

EMERGENCY PREPAREDNESS, RESILIENCE and RESPONSE POLICY

April 2021

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| Version: | 2.3 |
| Policy Number: | CO006/10/2022 |
| Date ratified: | 31 August 2021 |
| Name of originator/author: | This policy is based on the original policy developed by NHS Doncaster CCG with review and update by the Assistant Chief Officer, NHS Rotherham CCG as part of the Health and Safety and Security Shared Service MoU. The policy has been reviewed and adapted by the CCG's Emergency Planning Officer |
| Title of Sponsor: | Deputy Accountable Officer |
| Name of responsible committee | Governance Sub-committee |
| Date issued: | April 2021 |
| Review date: | 1 October 2022 |
| Target audience: | All Staff |

To ensure you have the most current version of this policy please access via the NHS Sheffield CCG Intranet Site by following the link below:

<http://www.intranet.sheffieldccg.nhs.uk/policies-procedure-forms-templates.htm>

Policy Audit Tool

To be completed and attached to any document which guides practice when submitted to the appropriate committee for consideration and approval

Status of Policy: Revised

| | | |
|-----------|--|---|
| 1. | Details of Policy/Procedural Document | |
| 1.1 | Policy No: | CO006/10/2022 |
| 1.2 | Title of Policy/document: | Emergency Preparedness, Resilience and Response Policy |
| 1.3 | Sponsor | Deputy Accountable Officer |
| 1.4 | Author: | Ruth Nutbrown, Assistant Chief Officer, Rotherham CCG – reviewed for NHS Sheffield CCG by Sue Berry |
| 1.5 | Lead Committee | Governance Sub-committee |
| 1.5 | Reason for policy/document: | National requirement |
| 1.6 | Who does the policy affect? | All staff |
| 1.7 | Are the National Guidelines/Codes of Practice etc issued? | Yes |
| 1.8 | Has an Equality Impact Assessment been carried out? | Yes |
| 2. | Information Collation | |
| 2.1 | Where was Policy information obtained from? | Shared in collaboration with South Yorkshire & Bassetlaw CCG Governance Leads |
| 3. | Policy Management | |
| 3.1 | Is there a requirement for a new or revised management structure for the implementation of the Policy? | No |
| 3.2 | If YES attach a copy to this form. | |
| 3.3 | If NO explain why. | Structure already in place to support |
| 4. | Consultation Process | |
| 4.1 | Was there external/internal consultation? | South Yorkshire & Bassetlaw CCG Governance Leads |
| 4.2 | List groups/persons involved | South Yorkshire & Bassetlaw CCG Governance Leads |
| 4.3 | Have external/internal comments been included? | Yes |
| 4.4 | If external/internal comments have not been included, state why. | |
| 5. | Implementation | |
| 5.1 | How and to whom will the policy be distributed? | Weekly Round-Up and Team Briefings |
| 5.2 | If there are implementation requirements such as training please detail. | |
| 5.3 | What is the cost of implementation and how will this be funded | N/A |
| 6. | Monitoring | |
| 6.1 | How will this be monitored | Governance Sub-committee |
| 6.2 | Frequency of Monitoring | Quarterly |

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. |
| April 2017 | Minor amendments, Unplanned Care Board now the A&E Delivery Board, NHS Commissioning Board and Local Area Team changed to NHSE |
| October 2018 | Review in line with NHS Sheffield CCG governance process. |
| October 2019 | P17 4.10 added Logging and recording incidents. P 25 Updated Loggist Action Card. P27 Updated Incident Secretary/Admin Support Action Card. P29 Updated Incident Decision Log Template. |
| February 2020 | P15 Change to 'Rotherham' Metropolitan Borough Council |
| April 2021 | Minor changes to wording: <ul style="list-style-type: none"> • Replace A&E Delivery Board with Urgent and Emergency Care Transformation Board • Replace situation of incident control room from Ground Floor to First Floor Sharman and Bean Room |

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DEFINITIONS

| Term | Definition |
|------------|--|
| CCA | Civil Contingencies Act (2004) |
| CCG | Clinical Commissioning Groups |
| DPH | Director of Public Health |
| Emergency | Under Section 1 of the Civil Contingency Act 2004 an “emergency” means: <i>“(a) an event or situation which threatens serious damage to human welfare in a place in the United Kingdom;</i> <i>(b) an event or situation which threatens serious damage to the environment of a place in the United Kingdom;</i> <i>(c) war, or terrorism, which threatens serious damage to the security of the United Kingdom”</i> |
| EPRR | Emergency Preparedness, Resilience and Response |
| Incident | For the NHS, incidents are classed as either: <ul style="list-style-type: none">• Business Continuity Incident – A business continuity incident is an organisation’s normal service delivery, below acceptable predefined levels, where special arrangements are required to be implemented until services can return to an acceptable level.• Critical Incident – A critical incident is any localised incident where the level of disruption results in the organisation temporarily or permanently losing its ability to deliver critical services, patients may have been harmed or the environment is not safe requiring special measures and support from other agencies, to restore normal operating functions.• Major Incident – A major incident is any occurrence that presents serious threat to the health of the community or causes such numbers or types of casualties, as to require special arrangements to be implemented. |
| LHRP | Local Health Resilience Partnership |
| LRF | Local Resilience Forum |
| PHE | Public Health England |
| Resilience | Ability of the community, services, area or infrastructure to detect, prevent and, if necessary to withstand, handle and recover from disruptive challenges. |
| Response | Decisions and actions taken in accordance with the strategic, tactical and operational objectives defined by emergency responders. |

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 England framework the emergency preparedness, 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 NHS England 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 LHRP (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 NHS Constitution
- The requirements for Emergency Preparedness as set out in the NHS England planning framework
- The requirements for Emergency Preparedness, Resilience and Response as set out in the applicable NHS standard contract
- NHS England EPRR documents and supporting materials, including the NHS England Business Continuity Management Framework (service resilience) 2013, the NHS England Command and Control Framework for the NHS during significant incidents and emergencies (2013), the NHS England Model Incident Response Plan (national, regional and area team) 2013, and the NHS England 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.
- ISO 22330 – Security and Resilience – Business Continuity Systems - Guidelines for people aspects of Business Continuity 2018

3. Scope

- 2.2 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 as 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 NHSE, or agents thereof, in respect of the monitoring of compliance.
- Providing NHSE, 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 / Urgent Care Commissioning lead has responsibility for effectively managing Surge and Escalation within the area alongside the System Resilience Group.

5. Dissemination, Training and 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 EPRR management.

5.1.2 All procedural documents are available via the organisation's website. Staff are notified by email and at all staff meeting 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 NHS Sheffield 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 NHS Sheffield 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.

| Incident level | |
|----------------|--|
| Level 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. |
| Level 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. |
| Level 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. |
| 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. |

2. The role of NHS Sheffield CCG within the local area

- 2.1 NHS Sheffield CCG is a Category 2 Responder and is seen as a ‘*co-operating body*’. NHS Sheffield 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, NHS Sheffield CCG has a lesser set of duties, it is vital that NHS Sheffield 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 NHS Sheffield CCG to work normally. When events like these happen, NHS Sheffield 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. NHS Sheffield 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 NHS England. The NHS Standard Contract includes the appropriate EPRR provision and this contractual framework will be used wherever appropriate by NHS Sheffield 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 NHS Sheffield 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 NHS Sheffield 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 NHS England.

- 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).

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.

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.southyorksprepared.org.uk/downloads/file/9/sylrf_community_risk_register

3.5 Specific local risks: A number of specific risks that NHS Sheffield CCG may potentially have are listed below alongside the planned response. Assurance will be obtained through the contracting route by the Deputy Chief Officer, and also via local partnership emergency planning fora within the local geographic area.

| | |
|---------------|--|
| Fuel shortage | <p>International and national shortages of fuel can adversely impact on the delivery of NHS services.</p> <p>NHS Sheffield 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.</p> |
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| <p>Flooding</p> | <p>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.</p> <p>NHS Sheffield 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.</p> |
| <p>Evacuation & Shelter</p> | <p>Incidents such as town centre closures, flooding, or significant damage to healthcare premises could lead to the closure of key healthcare premises.</p> <p>NHS Sheffield 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.</p> |
| <p>Pandemic</p> | <p>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.</p> <p>NHS Sheffield 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.</p> <p>NHS Sheffield CCG will work with and through the Urgent and Emergency Care Transformation Delivery Board to manage unplanned care as a result of pandemic and will manage normal local surge and escalation.</p> |
| <p>Heatwave</p> | <p>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.</p> |

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| | <p>NHS Sheffield 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.</p> <p>NHS Sheffield CCG will work with and through the Urgent and Emergency Care Transformation Delivery Board to manage unplanned care as a result of heatwave and will manage normal local surge and escalation.</p> |
| Severe Winter Weather | <p>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.</p> <p>NHS Sheffield 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.</p> <p>NHS Sheffield CCG will work with and through the Urgent and Emergency Care Transformation Delivery Board to manage unplanned care as a result of severe winter weather and will manage normal local surge and escalation.</p> |
| Diverts | <p>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.</p> <p>NHS Sheffield CCG will monitor the generic email box sheccg.sheffieldccg@nhs.net and pick up issues on the next working day directly with Providers.</p> |

3.6 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 and Emergency Care Transformation Delivery Board
- Winter Plan
- Business Continuity Plan
- Specific multi-agency plans to which NHS Sheffield CCG is party such as Heatwave and Pandemic Flu.

3.7 Assurance in respect of CCG emergency planning will be provided to NHS Sheffield CCG Governing Body via the Governance Sub-committee.

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, NHS Sheffield CCG must respond to reasonable requests to assist and co-operate the NHS England or the Local Authority should any emergency require wider NHS resources to be mobilised. NHS Sheffield 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, NHS Sheffield 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 Urgent and Emergency Care Transformation Delivery Board work plans and meetings provide a process to manage these pressures and to escalate to NHS England as appropriate.

4.3 **NHS England:** NHS England 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**, NHS England 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, NHS England 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 NHS England is via telephone, as listed in the NHS England On Call Pack. NHS England 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-epr@nhs.net. An additional role of NHS England 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 NHS Sheffield CCG is to notify the Director of Public Health via local on-call arrangements of any rising tide infection situation and also inform NHS England.
- 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, NHSPS Local (Yorkshire) Emergency 0300 303 8590. Where local contact cannot be made with NHS Property Services or where situations require escalation to regional and communications team senior managers on-call, 0844 736 8578 for NHS Property Services On-Call Escalation.
- 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. NHS Sheffield 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:** NHS Sheffield CCG Incident Control Centre is not kept on permanent stand-by and will be enacted by the Accountable Emergency Officer or their nominated Deputy as required in conjunction with a Category 1 Responder. The Incident Control Centre is in daily use as a working office and can be vacated immediately due to need.

NHS Sheffield CCG Incident Control Centre is located in:

**First Floor, Bean
and Sharman
Room
722 Prince of Wales Road
Darnall
Sheffield S9 4EU**

Telephone: 0114 3051000
Email: sheccg.sheffieldccg@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. A formal mutual aid agreement sets out arrangements which may be implemented by any of the organisations listed within it, and dovetails into the organisations business continuity plan.

- 4.8 **Situation reporting:** Reports on the local situation will be made, as required, to NHS England. If an incident is prolonged, NHS Sheffield 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, NHS England would lead on the communications. NHS Sheffield 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.
- 4.10 **Logging and record keeping:** NHS funded organisations must have appropriately trained and competent loggists to support the management of an incident. Loggists are an integral part in any incident management team. It is essential that all those tasked with logging do so to best practice standards and understand the importance of logs in the decision making process, in evaluation and identifying lessons and as evidence for any subsequent inquiries. Following an incident a number of internal investigations or legal challenges may be made. These may include Coroners inquests, public inquiries, criminal investigations and civil action.

When planning for and responding to an incident it is essential that any decisions made or actions taken are recorded and stored in a way that can be retrieved at a later date to provide evidence. It may be necessary to provide all documentation, therefore robust and auditable systems for documentation and decision making must be maintained. *NHS England Emergency Preparedness, Resilience and Response Framework – November 2015.*

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

7 Testing & Monitoring of Plans

- 7.1 NHS Sheffield CCG emergency resilience plans will be reviewed annually by the Accountable Emergency Officer.
- 7.2 As part of NHS Sheffield 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 describe 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 | First Floor (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 | <ol style="list-style-type: none"> 1. Obtain as much information as practicable and assess the situation before implementing the required actions: is this an emergency? <p>METHANE</p> <p>M – Major incident declared/standby</p> <p>E – Exact Location</p> <p>T – Type of Incident</p> <p>H - Hazards</p> <p>A - Access</p> <p>N - Number of Casualties</p> <p>E – Emergency services Activated and responding</p> <ol style="list-style-type: none"> 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 | <p>Systematically review the situation and maintain overall control of NHS Sheffield 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> |

ACTION CARD FOR INCIDENT EPRR Lead

| | |
|-------------------------------|---|
| Your role | Incident Emergency Planning Coordinator |
| Your base | First floor (unless a control room is located to another premise) |
| Your responsibility | You are responsible for coordinating NHS Sheffield 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 | <ol style="list-style-type: none">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 NHS Sheffield 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. |

ACTION CARD FOR COMMUNICATION LEAD

| | |
|-------------------------------|--|
| Your role | Communication Lead |
| Your base | First floor (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. |
| Ongoing management | Make arrangements for any necessary public communications. |

ACTION CARD FOR LOGGIST

| | |
|----------------------------|--|
| Your role | Loggist |
| Your base | First Floor 722 Prince Wales Road Sheffield (unless a control room is located to another premise) |
| Your responsibility | Responsible for recording and documenting all issues/actions/decisions made by the decision maker. |
| Actions | 1. The Loggist must use the Log Book provided. |
| | 2. The log must be clearly written, dates and initialled by the Loggist at the start of the shift and include location. |
| | 3. The log must be a complete and continuous record of all issues/decisions/actions as directed by the decision maker. |
| | 4. 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 documents and when the task is completed this must be documented. |
| | 5. If notes or maps are utilised this must be noted within the log. |
| | 6. At the end of each session in the log a score and signature to be added underneath the documentation so no alternations can be made at a later date. |
| | 7. All documentation to be kept safe and retained for evidence for any future proceedings. |
| | 8. Where something is written in error changes must be made by a single line scored through the word and the amendment made. |
| | 9. Participate in CCG and multi-agency debriefs. |
| On-going management | The Loggist ideally should only be logging for 1 hour and then they should have a break of 15 minutes (best practice) |
| Stand down | Participate in CCG and multi-agency debriefs |

The Loggist is NOT:

- A general administrative support

The Loggist MUST NOT:

- Take minutes
- Record for more than ONE decision maker
- Keep a separate chronological log
- Have responsibility for the decision/action

The log and all paper work become legal documentation and could be used at a later date in a public enquiry or other legal proceedings.

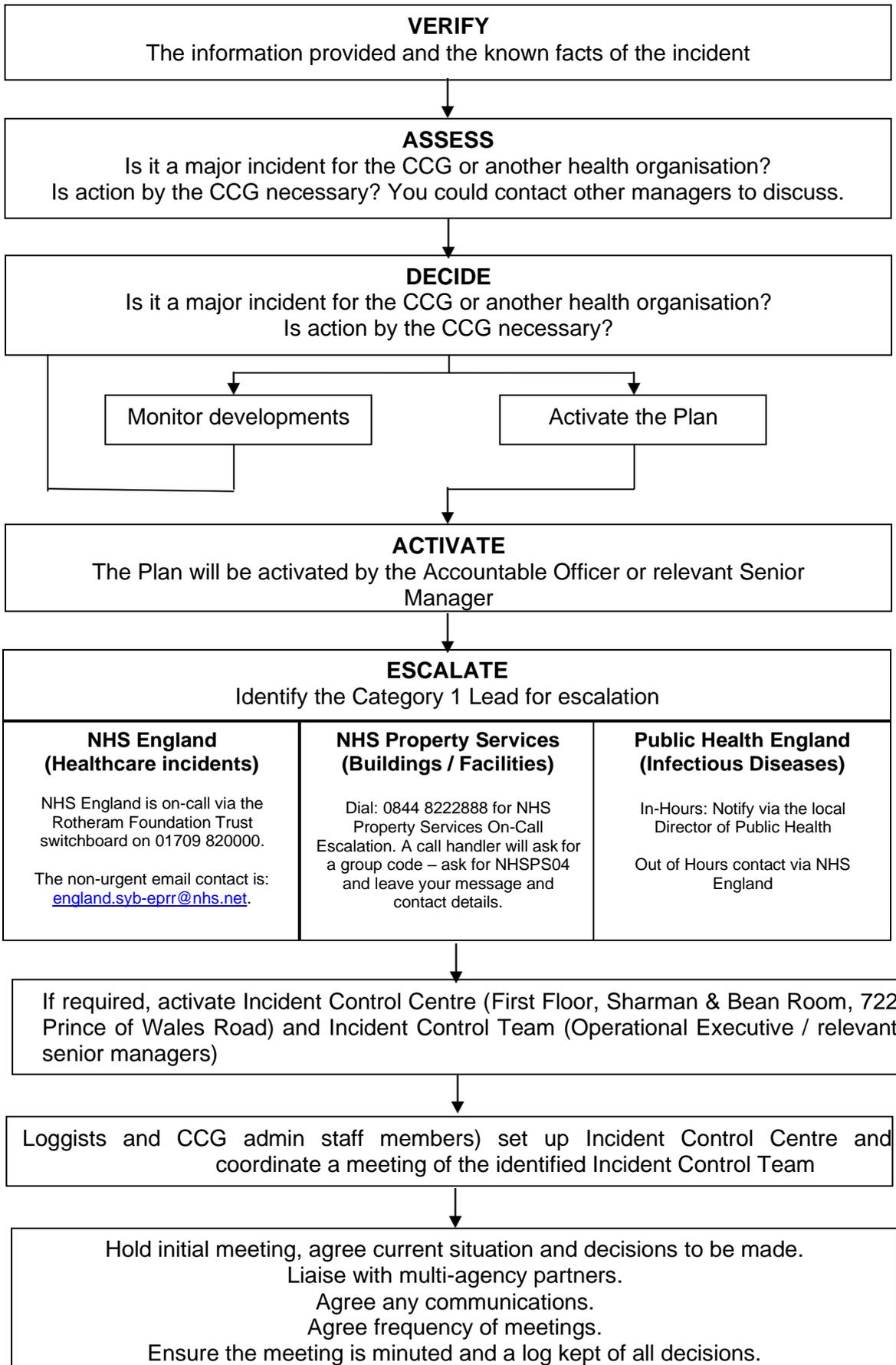
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ACTION CARD FOR INCIDENT SECRETARY / ADMINISTRATIVE SUPPORT

| | |
|-------------------------------|---|
| Your role | Incident Secretary / Admin Support |
| Your base | First floor (unless a control room is located to another premise) |
| Your responsibility | Provide general administrative support to the decision maker.d. |
| Your immediate actions | <ol style="list-style-type: none"> 1. Minute taking. 2. Taking telephone messages. 3. Providing other general administrative support to the decision maker |
| Ongoing management | Provide support services as directed. |
| Stand down | Participate in a “hot” de-brief immediately after the incident and any subsequent structured de-brief. |

ACTION CARD 2

ACTIVATION / ESCALATION



Checklist for the Review and Approval of Procedural Documents

To be completed and attached to any document which guides practice when submitted to the appropriate committee for consideration and approval.

| Title of document being reviewed | YES/NO/Unsure | Comments |
|---|---------------|----------|
| 1. Title | | |
| Is the title clear and unambiguous? | Yes | |
| Is it clear whether the document is a guideline, policy, procedure/protocol or plan? | Yes | |
| 2. Rationale | | |
| Are reasons for development of the document stated? | Yes | |
| 3. Development Process | | |
| Is the method described in brief? | Yes | |
| Are people involved in the development identified? | Yes | |
| Has relevant expertise has been used? | Yes | |
| Is there evidence of consultation with stakeholders and users? | Yes | |
| 4. Content | | |
| Is the objective of the document clear? | Yes | |
| Is the target population clear and unambiguous? | Yes | |
| Are the intended outcomes described? | Yes | |
| Are the statements clear and unambiguous? | Yes | |
| Are cross references accurate? | Yes | |
| 5. Evidence Base | | |
| Is the type of evidence to support the document identified explicitly? | Yes | |
| Are key references cited? | Yes | |
| Are the references cited in full? | Yes | |
| Are supporting documents referenced? | Yes | |
| 6. Approval | | |
| Does the document identify which committee/group will approve it? | Yes | |
| If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document? | NA | |

**NHS Sheffield CCG Equality Impact Assessment 2018
Equality Impact Assessment**

| | | |
|---|---|--|
| Title of policy or service: | Emergency Preparedness, Resilience and Response Policy | |
| Name and role of officer/s completing the assessment: | Sue Laing, Corporate Services Risk and Governance Manager Updated Sue Berry EPRR Lead | |
| Date of assessment: | April 2019 updated April 2021 | |
| Type of EIA completed: | Initial EIA 'Screening' ✓ | |
| 1. Outline | | |
| Give a brief summary of your policy or service | 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. | |
| <ul style="list-style-type: none"> • Aims • Objectives • Links to other policies, including partners, national or regional | | |

Identifying impact

- **Positive Impact:** will actively promote or improve equality of opportunity;
- **Neutral Impact:** where there are no notable consequences for any group;
- **Negative Impact:** negative or adverse impact causes disadvantage or exclusion. If such an impact is identified, the EIA should ensure, that as far as possible, it is justified, eliminated, minimised or counter balanced by other measures. This may result in a 'full' EIA process.

2. Gathering of Information

This is the core of the analysis; what information do you have that might *impact on protected groups, with consideration of the General Equality Duty.*

| (Please complete each area) | What key impact have you identified? | | | For impact identified (either positive an or negative) give details below: | |
|--|--------------------------------------|-------------------------------------|--------------------------|--|---------------------------------|
| | Positive Impact | Neutral impact | Negative impact | How does this impact and what action, if any, do you need to take to address these issues? | What difference will this make? |
| Human rights | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | |
| Age | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | |
| Carers | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | |
| Disability | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | |
| Sex | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | |
| Race | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | |
| Religion or belief | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | |
| Sexual orientation | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | |
| Gender reassignment | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | |
| Pregnancy and maternity | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | |
| Marriage and civil partnership (only eliminating discrimination) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | |
| Other relevant groups | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | |
| HR Policies only: Part or Fixed term staff | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

IMPORTANT NOTE: If any of the above results in '**negative**' impact, a 'full' EIA which covers a more in depth analysis on areas/groups impacted must be considered and may need to be carried out.

Having detailed the actions you need to take please transfer them to onto the action plan below.

| 3. Action plan | | | | |
|---|---------------------------|--------------------------------------|----------------------|---------------------|
| Issues/impact identified | Actions required | How will you measure impact/progress | Timescale | Officer responsible |
| | | | | |
| 4. Monitoring, Review and Publication | | | | |
| When will the proposal be reviewed and by whom? | Lead / Reviewing Officer: | Sue Laing | Date of next Review: | April 2020 |
| | | Sue Berry | | April 2024 |

Once completed, this form **must** be emailed to the Communications team for sign off:

| | |
|-------------------|------------------------------------|
| Signature: | S K Laing S Berry |
|-------------------|------------------------------------|