

NHS Rotherham Clinical Commissioning Group

Operational Executive – 15 November 2019

AQuA - 7th January 2020

Clinical Commissioning Group Governing Body - 5 February 2020

Emergency Preparedness, Resilience and Response

| | |
|-----------------|--|
| Lead Executive: | Chris Edwards, Chief Officer |
| Lead Officer: | Ruth Nutbrown, Assistant Chief Officer Alison Hague, Corporate Services Manager |
| Lead GP: | Dr Jason Page, GP Lead |

Purpose:

To ask Governing Body to approve the Procedure for Loggists in Emergency Planning situations and approve the revised EPRR Policy which includes the role of the Loggist in emergency planning.

Background:

On the 16th and 17th October 2019, Ruth Nutbrown, Alison Hague and Ian Plummer attended Loggist Training and Loggist Instructor Training. Following the training a review was undertaken on the EPRR Policy and BCM Policy and Plan and a new Procedure developed to assist in the Loggist function.

Analysis of key issues and of risks

- Not having a clear procedure/policy could impact on the quality of decisions/information logged in the organisation.
- Having a Loggist Procedure increases accountability in the organisation and enables the organisation to review the incident process from start to finish.

Patient, Public and Stakeholder Involvement:

NA

Equality Impact:

NA

Financial Implications:

NA

Human Resource Implications:

NA

Procurement Advice:

NA

Data Protection Impact Assessment

NA

Approval history:

NA

Recommendations:

Governing Body is asked to :

- Approve the proposed Loggist Procedure and EPRR Policy.

Paper is for Review



| | |
|---------------------------------|---|
| Title: | Loggist Procedure |
| Reference No: | |
| Owner: | Assistant Chief Officer |
| Author | Corporate Services Manager |
| First Issued On: | November 2019 |
| Latest Issue Date: | NA |
| Operational Date: | November 2019 |
| Review Date: | November 2020 |
| Consultation Process | Operational Executive and AQuA |
| Ratified and approved by: | Operational Executive and AQuA |
| Distribution: | All staff and GP members of the CCG. |
| Compliance: | Mandatory for all permanent and temporary employees of Rotherham CCG. |
| Equality & Diversity Statement: | In applying this policy, the Organisation will have due regard for the need to eliminate unlawful discrimination, promote equality of opportunity, and provide for good relations between people of diverse groups, in particular on the grounds of the following characteristics protected by the Equality Act (2010); age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, and sexual orientation, in addition to offending background, trade union membership, or any other personal characteristic. |



Revision/Amendments since the last Version

| Date of Review | Amendment Details |
|-----------------------|--------------------------|
| | |

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Background Statement

The aim of this procedure is to provide guidance to staff on access to a loggist including circumstances where a loggist is required and also the appropriate procedure to follow for the loggist.

Responsibilities

This procedure applies to all employees of the organisation, lay members and third parties.

Training

Training will be provided to Loggists.

Dissemination

All staff will be able to access copies of this procedure via the Policies section on the NHS Rotherham Clinical Commissioning Groups intranet.

Resource Implications

The correct adherence to the procedure will support the Emergency Planning function.

Consultation

The Operational Executive Committee, AQuA and Governing Body.

THIS POLICY SHOULD BE READ IN CONJUNCTION WITH THE EPRR POLICY AND BCM POLICY AND PLAN.

PROCEDURE FOR NHS ROTHERHAM CCG LOGGIST

1. Civil Contingencies Act 2004 – Legal Requirements

1.1 Section 9 in the Civil Contingencies Act 2004 is the legal foundation to decision logging. The government can demand a record of why a decision maker took an action or show not to take an action.

2. When would a Loggist be used

2.1 The definition of an emergency:-

An “emergency” is defined in the CCA as

- An event or situation which threatens serious damage to human welfare in the UK.
- An event or situation which threatens serious damage to the environment in the UK; or
- War, or terrorism, which threatens serious damage to the security of the UK.

2.2 NHS Incidents are classed as follows.

Business Continuity Incident:

A business continuity incident is an event or occurrence that disrupts, or might disrupt, an organisations normal service delivery, below acceptable predefined levels, where special arrangements are required to be implemented until services can return to an acceptable level. (This could be a surge in demand requiring resources to be temporarily redeployed).

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 measures and support from other agencies, to restore normal operating functions.

Not all critical incidents are major incidents, but major incidents are likely to have critical incident implications.

3. The Role of the Loggist

- 3.1 The role of the Loggist (as outlined in the Civil Contingencies Act 2004) is to keep an accurate record of decisions made. The Incident Log can be used at a later date in the case of public enquiry and relied upon in court. **The Loggist is not the minute taker at a meeting** they are only to record the assigned officers decisions. Every decision maker should have their own loggist.
- 3.2 The Loggist should ideally only be logging for 1 hour and then they should have a break for 15 minutes, this is best practice.
- 3.3 The Loggist is only needed in an implementation situation (if the major incident plan/EPRR Policy has been activated).

4. Incident Log Book Rules

- 4.1 Evidential notes and incident log book rules (best practice) are designed to ensure that reports and incident logs will withstand close scrutiny and defend against allegations of improper alteration, deletion or addition.
- 4.2 Incident log book rules are designed to ensure that they will withstand close scrutiny. The rules can be summarised by the mnemonic 'No ELBOWS'.

NO - Erasures

NO - Leaves torn out

NO - Blank spaces

NO - Over writing

NO - Writing between lines

Statements in direct speech.

Wherever possible avoid using jargon or acronyms. Include a glossary of terms in your incident log (Glossary in Loggist Pack). Clarify any jargon or acronyms you don't understand before you write it in the incident log.

Reflective summary can be done after the meeting or during a lull in activity. Reviewing the incident log and making sure the decision maker is happy with what has been recorded is essential.

5. Incident Log Procedure

- 5.1 Begin the incident log at the start of the incident, ensure your name (in full) is put at the beginning of the incident log together with the date and time (using 24 hour clock). (Example in the Loggist Pack).
- 5.2 Ensure all pages within the incident log book are numbered.
- 5.3 Date and time every entry in the incident log (using 24 hour clock).
- 5.4 Do not use shorthand/abbreviations unless universally recognised eg. NHS.
- 5.5 Do not make rough notes to “tidy up” later – notes should be contemporaneous.
- 5.6 Record all factual information received and decisions made (ask for clarification of decisions made if unsure).
- 5.7 Remember to record all people/members of staff who enter and leave the room with times they entered and left.
- 5.8 Complete all records legibly and accurately in black ink.
- 5.9 If there are any gaps in the incident log, cross through the space and initial it. Writing on all pages should start at the top and end at the bottom (to prevent entries being added/amended). If you make a mistake, cross through the error with a single line and carry on to the end of the line/page. No gaps should be left in the Incident Log. Remember to Z off any additional space and initial it.
- 5.10 Receive and record faxes, email or other information which can be referred to and mark as exhibits to the incident log before storing securely. Ensure audit trail is available for evidence (eg. fax received, actioned by, responded to).
- 5.11 If passing the Incident Log to another person, rule 2 lines in black and put in the entry who you are handing over to with the date, time and your signature and ensure that the new loggist enters his/her details accordingly which must include the date and time and signature as it was passed over.
- 5.12 Make sure the entry numbers follow on.

6. Loggist Pack

- 6.1 The Loggist Pack is located in the Incident Control room 2:02, 2nd Floor Oak House.



Rotherham
Clinical Commissioning Group

Category 1 Responders

- NHS England
- Police
- Fire and Rescue
- Maritime and Coastguard Agency
- Environment Agency
- Local Authorities (Directors of Public Health)
- Acute Trusts
- Ambulance Trusts
- NHS Funded Health Care Providers
- Public Health England

Category 2 Responders

- Utilities companies
- Telecommunications providers
- Transport providers
- Health and Safety Executive
- Highways England
- **Clinical Commissioning Groups**

ACTION CARD FOR LOGGIST

| | |
|----------------------------|---|
| Your role | Loggist |
| Your base | 2 nd Floor, Oak House, Moorhead Way, Rotherham, S66 1YY (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 | <ol style="list-style-type: none"> 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. |
| 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 gofer
- 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 becomes legal documentation and could be used at a later date in a public enquiry or other legal proceedings.

GLOSSARY

Role of Loggist

The role of the Loggist (as outlined in the Civil Contingencies Act 2004) is to keep an accurate record of decisions made. The Incident Log can be used at a later date in the case of public enquiry and relied upon in court. **The Loggist is not the minute taker at a meeting** they are only to record the assigned officers decisions. Every decision maker should have their own loggist.

Incident Log

The incident log book is a definitive record for all staff involved in emergency duties. It allows a legal record to be created for future reference. This enables an organisation to fulfil its obligation to have a record of information received and actions carried out for the duration of an emergency incident.

Loggist Pack

The loggist pack includes the Incident Log, Action Cards, Guidance documents, Pens, ruler and is located in the Incident Control Room (2:02) Oak House for use when an incident co-ordination group is established.

Contemporaneous Notes

Contemporaneous notes are notes made at the time or shortly after an event occurs. They represent the best recollection of what was said.

NHS Rotherham CCG Loggist are:

| Name | Job Title | Telephone | Email |
|---------------|--------------------------------|------------------|--|
| Ruth Nutbrown | Assistant Chief Officer | 01709302107 | ruth.nutbrown@nhs.net |
| Alison Hague | Corporate Services Manager | 01709 302188 | alisonhague@nhs.net |
| Jane Robinson | PA to Chief Officer & Chairman | 01709 302702 | Jane.robinson45@nhs.net |
| Wendy Commons | PA to Chief Officer, ICS | 01709 302009 | wcommons@nhs.net |
| Sue Howard | Admin Officer | 10709 302149 | Sue.howard1@nhs.net |

| | |
|---------------------------------|---|
| Title: | Emergency Preparedness, Resilience and Response Policy |
| Reference No: | 009 Corporate |
| Owner: | Chief Officer- |
| Author | Assistant Chief Officer |
| First Issued On: | December 2013 |
| Latest Issue Date: | October 2018 |
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| Review Date: | October 2020 |
| Consultation Process | |
| Ratified and approved by: | RCCG Governing Body: 4 th December 2013 7 th June 2017 |
| Distribution: | All staff and GP members of the CCG. |
| Compliance: | Mandatory for all permanent and temporary employees of Rotherham CCG. |
| Equality & Diversity Statement: | In applying this policy, the Organisation will have due regard for the need to eliminate unlawful discrimination, promote equality of opportunity, and provide for good relations between people of diverse groups, in particular on the grounds of the following characteristics protected by the Equality Act (2010); age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, and sexual orientation, in addition to offending background, trade union membership, or any other personal characteristic. |

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 Rotherham CCG governance process. |
| October 2019 | P18. 4.10 added Logging and recording incidents. P 26. Updated Loggist Action Card. P28. Updated Incident Secretary/Admin Support Action Card. P30. Updated Incident Decision Log Template. |

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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 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 requirements for Emergency Preparedness as set out in the NHS England planning framework.
- The requirements for Emergency Preparedness, Resilience & 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

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 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. The Deputy Chief Officer has responsibility for ensuring emergency preparedness, resilience and response requirements are embedded within provider contracts.

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 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 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 NHS Rotherham 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 Rotherham 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 Rotherham CCG within the local area

- 2.1. NHS Rotherham CCG is a Category 2 Responder and is seen as a 'co-operating body'. NHS Rotherham 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 Rotherham CCG has a lesser set of duties, it is vital that NHS Rotherham 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 Rotherham CCG to work normally. When events like these happen, NHS Rotherham 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 Rotherham 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 Rotherham 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 Rotherham 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 Rotherham 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 Rotherham 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.

| | |
|---------------------------------|--|
| <p>Fuel shortage</p> | <p>International and national shortages of fuel can adversely impact on the delivery of NHS services.</p> <p>NHS Rotherham 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> |
| <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 Rotherham 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 Rotherham 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> |

| | |
|----------|---|
| 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>NHS Rotherham 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 Rotherham CCG will work with and through the A&E Delivery 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>NHS Rotherham 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 Rotherham CCG will work with and through the A&E Delivery Board to manage unplanned care as a result of heatwave and will manage normal local surge and escalation.</p> |

| | |
|------------------------------|---|
| <p>Severe Winter Weather</p> | <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 Rotherham 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 Rotherham CCG will work with and through the A&E Delivery Board to manage unplanned care as a result of severe winter weather and will manage normal local surge and escalation.</p> |
| <p>Diverts</p> | <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 Rotherham CCG will monitor the generic email box roccg.epr@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
- A&E Delivery Board
- Winter Plan
- Business Continuity Plan
- Specific multi-agency plans to which NHS Rotherham CCG is party such as Heatwave and Pandemic Flu.

3.7. Assurance in respect of CCG emergency planning will be provided to NHS Rotherham 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, NHS Rotherham 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 Rotherham 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 Rotherham 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 A&E Delivery Board workplans 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 Rotherham 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 Rotherham 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 Rotherham 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. The Incident Control Centre is in daily use as a working office and can be vacated immediately due to need. Out of hours the ICC will be set up by the senior on call executive at a suitable location.

NHS Rotherham CCG Incident Control Centre is located in:

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

Telephone: 01709 302009
Email: Roccg.epr@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. (Action Card 3)

4.8 **Situation reporting:** Reports on the local situation will be made, as required, to NHS England. If an incident is prolonged, NHS Rotherham 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 Rotherham 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 Rotherham 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 Rotherham CCG emergency resilience plans will be reviewed annually by the Accountable Emergency Officer.
- 7.2 As part of NHS Rotherham 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 | 2 nd Floor, Oak House, Moorhead Way, Rotherham, S66 1YY (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 | <p>1. Obtain as much information as practicable and assess the situation before implementing the required actions: is this an emergency?</p> <p>METHANE: M – Major incident declared/standby E – Exact Location T – Type of Incident H - Hazards A - Access N - Number of Casualties E – Emergency services Activated and responding</p> <p>2. If the incident is assessed as an emergency, activate the plan. SEE ACTIVATION / ESCALATION ACTION CARD.</p> <p>3. Assign ACTION CARDS in accordance with the key functions to support you.</p> <p>4. Proceed to the Incident Control Room.</p> |
| Ongoing management | <p>Systematically review the situation and maintain overall control of NHS Rotherham 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 EMERGENCY PLANNING COORDINATOR

| | |
|-------------------------------|--|
| Your role | Incident Emergency Planning Coordinator |
| Your base | 2 nd Floor, Oak House, Moorhead Way, Rotherham, S66 1YY (unless a control room is located to another premise) |
| Your responsibility | You are responsible for coordinating NHS Rotherham 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 Rotherham 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 | 2 nd Floor, Oak House, Moorhead Way, Rotherham, S66 1YY (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 LOGGIST

| | |
|-----------------------------------|--|
| <u>Your role</u> | <u>Loggist</u> |
| <u>Your base</u> | <u>2nd Floor, Oak House, Moorhead Way, Rotherham, S66 1YY (unless a control room is located to another premise)</u> |
| <u>Your responsibility</u> | <u>Responsible for recording and documenting all issues/actions/decisions made by the decision maker.</u> |
| <u>Actions</u> | <ol style="list-style-type: none"> <u>1. The Loggist must use the Log Book provided.</u> <u>2. The log must be clearly written, dates and initialled by the Loggist at the start of the shift and include location.</u> <u>3. The log must be a complete and continuous record of all issues/decisions/actions as directed by the decision maker.</u> <u>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.</u> <u>5. If notes or maps are utilised this must be noted within the log.</u> <u>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.</u> <u>7. All documentation to be kept safe and retained for evidence for any future proceedings.</u> <u>8. Where something is written in error changes must be made by a single line scored through the word and the amendment made.</u> <u>9. Participate in CCG and multi-agency debriefs.</u> |
| <u>On-going management</u> | <u>The loggist ideally should only be logging for 1 hour and then they should have a break of 15 minutes (best practice)</u> |
| <u>Stand down</u> | <u>Participate in CCG and multi-agency debriefs</u> |

The Loggist is NOT:

- A gopher
- 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 becomes 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 ADMIN & CLERICAL ASSISTANT/INCIDENT SECRETARY/ADMIN SUPPORT

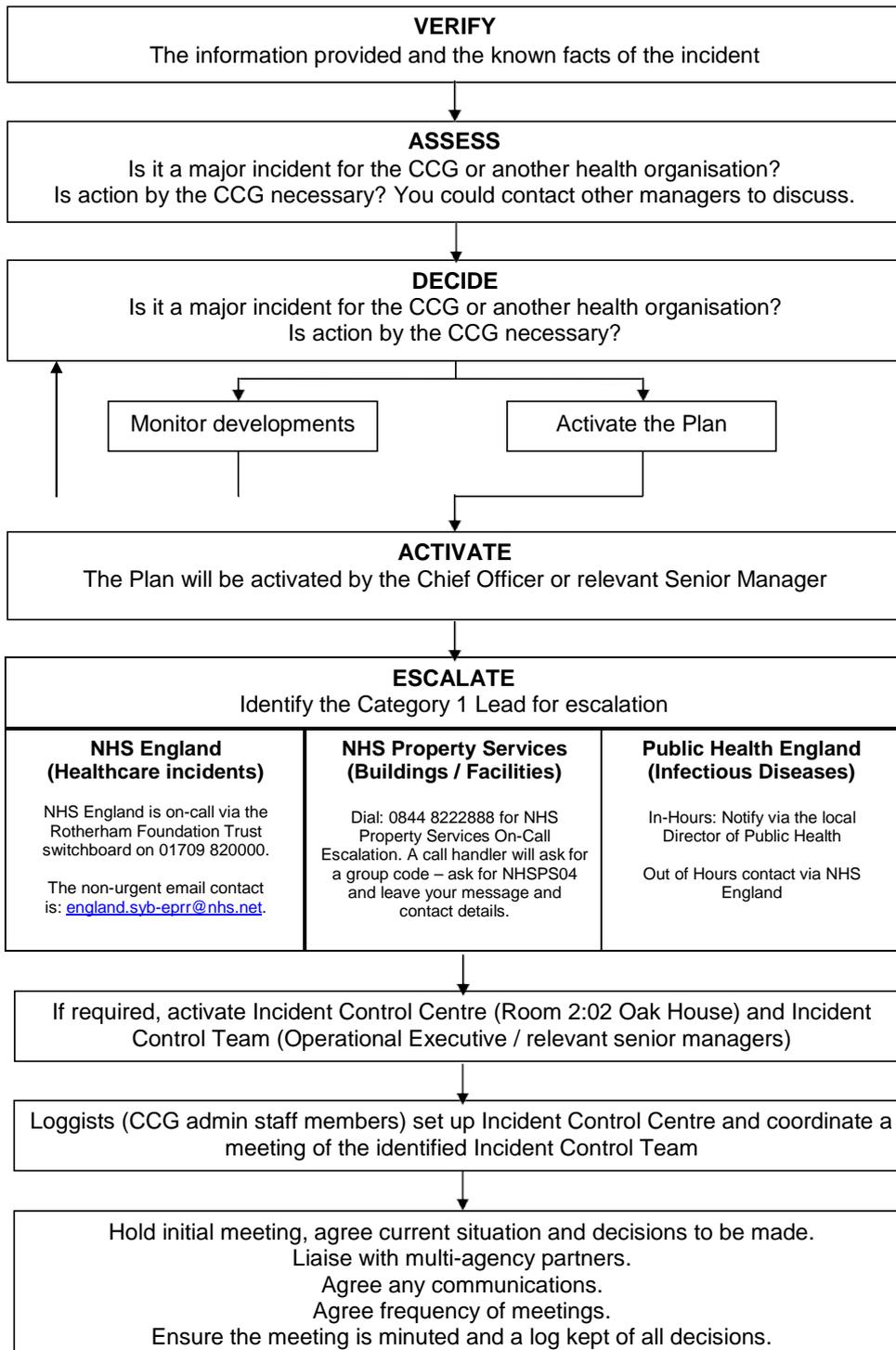
| | |
|-------------------------------|---|
| Your role | <u>Admin & Clerical Assistant/ Incident Secretary/Admin Support (often referred to as a "Loggist")</u> |
| Your base | 2 nd floor (unless a control room is located to another premise) |
| Your responsibility | <u>Provide general administrative support to the decision maker. 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.</u> |
| Your immediate actions | <ol style="list-style-type: none"> <u>1. Minute taking.</u> <u>2. Taking telephone messages.</u> <u>3. Providing other general administrative support of the decision maker.</u> <ol style="list-style-type: none"> <u>1. Proceed to the Incident Control Room as directed.</u> <u>2. Report to the Incident Emergency Planning Coordinator for briefing.</u> <u>3. Assist in setting up the Incident Control Room with telephones, computers etc.</u> <u>4. Arrange for all internal rooms to be made available as needed.</u> <u>5. Maintain a log of decisions taken, communications, and actions taken by the incident control team.</u> <p><u>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.</u></p> |
| Ongoing management | <p>Provide support services as directed.</p> <p><u>All documentation is to be kept safe and retained for evidence for any future proceedings.</u></p> |

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| | |
|-------------------|--|
| 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. |
|-------------------|--|

ACTION CARD 2

ACTIVATION / ESCALATION





Action Card 3

Mutual Aid Agreement

Introduction

This mutual aid agreement (MAA) sets out the arrangement which may be implemented by any of the organisations listed below, and dovetails into the organisations' business continuity plan.

Definition

Mutual aid is defined as "An agreement between responders, within the same sector or across sectors and boundaries to provide assistance with additional resources during an emergency which may go beyond the resources of an individual respondent" (DH 2005, NHS Emergency Planning Guidance).

Context

Responding to a major or catastrophic incident can quickly overwhelm the initial responding NHS organisation and even a small incident confined to one geographical area may require a multi-agency response. In the majority of cases mutual aid may be required between a local group of NHS organisations. This may be between CCG's only, CCG's and providers of commissioning support functions, or CCG's, providers of commissioning support functions and other NHS organisations e.g. NHS Property Services, NHS England etc.

Organisations

The organisations signed up to this mutual aid agreement are:

- NHS Rotherham CCG
- NHS Barnsley CCG
- NHS Doncaster CCG
- NHS Bassetlaw CCG
- NHS Sheffield CCG

The organisations aware of this mutual aid agreement who will respond to a request for mutual aid under contract are:

- EmBed
- Local shared service providers
- NHS Property Services
- Rotherham, Doncaster and South Humber NHS Trust

Aim

The aim of this mutual aid agreement is to establish an agreed framework for:

- The request of mutual aid by any NHS organisation signed up to this agreement.
- Arrangements to supply assets/resources to a requesting NHS organisation.
- Arrangements for the receipt of assets/resources within an NHS organisation that has been supplied by another organisation.

Criteria for implementation

- The requesting organisation has declared an incident for their organisation which may be related to a business continuity issue or Major incident.
- The requesting organisation can no longer manage the incident due to the lack/full deployment of their resources/assets and prioritisation of their own services.

- When a NHS organisation is potentially or actually unable to maintain a safe level of critical services either through lack of physical or human resources.

Types of mutual aid

Resources – Equipment including IT equipment, transport, consumables, supply chain

Staff – Clinical staff, admin staff, management, specialist advice.

Premises – buildings, locations

Mutual aid is not limited to physical resources such as buildings and equipment, and may include access to staff resources, directly or indirectly, for example through remote access to specialist advice.

Requesting and Providing Mutual Aid – strategic process description.

Requests for mutual aid will be made at senior management level only; any verbal requests will be reinforced as soon as possible with a written request.

Any organisation receiving a request for mutual aid may decide to meet the request entirely, in part or refuse the request.

The response should be fed back and the details of response/deployment should be agreed. The responsibility for deploying the Mutual Aid resources rests with the receiving NHS organisation. The receiving organisation is also responsible for the command and control of all assets supplied by other services under the mutual aid arrangements.

Mutual incidents e.g. pandemic flu, affecting more than one organisation should not be considered a reason to deny the request, in these types of incidents available resources should be shared where possible.

Any requests for mutual aid that falls outside the scope of the types of mutual aid identified above should not be refused, just because it isn't 'in scope'.

The receiving NHS organisation should notify supporting organisations as soon as the need for support can be reduced or ends.

Any organisation providing mutual aid which becomes unable to continue, entirely or at a reduced capacity must inform the receiving organisation as soon as this is recognised.

It is recognised that the level of resources, NHS organisations are able to provide will have limits and this is acknowledged and will be identified at the time of response where practical.

Requesting and Providing Mutual Aid – operational process description.

Following the agreement of deployment an NHS lead officer from all involved organisations will be appointed. The NHS lead officer(s) will be responsible for liaising with each other to manage the production and deployment of resource.

The requesting organisation lead officer will be responsible for:

- Acting as the single point of contact for the requesting organisations operational response
- Assuming initial command of the incoming resources
- Managing deployment of the resource
- Ensuring that members of staff are appropriately briefed prior to being deployed
- Ensure rotation of staff throughout the incident response
- Providing an update to the senior management team of the requesting organisation.
- Maintaining an operational overview of the incident
- Initiating confirmation of reduction in need or stand down of response.

- Arranging 'hot debriefs' for staff if rotated back to their own organisation or at the incident stand down.

The responding organisation(s) lead officer(s) will be responsible for:

- Acting as the single point of contact for the responding organisation
- Managing provision of the resource.
- Liaising re rotation of staff throughout the provision of response
- Providing an update to the senior management team of the responding organisation
- Maintaining an operational overview of the response provision.
- Reintegrating staff back into the organisation on close down.
- Provide any external support to staff as required.

Charging arrangements for mutual aid

This agreement is based on the principle of 'shared risk', recognising the fact that the risk presented by emergency response to incidents, is equal amongst all NHS organisations.

Any mutual aid provided by NHS organisations will be on the basis of 'shared risk' and costs lie where they fall. Consequently, there will be no cross charging for mutual aid between NHS organisations. These costs need collating for audit purposes.

This mutual aid agreement does not supersede any contractual mutual aid agreements that may be in place.

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? | Yes | |

Equality Impact Assessment

| | | |
|--|--|--|
| Title of policy or service: | Emergency Planning, Preparedness and Response Policy | |
| Name and role of officer/s completing the assessment: | Alison Hague | |
| Date of assessment: | 31 st October 2018 | |
| Type of EIA completed: | Initial EIA 'Screening' <input checked="" type="checkbox"/> or 'Full' EIA process <input type="checkbox"/> | <i>(select one option - see page 4 for guidance)</i> |

| 1. Outline | |
|---|--|
| Give a brief summary of your policy or service <ul style="list-style-type: none"> Aims Objectives Links to other policies, including partners, national or regional | <p>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.</p> |

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 either 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 and 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"/> | This policy does not appear to have any adverse effects on people who share Protected Characteristics and no further actions are recommended at this stage | Generic Policy with no impact |
| Age | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | This policy does not appear to have any adverse effects on people who share Protected Characteristics and no further actions are recommended at this stage | Generic Policy with no impact |
| Carers | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | This policy does not appear to have any adverse effects on people who share Protected Characteristics and no further actions are recommended at this stage | Generic Policy with no impact |
| Disability | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | This policy does not appear to have any adverse effects on people who share Protected Characteristics and no further actions are recommended at this stage | Generic Policy with no impact |
| Sex | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | This policy does not appear to have any adverse effects on people who share Protected Characteristics and no further actions are recommended at this stage | Generic Policy with no impact |
| Race | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | This policy does not appear to have any adverse effects on people who | Generic Policy with no impact |

| | | | | | |
|--|--------------------------|-------------------------------------|--------------------------|--|-------------------------------|
| | | | | share Protected Characteristics and no further actions are recommended at this stage | |
| Religion or belief | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | This policy does not appear to have any adverse effects on people who share Protected Characteristics and no further actions are recommended at this stage | Generic Policy with no impact |
| Sexual orientation | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | This policy does not appear to have any adverse effects on people who share Protected Characteristics and no further actions are recommended at this stage | Generic Policy with no impact |
| Gender reassignment | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | This policy does not appear to have any adverse effects on people who share Protected Characteristics and no further actions are recommended at this stage | Generic Policy with no impact |
| Pregnancy and maternity | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | This policy does not appear to have any adverse effects on people who share Protected Characteristics and no further actions are recommended at this stage | Generic Policy with no impact |
| Marriage and civil partnership (only eliminating discrimination) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | This policy does not appear to have any adverse effects on people who share Protected Characteristics and no further actions are recommended at this stage | Generic Policy with no impact |
| Other relevant groups | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | This policy does not appear to have any adverse effects on people who share Protected Characteristics and no further actions are recommended at this stage | Generic Policy with no impact |
| HR Policies only: Part or Fixed term staff | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | This policy does not appear to have any adverse effects on people who share Protected Characteristics and no further actions are recommended at this stage | Generic Policy with no impact |

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 |
| Generic Policy with no impact | | | | |
| | | | | |
| | | | | |

| 4. Monitoring, Review and Publication | | | | |
|---|---------------------------|--------------|----------------------|--------------|
| When will the proposal be reviewed and by whom? | Lead / Reviewing Officer: | Alison Hague | Date of next Review: | October 2019 |

| | |
|------------|---------|
| Signature: | A Hague |
|------------|---------|