

EMERGENCY PREPAREDNESS, RESILIENCE & RESPONSE POLICY

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.

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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 Rotherham 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 Rotherham 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 Rotherham CCG and for whom NHS Rotherham 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 Rotherham CCG or working on NHS Rotherham CCG premises and forms part of their arrangements with NHS Rotherham CCG. As part of good employment practice, agency workers are also required to abide by NHS Rotherham CCG policies and procedures, as appropriate, to ensure their health, safety and welfare whilst undertaking work for NHS Rotherham 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 Rotherham 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 in the [define] Policy Manual. A set of hardcopy Procedural Document Manuals are held by the Governance Team for business continuity purposes and all procedural documents are available via the organisation's website. 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 Rotherham 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:
- Big Bang – a serious transport accident, explosion, or series of smaller incidents.
 - Rising Tide – a developing infectious disease epidemic, or a capacity/staffing crisis or industrial action.
 - Cloud on the Horizon – a serious threat such as a significant chemical or nuclear release developing elsewhere and needing preparatory action.
 - Headline news – public or media alarm about an impending situation.
 - Internal incidents – fire, breakdown of utilities, significant equipment failure, hospital acquired infections, violent crime.
 - CBRN(e) – Deliberate (criminal intent) release of chemical, biological, radioactive, nuclear materials or explosive device.
 - HAZMAT – Incident involving Hazardous Materials.
 - 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

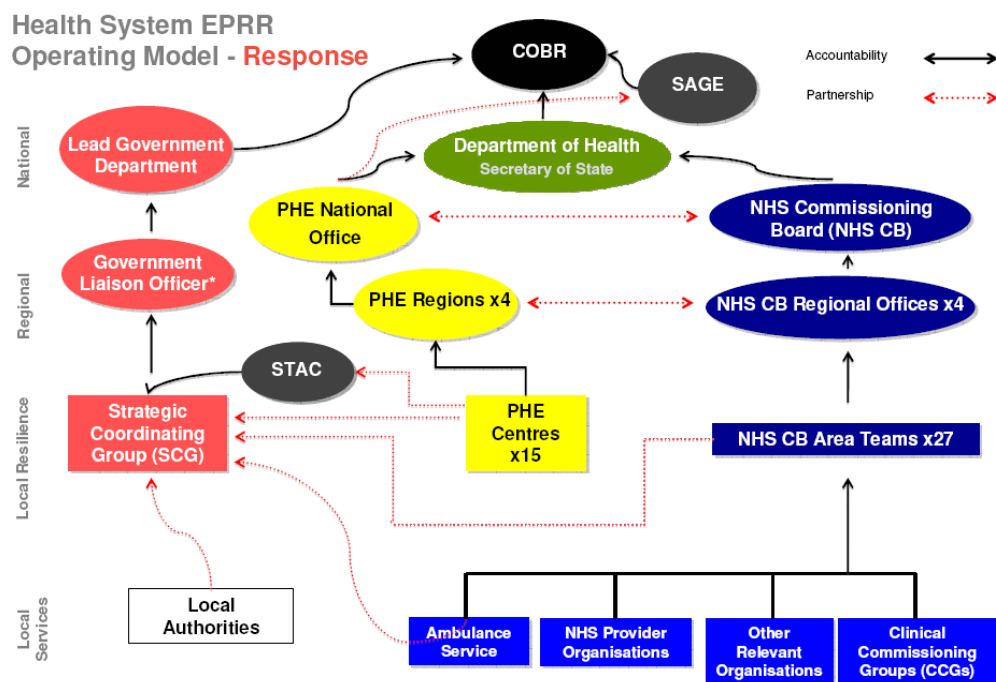
- 2.1. The CCG is a Category 2 Responder and is seen as a '*co-operating body*'. The CCG is less likely to be involved in the heart of the planning, but will be heavily involved in incidents that affect the local sector through cooperation in response and the sharing of information. Although, as a Category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



- 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	<p>International and national shortages of fuel can adversely impact on the delivery of NHS services.</p> <p>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.</p>
Flooding	<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>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.</p>
Evacuation & Shelter	<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>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</p>

	<p>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>
Pandemic	<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>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.</p> <p>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.</p>
Heatwave	<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> <p>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.</p> <p>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.</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>The CCG will seek assurance that commissioned services</p>

	<p>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>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.</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>The CCG will monitor the generic email box [enter email address tba] and pick up issues on the next working day directly with Providers.</p>

- 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
 - Unplanned Care Board work plan including the work of the Surge and Escalation 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 Corporate Assurance Report.

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-epr@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:

**West wing 2nd Floor
Oak house
Moorhead way
Bramley
Rotherham
S66 1YY**

Telephone: [insert] tba
Safe Haven Fax: [insert] tba
Email: [insert] tba

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	West wing 2 nd floor (unless a control room is located to another premise)
Your responsibility	You are responsible for directing NHS Rotherham 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>CHALET:</p> <p>C asualties - number, type, severity</p> <p>H azards present</p> <p>A ccess routes that are safe to use</p> <p>L ocation</p> <p>E mergency services present and required</p> <p>T ype of incident</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 the CCG response.</p> <ul style="list-style-type: none"> • S urvey • A ssess • D isseminate <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>

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ACTION CARD FOR INCIDENT EMERGENCY PLANNING COORDINATOR

Your role	Incident Emergency Planning Coordinator
Your base	West wing 2 nd floor (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	<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 the CCG response.
Stand down	<p>Following stand-down, prepare a report for the Chief Officer.</p> <p>Arrange a "hot" de-brief for all staff involved immediately after the incident.</p> <p>Arrange a structured de-brief for all staff within a month of the incident.</p>

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ACTION CARD FOR COMMUNICATION LEAD

Your role	Communication Lead
Your base	West wing 2 nd 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.
Stand down	<p>Participate in a “hot” de-brief immediately after the incident and any subsequent structured de-brief.</p> <p>Following stand-down evaluate communications effectiveness and any lessons learned and report these to the Incident Emergency Planning Coordinator for inclusion in the report to the Chief Officer.</p>

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ACTION CARD FOR ADMIN & CLERICAL ASSISTANT

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

Incident Log

[Incident name]

[illegible]

ACTION CARD 2

ACTIVATION / ESCALATION

