

SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST

EXECUTIVE SUMMARY
REPORT TO THE BOARD OF DIRECTORS
HELD ON WEDNESDAY 20TH JUNE 2012

Subject	Emergency Preparedness, Resilience and Response. NHS South Yorkshire and Bassetlaw
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Status¹	Note

PURPOSE OF THE REPORT

To inform the Trust Executive Group of the NHS South Yorkshire and Bassetlaw emergency preparedness, resilience and response strategic framework

KEY POINTS

This document provides the Trust Executive Group with information relating to:

- Emergency Preparedness in South Yorkshire and Bassetlaw
- Command and Control
- Activation of South Yorkshire Strategic Co-ordinating Group
- Health Strategic Support Cell Operating Procedures
- Communications
- Mutual aid
- Scientific & Technical Advice Cell
- Recovery

The level of involvement for Sheffield Teaching Hospitals will depend on the severity of the incident. However this strategic framework complements the Trust's internal arrangements. This document (Version 1.4 – December 2011) has been updated to reflect the current clustering arrangements for Primary Care Trusts.

IMPLICATIONS²

AIM OF THE STHT CORPORATE STRATEGY 2012-2017		TICK AS APPROPRIATE
1	Deliver the Best Clinical Outcomes	
2	Provide Patient Centred Services	√
3	Employ Caring and Cared for Staff	
4	Spend Public Money Wisely	
5	Deliver Excellent Research, Education & Innovation	

RECOMMENDATIONS

The Board of Directors is asked to note the content of this Report

APPROVAL PROCESS

Meeting	Date	Approved Y/N
Trust Executive Group	13 June	
Board of Directors	20 June	

NHS South Yorkshire & Bassetlaw

Strategic Framework

Emergency Preparedness, Resilience & Response

December 2011



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1 INTRODUCTION

The purpose of this document is to describe the NHS Emergency Preparedness, Resilience and Response arrangements in South Yorkshire and Bassetlaw. In the event of a Major Incident these arrangements are designed to provide a framework for the emergency co-ordination of all NHS organisations and, where appropriate, multi-agency partners, to ensure a collective, whole systems response to an incident and thereby minimise the impact on the health and well being of the communities of South Yorkshire and Bassetlaw.

NHS South Yorkshire and Bassetlaw has a duty to protect and promote the health of the community, including in times of emergency. We are committed to complying with legislation and guidance in relation to emergency preparedness and business continuity management.

The Civil Contingencies Act 2004 places a statutory duty on NHS organisations to prepare for emergencies. The NHS Emergency Planning Guidance 2005 requires a trained and tested Major Incident Plan be in place. The Operating Framework for the NHS in England 2012/13 states that Emergency Preparedness, Resilience and Response continues to be a core function of the NHS. All NHS organisations are required to maintain a good standard of preparedness to respond safely and effectively to a full spectrum of threats, hazards and disruptive events.

The formation of PCT Clusters is necessary as part of the ongoing NHS Reforms to secure the capacity and flexibility needed for the transition period. In particular the Shared Operating Model for PCT Clusters (28th July 2011) outlines the expectation that PCT Clusters will maintain the capacity of NHS Commissioners to carry out Emergency Preparedness, Resilience and Response (EPRR) functions during the transition period. They are also expected to support the development of the new EPRR function within the NHS.

NHS South Yorkshire and Bassetlaw is the Barnsley, Bassetlaw, Doncaster, Rotherham and Sheffield Cluster of PCTs. This document reflects these transitional arrangements and supersedes the previous Lead PCT Concept of Operations.

However, it does not detract from the need for each NHS organisation to have its own robust Major Incident plans and does not affect routine operating procedures, rather it complements them and provides additional measures and command and control options for incidents that would stretch resources and be beyond internal capabilities or routine escalation procedures of individual organisations and requires a wider co-ordination of NHS resources.

This document is compliant with the:

- South Yorkshire Local Resilience Forum Strategic Leaders Guide
- South Yorkshire Scientific and Technical Advice Cell Concept of Operations

2 EMERGENCY PREPAREDNESS

The Chief Executive of NHS South Yorkshire and Bassetlaw has overall accountability for ensuring that PCT Clusters maintain the capacity of NHS Commissioners to carry out Emergency Preparedness, Resilience and Response functions during the transition period.

The Director of Performance and Accountability of NHS South Yorkshire and Bassetlaw, is the nominated Lead Director for Emergency Preparedness, Resilience and Response (EPRR) and is responsible for the management of this function.

The nominated Lead Director will represent the local health economy at the South Yorkshire Local Resilience Forum (LRF) and will be supported in this role by a South Yorkshire Health Protection Unit representative and a Yorkshire Ambulance Service Director.

NHS Bassetlaw will continue to contribute to the functions of the Nottingham and Nottinghamshire LRF. The Nottingham and Nottinghamshire LRF will be serviced by NHS Nottinghamshire County.

In the event of a multi-agency Major Incident occurring that requires a Strategic Co-ordinating Group (SCG) to be formed in South Yorkshire, the role of NHS Gold commander will normally be performed by the nominated Lead Director where possible, to ensure an efficient transition from emergency preparedness to emergency response. See also 3.8 below.

In the absence of the nominated Lead Director, the role of NHS Gold commander will be assumed by the individual On-Call from the South Yorkshire NHS Gold Commander rota. There is also a NHS South Yorkshire and Bassetlaw Silver On-Call rota to provide support if required.

All emergency contact details are contained in the Cluster On-Call information pack.

In the event that NHS Bassetlaw are requested to provide support to a Major Incident being managed by the Nottingham and Nottinghamshire LRF then the South Yorkshire NHS Gold Commander On-Call should be informed.

The NHS South Yorkshire and Bassetlaw nominated Lead Director for EPRR is supported in this function by an Emergency Resilience Unit. The Unit will manage a Work Programme to maintain and develop Emergency Resilience plans, based on the principles of Risk Assessment. This will include an ongoing training and exercise programme to ensure plans are fit for purpose and key individuals understand their roles within them.

The Emergency Resilience Unit will maintain a health emergency planning network to ensure all NHS organisations in the Cluster area meet regularly to agree health resilience issues. The Unit will also provide representation at the various LRF sub groups to ensure co-ordination and information sharing with multi-agency partners.

Additionally the Emergency Resilience Unit will provide ongoing support to the Chief Operating Officers and the Directors of Public Health at each of the 5 Districts to ensure a co-ordinated health care response to emergencies during the transition period and to support the development of the new EPRR function within the NHS.

The effectiveness of these arrangements will be monitored and reviewed and the NHS South Yorkshire and Bassetlaw Board will require regular reports, at least annually regarding Emergency Preparedness, Resilience and Response activities, including details of training and exercising undertaken.

3 COMMAND AND CONTROL

Most incidents are geographically local and limited in time and impact and are dealt with in an effective and efficient way at the operational level by the Ambulance service and Acute Trusts. However some events require a broader level of co-ordination, whether the response only involves the NHS or requires a co-ordinated multi-agency response there may be a need to build appropriate command and control structures.

Command, Control and Co-ordination are important concepts in the multi-agency response to emergencies. A nationally recognised three tiered command and control structure known as Strategic (Gold), Tactical (Silver) and Operational (Bronze) has been adopted by the emergency services and most responding agencies and private organisations, as outlined in Fig.1.

Fig.1: Command and Control structure



The NHS South Yorkshire and Bassetlaw command and control arrangements are based upon this system. These arrangements help to ensure interoperability between responders. The level of command required will be determined by the nature and seriousness of the incident.

Invariably with spontaneous incidents, the command structure builds from the bottom up with the 'Operational' level being activated first and the other levels forming as the situation escalates beyond the control of normal operations. It is possible with some incidents, that the activation of the three levels will be concurrent.

3.1 BRONZE Role – Operational

This level is usually the first to be activated as they respond to events at the operational level as they unfold. As an incident escalates beyond this level of control, the command structure starts to build to provide the level of co-ordination required to effectively resolve the incident. The term Bronze refers to Operational team leaders who will manage the physical response to achieve the tactical plan defined by Silver.

Controlling the management of resources within their given area of responsibility. There may be several Bronze commanders based on either a functional or geographic area of responsibility.

3.2 SILVER Role -Tactical

Responsible for developing and implementing a Tactical plan to achieve the Strategic direction set by GOLD and will be required to work within the framework of policy outlined at the Strategic level irrespective of whether GOLD Command is set at the South Yorkshire, Regional, or National level. This is essential to ensure a consistent and co-ordinated response within an ethical framework across the entire area affected.

They provide the pivotal link between Gold and Bronze levels. Tactical command should oversee, but not be directly involved in, providing any operational response at the Bronze level.

3.3 GOLD Role – Strategic

The purpose of the Strategic command level is to take overall responsibility for managing and resolving an event or situation. Establishing a framework of policy within which tactical managers will work by determining and reviewing a clear strategic aim and objectives.

The strategic commander has overall control of the resources of their own organisation and should ensure sufficient resources are made available to achieve the strategic objectives set. Also considering the longer term resourcing implications and any specialist skills that may be required.

This level of management also formulates media handling and public communications strategies, in consultation with any partner organisations involved.

The Strategic Lead of each organisation will then delegate actions to the respective Tactical (Silver) command level for them to implement a Tactical Plan to achieve the Strategic aims. All Strategic actions should be documented to provide a clear audit trail using the appropriate Emergency Log books.

There can only be one Strategic level decision making body to ensure a co-ordinated response, particularly where more than one organisation is involved, otherwise there is potential for a disjointed approach without a common policy agreed by all those involved. The Strategic command will therefore be set at the level appropriate to the scope of the incident and escalate up the scale where necessary as outlined below.

3.4 Major Incident Control Centre (MICC)

In order for an NHS Commander at either Gold or Silver level to make informed decisions, sufficient support will be required to ensure an effective two way flow of information, to be able

to receive and report on the current health overview and to be able to disseminate information and implement necessary actions.

The function of a MICC is to provide a central communication facility to collect, collate and disseminate information on activity and pressures across any Health and Social Care organisations involved and to provide the necessary oversight for the Gold or Silver commander to make informed decisions, in order to create sufficient resources to effectively respond to the incident, whilst trying to maintain other priority functions. The MICC will need an adequately resourced support team to effectively manage an incident and provide the appropriate support to the commander.

Each district PCT within the Cluster maintains their own MICC facility for this purpose and one or all of these may need to be activated in the event of a widespread health emergency.

In these circumstances it is likely that NHS South Yorkshire and Bassetlaw would provide an overall Strategic (Gold) level co-ordinating role and each district MICC involved would provide a local Health Silver level team responsible for developing and implementing a Tactical plan to achieve the Strategic direction set by Gold and will be required to work within the framework of policy outlined at the Strategic level. This is essential to ensure a consistent and co-ordinated response within an ethical framework across the entire area affected.

See also Section 5 Health Strategic Support Cell

3.5 NHS Single Organisation Gold

Where an incident is contained within a single district and a single NHS organisation (e.g. Acute Trust) and is manageable within their resources, it will implement its own Major Incident procedures and command structure to manage the incident internally, keeping partner organisations informed of the situation.

3.6 NHS District area Gold

Where an incident extends beyond a single NHS organisation, but is contained within the health sector of a single district (i.e. Barnsley, Bassetlaw, Doncaster, Rotherham or Sheffield) the Strategic level of command and control will be assumed by the Chief Operating Officer or nominated deputy of the PCT covering that district. The purpose will be to co-ordinate the overall Health response involving all commissioned provider services locally to minimise the impact on health to the local community. Commissioned provider services will be expected to co-operate and work flexibly to support the overall Health response.

If required the PCT will also provide NHS representation to any multi-agency tactical group that may be set up for that district. The PCT will keep NHS South Yorkshire and Bassetlaw informed of the situation.

3.7 NHS South Yorkshire and Bassetlaw area Gold

Where an incident involves a South Yorkshire and Bassetlaw wide health response, but does not impact on multi-agency partners, the Strategic level of command will be assumed by the PCT Cluster to co-ordinate the Strategic level health response across the sub region. NHS South Yorkshire and Bassetlaw will then provide and cascade strategic direction to any of the sub regional PCTs involved (see Fig. 2)

The nature or scale of an incident will determine the requirement to establish this level of Strategic co-ordination of the NHS across the South Yorkshire and Bassetlaw area.

Such NHS co-ordination may be required if, a PCT is asking for support, an incident involves more than one PCT or at the request of NHS North of England. Any such request should come from a Director at any constituent PCT and be made to the Cluster Gold On-Call officer.

This role will normally be performed by the Director of Performance & Accountability of NHS South Yorkshire and Bassetlaw, who is the Emergency Preparedness Lead for the PCT Cluster. In the absence of this individual, this role will be performed by the Director on the NHS Gold Commander On-Call rota.

All emergency contact details are contained in the Cluster On-Call information pack.

The NHS Gold commander will need to establish sufficient Tactical level groups (Silver Commands) to implement the actions set at the Strategic level. There is a potential for there to be up to Five Silver level commands, corresponding to the 5 PCTs in the South Yorkshire and Bassetlaw cluster. The role of each Silver level group will be to co-ordinate the overall health response for their respective district and provide the link to their local service providers.

Out of hours, the Silver role may need to be performed in the initial stages by the NHS South Yorkshire and Bassetlaw Silver On-Call officer until such time as district silvers can be established.

In order for the NHS Gold Commander to make informed decisions, sufficient support will be required to develop and maintain clear lines of communication with respective Silvers to collect, collate and disseminate information on activity and pressures across all Health and Social Care organisations involved.

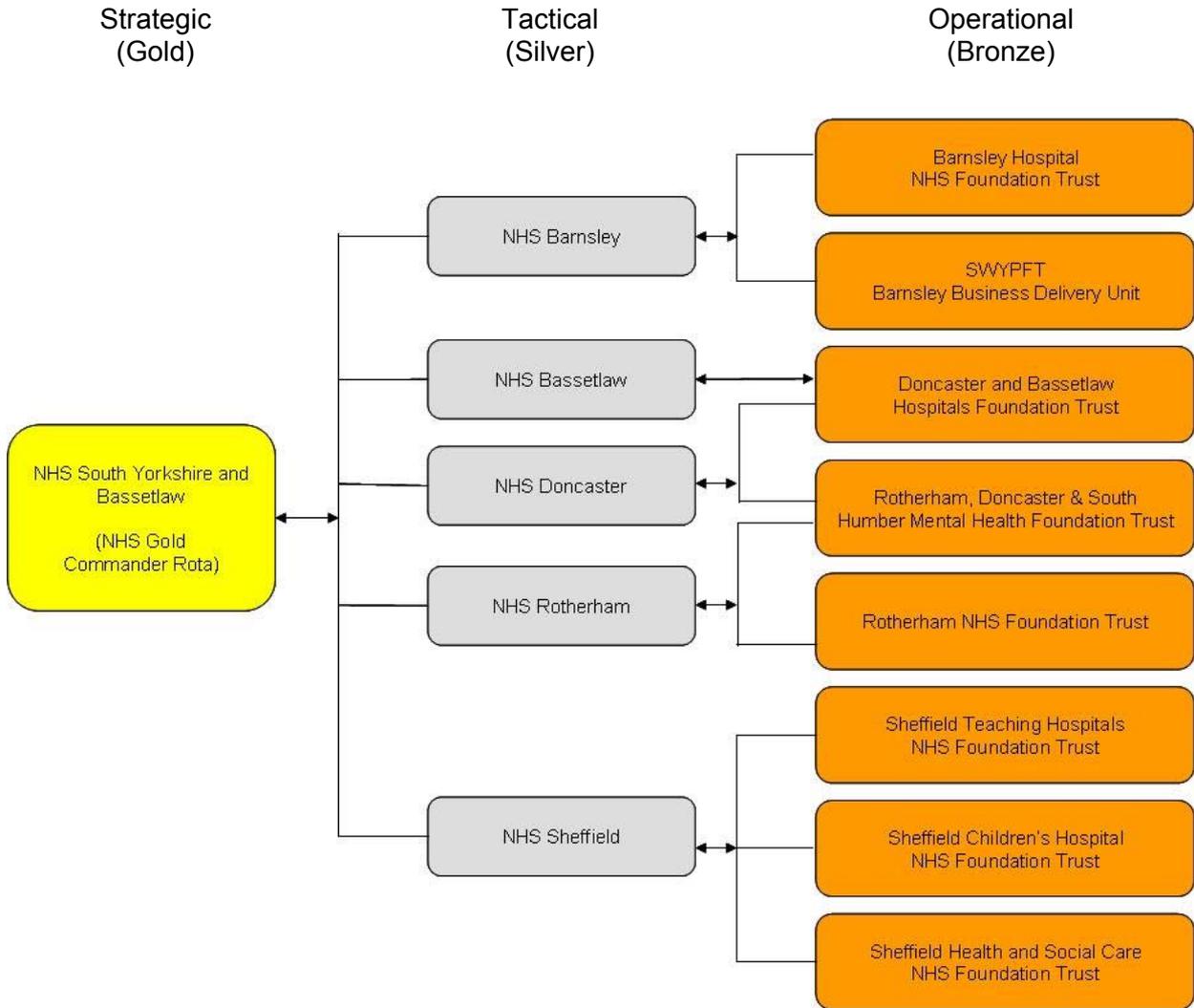
The size, membership and location of a Health Strategic Support Cell (HSSC) will be determined by the Gold commander based on the nature or scale of the incident. A nominated HSSC Manager will mobilise the required members of the HSSC (the Emergency Resilience Unit may be able to assist with this task) – see Section 5 and Appendix A for more information on potential roles.

At the request of the Gold Commander the HSSC Manager will establish an appropriate control facility for use by the HSSC. This would normally be the Major Incident Control Centre at NHS Sheffield, however a flexible approach will be used to provide resilience across the Cluster and any of the PCTs could host the HSSC.

Protocols for establishing Control Centres in each PCT are part of each Trusts Major Incident planning and available in the Cluster On-Call information pack.

If required the PCT Cluster will also provide NHS representation to any multi-agency Strategic Co-ordinating Group (SCG) that may be formed (see section 3.8). The PCT Cluster will keep NHS North of England informed of the situation.

Fig.2: NHS South Yorkshire and Bassetlaw Command and Control structure



3.8 Multi-agency Gold

Where Strategic level multi-agency co-ordination is required to deal with an emergency it will be necessary to activate the South Yorkshire Strategic Co-ordinating Group (SCG) commonly referred to as “Gold command” or simply “GOLD”. See Also Section 4.

The role of the SCG is to agree joint aims and objectives to manage the incident and co-ordinate the overall strategic response of all organisations involved in the management of the Major Incident.

Consequently SCG representatives should be Chief Officer level and have the appropriate mix of seniority and authority and be empowered to make executive decisions in respect of their organisations finance and resources.

The Health Gold would be expected to attend the SCG to represent the NHS. Their role will be to co-ordinate the overall Health service response and contribute to the overall strategic aim and objectives. The Health Gold will keep NHS North of England informed of the situation.

This role will normally be performed by the Director of Performance & Accountability of NHS South Yorkshire and Bassetlaw, who is the Emergency Preparedness Lead for the PCT Cluster. In the absence of this individual, this role will be performed by the Director on the NHS Gold Commander On-Call rota.

All emergency contact details are contained in the Cluster On-Call information pack.

The NHS Gold commander will need to establish sufficient NHS Tactical level groups (Silver Commands) to implement the actions set at the Strategic level. There is a potential for there to be up to Five Silver level commands, corresponding to the 5 PCTs in the South Yorkshire and Bassetlaw cluster. The role of each Silver level group will be to co-ordinate the overall health response for their respective district and provide the link to their local service providers. See Fig. 2 above in relation to NHS Command and Control.

Out of hours, the Silver role may need to be performed in the initial stages by the NHS South Yorkshire and Bassetlaw Silver On-Call officer until such time as district silvers can be established.

Depending on the incident, multi-agency Tactical groups may be set up, usually by South Yorkshire Police. Representation of the NHS at district level will be managed by the respective PCT. If a South Yorkshire level Tactical group is established, the PCT Cluster, will liaise with the relevant PCTs to determine the most appropriate representation to be deployed for the NHS.

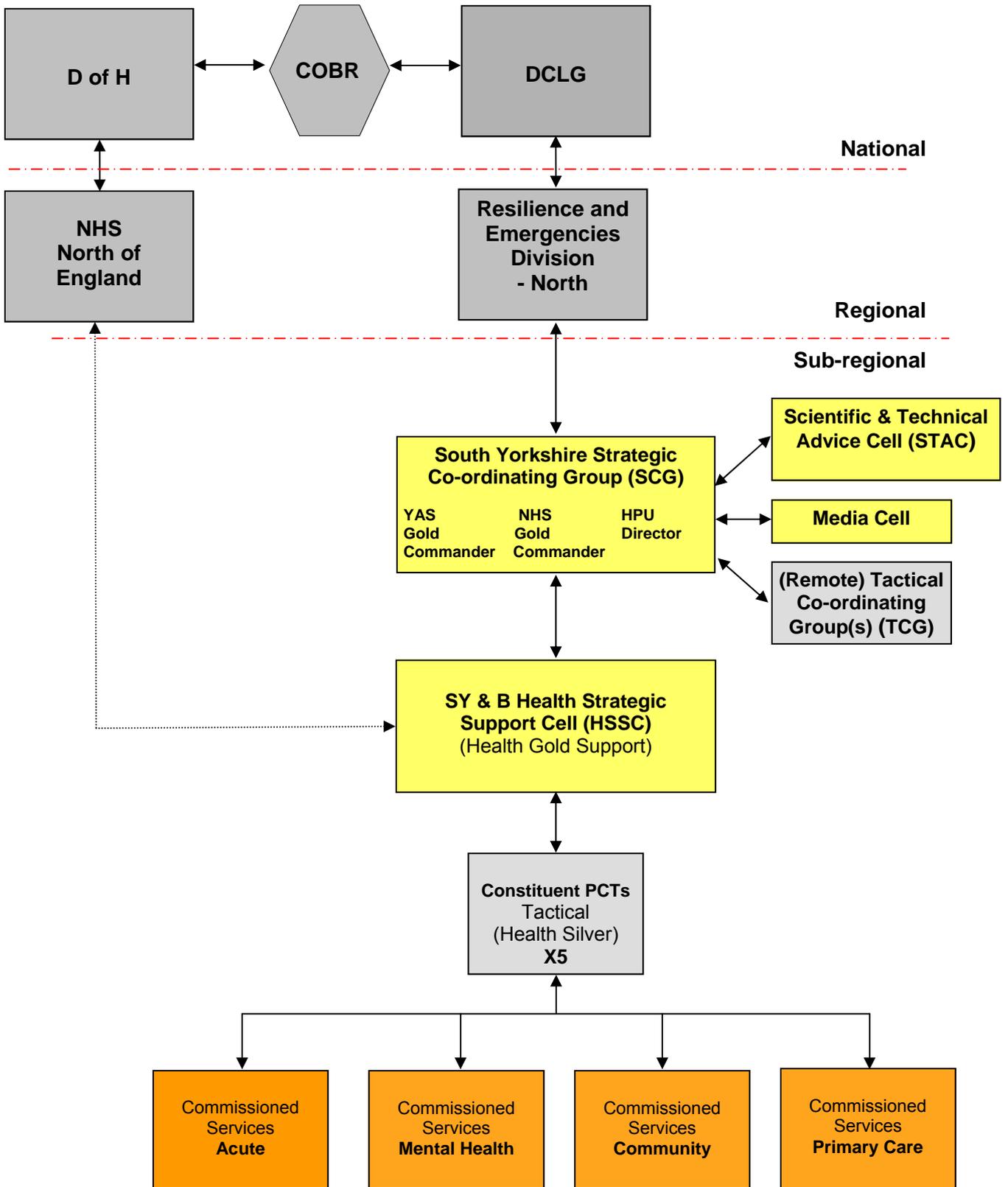
In order for the NHS Gold Commander to make informed decisions, sufficient support will be required to ensure an effective two way flow of information, to be able to receive and report on the current health overview and to be able to disseminate information and actions back to active Health Silvers. As a minimum the support should include a Staff Officer / Emergency Planning Adviser and a Log Keeper and should have access to relevant emergency plans, laptop, mobile phone and charger.

The size, membership and location of a Health Strategic Support Cell (HSSC) will be determined by the Gold commander based on the nature or scale of the incident. A nominated HSSC Manager will mobilise the required members of the HSSC (the Emergency Resilience Unit may be able to assist with this task) – see section 5 and appendix A for more information on potential roles.

3.9 Regional and National Command and Control

In the event of an incident escalating beyond local boundaries, or if its duration or nature is such that regional resources are required, then the NHS North of England will co-ordinate the health service response. Where an incident is beyond the capacity of the region, the Department of Health can implement national co-ordinating arrangements via the DH Major Incident Co-ordination Centre. See Fig. 3 overleaf, which incorporates both sub-regional multi-agency working and regional/national command and control.

Fig. 3: Multi-agency Command and Control structure



4 ACTIVATION OF SOUTH YORKSHIRE STRATEGIC CO-ORDINATING GROUP (SCG)

Where Strategic level multi-agency co-ordination is required to deal with an emergency it will be necessary to activate the South Yorkshire Strategic Co-ordinating Group (SCG)

It is possible that before activating an SCG that a Strategic Assessment Meeting (SAM) may be called as a pre-emptive forum to consider and prepare for an emerging risk. The purpose of such a meeting is to share information and provide an early warning of a potential incident to allow as much planning time ahead of a potential or planned future event.

Once called, an SCG will normally meet at the Strategic Co-ordination Centre (SCC) facility at the South Yorkshire Fire and Rescue Training and Development Centre, Handsworth. See Appendix F for more information.

South Yorkshire Police are responsible for activating the SCC by contacting South Yorkshire Fire and Rescue Control, however other Category 1 responders can request activation through South Yorkshire Police.

South Yorkshire Police will initially take the chair of an SCG and take responsibility for inviting all organisations required by the circumstances of any particular event. There may be emergencies where the chair is later taken up by another organisation, depending on the nature of the emergency (e.g. Health emergency).

The initial notification to the Health Gold On-Call regarding the setting up of an SCG may come direct from South Yorkshire Police or from Yorkshire Ambulance Service Operations Centre. The Health Gold should attend the Strategic Co-ordinating Centre (SCC) with official identification card with photo ID. See also Action Card 1

The Health Gold may need to consider arranging sufficient support to effectively perform their role at an SCG see also Section 5 and Appendix A.

It is important to point out that the SCG does not have collective authority to issue executive orders. Each organisation represented on the SCG retains its own responsibilities and exercises control of its own operations in the normal way. The SCG, therefore, has to rely on a process of discussion and consensus to reach decisions, and ensure that the agreed joint strategic aims and objectives are implemented through their respective organisations at the tactical (silver) and operational (bronze) levels. The effectiveness of the SCG rests on every representative having a clear understanding of roles, responsibilities, and constraints of other SCG representatives.

These arrangements are compliant with the South Yorkshire Local Resilience Forum (LRF) Strategic Leaders guide which should also be referred to.

5 HEALTH STRATEGIC SUPPORT CELL OPERATING PROCEDURES

The Health Strategic Support Cell (HSSC) supports the NHS Gold Commander either for a Health only Major Incident or a multi-agency Major Incident requiring the formation of a Strategic Co-ordinating Group (SCG) for South Yorkshire. It is essentially the personnel required to staff an Incident Control Centre to enable effective co-ordination of the NHS to manage a large scale incident.

In order for an NHS Gold Commander to make informed decisions, sufficient support will be required to ensure an effective two way flow of information, to be able to receive and report on the current health overview and to be able to disseminate information and implement necessary actions.

The size and membership of the HSSC will be dictated by the scale and nature of the incident and will be decided by the NHS Gold Commander, who will nominate an HSSC Manager with delegated responsibility to set up a control centre and organise staff for the cell. The Emergency Resilience unit may be able to assist with this task. Staff for the cell may need to be drawn from across the PCT Cluster, particularly for a protracted incident.

As a minimum the support should include a Staff Officer / Emergency Planning Adviser and a Log Keeper but further roles may be required. Appendix A contains a series of Action Cards outlining potential roles with details of their respective responsibilities.

The HSSC will ensure processes are in place to facilitate effective dialogue, discussion and co-ordination between the NHS and other responding organisations across South Yorkshire.

For Health this will be achieved through up to Five Silver level commands, corresponding to the 5 PCTs in the South Yorkshire and Bassetlaw cluster. The role of each Silver level group will be to implement the actions set at the Strategic level and to co-ordinate the overall health response for their respective district and provide the link to their local service providers.

Protocols for establishing Control Centres in each PCT are part of each Trust's Major Incident planning and available in the Cluster On-Call information pack.

For partner organisations this will be achieved through the Strategic Co-ordinating Group.

Engagement with regional and national organisations will be via NHS North of England.

The HSSC will ensure that appropriate administrative systems are in place and that all information is processed and recorded efficiently. The Manager will be responsible for deciding which system of logging is to be used in the cell. The options available are either a manual system or the electronic system Vector Command. It is likely that the Vector Command system will be available during a Major Incident for the use of all multi-agency partners. Entries can be fed into this system by all partners, and these entries can be displayed in each cell.

Key administrative elements of the HSSC to remember are:

- All phone calls or messages into the HSSC should be logged on appropriate forms (see Appendix E, Major Incident Message Log)
- A full record of all decisions and actions, even where a course of action was considered and discounted, reasons should be recorded
- All materials used (including flip charts, personal notes etc) should be collected and retained for review and possible public enquiry evidence
- For the purposes of major incidents this includes e-mail and electronic data

On attending the HSSC, staff should be briefed by the Manager regarding the current situation and allocated roles using the Action Cards at Appendix A. The HSSC Manager will regularly update the HSSC staff on current status of the incident.

A suggested Strategic Handover Template can be found at Appendix B.

6 COMMUNICATIONS

There is a duty to warn and inform the public during an emergency or major incident. Where other organisations are also involved in the response it is essential to ensure a co-ordinated and consistent message is delivered by all responding organisations in accordance with the South Yorkshire media protocol. Therefore all public communication messages should be approved at the Strategic command level.

Rapid development of a media strategy will be essential, particularly where any impacts may require a reduction in essential services to the public.

Regular and consistent updates will need to be communicated internally to all locally responding health and social care organisations to ensure a well informed workforce able to support the response to a developing situation, particularly where any changes of deployment are required.

The NHS Gold Commander will nominate a Media Communications Lead who will provide media support to the Strategic level of command. Where this also involves a multi-agency response through an SCG the NHS Media Lead will work with the joint Media Cell to ensure a consistent message is provided to all organisations.

In the event that additional communication resources are required these should be requested through NHS North of England.

The HSSC will maintain an overview of the communications between individual Trusts and NHS North of England. Normal communication arrangements will be maintained between health organisations and nothing in these arrangements will compromise the efficient flow of communication between Trusts. Individual Trusts are required to provide timely information to the HSSC during any Major Incident.

7 MUTUAL AID

When demands for services exceed the local capacity within a Trust they may decide to request assistance from other members of the health community by way of mutual aid. Mutual aid therefore has an integral part in any health Major Incident Plan, as it outlines the process through which an affected Trust would seek help from its surrounding counterparts. These requests for aid should be notified to NHS South Yorkshire and Bassetlaw, who will capture the request on the Mutual Aid Template (Appendix D).

The purpose of Mutual Aid is to ensure an integrated emergency management approach involving any local Health Care Organisations as necessary in order to effectively and efficiently respond and therefore minimise the impact on the health to the community of South Yorkshire and Bassetlaw. It is expected that Commissioned provider services who receive requests for Mutual Aid will make every effort to co-operate and work flexibly to support the overall health response and divert resources to those areas in most need.

NHS South Yorkshire and Bassetlaw will maintain a watching brief and provide out of area assistance, via NHS North of England, should the need arise. If requests for mutual aid are not fulfilled within a reasonable time Trusts should notify NHS South Yorkshire and Bassetlaw for assistance. NHS South Yorkshire and Bassetlaw will provide co-ordination, and influence where necessary, in support of optimising mutual aid. Where necessary, requests will be escalated to NHS North of England.

8 SCIENTIFIC & TECHNICAL ADVICE CELL (STAC)

A STAC is most likely to be required in response to complex incidents involving multiple scientific and technical issues, where there is potential for conflicting expert opinion. Where the SCG requests the formation of a STAC this will be arranged through the NHS Sheffield Director of Public Health during office hours and through the Health Protection Agency second on call rota outside office hours.

All emergency contact details are contained in the Cluster On-Call information pack.

The purpose of the STAC is to provide a single point of understandable advice to the Chair of the SCG. A South Yorkshire STAC will usually be co-located with the South Yorkshire SCG and report directly to it. It should not provide advice to any other interested parties other than through the SCG.

The STAC should not have a role in managing the incident, rather provide information and advice about the scientific, technical, environmental and public health consequences of the incident, including the impact of any evacuation or containment, impact on environmental health, and effects on animal health. Its prime responsibility is to support the SCG strategy.

The STAC will take its tasking from the SCG. The SCG will ask specific questions of the STAC and the STAC's role is to give a definitive answer, once it has consulted within the STAC and decided upon the best course of action/answers.

The STAC will advise the SCG of the public health messages and advice to be given to health care professionals and the public.

These arrangements are compliant with the South Yorkshire Scientific and Technical Advice Cell Concept of Operations which should also be referred to.

9 RECOVERY

Response and recovery are not two discrete activities and should not occur sequentially. As the emphasis moves from response to recovery the Strategic Lead should identify an individual or group to Lead on the Recovery phase. For a multi-agency incident the Recovery process will most likely be implemented by the Strategic Coordinating Group, which should activate a Recovery Coordinating Group.

The Response phase will be formally stood down when deemed appropriate and all organisations officially informed of any hand over arrangements and new points of contact need to be communicated to all partners and all staff involved. The decision of when to stand down the Response phase may be different for each organisation involved.

The overall priority for Recovery will be the restoration of the well being of individuals, communities and the infrastructure that supports them, The Local Authority will take the lead in facilitating the rehabilitation of the community and the restoration of the environment.

Depending on the nature of the incident, in the early stages of recovery, the NHS focus would be on the follow-up to injuries incurred at the incident, i.e. the continuing recovery of patients, physiotherapy, chest clinics, orthopaedic clinics, dressings, drug regimes and psychosocial care, there may then be a requirement for more long-term health monitoring/surveillance.

It will then be important to re-establish normal clinical care and associated functions as soon as possible, including managing the backlog of any cancelled or reduced activities. The Recovery Coordinator will oversee a phased recovery of functions and procedures based on priorities identified in the Business Impact Analysis. Early consideration needs to be given to replenishing stocks of essential supplies that may have been depleted during the response. Where appropriate the Department of Health and Strategy & Contracting will need to evaluate and return to routine performance management measures.

Where Critical National Infrastructure of the NHS has been compromised wide area support may be required from NHS North of England or the Department of Health. The NHS Gold Commander / HSSC will have a key role in supporting the co-ordination of any recovery efforts especially where there are competing priorities for scarce resources.

Liaison may also be required with the Department for Communities and Local Government, Resilience and Emergencies Division – North and other Government departments who may have a role in recovery e.g. Government Decontamination Service (GDS).

9.1 Closure of the HSSC

When the decision to close the HSSC is taken, it is the responsibility of the HSSC Manager to ensure that all records and documentation are collected and retained for de-brief and post incident review.

It will also be necessary to ensure that the incident control rooms are cleared and returned to their normal state and that any equipment used or loaned is returned to where it belongs.

The HSSC Manager will facilitate a hot de-brief session before standing down personnel and retain details of this to be used in the full de-brief at a later stage.

9.2 Staff Support

It should be recognised that staff will have been working under considerable pressure possibly over an extended period of time and will need to recover before they can return to full efficiency. Also members of staff may have been personally affected during the incident. Welfare support should be considered where appropriate.

“Planning for the psychosocial and mental health care of people affected by major incidents and disasters” is the title of interim guidance issued by the DH in July 2009 and should be referred to.

All organisations have responsibility for their employees in terms of their staff health and well-being and this is an important part of the incident and recovery management planning process. Occupational Health Units should be involved at an early stage and consider the potential need for psychosocial care for their staff and where appropriate should provide interventions based on the principles of Psychological First Aid and provide access to augmented Primary Healthcare services and Specialist Mental Health Services.

9.3 De-brief

At the conclusion of the incident there will need to be a full de-brief and evaluation of what worked well and what lessons have been identified. Consideration should be given to arranging internal and where appropriate multi-agency de-briefs.

All records pertaining to the response should be retained and stored for the de-brief and may also be required as part of any external enquiry. This will include the “Emergency Log Book” and the De-brief report. It will also be necessary to retain all other documents and notes created during the incident.

The Emergency Resilience Unit will ensure that validation takes place across the South Yorkshire and Bassetlaw health community and that de-briefs are evaluated to build on good practice and to ensure that lessons identified are acted upon, taking steps to adapt systems and services to improve future responses.

Findings should be reported to the relevant Boards of all organisations involved. Resilience plans and associated training and exercise programmes should be reviewed to reflect the outcomes of the de-brief.

Appendix A

ACTION CARDS

Card No	Role	Those who may undertake role
1	South Yorkshire NHS Gold Commander	Nominated Executive Lead for EPRR or South Yorkshire NHS Gold Commander On-Call
2	Staff Officer / Emergency Planning Adviser	Emergency Planning Professional or Senior Manager
3	Manager Health Strategic Support Cell	Associate Director Emergency Preparedness or nominated deputy
4	Emergency Log Book Keeper	Appropriately trained Log Keeper
5	HSSC Administrative Officer	Band 3/4 Secretary/PA/Administrator
6	HSSC Lead Administrative Officer	Business Manager/PA Band 4/5 or above
7	HSSC Message Handler / Runner	Administrator/Secretary Band 3 or above
8	HSSC Communications Officer	Lead Communications Officer or Deputy

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Action Card 1 - SOUTH YORKSHIRE NHS GOLD COMMANDER

(Nominated Executive Lead for EPRR or South Yorkshire NHS Gold Commander On-Call)

<p>Role</p> <p>To provide overall Strategic co-ordination of a South Yorkshire and Bassetlaw NHS response to any incident, particularly when the establishment of a SCG is required</p>
<p>In Advance</p> <ul style="list-style-type: none">• Ensure familiarity with the Emergency Preparedness, Resilience and Response arrangements in the context of the NHS in South Yorkshire and Bassetlaw• Undergo training and participate in exercises in relation to the role
<p>Ensure you take the following items with you</p> <ul style="list-style-type: none">• On Call CD/Memory Stick• Laptop with data card and appropriate cables• NHS Photo ID card or other Photo ID such as Passport or Driving Licence• Mobile Phone and Blackberry with Chargers
<p>When Alerted</p> <ul style="list-style-type: none">• The NHS Gold Commander will nominate a HSSC Manager to establish an appropriate Control Centre and support staff in one or more of the following circumstances:• An SCG is to be established• A PCT is asking for support• An incident involves more than one PCT• At the request of NHS North of England
<p>Responsibilities</p> <ul style="list-style-type: none">• Commence and maintain Policy Log, using appropriate Emergency Log Book• Determine the need for Strategic co-ordination of South Yorkshire and Bassetlaw NHS organisations• Determine the location of the South Yorkshire HSSC (either at an NHS location or at the SCG site if convened)• If appropriate inform the Police Duty Officer of availability to attend the SCG• Ensure that NHS North of England have been notified/alerted to the nature of the incident• Ensure activation of sufficient district Silver control centres to implement tactical plans• Liaise with the Lead DPH/on-call officer for South Yorkshire Health Protection• Escalate issues which cannot be resolved using local partnership/mutual aid arrangements to NHS North of England for direction/intervention in line with the escalation policy

- Provide handover notes and briefing for incoming NHS Gold Commander at end of shift within HSSC (See Appendix B)

After the Incident/at the end of each shift

- Ensure all log books, note books, telephone sheets used are collected and handed to the HSSC Manager
- Participate in post incident debrief and debrief report
- Ensure that lessons from the response are identified and circulated

Action Card 2 - STAFF OFFICER / EMERGENCY PLANNING ADVISER

(Emergency Planning Professional or Senior Manager)

<p>Role</p> <p>Attend the appropriate control centre to assist and support the South Yorkshire NHS Gold Commander during a major incident.</p>
<p>In Advance</p> <ul style="list-style-type: none">• Ensure detailed understanding of the Emergency Preparedness, Resilience and Response arrangements in the context of the NHS in South Yorkshire and Bassetlaw• Understand the role of the Staff officer / Emergency Planning Adviser to the NHS Gold Commander• Undergo training and participate in exercises in relation to the role• Be familiar with the roles and responsibilities of partner organisations during a multi-agency response to a Major Incident
<p>Ensure you take the following items with you if appropriate</p> <ul style="list-style-type: none">• On call CD/Memory Stick• Laptop with data card and appropriate cables• NHS Photo ID card or other Photo ID such as Passport or Driving Licence• Mobile Phone/Blackberry with chargers
<p>Responsibilities</p> <ul style="list-style-type: none">• Proceed to the designated location of the Control Centre (NHS site or SCG)• Establish contact with the South Yorkshire Health Gold Commander• Attend meetings with the Health Gold Commander• Provide whatever emergency planning technical support and advice is required by the Health Gold Commander• Act as the link between the Health Strategic Support Cell and the Health Gold Commander during meetings, requesting information/relaying information/receiving information either via text or messenger
<p>After the Incident/at the end of each shift</p> <ul style="list-style-type: none">• Ensure all log books, note books, telephone sheets used are collected and handed to the HSSC Manager• Provide the person taking over your role with an appropriate hand over• Participate in post incident debrief and debrief report• Ensure that lessons from the response are identified and circulated

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Action Card 3 - MANAGER HEALTH STRATEGIC SUPPORT CELL

(Associate Director Emergency Preparedness or nominated deputy)

<p>Role</p> <p>Manage the overall activities within the nominated control centre and ensure effective two way flow of information to provide operational support to the South Yorkshire NHS Gold Commander</p>
<p>In Advance</p> <ul style="list-style-type: none">• Ensure familiarity of the Emergency Preparedness, Resilience and Response arrangements in the context of the NHS in South Yorkshire and Bassetlaw• Understand the role of the HSSC Manager• Undergo training and participate in exercises in relation to the role
<p>Ensure you take the following items with you</p> <ul style="list-style-type: none">• On Call CD/Memory Stick• Laptop with data card and appropriate cables• NHS Photo ID card or other Photo ID such as Passport or Driving Licence• Mobile Phone and Blackberry with Chargers
<p>Responsibilities</p> <ul style="list-style-type: none">• Proceed to appointed location, following discussion with the NHS Gold Commander• Ensure that Trusts are aware of the alert status and are involved with/informed of actions taken/required during a major incident• On arrival at agreed site gain access to the building and establish the Incident Control Centre using the relevant set up plan• Review the administrative needs of the South Yorkshire HSSC and initiate call-out of staff as appropriate (ideally via the Support Administrator)• Ensure a short incident briefing is communicated to all members on arrival and allocate roles (using action cards provided)• Maintain an overview of the incident, liaise with other control rooms and the lead DPH/HP on-call to ensure the major health management and health protection issues are appropriately apprised and the NHS Gold Commander is fully briefed to inform Strategic decision making• Ensure information is collected and collated from respective health organisations involved• Ensure Strategic direction is disseminated to and implemented by the respective health organisations involved• Ensure logs are being kept of all information and actions allocated by all those working within the HSSC• In partnership with the Lead DPH and NHS Gold Commander, ensure the Communications Co-ordinator provides appropriate and regular briefings to the South

Yorkshire Health Economy

- Ensure regular HSSC team briefings are provided and efficiency of team-working
- Work with the HSSC Support Administrator to ensure an appropriate relief rota for protracted incidents
- Where mutual aid is requested, assign a co-ordinator to oversee the process and ensure a log is maintained within the HSSC
- Ensure all NHS organisations involved are advised of incident Stand Down once received from NHS Gold Commander
- Conduct hot debrief for HSSC staff on duty at closure

After the Incident/at the end of each shift

- Collect all log books, note books, telephone sheets used during incident
- Contribute to the post incident debrief on aspects relating to role
- Ensure adequate arrangements are made for staff welfare, transport home, de-brief and support
- Contribute to the de-brief report of the incident

Checklist for HSSC Manager	
Task	Completed
Secure Incident Control Room and access resources.	
Begin HSSC log (located in SY HSSC equipment box) – ensure times are as accurate as possible via appropriate synchronisation of the clocks/watches used within/by HSSC staff	
<ul style="list-style-type: none"> • Contact relevant staff as below and request attendance: <ul style="list-style-type: none"> ○ Staff Officer / Emergency Planning Adviser ○ Emergency Log Book keeper ○ Lead Administrator ○ Administrative officer(s) ○ Communications Co-ordinator ○ Lead DPH/PH Specialist ○ South Yorkshire & Bassetlaw PCT Emergency Planning Managers (if deemed appropriate) • Assign action cards as appropriate on arrival • Ensure whiteboard shows appropriate contact numbers • Lay out room and test equipment as required • Ensure that the HSSC Support Administrator actions rota planning for possible protracted incidents • Ensure that the Comms team is operational • Obtain contact numbers for; <ul style="list-style-type: none"> ○ On-call NHS Gold Commander ○ Yorkshire Ambulance Service Incident Control Room ○ DH Comms Centre ○ South Yorkshire On call Directors (PCT control rooms if established) ○ South Yorkshire Acute and Mental Health Trusts On call Directors (control rooms if established) ○ South Yorkshire Health Protection Unit 	

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Action Card 4 - EMERGENCY LOG BOOK KEEPER

(Appropriately trained Log Keeper)

<p>Role</p> <p>Working to the NHS Gold Commander maintain a comprehensive Log to capture all key policy decisions and actions in accordance with good practice and training</p>
<p>In Advance</p> <ul style="list-style-type: none">• Undergo HPA or other relevant training in relation to the role• Ensure familiarity with HSSC function• Participate in exercises in relation to the role
<p>Ensure you take the following items with you</p> <ul style="list-style-type: none">• NHS Photo ID card or other Photo ID such as Passport or Driving Licence• Pens and Emergency Log Book
<p>Responsibilities</p> <ul style="list-style-type: none">• Proceed to the HSSC (at designated location)• Log using the log book (101) provided, using good practice guidance• Liaise closely with the NHS Gold Commander and ensure you have a list of incident team members and the roles that they are performing• Ensure you are clear about the information you are recording (if, not ask for clarification)• Focus only on the role of Log Keeping• Ensure that after each Gold Command Meeting, you liaise directly with the NHS Gold Commander to ensure that key decisions and actions are accurately logged• Ensure your records are as accurate as possible
<p>At the end of each shift</p> <ul style="list-style-type: none">• Ensure that the log book and a handover is given to the person taking over your role• Participate in post incident debrief(s)

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Action Card 5 - HSSC ADMINISTRATIVE OFFICER

(Band 3/4 Secretary/PA/Administrator)

<p>Role</p> <p>To support the HSSC Manager or other key members of the HSSC Team by capturing key information on the Message Logs (either via a paper or electronically on the Vector Command software system)</p>
<p>Ensure you take the following items with you if appropriate</p> <ul style="list-style-type: none">• NHS Photo ID card or other Photo ID such as Passport or Driving Licence• Pens and notebooks
<p>In Advance</p> <ul style="list-style-type: none">• Undergo training and participate in exercises in relation to the role
<p>Responsibilities</p> <ul style="list-style-type: none">• Proceed to the HSSC (at the designated location)• Liaise closely with the HSSC Manager to ascertain role requirements• The HSSC Manager will determine the method of recording messages in the HSSC. This could be via the paper message logs provided or directly onto the electronic Vector Command software system• Ensure you are clear about what you are being asked to record, (if not, ask the HSSC Manager or the Lead Administrative officer for clarification)
<p>At the end of each shift</p> <ul style="list-style-type: none">• Liaise with the HSSC manager and ensure your successor is briefed• Any documents should be handed over to the HSSC Manager• Participate in post incident debrief(s)

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Action Card 6 - HSSC LEAD ADMINISTRATIVE OFFICER

(Business Manager/PA Band 4/5 or above)

Role Provide support (including administrative support) to the HSSC Manager
In Advance <ul style="list-style-type: none">• Ensure familiarity with HSSC function• Understand the role of a HSSC Administrator• Undergo training and participate in exercises in relation to the role
Ensure you take the following items with you <ul style="list-style-type: none">• NHS Photo ID card or other Photo ID such as Passport or Driving Licence• Pens and notebooks
Responsibilities <ul style="list-style-type: none">• Proceed to the HSSC (at designated location)• In liaison with the HSSC Manager, set up HSSC, and arrange call in of staff as required• Set up a signing in/out system for staff and visitors• Ensure staff have name badges• In liaison with the HSSC Manager, allocate telephone handsets to staff (where appropriate) – ensure staff have telephone user sheets and telephone log sheets• Agree with the HSSC Manager, the telephone contact numbers and display a list of these for HSSC staff• Agree with the HSSC Manager regarding arrangements for provision of food and drink• Assist the HSSC Manager in recruiting replacement team members to permit shift changes (in a protracted incident).• In liaison with the HSSC Manager, set up a system to allow staff to take appropriate rest breaks• Any other duties as required by the HSSC manager
At the end of each shift <ul style="list-style-type: none">• Ensure your successor is given an appropriate hand over• Ensure all log books, note books, telephone sheets used are collected and handed to the HSSC Manager• Participate in post incident debrief(s)

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Action Card 7 - HSSC MESSAGE HANDLER/RUNNER

(Administrator/Secretary Band 3 or above)

<p>Role</p> <p>To support the HSSC Manager or Lead Administrative Officer in managing and distributing information and messages</p>
<p>In Advance</p> <ul style="list-style-type: none">• Undergo training and participate in exercises in relation to the role
<p>Ensure you take the following items with you (if appropriate)</p> <ul style="list-style-type: none">• NHS Photo ID card or other Photo ID such as Passport or Driving Licence• Pens and notebook
<p>Responsibilities</p> <ul style="list-style-type: none">• Attend the SY HSSC (when instructed, at designated location)• Liaise with the HSSC Manager for a briefing of your duties• Accurately record incoming and outgoing messages by the method agreed with the HSSC Manager.• Agree a method for distribution of messages• Establish a system for the filing of all messages received and sent• Assist the HSSC Manager/Administrative Officer with any other duties that may be required
<p>At the end of each shift</p> <ul style="list-style-type: none">• Brief your successor• At the end of your shift ensure that all paperwork is given to the HSSC Manager• Participate in post incident debrief(s)

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Action Card 8 - HSSC COMMUNICATIONS OFFICER

(Lead Communications Officer or Deputy)

<p>Role</p> <p>To co-ordinate the communications approach with any organisations involved and provide communications and media advice and support to the NHS Gold commander</p>
<p>In Advance</p> <ul style="list-style-type: none">• Ensure familiarity with HSSC function• Develop an outline communications strategy with support from communications leads across all local organisations• Contribute to SY-wide planning meetings such as Warning and Informing sub group• Understand the role of the HSSC Communications Officer• Take part in training and exercising• Ensure appropriate systems and process are in place to deliver the role
<p>Ensure you take the following items with you</p> <ul style="list-style-type: none">• Laptop with data card and appropriate cables• NHS Photo ID card or other Photo ID such as Passport or Driving Licence• Pens and notebook• Mobile Phone and Blackberry with Chargers
<p>Responsibilities</p> <ul style="list-style-type: none">• Attend location as identified by HSSC Manager• Receive a full briefing on the situation and impact• Review any existing media and communications activity that has been undertaken• Ensure a holding statement is developed and media aware of next steps• Review all appropriate stakeholders and ensure communications channels are established• Attend any key meetings and updates to advise on the communications impacts of progress/decisions and suggest ways forward• Agree and implement communications plan for the incident• Make contact with key partner organisations communications/media leads (such as local PCTs, Police, LRF, HPA etc.) and co-ordinate media/ communications responses from the NHS• Ensure regular briefings of the current situation are distributed to all SY NHS Trusts following direction from the HSSC Manager• Ensure all issued communications materials and messages are shared with the HSSC administrator for central logging

- Support local PCTs in the implementation of the agreed communications strategy
- Act as key communications contact for SCG or NHS North of England and other regional bodies as appropriate/agreed
- If additional support is required contact the NHS North of England for Communications support
- Ensure there is appropriate cover for out of hours and the nominated out of hours Communications on-call Manager is fully briefed
- Ensure there is a log of all media/communications that have been undertaken and passed to the HSSC Manager

At the end of each shift

- Brief your successor
- Participate in post incident debrief(s)
- Participate in post incident debrief report

Appendix B - HANDOVER TEMPLATE

HSSC – Strategic level handover briefing template

The following template is designed as an aide memoir for the NHS Gold Commander to help provide key information for a briefing to their shift replacement.

Strategic themes to include in briefing:

Outline the scale and nature of the incident including which organisations have declared a Major Incident, or who are known to be responding.

The briefing should include specific reference to:

- What are the NHS higher level goals for the response
- South Yorkshire Incident Commander's Strategy
- What success will look like (the objective/task(s) required)
- Clarify what needs to be achieved
- The overarching rationale of the response
- Key decisions that have been made, and still need to be made
- Any issues that NHS responders need to avoid
- Any recognised constraints or other considerations
- Issues to be addressed during the recovery and restoration of normality
- Any issues to be addressed regarding the continued operation of the HSSC
- Date, location and time of future Strategic Co-ordination Group (SCG) meeting

Appendix C - Standard Operating Procedure for HSSC Attendance

Introduction

The very nature of emergencies/major incidents requires planners to be flexible in their approach to manage such situations. A major incident requiring a South Yorkshire and Bassetlaw NHS response could occur in any one of the 5 PCT areas. This may require the physical or virtual establishment of a Health Strategic Support Cell (HSSC).

In order to ensure that effectiveness of the HSSC, all personnel should take note of the following Standard Operating Procedures (SOPs) if they are requested/directed to attend/perform a role in the HSSC. It is anticipated that the HSSC will be established alongside the SCG at the South Yorkshire Fire & Rescue TDC at Handsworth, Sheffield (if SCG is initiated). For NHS incidents only, a PCT major incident control room will be utilised, most likely the HSSC will access the emergency planning support infrastructure of the host PCT in liaison with appropriate personnel, i.e. the PCT's on-call team to set up a control room in line with the PCT's Major Incident Plan.

Personal Communications Equipment

Dependant on their role and function within their current organisations:

- All personnel should attend with work issued (if issued) mobile telephones, Blackberries or other communications devices
- Those personnel who do not have a works issued mobile phone or other communications device, may be provided with a HSSC handset (dependant on the role allocated to them within the HSSC)
- Those personnel who are required to use their personal mobiles or communications devices for HSSC purposes, will be entitled to reclaim the cost of such use in line with normal NHS claim procedures

Computers and other internet enabled devices

- All personnel should attend with works laptops complete with 3G Cards and VPN Tokens (if issued)
- No personal non NHS laptops should be brought to the HSSC

Travel and personnel arrangements

- On receipt of a call to attend the HSSC, personnel should ensure they are fit to drive (if using a car) if not (through alcohol or other issue) they should advise the person who has contacted them of any issues that may impact on their functioning within the HSSC
- Travel reimbursements will be in line with normal NHS travel claims procedures

Appendix D - Mutual Aid Template

Mutual Aid Request		
1. Requesting PCT	Details	Done
Requesting Organisation		
Lead (name/organisation)		
Time/Date		
Details of request		
2. PCT Cluster	Details	Done
Information/Action Required		
Outcome of initial Request		
Update		

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Appendix E - MAJOR INCIDENT – MESSAGE LOG

Message No. 1.	
Time received:	Date received:
Received by:	

Message from (name):	
Organisation:	Role:
Telephone No:	E-Mail address:

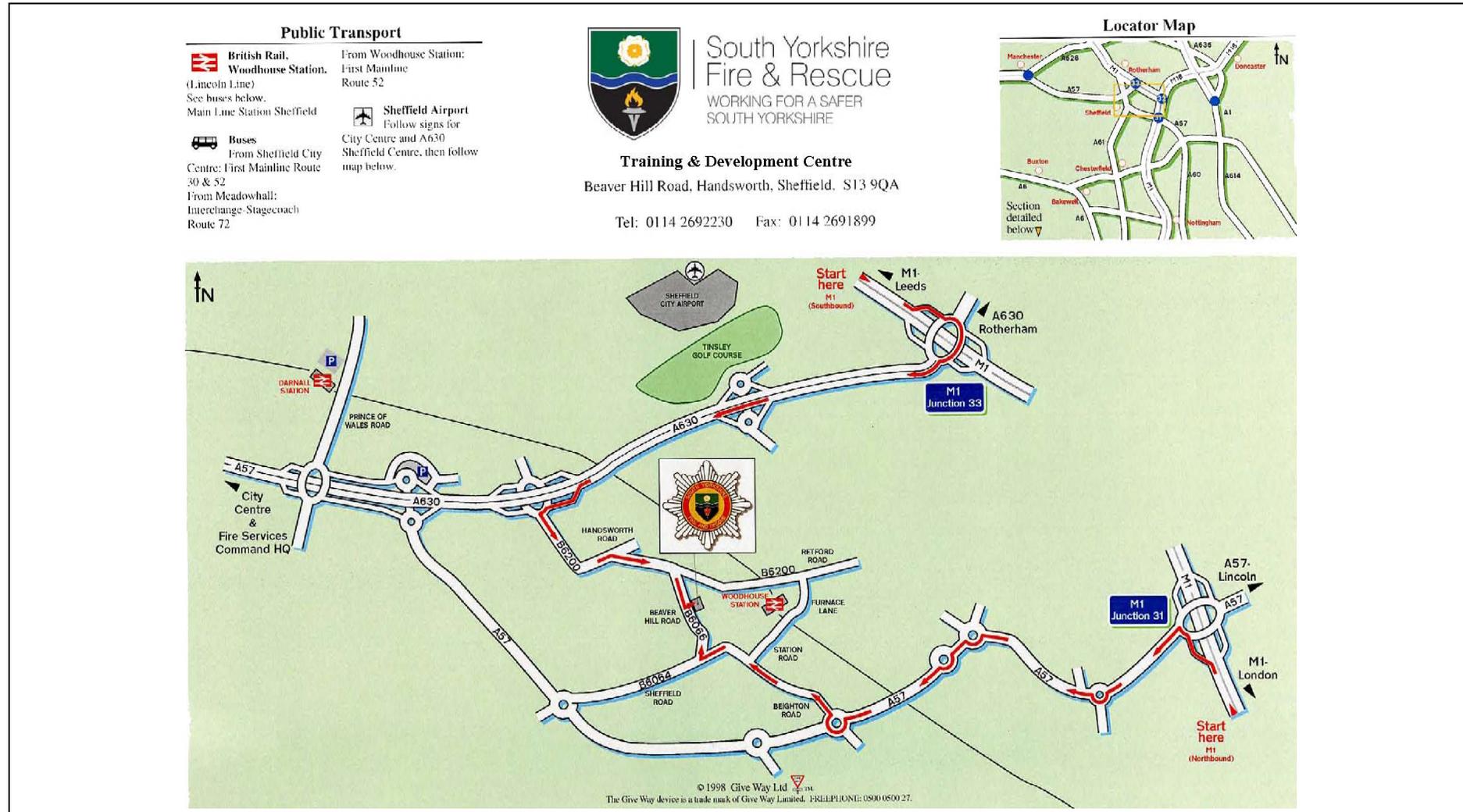
Details of information / message	
Action Required?	
Action allocated to:	Time / date allocated:
Action resulted:	Time / date resulted:

Message finalised and for filing

Signature:Print Name.....

Continue overleaf if necessary

Appendix F - Location of Strategic Co-ordination Centre



Strategic Co-ordination Centre Support Cells and Facilities

SCG support cells are located in the SCC and provide SCG members with space for support staff, communication and administrative needs. SCG members from the same sector are co-located where appropriate.

The cells are allocated to the following rooms and areas in the annex and main building:

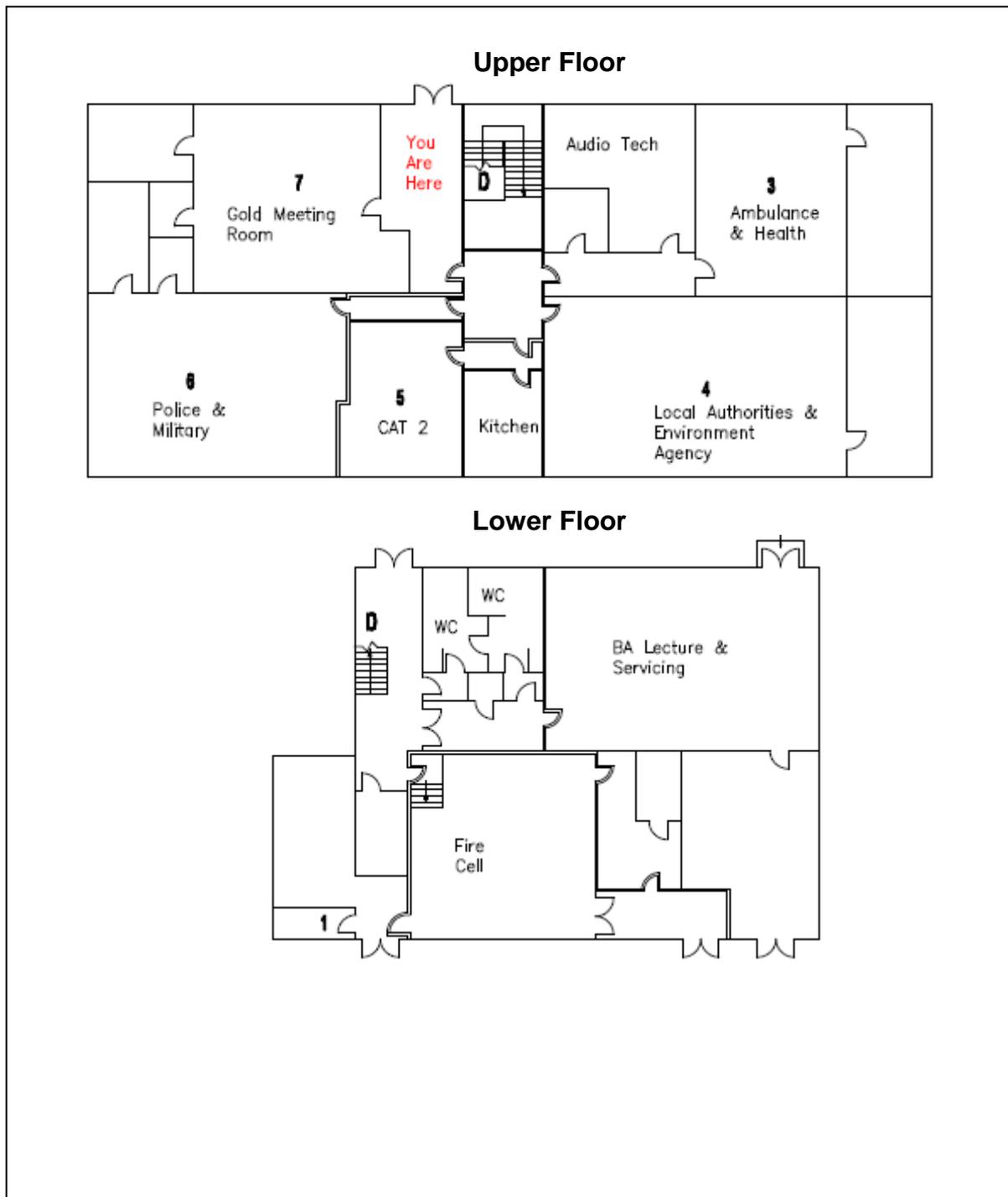
SYFR Training & Development Centre	Room Number	Agency
Annex	Room 7	SCG Meeting Room
÷	Room 6	Police and Military (secure area)
÷	Room 5	Category 2 responders (utilities, transport, BT)
÷	Room 4	Local Authorities and Environment Agency
÷	Room 3	Health/YAS
÷	Incident Command Suite (Fire Cell)	SYFR
Main building	Education centre	STAC
÷	Main Hall	SCG Media Cell
÷		Government Liaison Team

SCC Facilities

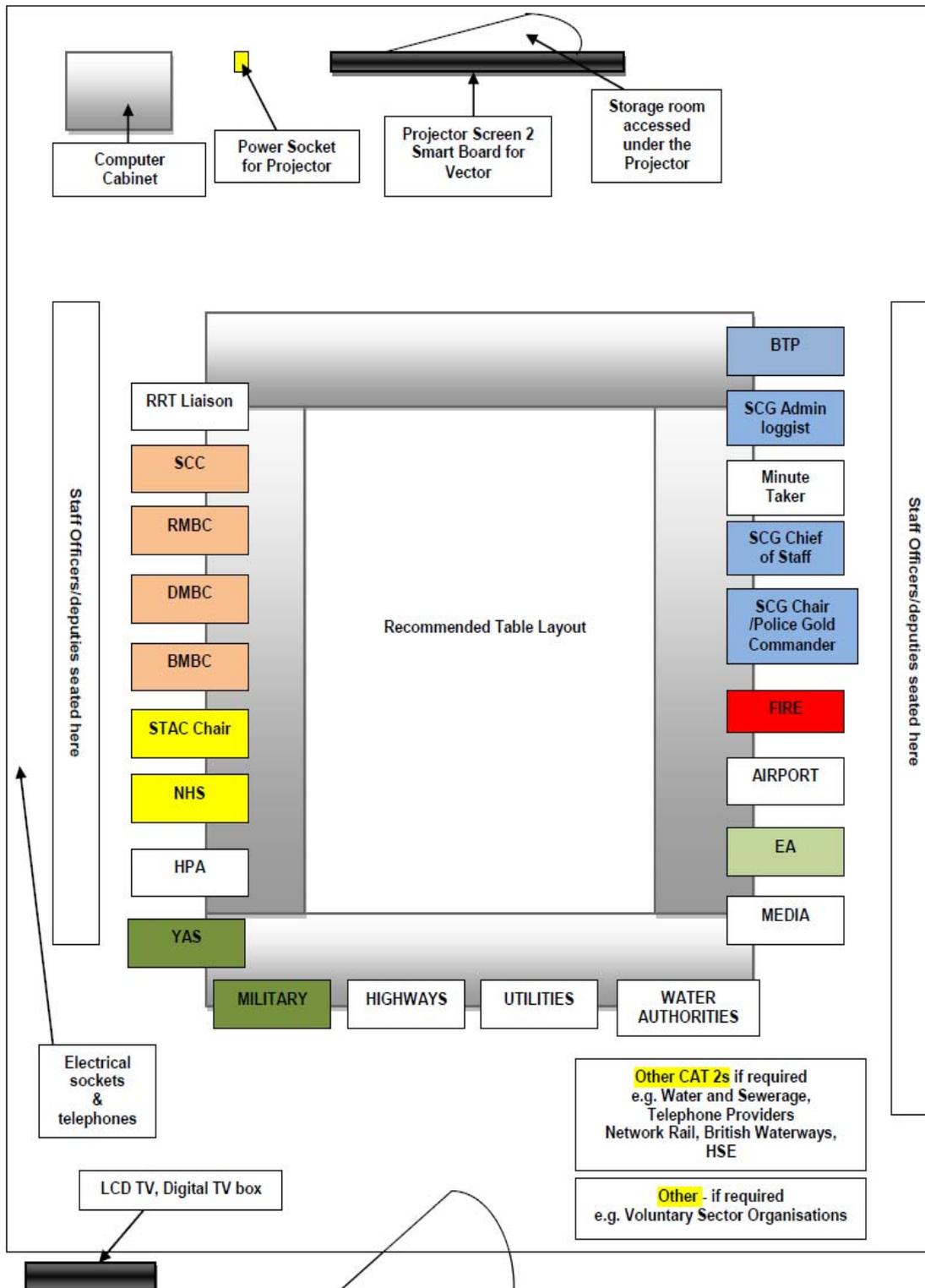
SCC facilities include electronic door access; telephone lines; digital phones; wi-fi network; webcams and microphones in meeting rooms; audio recording of SCG meetings; flat screen TV's in each room with 24 Hour news channels; standby generator and UPS function; fax/copier and storage.

All the normal comfort facilities are available including a kitchen area with basic refreshment needs, including a stock of microwave meals. In the main building there is access to a canteen and food could be provided. There is limited sleeping accommodation provided in single rooms in the main block.

Strategic Co-ordination Centre Floor Plan



SCG – Recommended Table Layout



NOTE: This is only a suggested layout and can be different depending on the circumstance, SCG Chair preference or other factors

Access in to SCG from the Main building here

Bibliography

Cabinet Office Emergency Response & Recovery Guidance 2009

Cabinet Office Emergency Preparedness Guidance 2005

Civil Contingencies Act 2004

NHS Emergency Planning Guidance 2005

Strategic Command Arrangements for the NHS during a Major Incident 2007

Business Continuity Institute Good Practice guidelines 2010

BS 25999 - 1 Code of Practice for Business Continuity Management

BS 25999 - 2 Specification for Business Continuity Management

NHS Resilience and Business Continuity Management Guidance 2008

Department of Health Ethical Framework for Policy and Planning November 2007

Department of Health Managing Demand and Capacity in Health Care Organisations April 2009

Department of Health NHS Constitution March 2010

Human Rights Act 1998

Equality Act 2010

Health & Safety at Work Act 1974

South Yorkshire Local Resilience Forum Strategic Leaders Guide

South Yorkshire Scientific and Technical Advice Cell Concept of Operations

NHS Shared Operating Model for PCT Clusters

Plan History

Changes Applied	By	Date
Draft Version 1 of new plan created to replace previous Lead PCT Concept of Operations to reflect transition to PCT Cluster arrangements as part of ongoing NHS Reforms	Ian Ramsay	4 th November 2011
Consultation with multi-agency partners through the LRF sub group for Strategic Co-ordinating Centre	Ian Ramsay	10 th November 2011
Consultation with Health partners through the South Yorkshire Health Emergency Planning Forum	Ian Ramsay	15 th November 2011
Draft version 1.4 prepared for SY&B Cluster Board approval	Diane Smith	23 December 2011

Review

Next Review Due:	January 2013
Any exercise or activation of this plan will require a de-brief and review of the plan	