NHS Sheffield CCG Business Continuity Policy

Governing Body meeting

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6 March 2014

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Key Messages

The attached policy, with its appendices, sets out responsibilities for ensuring business continuity within the CCG and the actions that would be taken in the event of various possible disruptions.

It is important that the CCG has contingency plans to aid its response to events that, whilst unlikely, may occur at any time. Having such plans helps management and staff maintain critical business, keeps staff and visitors safe, and supports a swift return to normal functioning.

The policy was approved in principle by the Governance Sub Committee on 5 February and is recommended to Governing Body for approval.

Assurance Framework

Assurance Framework Number:
4.1 Ineffective commissioning practices (Domain 3)

How does this paper provide assurance that the risk is being addressed?
Although business continuity may not have been explicitly considered as part of the risk identified in 4.1, a failure of continuity would of course prevent effective commissioning practices being undertaken. The adoption and dissemination of this policy helps mitigate against this risk.

Is this an existing or additional control:
Additional

Equality/Diversity Impact

None directly. There may be indirect issues, for example equality issues will need to be considered if alternative work sites are needed due to loss of use of existing premises.

Public and Patient Engagement

None formally required. This policy was developed collectively with South Yorkshire and Bassetlaw CCGs and the South Yorkshire Health Resilience Forum has been asked to comment on it.

Recommendations
The Governing Body is asked to approve the policy.

Sheffield CCG Business Continuity Policy

Introduction

The CCG along with its partners has a duty to protect and promote the health of the community, including in times of emergency. We are committed to complying with legislation and guidance in relation to emergency preparedness and business continuity management. Detailed in the '*NHS Commissioning Board Emergency Preparedness Framework 2013*'

The role of the Clinical Commissioning Group (CCG) is to commission healthcare, both directly and indirectly, so that valuable public resources secure the best possible outcomes for patients. In doing so, the CCG will develop, maintain and continually improve the business continuity management systems. This means having suitable plans which set out how the organisation will maintain continuity in its services during a disruption from identified local risks and how the organisation will recover delivery of key services in line with ISO22301. This policy is important because it will help the CCG make sure that it can continue to deliver its business on behalf of patients in times of disruption.

The CCG recognises the potential operational and financial losses associated with a major service interruption, and the importance of maintaining viable recovery strategies.

This policy statement is intended to provide a framework for the CCG to follow in the event of an incident such as fire, flood, bomb or terrorist attack, power and/or communication failure or any other emergency that may impact upon the daily operations of the CCG. It describes the proposed policy for implementing and maintaining a suitable business continuity process within the CCG, including the roles and responsibilities of the officers with the responsibility for implementing it.

This policy statement will support the organisation to think ahead in order to avoid or mitigate risk, take corrective action and be in control of the outcome of an emergency.

The Cabinet Office standard, BS 259999, (now the ISO 22301) lays out the requirements for business continuity management. The business continuity plan (BCP) will be designed to meet the requirements of this standard.

Definition - Business Continuity Management (BCM):
An holistic management process that identifies potential threats to an organisation and the impacts to business operations that those threats, if realised, might cause and which provides a framework for building organisational resilience with the capability for an effective response that safeguards the interests of its key stakeholders, reputation, brand and value creating activities.

The diagram (figure 1) illustrates the Business Continuity Management (BCM) Cycle to develop a robust BCM culture across the organisation.

Fig 1

Aim

To enable the response to business disruptions to take place in a co-ordinated manner, in order to continue key business operations at the highest level achievable in the circumstances.

Objectives:

- To identify key services which, if interrupted for any reason, would have the greatest impact on the community, the health economy and the organisation.
- To identify and reduce the risks and threats to the continuation of these key services
- To develop plans which enable the organisation to maintain and / or resume key services in the shortest possible time.

Scope

This policy applies to those members of staff that are directly employed by the CCG and for whom the CCG has legal responsibility. For those staff covered by a letter of authority/honorary contract or work experience the organisation's policies are also applicable whilst undertaking duties for or on behalf of the CCG. Further, this policy applies to all third parties and others authorised to undertake work on behalf of the CCG.

What should be included in the Business Continuity Plan?

- **Business Impact Analysis / Hazard identification – Local Risk Assessment**
  The process of identifying business functions and the effect a business disruption will have on them. Risk assessment is the Process of risk identification, analysis and evaluation using a risk matrix.

- **Critical Activities**
  Those activities whose loss would have the greatest impact in the shortest time and need to be recovered most rapidly.

- **Communications Strategy**
  Internal and external communications and how the CCG cascades information.

Examples of where the organisation may need a BCP

The list below provides examples of what might be considered an event to invoke a BCP. The list is not exhaustive and judgement will be applied in each case:

> ➢ loss of workplace short and long term;
> ➢ loss of information and communications technology infrastructure services for up to five days;
> ➢ loss of key staff short and long term;
> ➢ significant national or international incident impacting on the CCG, such as pandemic;
> ➢ any requirement as identified by the business impact analysis process;

Risk Analysis of the BCP

The response to an emergency incident does not necessarily or automatically translate into the declaration of a major incident and the implementation of a full recovery operation.

Incidents may cause a temporary or partial interruption of activities with limited or no short term or longer term impact. It will then be the responsibility of the CCG Executive team, as available, to evaluate and declare the appropriate level of response.

The Severity of an incident will be identified as follows:
- Insignificant;
- Minor;
- Moderate;
- Major and
- Catastrophic.

The severity level will indicate the urgency of recovering the business service, and also the order in which services should be reinstated.

The CCG is not responsible for the direct provision of health services, however it is responsible for some functions that have a direct impact on providers of health services, for example safeguarding. Therefore the risks to our stakeholders resulting from a Major incident affecting the CCG could be significant.

A series of robust plans and mitigation will be developed for the following priority incidents:
- unavailability of premises for more than five working days caused by fire, flood or other incidents;
- major electronic attacks or severe disruption to the IT network and systems;
- terrorist attack or threat affecting transport networks or the office locations;
- denial of access to key resources and assets;
- significant numbers of staff prevented from reaching CCG premises, or getting home, due to bad weather or transport issues;
- theft or criminal damage severely compromising the organisation's physical assets;
- significant chemical contamination of the working environment;
- illness/epidemic striking the population and therefore affecting a significant number of staff;
- simultaneous resignation or loss of a number of key staff;
- widespread industrial action;

- significant fraud, sabotage or other malicious acts; and

Immediately upon notification of an incident involving the IT infrastructure, the IT Service Delivery Manager should be made aware of the affected service and obtain an initial assessment.

Cascade process

Immediate response and management functions required to handle an incident will be led by the most Senior CCG Officer on site/on call. A cascade structure will be developed to ensure key individuals within and external to the organisation have been informed.

The CCG Officer will lead any business continuity incident and if necessary utilise the Incident Response Plan to provide any resources required.

Accountability

In order for the CCG to develop a good long-term business continuity capability, it is essential that all staff take on an appropriate level of responsibility.

Governing Body
BCM is an important part of the organisations risk management arrangements. The Governing Body will ratify this Policy.
Governing Body members need to assure themselves that up to date policies and plans are being implemented effectively in the event of an incident.

Accountable Officer / Executive Team
- Will be the point of contact for anyone identifying a hazard or other business continuity issue
- Will initiate and co-ordinate the overall management of a crisis, providing strategic direction of service recovery plans;
- ensure information governance standards continue to be applied to data and information during an incident.
- Will decide when to escalate to the area team.
- Will lead the recovery plan after the incident.
- Will oversee the implementation of the business continuity policy and standards;
- Will review the business continuity status and the application of the policy and standards in all business undertakings;
- Will enforce compliance through assurance activities; provision of appropriate levels of resource and budget to achieve the required level of business continuity competence;

Director of Business Planning and Partnerships
- Will determine the criteria for implementing the Business Continuity Plan;
- manage training and awareness of the plan; and maintaining the plan.
- will be responsible for change control, maintenance and testing of the plan.
- will ensure the BCP is reviewed and updated at regular intervals to determine whether any changes are required to procedures or responsibilities.

Team managers
Individual managers will be required to assess their specific area of expertise and plan actions for any necessary recovery phase, setting out procedures and staffing

needs and specifying any equipment or technical resource which may be required in the recovery phase.

Individual managers will have two hard copies of the BCP allocated to them. It is intended that one copy should be located at the holder's home address so it is easily accessible and the second in a Folder clearly marked Business Continuity Plan (BCP) at their office base. The BCP folder will also contain recovery procedures, contacts, lists of vital materials or instructions on how to obtain them.

All CCG staff
- Achieve an adequate level of general awareness regarding business continuity;
- Being aware of the contents of their own business areas disaster recovery plan and any specific role or responsibilities allocated;
- Participate actively in the business continuity programme where required; and ensuring information governance standards continue to be applied to data and information during an incident.

Communications strategy

Good communication is essential at a time of crisis. A communications strategy should be developed to ensure there are appropriate statements for internal and external communication and processes for ensuring communication to all staff in the case of an emergency. This strategy will be the same across all plans.

Business Continuity and Incident Response Packs

The Head of Corporate Governance will develop business continuity packs to be held in the CCG headquarters. The contents of these packs will be mirrored, checked for completeness and updated regularly, or whenever there is a change in the BCP which may affect its contents.

Training and awareness

Once in place, the Head of Corporate Governance will identify appropriate levels of training and awareness sessions for all CCG staff to ensure business continuity becomes part of CCG culture and daily business routines, improving the organisations resilience to the effects of emergencies. The Head of Corporate Governance will also receive training to ensure they can perform their role effectively and participate in testing.

Testing

The on-going viability of the business continuity program can only be determined through continual tests and improvements. The Head of Corporate Governance will be responsible for ensuring regular tests and revisions are made to the BCP to ensure they provide the level of assurance required.
If there is a major change to the CCG's role and structure, plans will be tested and revised once a 'settling-in' period has been achieved, to allow for a confident level of response and recovery.

Appendices

Appendix 1 - Business Impact Analysis/Hazard Identification – Local
Appendix 2 - Business Continuity Matrix (Critical Functions at a glance)
Appendix 3 - Sheffield CCG – Business Continuity Plan
Appendix 4 - Common hazards associated with working at/from home
Appendix 5 - Business Continuity Plan – Communications
Appendix 6 – Action Card - Loss of Premises
Appendix 7 - Multi-Agency Flood Plan for Sheffield & Rotherham

Business Impact Analysis/Hazard Identification – Local

Hazard	Likelihood	How the hazard affects business	Impact	Risk Score	Controls in Place	Short Term (under 72 hours) action	Longer term action
Fire	1	Loss of use of some or all of premises	4	4	Fire Procedures	Staff work at home or hot desk at other sites where they have access	Temporary alternative work base for key staff, to enable point of contact and email/internet access
Flood	1	Loss of use of some or all of premises	4	4		Staff work at home or hot desk at other sites where they have access	Temporary alternative work base for key staff, to enable point of contact and email/internet access
Terrorist or criminal attack	1	Loss of use of premises. Possible loss of staff	4	4	Emergency response plan	Staff work at home or hot desk at other sites where they have access. Prioritise work if staff affected.	Temporary alternative work base for key staff, to enable point of contact and email/internet access. Prioritise work if staff affected.
Significant chemical contamination	1	Loss of use of premises. Possible loss of staff.	4	4	Emergency response plan	Staff work at home or hot desk at other sites where they have access. Prioritise work if staff affected.	Temporary alternative work base for key staff, to enable point of contact and email/internet access. Prioritise work if staff affected.
IT failure/loss of data	3	No access to email, electronic files, telephones	4	12	IT back-up systems	Remote working through NHSNet. Access to paper files.	As short term
Loss of power	2	No access to email, electronic files, telephones Loss of use of premises	3	6	Back-up generator?	Staff work at home or hot desk at other sites where they have access. Prioritise work if staff affected.	Temporary generator? Temporary alternative work base for key staff, to enable point of contact and email/internet access. Prioritise work if staff affected.
Loss of water	2	Access to Toilets and beverages Cleaning functions	3	6		Staff work at home or hot desk at other sites where they have access. Prioritise work if staff affected	Temporary portable loos Bottled water Water brought in / Stand pipes
Loss of Telephone (landline)	2	Limited telephone communication. Possible impact on email/internet?	3	6		Use of mobile phones. Staff work from home?	Temporary alternative work base for key staff, to enable point of contact and email/internet access
Simultaneous resignation of a number of key staff	2	Loss of leadership function	4	8	Notice period in contracts	n/a	Accelerate normal recruitment processes. Seek secondments to cover gap and provide continuity.
Staff Illness/epidemic	2	Loss of significant number of staff	4	8		Prioritise work.	Prioritise work. Appoint temporary staff where feasible, including secondments from other organisations.

Hazard	Likelihood	How the hazard affects business	Impact	Risk Score	Controls in Place	Short Term (under 72 hours) action	Longer term action
CSU unable to deliver appropriate support	3	Loss of support staff or business functions	4	12	Provisions of the SLA with the CSU	Use directly employed staff and/or agency staff to deliver critical functions CSU action	CSU to remedy. If it cannot, seek alternative sources of support and compensation from CSU.
Travel disruption preventing staff getting to base	3	Loss of significant number of staff	4	12		Staff work at home or at other premises or organisations	As short term, if necessary (long term impact less likely)
Travel disruption preventing staff getting home	3	Staff wellbeing affected. Disruption to work due to need to accommodate staff.	3	9		If possible, obtain food and blankets to enable staff to stay overnight.	As short term, if necessary (long term impact less likely)
Widespread industrial action	2	Loss of significant number of staff	4	8	Staff engagement and HR policies	Prioritise work.	Prioritise work. Appoint temporary staff where feasible, including secondments from other organisations.
Theft or damage to assets	3	Loss of use of e.g. computers, furniture	3	9	Security policies	Staff work at home. Bring old equipment into use?	Purchase or hire replacements
Significant fraud or other criminal act	2	Loss of access to funds? Restriction placed on business activities?	4	8	Security policies	Suspend transactions or seek assistance from partner organisations.	Seek assistance from partner organisations.

Risk Scoring		
No	Probability Scores	Impact Scores
1	Rare	Insignificant
2	Unlikely	Minor
3	Possible	Moderate
4	Likely	Major
5	Almost Certain	Catastrophic

Risk Matrix
Low 1 - 6
Medium 8 - 12
High 15 - 25

Notes:
- CCGs will need to develop the detail behind each of the actions in the above, which can be presented as a set of appendices. The actions can be grouped – perhaps as simply as those that affect premises (including IT) and those that are about staff
- All 5 CCGs within SY&B have siad that they would support each other with desk space if needed. Premises issues – CCGs will need to discuss with co-occupants of buildings
- IT – to discuss with CSU where it provides IT support to CCGs
- CCGs need to see CSU's business continuity plan, and be assured by it, a part of our business continuity plan

Business Continuity Matrix (Critical Functions at a glance)

Department	Priority rating *1 = Critical function* *2 = Can suspend 1-2 days.* *3 = Can Suspend 3/7 days*	Role	ACTION TO MAINTAIN BUSINESS CONTINUITY	
			Immediate	**Up to 1 week & Up to 2 weeks**
Strategic Planning				
Contracting				
Finance				
Quality				
Medicine Management				
Corporate Business				
Performance				

Management			
CSU functions			
HR			
IT			
CHC			
Communications			
IFR			

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Sheffield Clinical Commissioning Group

THE SHEFFIELD CCG

BUSINESS CONTINUITY PLAN

WRITING YOUR BUSINESS CONTINUITY PLAN

There can not be one definitive plan as the services that the department offer are very diverse. Consequentially plans will need to be tailored to suit the individual service.

A critical functions analysis has been done so the priorities for each service have been highlighted. Thought now needs to be given to:

- How continuity of highly critical functions can be protected
- How quickly less critical functions can be resumed
- Where possible, through which other means can services temporarily be provided
- Recording the arrangements made that will facilitate the above
- A method to ensure that records are updated

For planning purposes, it may be helpful to think about three separate phases:

1.   The Initial Impact - What to do if your building is affected whilst in use:

- Evacuation procedures
- What to do with displaced staff
- Who to notify
- Informing Patients

2.   The Immediate Future

- Notification of telephone contact number
- Temporary arrangements for staff and clients (relocation of the service)
- The giving and explaining of Information to both clients and staff

3.   Longer Term

- Return to home base
- Resume normal working practices
- Debrief staff to learn from any mistakes made
- Update the plan to reflect lessons learnt
- Periodic test of evacuation procedures and plan

A Plan Template containing specimen forms has been devised to assist in the development of plans. The template should be used as a guide that can be amended to reflect anything specific to the service.

Your Business Continuity Plan.

In addition to completing the basic Business Continuity Planning templates the following information will also need to be included. The 'Initial Questions' and the Analysis questionnaires previously completed will assist you in completing this section of the template.

What to include in the plan:-

♦ **What?** your service does? (Vital tasks - identified by the critical analysis, patient services)

♦ **Why?** you do it? (i.e. Statutory duty, public expectation, fee earning, support of other services)

♦ **When?** (Target times for getting the service back up and running.)

♦ **Who?** (Who are your patients, customers, staff responsible)

♦ **Where**? (Locations from which your service is delivered, alternatives available?)

♦ **How?** (What you need to provide your service, vital equipment, particular staff, documentation etc)

♦ **What?** Existing back-ups in place? i.e. Manual Systems

♦ **And** - what would be the consequences to patient care if you could not deliver your service.

Then consider the following:-

♦ Ways to lower the risk - finding alternatives.

♦ Ways to protect if alternatives cannot be found, are impractical.

Three stages could be described:-

• Current situation - the risk to the service as it stands.
• Modified situation - lowered risk by implementing achievable measures.
• Ideal situation - how risk could be minimised if unlimited resources were available.

Scenarios

You may find it useful to use particular scenarios to demonstrate how you would deal with a particular incident - i.e.
♦ loss of access to building (fire, flood, structural)
♦ loss of staff (strike, illness, unable to get to work - fuel crisis)
♦ loss of communications (phones, computers, software, client information)

Do not forget to refer to existing plans and documents i.e. Building Evacuation Plan which may interlink to your Business Continuity Plan.

A pre-arranged call out/contact system is necessary to ensure that the right people are mobilised to their place of duty and in the minimum time.

STAFF OUT OF HOURS CONTACT LIST

SERVICE: Sheffield CCG   **LOCATION: 722 Prince of Wales Road**

NAME AND ADDRESS	FUNCTION	TELEPHONE	MOBILE

CRITICAL FUNCTIONS ANALYSIS RESULTS

DO NOT SUSPEND

SERVICE: **LOCATION:**

NAME-	FUNCTION	TELEPHONE	REPORT TO:	TEMPORARY LOCATION

CRITICAL FUNCTIONS ANALYSIS RESULTS

SUSPEND FOR 24 /48 HOURS

SERVICE: **LOCATION:**

NAME	FUNCTION	TELEPHONE	REPORT TO:	TEMPORARY LOCATION

CRITICAL FUNCTIONS ANALYSIS RESULTS

SUSPEND FOR 48 hours to 1 week

SERVICE: **LOCATION:**

NAME	FUNCTION	TELEPHONE	REPORT TO:	TEMPORARY LOCATION

ALTERNATIVE ACCOMMODATION ARRANGEMENTS

Where staff are to report until they can return to their regular work base

SERVICE: **LOCATION:**

ALTERNATIVE LOCATION	CONTACT NAME	CONTACT TELEPHONE NUMBER

CRITICAL EQUIPMENT LIST

SERVICE: **LOCATION:**

ITEM	WHERE ELSE CAN THIS BE ACCESSED?	IF NOWHERE, HOW DO YOU PROTECT IT?

Common hazards associated with working at/from home

HAZARD	EXAMPLE	POSSIBLE OUTCOME
1. DSE Work	• Poor posture • Lack of sufficient breaks away from screen work • Poor workstation design	• Musculoskeletal Injury • Eye strain • Fatigue • Stress
2. Manual Handling	• Carrying items up/down stairs • Lifting items of equipment e.g. computer etc. out of a car into a building	• Musculoskeletal injury • Discomfort in neck, shoulder, or back area due to repetitive work
3. Slips, Trips & Falls	• Obstruction of aisles and walkways • Poor storage arrangements • Insufficient space • Trailing leads / cables • Uneven or slippery floor (e.g. presence of a step / slope) • Torn carpet / hole in floor • Poor lighting	• No injury • Minor injuries e.g. bruise, sprain or cut • Major injury e.g. wrist / arm / leg; head injury
4. Working Environment .	• Poor lighting • Inadequate heating / ventilation • Noise • Space (Lack of sufficient) • Distractions – e.g. carer responsibilities, school holidays etc.	• Slips, trips & falls; eyestrain • Fatigue, dehydration, • Headaches; poor concentration • Musculoskeletal injury; slips & trips • Fatigue
5. Electricity	• Insufficient sockets available/ overloaded sockets • Damaged leads & plugs • Overheating • Failure of cord grip at plug • Lack of / worn insulation • Lack of electrical inspection & testing	• Electric shock • Fire
6. Fire	• Lack of inspection & testing of electrical items of equipment • Storage of combustible material e.g. stationery adjacent to radiant heaters etc.	• Shock • Smoke inhalation • Burns • Death
7. Work Equipment *(e.g. computer, fax machine, printer etc.)*	• Heavy, unwieldy equipment • Old or poorly maintained equipment • Lack of user training	• Musculoskeletal injury • Faulty equipment - possible electric shock

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Business Continuity Plan - Communications

Introduction

During a period of business continuity it is vital that communication is managed effectively with a variety of stakeholders. This plan supports this management before, during and after any incident that is detailed within the business continuity plan.

For a CCG specific incident the business continuity and communications leads will work together to ensure clear and consistent communications activity. The main aims will be to:

- Deliver relevant messages about the incident to the relevant stakeholder group/s
- Utilise media channels (radio and print) to reassure and inform the public and patients
- Ensure that messages are timely and relevant to the target audience.

Stakeholders

Our stakeholders are divided into two categories – internal and external – with specific communications mechanisms for each one.

Internal - Staff – 722 based, Strategic Clinical Executive members – GP leads and Governing Body members

External - GP Practices, Media, Local Authority, NHS England Area Team, Sheffield Teaching Hospitals Foundation Trust, Sheffield Children's Hospital Foundation Trust, Healthwatch and Voluntary Action Sheffield

Methods of Communication during an incident

The communication activity used will be activated in conjunction with any incident detailed in the business continuity plan and will be specific to each of the relevant stakeholder affected.

Internal Stakeholders

Staff, Governing Body members and GP leads

It is essential that we inform staff and keep them up-to-date with any incident that impacts on the ability to undertake their role or has a direct impact on the organisation. This incident could be triggered by a multi-agency source or from within the CCG. The methods used to communicate with staff will be:

- Text message/phone call – used to disseminate an initial message about the incident, containing immediate actions needed and how further messages will be communicated. This is most useful when the incident occurs out of office hours.
- Email – Staff can receive messages via the CCG's distribution lists (held electronically) in normal working hours
- Intranet – Information to be posted on the CCG's home page before and after the incident. Any information during an incident should be communicated through other mechanisms as access may be limited.

- Website – Staff Watch information where staff can get up-to-date information without having access to CCG specific systems. This section of the public site could be updated remotely and would ensure that everyone could access accurate, timely information.

External Stakeholders

GP Practices

Member practices of the CCG would be informed of any incidents relating to business continuity via email. Contact details for the CCG throughout the affected period would be shared and practice staff would be advised to visit the CCG website for updates.

Media – print and broadcast

Managing the media should take place in line with the CCG's Media Handling protocol. The communications team have good links with the media, which would be utilised for any incident that requires information communicating to local people and patients. Local radio stations would be able to broadcast public information in their regular bulletins. Information would be issued to the local printed media dependent on the incident timing in relation to the paper publication day. Media statement may be required following an incident and once normal business has resumed. Information would also be published using the CCG's social media sites with links to the website for more detail.

Partners – Local Authority, NHS England Area Team, Voluntary Sector and Healthwatch, CSU

When an incident impacts on the business of the CCG it is imperative that we inform colleagues at our local partner organisations. Depending on the nature of the incident this would be done either by telephone or by email – via the Chief Officer, Chair or Business Continuity lead. Partner organisations would be encouraged to disseminate the details to their staff via communication channels.

Providers – All providers from who we commission a healthcare service

Depending on the nature of the incident this would be done either by telephone or by email – via the Chief Officer, Chair or Business Continuity lead. Provider organisations would be encouraged to disseminate the details to their staff via communication channels, providing details of alternative ways to contact the CCG during the period of the incident. Notice would then be given once the incident was resolved and normal business resumed.

Key contacts within the CCG should advise counterparts in the provider organisations of their contact details during the incident.

Out -of-Hours communication

There is no formal out-of-hours communication service within the CCG, however senior officers have been provided with the Communication Manager's mobile number should be contacted in the case of an incident that may affect business continuity. Messages and notifications can be posted on the public website using an internet connection in any location and there are a number of officers with the organisation who access to the admin section.

Action Card – temporary relocation/staff working at home

In the event of loss of use of CCG offices

Action to be taken by Chief Officer/Exec lead

1. Assess likely length of loss of use of offices

2. Ensure all staff safe and premises secured

3. Contact partner organisation CEOs to establish availability of usable office accommodation (desks, computer access, meeting rooms, telephone) – local FTs and council, other SYB CCGs

4. If necessary ,obtain IT support (from CSU) to assess capability to establish email and internet links

5. Obtain assessment of staff needs – which staff can work at home (from personal and work perspective) which need to be in an office base with colleagues – from senior managers

6. If necessary, obtain IT support to ensure all staff working at home have remote access to computer systems

7. Determine who will
   a. work in a partners premises
   b. work at home
   c. take leave

8. Review arrangements daily, ensuring safety of staff and suitability of temporary location

NHS England South Yorkshire and Bassetlaw Area Team

Multi-Agency Flood Plan for Sheffield & Rotherham

Action Card

Monitoring Phase

- Notify the NHS England South Yorkshire & Bassetlaw Area Team 1st on call via 01709 820000 – ask for 'the NHS England, South Yorkshire & Bassetlaw Team 1st On Call'.

- 1st on call with assess the situation and decide on actions required.

- NHS England Communications Officer will be alerted.

- 1st on call will contact the Clinical Commissioning Groups (CCGs) so they can ensure local Hospital Trusts/community services are alerted.

- NHS England SY&B Area Team will notify GP surgeries, dentists, community pharmacists and optometrists.

Response Phase

- Escalation of the incident will trigger the implementation of appropriate health Emergency Plans. When appropriate NHS Control Room(s) will be established.

- NHS England will co-ordinate the health response and ensure the local health community is supported as appropriate.

- The NHS Foundation Trusts in Rotherham and Sheffield will endeavour to provide assistance by providing health input to Emergency Reception Centres.

- Public Health England (PHE) will provide appropriate input .

Sheffield CCG Emergency Responsiveness Policy

Governing Body meeting

6 March 2014

Author(s)/Presenter and title	Tim Furness, Director of Business Planning and Partnerships
Sponsor	Tim Furness, Director of Business Planning and Partnerships

Key Messages

The attached policy sets out responsibilities for ensuring emergency responsiveness within the CCG and the actions that would be taken in the event of various possible disruptions.

Although the CCG is not a category one responder, it is important that we understand our role and have plans to aid our response to events that, whilst unlikely, may occur at any time.

The policy was approved in principle by the Governance Sub Committee on 5 February and is recommended to Governing Body for approval.

Assurance Framework

Assurance Framework Number:
The assurance framework does not identify risks associated with major incidents, as it focusses on risks to delivery of CCG aims rather than risks to the population's health.

How does this paper provide assurance that the risk is being addressed?
Although emergency responsiveness has not been explicitly considered as part of the assurance framework, the CCG will want to be assured that we are prepared to fulfil our duties should a major incident ever arise. The adoption and dissemination of this policy helps provide that assurance.

Is this an existing or additional control:
Additional

Equality/Diversity Impact

None directly. There may be indirect issues, for example equality issues will need to be considered when responding to major incidents to ensure all members of our population are protected.

Public and Patient Engagement

None formally required. This policy was developed collectively with South Yorkshire and Bassetlaw CCGs and the South Yorkshire Health Resilience Forum has been asked to comment on it.

Recommendations
The Governing Body is asked to approve the policy.

EMERGENCY PREPAREDNESS, RESILIENCE & RESPONSE POLICY

Last Review Date	N/A
Approving Body	
Date of Approval	
Date of Implementation	
Next Review Date	
Review Responsibility	
Version	1.0

REVISIONS/AMENDMENTS SINCE LAST VERSION

Date of Review	Amendment Details
September 2013	Reflects CCG responsibilities of a Category 2 Responder under the Civil Contingencies Act 2004 and ensures consistency across the South Yorkshire & Bassetlaw area.

CONTENTS

DEFINITIONS

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

SECTION A – POLICY

1. Policy Statement, Aims & Objectives

1.1. 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).

1.2. This policy outlines how NHS Sheffield 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.

1.3. The aims of this procedural document are to ensure NHS Sheffield 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.

1.4. As detailed in the NHS Commissioning Board framework the emergency preparation, resilience and response role of CCGs is to:

- Ensure contracts with provider organisations contain relevant emergency preparedness, resilience (including business continuity) and response elements
- Support the NHS Commissioning Board in discharging its emergency preparedness, resilience and response functions and duties locally
- Provide a route of escalation for the Local Health Resilience Partnership (LHRP) should a provider fail to maintain necessary emergency preparedness, resilience and response capacity and capability
- Fulfil the responsibilities as a Category 2 Responder under the Civil Contingencies Act 2004 including maintaining business continuity plans for their own organisation
- Be represented on the Local Health Resilience Partnership (either on their own behalf or through representation by a 'lead' CCG)
- Seek assurance that provider organisations are delivering their contractual obligation.

2. Legislation & Guidance

2.1.   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 the NHS Commissioning Board planning framework
- The requirements for Emergency Preparedness, Resilience & Response as set out in the applicable NHS standard contract
- NHS Commissioning Board EPRR documents and supporting materials, including the NHS Commissioning Board Business Continuity Management Framework (service resilience) 2013, the NHS Commissioning Board Command and Control Framework for the NHS during significant incidents and emergencies (2013), the NHS Commissioning Board Model Incident Response Plan (national, regional and area team) 2013, and the NHS Commissioning Board 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

3.1.   This policy applies to those members of staff that are directly employed by NHS Sheffield CCG and for whom NHS Sheffield 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 Sheffield CCG or working on NHS Sheffield CCG premises and forms part of their arrangements with NHS Sheffield CCG. As part of good employment practice, agency workers are also required to abide by NHS Sheffield CCG policies and procedures, as appropriate, to ensure their health, safety and welfare whilst undertaking work for NHS Sheffield CCG.

4. Accountabilities & Responsibilities

4.1.   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.

4.2.   The Accountable Emergency Officer has responsibility for:

- Ensuring that the organisation is compliant with the Emergency Preparedness Resilience & Response requirements as set out in the Civil Contingencies Act (2004), the NHS planning framework and the NHS standard contract as applicable.
- Ensuring that the organisation is properly prepared and resourced for dealing with a major incident or civil contingency event
- Ensuring the organisation and any providers it commissions, has robust business continuity planning arrangements in place which reflect standards set out in the Framework for Health Services Resilience (PAS 2015) and ISO 22301
- Ensuring the organisation has a robust surge capacity plan that provides an integrated organisational response and that it has been tested with other providers and parties in the local community(ies) served
- Ensuring that the organisation complies with any requirements of the NHS Commissioning Board, or agents thereof, in respect of the monitoring of compliance
- Providing the NHS Commissioning Board, or agents thereof, with such information as it may require for the purpose of discharging its functions
- Ensuring that the organisation is appropriately represented at any governance meetings, sub-groups or working groups of the Local Health Resilience Partnership (LHRP) or Local Resilience Forum (LRF) – which locally is the South Yorkshire LRF

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

4.4.   The Unplanned Care commissioning lead has responsibility for effectively managing Surge and Escalation within the area.

5. Dissemination, Training & Review

5.1. Dissemination

5.1.1. The effective implementation of this procedural document will support openness and transparency. NHS Sheffield 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.

5.1.2. This procedural document is located on the intranet [http://www.intranet.sheffieldccg.nhs.uk/policies-procedure-forms-templates.htm]. 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.

5.2. Training

5.2.1. 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. Support may also be obtained through their HR Department. Training can be accessed via the Local Resilience Forum (LRF).

5.3. Review

5.3.1. As part of its development, this procedural document and its impact on staff, patients and the public has been reviewed in line with NHS Sheffield 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.

5.3.2. This procedural document will be reviewed every three years, and in accordance with the following on an as and when required basis:
- Legislatives changes / Case Law
- Good practice guidelines
- Significant incidents reported or new vulnerabilities identified
- Changes to organisational infrastructure
- Changes in practice

5.3.3. Procedural document management will be performance monitored to ensure that procedural documents are in-date and relevant to the core business of the CCG. The results will be published in the regular Corporate Assurance Reports.

SECTION B – EMERGENCY PLANNING PROCEDURE

1. Identifying significant incidents or emergencies

1.1.   *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).

1.2.   *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.   Times of severe pressure, such as winter periods, a sustained increase in demand for services such as surge or an infectious disease outbreak that would necessitate the declaration of a significant incident however not a major incident;

   b.   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.

   c.   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.

   d.   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.

1.3.   *Significant or major incident / emergency:* In the first instance NHS organisations must consider declaring a significant incident before escalating to a major incident / emergency. A significant incident is when their own facilities and/or resources, or those of its neighbours, are overwhelmed. A significant incident or emergency to the NHS may not be any of these for other agencies, and equally the reverse is also true.

1.4. ***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:

a. Big Bang – a serious transport accident, explosion, or series of smaller incidents.

b. Rising Tide – a developing infectious disease epidemic, or a capacity/staffing crisis or industrial action.

c. Cloud on the Horizon – a serious threat such as a significant chemical or nuclear release developing elsewhere and needing preparatory action.

d. Headline news – public or media alarm about an impending situation.

e. Internal incidents – fire, breakdown of utilities, significant equipment failure, hospital acquired infections, violent crime.

f. CBRN(e) – Deliberate (criminal intent) release of chemical, biological, radioactive, nuclear materials or explosive device.

g. HAZMAT – Incident involving Hazardous Materials.

h. Mass casualties.

1.5. ***Incident level:*** As an incident evolves it may be described, in terms of its level, as one to four as identified in the table below.

| Alert	Activity	Action	NHS CB Incident levels	
Alert	Dynamic Risk Assessment	Declaration of Incident level	1	A health related incident that can be responded to and managed by local health provider organisations that requires co-ordination by the local CCG.
			2	A health related incident that requires the response of a number of health provider organisations across an NHSCB area team boundary and will require an NHSCB Area Team to co-ordinate the NHS local support.
			3	A health related incident, that requires the response of a number of health provider organisations across and NHSCB area teams across an NHS CB region and requires NHS CB Regional co-ordination to meet the demands of the incident
			4	A health related incident, that requires NHSCB National co-ordination to support the NHS and NHS CB response

2. The role of the CCG within the local area

2.1.   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. Although, as a Category 2 Responder, the CCG has a lesser set of duties, it is vital that the CCG shares relevant information with other responders (both Category 1 and 2) if emergency preparedness, resilience and response arrangements are to succeed.

2.2.   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. When events like these happen, the CCG's emergency resilience arrangements will be activated. It is important that all staff are familiar with this procedure and are aware of their responsibilities. Staff should ensure that they are regularly updated to any changes in the emergency response, as notified by the Accountable Emergency Officer. Departments / teams must also maintain accurate contact details of their staff, to ensure that people are accessible during an incident.

3. Planning and Prevention

3.1.   ***Action Card:*** An Action Card detailing roles and responsibilities is appended to this procedure as Action Card 1.

3.2.   ***Contracting responsibilities:*** CCGs are responsible for ensuring that resilience and response is "commissioned in" as part of the standard provider contracts and that provider plans reflect the local risks identified through wider multi-agency planning. The CCG will record these risks on the internal risk register. In addition, CCGs are expected to ensure delivery of these outcomes through contribution to an annual EPRR assurance process facilitated by the NHS Commissioning Board Area Team. The NHS Standard Contract includes the appropriate EPRR provision and this contractual framework will be used wherever appropriate by the CCG when commissioning services. Contract monitoring and review will encompass the review of EPRR and there may be occasions where the Local Health Resilience Partnership uses the CCG as a route of escalation where providers are not meeting expected standards.

3.3.   ***Partnership working:*** In order to ensure coordinated planning and response across our area, it is essential that the CCG works closely with partner agencies across the area, ensuring appropriate representation.

- 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 South Yorkshire Local Resilience Forum (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 South Yorkshire & Bassetlaw 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).

The diagram below shows the NHS Commissioning Board (NHS CB) EPRR response structure and its interaction with key partner organisations.

Health System EPRR Operating Model - Response
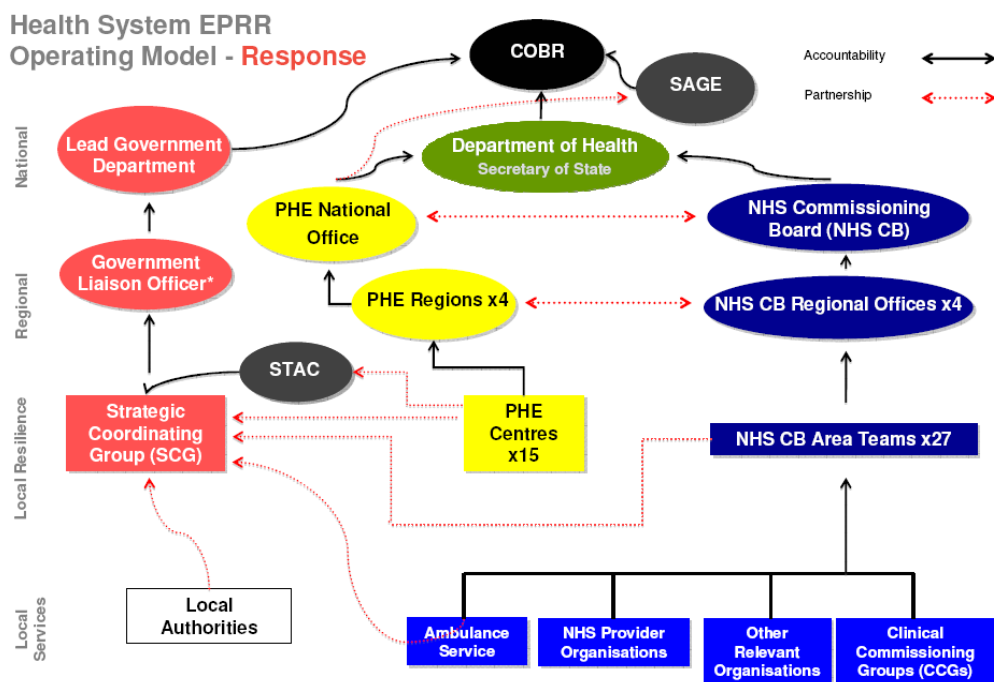
3.4. *Hazard analysis and risk assessment:* A hazard analysis & risk assessment is undertaken by the Local Health Resilience Partnership (LHRP) and this includes detailed assessments of potential incidents that may occur. The assessments are monitored through this forum. Risk assessments are regularly reviewed or when such an incident dictates the need to do so earlier. Any external risk may be required to be entered onto the South Yorkshire Local Resilience Forum Community Risk Register if it is felt to pose a significant risk to the population. This action will be co-ordinated through the Local Health Resilience Partnership. 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.

3.5. ***South Yorkshire Community Risk Register:*** Like anywhere in the UK, South Yorkshire has a number of natural and manmade hazards. To ensure we are prepared for these hazards the South Yorkshire Local Resilience Forum (LRF) has created a Community Risk Register which identifies the wide range of 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 South Yorkshire Community Risk Register is available to download from: http://www.rotherham.gov.uk/emergencies/site/

3.6. ***Specific local risks:*** A number of specific risks that the CCG may potentially have are listed below alongside the planned response. Assurance will be obtained through the contracting route by the Head of Contracting or equivalent, and also via local partnership emergency planning fora within the local geographic area.

Fuel shortage	International and national shortages of fuel can adversely impact on the delivery of NHS services. The CCG will seek assurance that commissioned services have plans in place to manage fuel shortages and will work with the Local Health Resilience Partnership (LHRP) and Local Resilience Forum (LRP) on wider community resilience. Local risks identified will be escalated appropriately.
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. The CCG will seek assurance that commissioned services have plans in place to manage local flooding incidents and will work with the Local Health Resilience Partnership (LHRP) and Local Resilience Forum (LRP) on wider community resilience. Local risks identified will be escalated appropriately.
Evacuation & Shelter	Incidents such as town centre closures, flooding, or significant damage to healthcare premises could lead to the closure of key healthcare premises. The CCG will seek assurance that commissioned services have plans in place to manage local evacuation and shelter incidents, will work in partnership with the Local Authority, and

	will work with the Local Health Resilience Partnership (LHRP) and Local Resilience Forum (LRP) on wider community resilience. Local risks identified will be escalated appropriately.
Pandemic	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. The CCG will seek assurance that commissioned services have plans in place to manage local pandemic, will work in partnership with the Local Authority, will cascade local pandemic communications, and will work with the Local Health Resilience Partnership (LHRP) and Local Resilience Forum (LRP) on wider community resilience. Local risks identified will be escalated appropriately. The CCG will work with and through the Unplanned Care Board to manage unplanned care as a result of pandemic and will manage normal local surge and escalation.
Heatwave	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. The CCG will seek assurance that commissioned services have plans in place to manage local heatwave incidents, will cascade local heatwave communications, and will work with the Local Health Resilience Partnership (LHRP) and Local Resilience Forum (LRP) on wider community resilience. Local risks identified will be escalated appropriately. The CCG will work with and through the Unplanned Care Board to manage unplanned care as a result of heatwave and will manage normal local surge and escalation.
Severe Winter Weather	Each year millions of people in the UK are affected by the winter conditions, whether it's travelling through the snow or keeping warm during rising energy prices. Winter brings with it many hazards that can affect people both directly or indirectly. Severe weather is one of the most common disruptions people face during winter. The CCG will 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 Local Health Resilience Partnership (LHRP) and Local Resilience Forum (LRP) on wider community resilience. Local risks identified will be escalated appropriately. The CCG will work with and through the Unplanned Care Board to manage unplanned care as a result of severe winter weather and will manage normal local surge and escalation.
Diverts	The South Yorkshire and Bassetlaw footprint consists of NHS organisations in the NHS England South Yorkshire and Bassetlaw area. A Divert Policy agreed across South Yorkshire and Bassetlaw 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. The CCG will monitor the generic email box [sheccg.membershipoffice@nhs.net] and pick up issues on the next working day directly with Providers.

3.7. 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
- Urgent Care Working Group
- Winter Plan
- Business Continuity Plan
- Specific multi-agency plans to which the CCG is party such as Heatwave and Pandemic Flu.

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

4. Escalation, Activation & Response

4.1.   *Action Card:* An Action Card describing the activation process is appended to this procedure as Action Card 2.

4.2.   *CCG:* As a Category 2 Responder under the Civil Contingency Act 2004, the CCG must respond to reasonable requests to assist and co-operate the NHS Commissioning Board Area Team or the Local Authority should any emergency require wider NHS resources to be mobilised. The CCG uses established contractual mechanisms and provider on-call arrangements to effectively mobilise and coordinate all applicable providers that support healthcare services should the need arise. Through its contracts, the CCG will maintain service delivery across the local health economy to prevent business as usual pressures and minor incidents within individual providers from becoming significant or major incidents. This could include the management of commissioned providers to effectively coordinate increases in activity across their health economy which may include support with surge in emergency pressures. The Unplanned Care Board workplans and meetings provide a process to manage these pressures and to escalate to the NHS Commissioning Board Area Team as appropriate.

4.3.   *Area Team:* The South Yorkshire & Bassetlaw 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 South Yorkshire and Bassetlaw. In respect of EPRR for incidents/risks that **only affect the NHS**, the South Yorkshire & Bassetlaw Area Team covers the following local authority areas:
- Sheffield City Council
- Rotherham Metropolitan Borough Council
- Barnsley Metropolitan Borough Council
- Doncaster Metropolitan Borough Council
- Bassetlaw District Council

In respect of EPRR for incidents/risks that affect all multi-agency partners, the South Yorkshire & Bassetlaw Area Team provides strategic co-ordination of the local health economy and represents the NHS at the South Yorkshire Local Resilience Forum (LRF). The initial communication of an incident alert to the first on-call officer of the South Yorkshire & Bassetlaw Area Team is via the Rotherham Foundation Trust switchboard on 01709 820000. Switchboard will have an up to date list of the on-call rota including office, mobile and home numbers for all first and second on-call officers. The non-urgent email contact is: england.syb-eprr@nhs.net. An additional role of the South Yorkshire & Bassetlaw Area Team is to activate the response from independent contractors as required.

4.4.	***Public Health England:*** Public Health England should coordinate any incident that relates to infectious diseases. The role of the CCG is to notify the Director of Public Health via local on-call arrangements of any rising tide infection situation and also inform the Area Team.

4.5.	***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

4.6.	***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 Services.

4.7.	***Incident Control Centre:*** The CCG Incident Control Centre is not kept on permanent stand-by and will be enacted by the Emergency Accountable Officer or their nominated Deputy as required. The CCG Incident Control Centre is located in:

IT Training Room
722 Prince of Wales Road
Darnall
Sheffield
S9 4EU

Telephone: 0114 3051000
Fax: 0114 3051001
Email: sheccg.memberhsipoffice@nhs.net

The decant plan, should the Incident Control Centre be compromised, will be the premises of one of the South Yorkshire & Bassetlaw CCGs. This has been agreed with the partner CCGs under mutual aid.

4.8. **_Situation reporting:_** Reports on the local situation will be made, as required, to the South Yorkshire & Bassetlaw Area Team. If an incident is prolonged, the CCG may be asked to support the Strategic Coordinating Group (SCG) or the Tactical Coordinating Group (TSC) led by the lead agency.

4.9. **_Communications:_** From a multi-agency response perspective the Police would lead on the communications and media support. From a health incident perspective, the South Yorkshire & Bassetlaw Area Team would lead on the communications. 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.

5. Recovery

5.1. 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 do 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.

6. Debriefing and Staff Support

6.1. 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 Emergency Accountable Officer. De-briefing may also be on a multi-agency footprint.

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

7. Testing & Monitoring of Plans

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

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

South Yorkshire Local Resilience Forum (LRF) with our partners. This helps staff to understand their roles and responsibilities when a situation occurs.

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

ACTION CARD 1

ROLES AND RESPONSIBILITIES

These action cards describes the general action required and should be adapted as necessary to apply to the specific circumstances of the incident.

ACTION CARD FOR INCIDENT LEAD EXECUTIVE

Your role	Incident Lead Executive
Your base	722 Prince of Wales Road (unless a control room is located to another premise)
Your responsibility	You are responsible for directing NHS Sheffield CCG's emergency response.
Your immediate actions	1. Obtain as much information as practicable and assess the situation before implementing the required actions: is this an emergency? CHALET: **C** asualties - number, type, severity **H** azards present **A** ccess routes that are safe to use **L** ocation **E** mergency services present and required **T** ype of incident 2. If the incident is assessed as an emergency, activate the plan. **SEE ACTIVATION / ESCALATION ACTION CARD.** 3. Assign ACTION CARDS in accordance with the key functions to support you. 4. Proceed to the Incident Control Room.
Ongoing management	Systematically review the situation and maintain overall control of the CCG response. • **S** urvey • **A** ssess • **D** isseminate Approve content and timings of press releases / statements and attend conferences if required.
Stand down	If it can be dealt with using normal resources, notify the appropriate personnel and maintain a watching brief. Continue to reassess the situation as further information becomes available and determine if any additional action is required In the event of any increase in the scale / impact of the incident reassess the risk and escalate as needed.

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ACTION CARD FOR INCIDENT EMERGENCY PLANNING COORDINATOR

Your role	Incident Emergency Planning Coordinator
Your base	722 Prince of Wales Road (unless a control room is located to another premise)
Your responsibility	You are responsible for coordinating the CCG's 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	1. Proceed to the Incident Control Room. 2. With the Incident Lead Executive, 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.
Ongoing management	Systematically review the situation with the Incident Lead Executive and ensure coordination of the CCG response.
Stand down	Following stand-down, prepare a report for the Chief Officer. Arrange a "hot" de-brief for all staff involved immediately after the incident. Arrange a structured de-brief for all staff within a month of the incident.

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ACTION CARD FOR COMMUNICATION LEAD

Your role	Communication Lead
Your base	722 Prince of Wales Road (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	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.
Ongoing management	Make arrangements for any necessary public communications.
Stand down	Participate in a "hot" de-brief immediately after the incident and any subsequent structured de-brief. 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.

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ACTION CARD FOR ADMIN & CLERICAL ASSISTANT

Your role	**Admin & Clerical Assistant** **(often referred to as a "Loggist")**
Your base	722 Prince of Wales Road (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	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. **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.
Ongoing management	Provide support services as directed. All documentation is to be kept safe and retained for evidence for any future proceedings.
Stand down	Participate in a "hot" de-brief immediately after the incident and any subsequent structured de-brief. 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.

Incident Log
[Incident name]

Loggist initials	Date & Time	Description of action / decision / communication	Action taken by / Decision made by

Page number [   ]

ACTION CARD 2

ACTIVATION / ESCALATION

VERIFY
The information provided and the known facts of the incident

↓

ASSESS
Is it a major incident for the CCG or another health organisation? Is action by the CCG necessary? You could contact other managers to discuss.

↓

DECIDE
Is it a major incident for the CCG or another health organisation? Is action by the CCG necessary?

Monitor developments	Activate the Plan

↓

ACTIVATE
The Plan will be activated by the Chief Officer or relevant Senior Manager

↓

ESCALATE
Identify the Category 1 Lead for escalation

NHS England Area Team (Healthcare incidents)	**NHS Property Services (Buildings / Facilities)**	**Public Health England (Infectious Diseases)**
The South Yorkshire & Bassetlaw Area Team is on-call via the Rotherham Foundation Trust switchboard on 01709 820000. The non-urgent email contact is: england.syb-eprr@nhs.net.	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.	In-Hours: Notify via the local Director of Public Health Out of Hours contact via NHS England Area Team

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If required, activate Incident Control Centre (Boardroom, Sovereign House) and Incident Control Team (Senior Management Team / relevant senior managers)

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Loggists (CCG admin staff members) set up Incident Control Centre and coordinate a meeting of the identified Incident Control Team

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Hold initial meeting, agree current situation and decisions to be made. Liaise with multi-agency partners. Agree any communications. Agree frequency of meetings. Ensure the meeting is minuted and a log kept of all decisions.