions to support you.</p> <p>3. Confirm venue for Incident Control Centre if required</p>
Ongoing management	<p>Systematically review the situation and maintain overall control of the CCG response.</p> <ul style="list-style-type: none"> • Survey • Assess • Disseminate <p>Approve content and timings of press releases / statements and attend conferences if required.</p>
Stand down	<p>If it can be dealt with using normal resources, notify the appropriate personnel and maintain a watching brief.</p> <p>Continue to reassess the situation as further information becomes available and determine if any additional action is required</p> <p>In the event of any increase in the scale / impact of the incident reassess the risk and escalate as needed.</p>

Initial Risk Assessment completed by Emergency Accountable Officer

Questions to consider	Information Collected?*
What is the size and nature of the incident?	
Area and population likely to be affected - restricted or	
Level and immediacy of potential danger - to public and response personnel	
Timing - has the incident already occurred/ongoing?	
What is the status of the incident?	
Under control	
Contained but possibility of escalation	
Out of control and threatening	
Unknown and undetermined	
What is the likely impact?	
On people involved, the surrounding area	
On vulnerable people – identification those most at risk, responsibilities and procedures.	
On property, the environment, transport, communications	
On external interests - media, relatives, adjacent areas and partner organisations.	
What specific assistance is being requested from the NHS?	
Increased capacity - hospital, primary care, community	
Treatment - serious casualties, minor casualties, worried	
Public information	
Support for rest centres, evacuees	
Expert advice, environmental sampling, laboratory testing, disease control	
Social/psychological care	
How urgently is assistance required?	
Immediate	
Within a few hours	
*Key √ = Yes X = no ? = Information awaited N/A = Not applicable	

ACTION CARD FOR INCIDENT EMERGENCY PLANNING COORDINATOR

Your role	Incident Emergency Planning Coordinator
Your base	Town Hall, Scarborough unless alternative venue identified by AEO
Your responsibility	You are responsible for coordinating the CCG's tactical response and ensuring all aspects of the plan are followed. You will establish and maintain lines of communication with all other organisations involved, coordinating a joint response where circumstances require.
Your immediate actions	<ol style="list-style-type: none"> 1. Proceed to the Incident Control Room – if established 2. With the Incident Emergency Accountable Officer, assess the facts and clarify the lines of communication accordingly. 3. Call in Senior Managers as required. 4. Allocate rooms, telephone lines and support staff as required. 5. Notify and liaise as necessary with health community and inter-agency emergency planning contacts. 6. Record all relevant details of the incident and the response.
On-going management	Systematically review the situation with the Incident Lead Executive and ensure coordination of the CCG response.
Stand down	<p>Following stand-down, prepare a report for the Chief Officer.</p> <p>Arrange a “hot” de-brief for all staff involved immediately after the incident.</p> <p>Arrange a structured de-brief for all staff within a month of the incident.</p>



*Scarborough and Ryedale
Clinical Commissioning Group*

NOTES FOR INCIDENT EMERGENCY PLANNING COORDINATOR

1. Review the status and resources of the local NHS
2. Plan rota
3. Ensure decision logs maintained
4. Monitor staff welfare
5. Confirm emergency contact arrangements to:
 - NHS England Yorkshire and Humber Area Team
 - Yorkshire Ambulance Service
 - Community & Mental Health Trusts
 - York Hospital NHS Foundation Trust
 - Neighbouring CCGs
 - Council Emergency Centres
 - Scarborough Council
 - North Yorkshire County Council
 - Adult and Children’s Services
 - Other relevant responding agencies.
6. Maintain regular contact with the NHS responding agencies
7. Plan for prolonged response and to start working shift
8. Ensure a Recovery Team starts to plan the strategy for recovery after the initial response is organised

Meetings

Meetings held hourly for 15 minutes, chaired by the Emergency Accountable Officer to an agenda with brief factual reports from each lead

Decisions

Key decisions logged in the decisions log

Equipment Availability

Television, Phone, Teleconference facility, Laptops

Use IS-BAR Briefing Tool

I	Identify Who you are.	Who is present? (Ensure you have all key personnel present for the briefing)
S	Situation	What is the current situation? (If it is the initial brief then an overview of the incident will be required).
B	Background	Where are we up to? Each area gives an update on: Risks Staffing levels Resource issues
A	Assessment	Assessment of needs / concerns.

R	Recommendations	Plan for the next 60 minutes. Be clear what is required of each area / person. Confirm time & location of next briefing (on the hour).
----------	------------------------	--

ACTION CARD FOR COMMUNICATION LEAD

Your role	Communication Lead
Your base	Town Hall, Scarborough (unless a control room is located to another premise)
Your responsibility	You are responsible for preparing and disseminating media information by agreement with the Incident Lead Executive. If necessary, you will organise facilities for media visits and briefings.
Your immediate actions	<ol style="list-style-type: none"> 1. Proceed to the Incident Control Room. 2. After briefing by the Incident Lead Executive, establish lines of communication with Communication Leads at other organisations involved in the emergency and work in conjunction with multi-agency communication leads as required. 3. Draft media releases for Incident Lead Executive approval. 4. Coordinate all contact with the media. 5. Ensure the nominated spokesperson is fully and accurately briefed before they have any contact with the media.
On-going management	Make arrangements for any necessary public communications.
Stand down	<p>Participate in a “hot” de-brief immediately after the incident and any subsequent structured de-brief.</p> <p>Following stand-down evaluate communications effectiveness and any lessons learned and report these to the Incident Emergency Planning Coordinator for inclusion in the report to the Chief Officer.</p>

[page deliberately left blank]

ACTION CARD FOR LOGGIST

Your role	LOGGIST (Admin and Clerical support)
Your base	Town Hall, Scarborough (unless a control room is located to another premise)
Your responsibility	You will help to set up the incident control room, perform secretarial. Administrative or clerical duties as required by the Incident Control Team and ensure a record / log of the incident is maintained.
Your immediate actions	<ol style="list-style-type: none"> 1. Proceed to the Incident Control Room as directed. 2. Report to the Incident Emergency Planning Coordinator for briefing 3. Assist in setting up the Incident Control Room with telephones, computers etc. 4. Arrange for all internal rooms to be made available as needed. 5. Maintain a log of decisions taken, communications, and actions taken by the incident control team. <p>NB. The record must be made in permanent black ink, clearly written, dated and initialled by the loggist at start of shift. All persons in attendance to be recorded in the log. The log must be a complete and continuous (chronological) record of all issues/ options considered / decisions along with reasoning behind those decisions /actions. Timings have to be accurate and recorded each time information is received or transmitted. If individuals are tasked with a function or role this must be documented and when the task is completed this must also be documented. See Incident Log template overleaf.</p>
On-going management	<p>Provide support services as directed.</p> <p>All documentation is to be kept safe and retained for evidence for any future proceedings.</p>
Stand down	<p>Participate in a “hot” de-brief immediately after the incident and any subsequent structured de-brief.</p> <p>Following stand-down evaluate admin effectiveness and any lessons learned and report these to the Incident Emergency Planning Coordinator for inclusion in the report to the Chief Officer.</p>

Notes For Loggists

Completion of Logs

Immediately the CCGs start to respond to an incident then a log of actions must be started by key officers and the organisation

Master Log – all information entering the information cell must be logged including all incoming phone calls and emails

Action log – must be completed by all key Action Card holders

- Logs will be issued to all Action Card holders who should keep a record of:
- All instructions received,
- Actions taken
- Other information

The log should be handed on and signed off if the holder is relieved during the incident and following stand-down it is to be returned to the Emergency Control Centre Co-ordinator for safe storage.

Decision log – records the key corporate decisions, the process for deciding and the considered alternatives. A decision log must be kept by the CCG incident commander.

The Emergency Accountable Officer MUST sign the decision log after each key decision is agreed.

LOGS MUST BE KEPT WITH DATED & TIMED ENTRIES BY ALL STAFF MAKING DECISIONS IN A MAJOR INCIDENTS ON APPROVED LOG SHEETS: NO RECORDS NO DEFENCE

Prepare Shift Arrangements

In the event of a significant / major incident or emergency having a substantial impact on the population and health services, it may be necessary to continue operation of the Incident Management Team for a number of days or weeks. In particular, in the early phase of an incident, the Incident Management Team may be required to operate continuously 24/7. Responsibility for deciding on the scale of response, including maintaining teams overnight, rests with the Incident Manager.

A robust and flexible shift system will need to be in place to manage an incident through each phase. These arrangements will depend on the nature of the incident and must take into consideration any requirements to support external meetings and activities. The Incident Manager is accountable for ensuring appropriate staffing of all shifts. During the first two shift changes 1-2 hours of hand over time is required.

ACTIVATION / ESCALATION

