Sheffield Health and Social Care NHS
NHS Foundation Trust

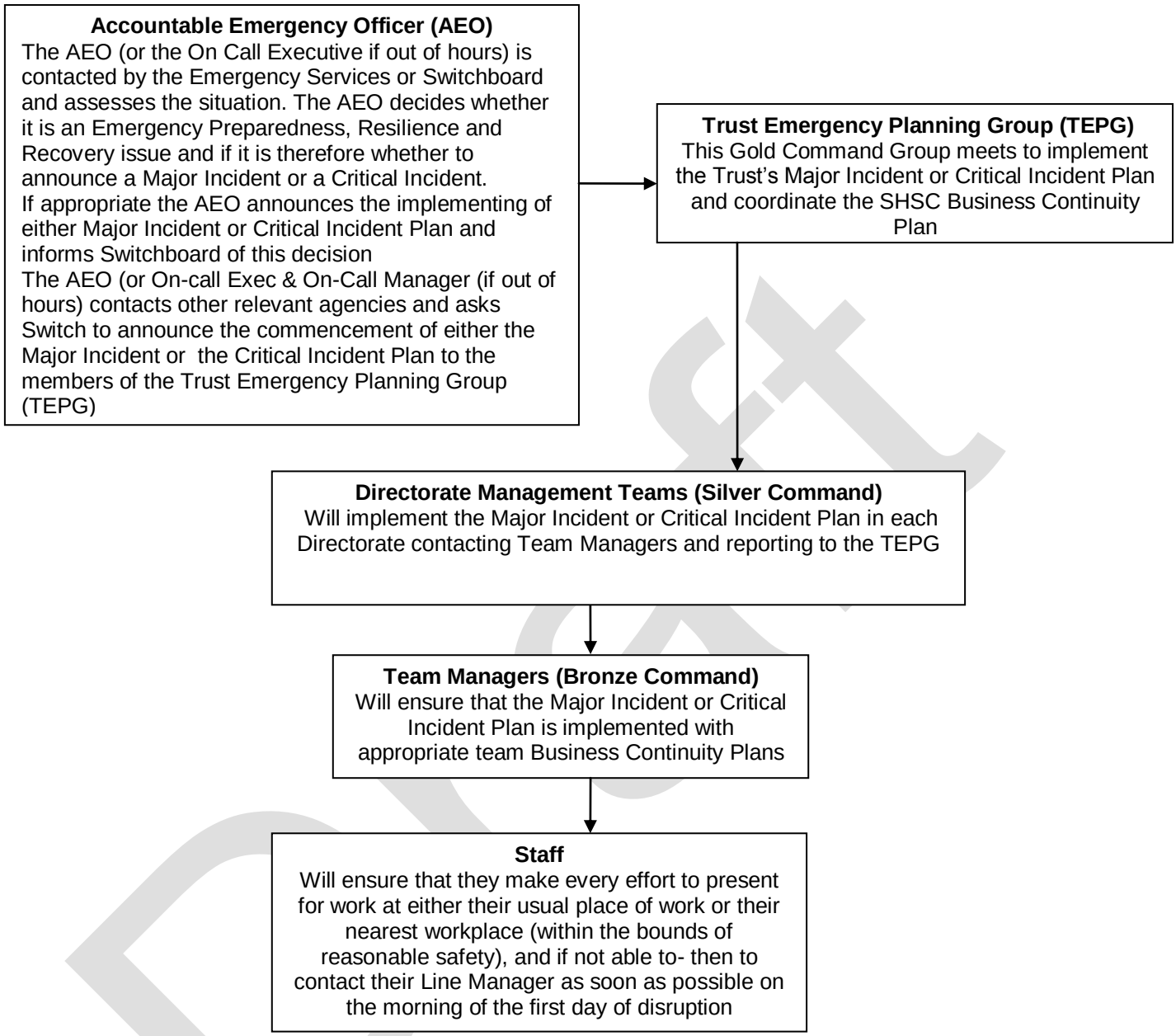
Major or Critical Incidents Plan

This plan should be read in conjunction with:

- The SHSC Adverse Weather Plan and Policy
- The SHSC Heat wave Plan
- The SHSC Fuel Disruption Plan
- The SHSC Policy on Procedures to be taken in the event of Bombs and Similar Risks or Threats
- The SHSC Chemical, Biological, Radiological and Nuclear (CBRN) Plan
- The SHSC Lockdown Plan
- The SHSC Evacuation Plan

Contents

Flowchart: EPRR Major Incident and Critical Incident Plan



1. Introduction

This Plan reflects guidance issued by NHS England and the Civil Contingencies Act 2004 (reviewed 2012).
The Sheffield Health and Social Care NHS Foundation Trust operates within the NHS England Emergency Preparedness, Resilience and Recovery (EPRR) structure

NHS England Response levels outline that each NHS funded organisation will have appropriate plans in place to address the different categories of threat to business continuity.

This Major Incident and Critical Incident Plan is at the centre of a suite of Emergency Preparedness, Resilience and Recovery (EPRR) documents

They address threats that are either city wide and affect the wider health community or are more localised and are focused on particular business continuity elements of the Trust.

The response to a Major Incident will follow the same internal Trust processes as a Critical Incident. However due to the city wide nature of a Major Incident and the involvement of a number of other agencies it will be more complex and have a greater focus on external liaison and joint working.

2. Scope

This plan has a Trust wide scope and it is the responsibility of all managers and staff to be aware of their responsibilities in the event of a Major or Critical Incident. The plan outlines the structure of the response to both Major and Critical Incidents within the Trust.
The Trust Emergency Planning Group (TEPG), which operates as Gold Command will ensure that the Silver (Tactical) Command has the resources and support necessary to make the appropriate operational decisions to manage the incident. Silver Command will ensure that Managers of staff teams (Bronze Command) are enabled to deliver the services that are prioritised.

This is a working document. It is essential that it is updated regularly to take account of any changes.
Each Directorate/Department will nominate an individual to take responsibility for ensuring that their local Business Continuity Plans are regularly tested and reviewed.
Any significant changes will be notified to the AEO immediately.

The AEO is responsible for reviewing the plan at least annually to take account of any changes and after any exercise or implementation of the plan to reflect learning

Team Business Continuity Plans will direct the teams response.
Team Managers will ensure that they that they are contactable by staff in the event of a Major or Critical Incident or a Deputy is identified.
They will also ensure that the team implement the their Business Continuity Plan.
Staff need to be aware of their nearest worksite (if their usual worksite is not accessible) in the event of a Major or Critical Incident,

All staff will ensure that they have planned their options in the event of Major or Critical Incident with their Manager, contact them as soon as possible on the first morning of disruption and keep in regular contact throughout the period

3. Definitions

NHS responses to threats fall into two categories:

A. A Major Incident is an occurrence that presents serious threats to the health of the community, or causes such numbers or types of casualties, as to require special measures to be implemented.
B. 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.

4. Duties

The organisation has a duty under the Civil Contingencies Act 2004 and the NHS Act 2006 to ensure that it takes appropriate steps to be prepared for dealing with a threat to its business continuity. All Managers and Staff will ensure that they are prepared to continue to provide a service in the event of a Major or Critical Incident.

The Trust has two priorities during a situation which is either a Major or Critical Incident:

A. The need to safely maintain services
B. Properly discharge its duty of care to patients, service users, staff and the public

It will undertake these in the following ways:

- Maintain the provision of essential services
- Provide accurate and timely information to support informed decision making
- Reduce the impact on all of the Trust services, patients, service users and staff by implementing the trusts Business Continuity Plan (BCP) and Teams BCP's
- Respond to and recover from a Major or Critical Incident effectively and efficiently
- Make every effort to maintain the dignity and privacy of patients and service users.

5. Guidance

As general guidance only, the following are examples of situations that would warrant activation of the Major or Critical Incident Plan.

A circumstance arises that:

- A Major Incident has been declared by an Emergency Service.
- Threatens continuity of services and in which services to existing or expected patients are immediately disrupted to the extent that they cannot be provided in the usual manner and substantial and wide-ranging action is required to either re-instate the service or provide for an alternative (e.g. a serious fire),
- Disrupts services in support of patient services which requires substantial and wide-ranging management action to re-instate (e.g. large scale IT failure),
  A hazard or potential hazard to staff, patients, visitors or members of the public in one of the Trust's premises, whether or not patient services are affected (e.g. unsafe building),

6. First Contact

The AEO (or the On Call Executive if out of hours) is contacted by the Trust On Call Manager, Emergency Services or Switchboard and assesses the situation on the basis of the information available at that time. The AEO decides whether it is an Emergency Preparedness, Resilience and Recovery issue and if it is therefore whether to announce a Major Incident or Critical Incident.

In the event of a Major Incident, eliciting a city wide response, the decision may have already been taken by the Emergency Services. In this event the AEO will announce a Major Incident within the Trust

7. Trust Emergency Planning Group

A. The role of the TEPG

The TEPG is the Gold Command structure within the organisation. It will assume a Command and Control function within the Trust for the duration of the Major or Critical Incident, under the direction of the AEO, Chief Executive or another Executive Director.

The TEPG will have a Core Team of:

- The Trusts Accountable Emergency Officer (AEO) or the Chief Executive, or (in their absence) - another Executive Director.
- A Loggist
- The Trust Emergency Planning Manager
- The Trusts Communications Manager

The role of the Gold Command is to manage the Trust (not the incident) and will concentrate on Strategic Liaison; Resources; Media; Corporate Reputation and Finance issues.

Other staff will be co-opted as appropriate.

B. Setting up the TEPG

The TEPG will base themselves at the most appropriate site in order to coordinate the Trust response to the business continuity threat. The Primary Incident Control Centre, which is where the TEPG will usually be based, is the Rivelin Room in the Tudor Building on the Fulwood House site. The Clarendon Room, next door to the Rivelin Room is the designated Silver (Tactical Command) room.

The Secondary Incident Control Room is based at Rooms 840 and 841 at the Michael Carlisle Centre.
Both sites have a Major Incident trolley which contains designated phones, stationery and other equipment including a flip chart and stand

A set of Aims and Objectives will be produced that reflect the Strategic Priorities of the Trust to best respond to the threat. These Aims and Objectives will be regularly reviewed as the situation develops.

Responsibilities will be apportioned by the AEO, the Chief Executive or the Executive Director chairing the TEPG. The Loggist will ensure that a formal record of decisions are made and ensure that these are signed by the AEO/ TEPG Chair.

If the Critical Incident is out of hours and/ or is likely to be ongoing, a plan will be developed to ensure the continuity of planning by identifying appropriate staff to maintain the work of the TEPG. This may need to be repeated several times until the Critical Incident status is stood down.

The TEPG has responsibility for determining the priorities of the organisation during the Critical Incident and this may involve closing some services in order to concentrate resources.
Staff deployment will be based upon need and skills mix and will ensure the safety and welfare of the workforce. Equally all of the physical resources of the organisation will be under the control of the TEPG

Staff will be expected to comply with all reasonable requests from Management in order to ensure the safety of service users and patients.

C. Aims and Objectives for TEPG

A set of Aims and Objectives will be produced that reflect the Strategic Priorities of the Trust to respond to the threat appropriately. These Aims and Objectives will be regularly reviewed as the situation develops.

The TEPG Aim's and Objectives will include:
Aim: Ensure safety of staff, patients and visitors
Objectives:

- 1. Work in coordination with all partners to manage the Major Incident
- 2. Ensure the business continuity of the Trust

D. Initial Agenda for TEPG

Full briefing
Is this a Major or Critical Incident?

Set Aims and Objectives
What decisions must be made make now?
Short break to enact any decisions made
Consult with stakeholders

See APPENDIX 1 for a Standard Agenda for subsequent meetings.

E. Communication

The TEPG will instruct Switchboard to text all Directors and advise them of the activation of the Major and Critical Incident Plan.

A plan will be developed to inform Trust staff of the situation as early as possible with regular updates.

The TEPG will organise a teleconference with relevant Managers at an early stage in the process to ensure that Directorate communication to staff is clear.

Communication with stakeholders and a plan for joint communiqués, if appropriate, will be developed.

The Communications Manager will ensure that messages about the incident are conveyed to relevant media providers and regular updates are provided.
A spokesperson will be identified for any media enquiries
If considered appropriate a Press Conference will be organised as soon as possible.

It is important to establish whether the incident has been declared a city-wide Major Incident, in which case the Police will take the lead in media briefing and the Communications Manager will clear all SHSC media statements with the Police.
In some circumstances a Joint Strategic Coordinating Group will be activated; it is important that its associated Media Briefing Centre is aware of all NHS media statements to ensure there is no conflict in joint response statements.
In such cases, copies of SHSC's media statements should be forwarded to NHS England and the Media Briefing Centre.
When the incident is related specifically to SHSC Services, the Communications manager will deal with the media directly, keeping the Police, NHS England, other NHS Trusts and Social Services, etc. informed.

Professional ethics and protection of individuals' privacy and dignity must be maintained.

The SHSC Communications Manager will consult with the AEO or Executive Lead in the Incident Control Centre to determine the extent and detail of information to be released.
As a general principle, information should not be withheld unreasonably, especially if its release could help to prevent damaging rumor's or errors arising.

F. Information Cascade

It is essential that all messages given are specific; particular attention is drawn to the following:

• This is/is not an exercise –

Either: state, "This is a real incident",

Or: Commence communication with "the exercise name".

State of alert - every person called needs to know what is expected of them;
e.g.:

- "Remain on standby, but do nothing now,"
- "Take action, but remain in situ,"
- "Come to work" - where and in what capacity.
- Level of cascade to involve - Clinical Services, in particular, must have in place cascade systems and capable of mobilising large numbers of staff. The Incident Control Team, in conjunction with the first-in-line contacts, need to clarify exactly how many staff they wish to involve and at what level of seniority

Messages - Particularly during working hours, the person answering the call may not necessarily be the person required. Messages should not be left if the person required is not available. It is essential that the Incident Control Team has feedback that an individual is able to respond/ not respond as requested.

If an individual cannot be spoken to directly, the caller should leave no message but say they will try someone else. If a message has to be left, the person should be asked to call the TEPG back within 5 minutes or to cancel the message.

G. Responses

The Major or Critical Incident is likely to have three phases: Response, Containment and Recovery.

Phase 1- The Initial Response
Establishing the scope of the incident, gathering information and disseminating it to those people who need to be involved is vital.
All appropriate means of communication will be used for the information collection and communication phase. Skype is available on Tablets and other appropriate communication will be used

Phase 2- Containment
Preventing escalation. The focus moves to caring for those affected, staff briefing, public information etc.
All appropriate stakeholders will be informed and Mutual Aid may be sought from partners.

Phase 3- Recovery
Returning the situation to normal and understanding lessons learned. Local services will coordinate the response in the long term including support for those involved and the reinstatement of the affected services

The TEPG will take a view, informed by the information that it has at the time, whether to form a Recovery Team- which, if created, will plan for the Post Response phase of the Critical Incident.

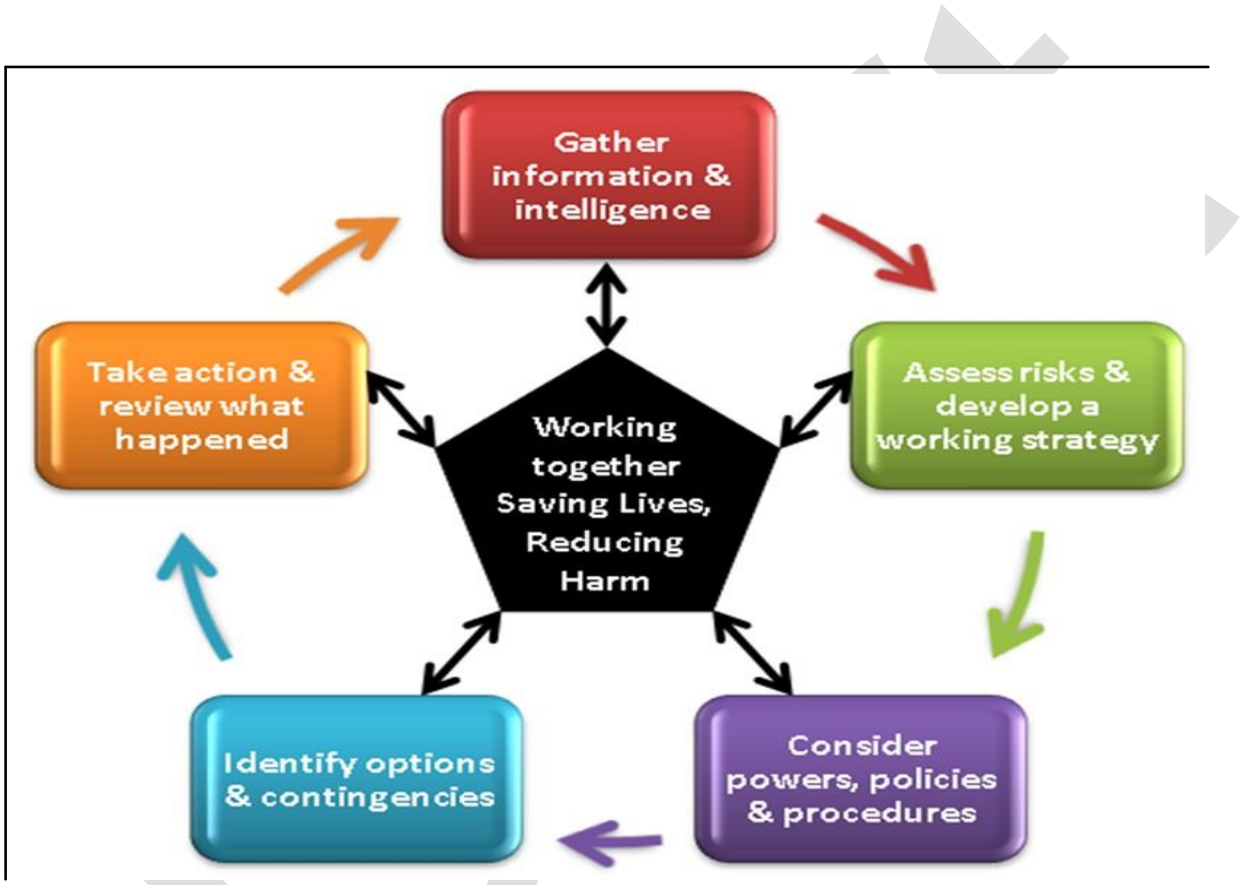
A Recovery Strategy will address the following objectives:

- Strategies for returning to normal business as quickly as possible
- Allocating staff to priority areas
- Establishing specialist sub groups, e.g. IT, Information Governance, Facilities etc
- Managing impact of the Major Incident upon expectations of partners and targets
- Implications of, and solutions to, lack of resources
- An Impact Assessment (covering impacts on social, health, environment, economic etc) is carried out as soon as possible and is regularly updated.
- Utilities are brought back into use as soon as possible

- All affected areas are restored to an agreed standard so that they are suitable for use for their defined future purposes
- Environmental protection and recovery issues are coordinated
- Information and media management of the recovery process is coordinated

H. TEPG Decision Making

The Joint Decision Model (below) will be used as a framework for the TEPG's work



The TEPG will use the STEEPLE structure to ensure that all factors are considered:

- Social
- Technical
- Environmental
- Ethical
- Political
- Legal
- Economic

It will also bear in mind the Escalation framework from NHS England

- Steady State
- Moderate State
- Severe Pressure

- Extreme Pressure

8. Armed Forces Support

Should this be considered necessary contact would be made via the AEO to NHS England.

9. Record Keeping

A. Contemporaneous Records:

The immediate demands of a major incident or emergency situation can easily fully occupy staff such that no records are kept and people then try to remember what they did “after the event”.

It is vital that all members of the TEPG and action card holders keep a record of instructions received, actions taken and any other incidents, so that the Trust can provide evidence to any subsequent Enquiry and can assess the success of the emergency response.

All notes should be made on the numbered notepads designed for this purpose.
Numbered notepads will be available in the Major Incident Trolley in the Incident Control Centre
A notepad will be issued to all TEPG members who should keep a record (with dates and times) of all instructions received, actions taken and any other incidents that may help the Trust assess the success of the emergency response and provide evidence to any subsequent Enquiry.
The notepad should remain intact; no part should be destroyed or erased.
However trivial the notes may appear, the total content may form an important contribution in assessing the continuity of response events. The notepad must be handed on if the holder is relieved during the incident and, following stand-down, it is to be returned to the Risk Management Department for safe storage.

A SITREP record will be maintained on both whiteboard and paper in the Incident Control Centre by Administrative Support and regularly updated. The AEO/ Executive/ Manager On-Call must deploy any Administration/Clerical support so that a contemporaneous record of the Trust’s responses is kept.

B. Statutory Notification:

The Trust’s Risk Management Department must be notified of the incident immediately.
NHS England must be informed of any major incidents through STEIS (Strategic Executive Information System) within 24 hours of the incident occurring.
They will then inform the Department of Health.

During normal working hours, the Risk Management Department will inform NHS England of any incidents occurring.

Contacting NHS England out of hours will be the responsibility of the Trust’s AEO or Executive Director On-Call.

C. Subsequent Enquiries:

No records/notes/action cards should be destroyed or thrown away. The Risk Management Department will collate all records of the incident from Major or Critical Incident notepads and records of staff involved.
The types of enquiry that may follow a Major or Critical Incident include:

- Internal Enquiry .This will be a Trust Review. This will be the minimum level of inquiry, organised by the Risk Management Department in conjunction with the Chief Executive and

Trust's Emergency Planning Manager to elicit the success of and lessons that can be learnt from the Major or Critical Incident response.

- Independent Inquiry. This will follow a decision by the Trust/NHS England to hold an investigation.

- Statutory Inquiry. This will be ordered by the Secretary of State.

10. Responsibilities

The Major or Critical Incident plan is based on the clear principle that in accordance with an employee's contract of employment they are required to attend for duty in order to receive payment.
The following is intended to provide guidance within which these circumstances can be dealt with effectively and equitably by managers

A. Responsibilities of the Employee

It is the responsibility of an employee to make every reasonable effort to attend for duty at their normal place of work.

Staff are only expected to travel if it is safe to do so and not to travel excessive distances in order to get to work. For journeys to work taking significantly longer than usual due to the major incident Managers can credit this extra travelling time to the staff members normal working pattern, i.e. people will not be considered 'late'.

In the event that it is not possible to travel to the normal worksite staff will report to the nearest open worksite where they have the appropriate skills to assist. Staff will have previously have discussed this with their line manager to identify a match between their skills and their nearest worksite. Staff presenting themselves at alternative worksites will need to take their SHSC ID badge with them.

In order to ensure that certain worksites are not inundated with workers (some of whom may be surplus to requirements) staff should ring their nearest alternative worksite before leaving home to ascertain that they are needed. If they are not needed staff should take:

- Flexi or Lieu time –if this is in use in the service
- Annual leave
- Unpaid leave of absence in the event of the above not being available

In the event of unforeseen circumstances the employee will take all reasonable steps to report their inability to attend for duty as soon as is practicably possible to their manager.
Existing timescales for reporting sickness absence should be used for this purpose.

Employees shall not unreasonably refuse to comply with temporary redeployment to an alternative base or to undertake other duties. All staff who are able to work, whether at their usual or an alternative worksite, will be expected to work proactively to contribute to the continuation of services. This will involve staff being prepared to undertake working in a flexible way within their skills set and experience. This may include cleaning or admin duties, or any other tasks that need to be covered to ensure that services to vulnerable people are prioritised.

In the event of an employee not attending for duty, lost time will be treated in the following ways (in the order in which they will be addressed):

- Flexi or Lieu time –if this is in use in the service
- Annual leave

- Unpaid leave of absence
- Marking the employee absent without pay where no notification or explanation is received by a manager.
- In exceptional situations the use of Carers Leave will be considered after negotiations with the Manager.

An employee shall inform their manager should they feel that their personal security or that of others is at risk.
Those staff who are due to attend training need to contact the course venue to ascertain if it is still planned and if so whether it is still appropriate to attend by contacting their Line Manager.

B. Responsibilities of the Manager

Managers will have previously discussed, with all their team, the issue of identifying a match between their skills and their nearest worksite which is likely to be open

In the event of unforeseen circumstances a manager shall ensure that adequate and appropriate communications and reporting mechanisms exist to enable staff to discharge their responsibilities.

In such circumstances a manager may consider a range of factors impacting upon an employee's ability to attend for duty at their normal place of work. These might involve (not in priority order):

- Distance travelled to work
- Prevailing Major Incident conditions and their estimated duration
- An employee's regular mode of transport
- The safety of the employee and their health
- The requirements of the Service
- The capacity for redeployment to a more accessible or appropriate base along with the provision of alternative duties
- The need to use alternative communication mediums and transport systems
- The use of existing on call arrangements in order to establish contingency arrangements where adverse conditions are foreseeable
- Any other factors pertaining at the time e.g. Disability, Carers responsibility etc

Where such circumstances arise and the employee is unable to attend for duty, a number of options may be considered and discussed with the employee. These might include:

- Use of flexi or lieu time- if this is in use in the service
- The use of outstanding annual leave
- Unpaid leave
- Marking the employee absent where no notification of their inability to attend is received.
- (NB: The last 2 options will require a reporting arrangement through to the Payroll Department).

Where a Manager judges that an employee has presented themselves for duty at their normal or alternative base after the usual starting time but due solely to the Major or Critical incident, payment shall not be unreasonably withheld. The use of flexi- time may be approved if such a system exists within the service.

Equally where an emergency situation arises during an employee's span of duty, managers shall exercise their discretion to enable the employee(s) to leave their place of work early, or be redeployed to an alternative base in order to maintain a safe system of working/appropriate level of service.

Where an emergency situation arises and schools close due to bad weather, the use of Carers Leave may be appropriate However this would need to be discussed in advance with the Line

Manager and reasonable actions taken to mitigate the need for this, if possible i.e. the use of annual leave or time in lieu will be the first options considered.
Staff will not bring their children to work in the event of schools closure.

Where the continued maintenance of a service is affected by Major or Critical Incident Manager will prioritise essential work to be undertaken and advise and deploy staff appropriately.

The Manager will have regard to all the relevant circumstances and inform the employee of what action to take.

A manager will to consider the use of appropriate mechanisms (e.g. phone calls, texts, personal visits, e-mails etc) to inform the service users of changes in service provision.

In certain circumstances reference may be made to the Carers Leave policy, ensuring that individual needs are addressed appropriately within the framework of service delivery and the duties of staff.

11. Working in the Community

A. Priorities

The Trust will prioritise the safe maintenance of services and discharge its duty of care to patients, service users, staff and the public
Inpatient services will be prioritised for additional support but the Trust is aware of its work with vulnerable people in the community and will act responsively to undertake this duty.

B. Risk Assessments

On an ongoing basis services in the community will identify those people considered most vulnerable and communicate with them regularly during the Major or Critical Incident. A decision will be made based on individual risk assessments to ensure that appropriate services are in place using the Trusts resources.
If the Risk Assessment indicates that the level of vulnerability is very high – Senior Managers in those Directorates will supply the Emergency Planning Manager, (or in their absence the Trusts Emergency Planning Lead, and in their absence the On-Call Executive) with all of the relevant details of the service required to individuals. Extra resources will then be coordinated on a priority needs basis by the AEO and the TEPG.

C. Community Bases

It the responsibility of Managers to undertake a Risk Assessment on their worksite.
This is to ensure the health and safety of service users, staff and the general public.

In the absence of the Manager, it is the responsibility of each employee to be aware of their own health and safety and that of others, and to contribute pro - actively towards a safe working environment.

D. Mobile Working

Staff may work from home if they have full access to INSIGHT, Diary, email and phone –using a Trust issued Tablet or Laptop.
This will be subject to Line Managers approval and it is their responsibility to ensure accountability for this work, i.e. being able to evidence work undertaken.

12. SHSC Response to a Mass Casualty situation

In the event of a situation of Mass Casualties occurring, the SHSC Major Incident Plan will be activated and the Trusts Emergency Planning Group will be convened –in keeping with the process for other major incidents. This group will then make decisions based on the available information.

The premise of this being in a rapid onset event it is easier to stand down from a Major Incident Plan than it is to play catch up in the mass casualty incident scenario.

A. Personalised Psychosocial and Mental Health Care –the SHSC Response

This element of the response is of particular relevance to SHSC as this will be its core task in a major incident response. This response falls into two categories:

1. To provide assessment and intervention services for people who do not recover from immediate and short-term distress after major incidents, disasters and other emergencies. Thus, SHSC will work with partner agencies and lead on: delivering primary mental healthcare and augmented primary mental healthcare services for people who develop mental disorders as a consequence of major incidents and disasters; and ensuring staff with the required skills are available from the specialist mental healthcare services to work with staff in primary care to develop their knowledge skills and resilience.

2. Access to secondary and tertiary mental health care services providing timely, appropriate and responsive specialist mental healthcare services for people who require them because they have developed or are thought to have mental disorders that require specialist intervention as a consequence of their exposure to major incidents or disasters. This may require medium-term and long-term specialist mental healthcare. This means that:

- Identified staff in the specialist mental healthcare services should be made available to work with and offer supervision and advice to staff in primary care after disasters or major incidents in order to augment primary healthcare responses;

- Identified staff in the specialist mental healthcare services should be made available to deliver liaison mental healthcare services for responders of all agencies according to agreed thresholds for referral.

B. At Risk Groups

Persons who are at particular risk include people who:

- are physically injured;
- experience high perceived threat to life (to themselves and/or significant others);
- have been exposed to dead bodies and/or major injury;
- have experienced multiple losses, losses of relatives and friends to whom they are close, and losses of property that is important to them;
- have their illusions of safety undermined;
- are faced with a circumstance of low controllability and predictability;
- have experienced the limitations of their power to protect themselves;
- have to live with the possibility that the disaster might recur;
- experience disproportionate distress at the time;
- have endured higher degrees of community destruction;
- have limited social support; and
- have previously had a mental disorder

C. Debriefing and Peer Support

The position taken by the DH guidance in respect of routine practice is that it is **not** advisable to provide a single-session intervention that focuses on people's emotional reactions to the events in which they have been involved. This is because forcing people to revisit their experiences in memory, when they are not ready so to do, risks re-traumatising them and it may obstruct the benefits to them of receiving social support from other persons.

SHSC is also mindful of the psychosocial support needed by its own staff who are required to deliver the services that are recommended within this guidance.

D.How People React to Disasters and Major Incidents

People are likely to be in one of four main groups on the basis of how they respond psychosocially to major incidents and disasters. Those groups are:

Group 1: People who show transient distress. People in this group are minimally or not upset. People in this sub-group are proportionately, mildly, temporarily, and predictably upset in the immediate aftermath of traumatic events, but which is not associated with any substantial level of dysfunction.

Group 2: People in this group are more substantially distressed, but are able to function satisfactorily in the short- and medium-terms. They are resilient people who have greater distress, but not amounting to a mental disorder, of longer duration.

Group 3: People who have more sustained or persistent distress associated with dysfunction and/or impairment. People in this group are disproportionately distressed or distressed and dysfunctional in the short- to medium-terms (this group includes people who may recover relatively quickly if they are given appropriate assistance, befriending and other interventions as well as people who may develop mental disorders - people in this group require a thorough assessment.

Group 4: People who develop a mental disorder. People in this group are those who develop a defined mental disorder in the short-, medium- or longer-terms. They require specialist assessment followed by timely and effective mental healthcare.

It is highly likely that people from each of these groups may seek consultation with healthcare practitioners.
Thus healthcare practitioners should have a general awareness of how people react to major events so that they are able to reassure people who consult them. They also have to identify their needs and distinguish people who could and should receive assistance from agencies - from other people who require more intensive mental health interventions including assessment and treatment.

The requirement on SHSC to provide assessments is most likely for people whose reactions fall into groups 3 and 4. People in those groups may also require complementary, simultaneous or sequential assistance from other agencies.

People and communities show remarkable psychosocial resilience. Up to approximately 75% of people recover psychosocially without requiring expert intervention given the care, assistance and good relationships with their families and friends and the support of their communities. However, this proportion changes with the nature of the disaster or major incident and the circumstances of particular people.

The psychosocial impact of disasters and major incidents also produces ripple effects and psychosocial responses are usually required on a wider scale than may be predicted initially. Major incidents and disasters may occur in one location, but they often have far wider effects on people and communities. Commuters may be involved in travel-related incidents as are tourists and visitors. Survivors and responders have relatives, work colleagues and other highly concerned people who are not directly involved. Not least, there needs to be active and positive engagement with the media. Thus, even local events may have national and international effects.

At clinical and operational management levels, there is an international consensus that how people progress during the first month provides the most helpful basis for predicting people's prognosis. Of course, caveats relating to the effects of non-inherent stressors should be taken into account in assessing people's needs and prognoses. However, in general terms, if distress is diminishing four weeks after exposure to a major incident, the people concerned are more likely to continue to recover. But if their distress is continuing, is increasing or is causing substantial problems for them or other people, an assessment of their mental health needs is required. Despite the variability of individual and group responses to major incidents, it is possible to plan for sufficient psychosocial services provided flexibility is built in to allow adjustments as the nature of events clarifies. As an example, psychosocial reactions after flooding may not follow the speed of development that has been set out so far; distress may be prolonged, develop more slowly and peak later (at around nine months after the event and as community life begins to return to more usual patterns after flooding of people's homes, for example).

13. Standing down the Major or Critical Incident.

The AEO and/or Chief Executive will decide at what point to stand down the TEPG and direct that business as usual is resumed.
Business as Usual may be an amended version of Moderate or Severe Pressure if the Incident is ongoing.
In some circumstances certain parts of the Trust, i.e. those still under Severe Pressure, may continue to be directed by the TEPG whilst others returned to Business as Usual

A Review of the Incident will be planned, appropriate external reports produced, and lessons learnt will be summarised for the Executive Directors Group and the Trust Board.
Policies and pans will be reviewed and relevant amendments made

APPENDIX 1

Agenda for Meetings of the Trust Emergency Planning Group (TEPG)

1. Situation update

- Overview of the situation to date
- Progress reports
- Advice received

2. Services/Resources required

- Impact on service areas
- Impact on others e.g. other NHS Trusts, City Council, voluntary organisations, transport
- Future requirements
- Staff - absence monitoring, well-being, affected staff

3. Response

- Prioritisation of services and staffing
- Policy decisions including
- Business Continuity

4. Recovery

- Recovery Strategy and Lead Manager
- Establishing Specialist sub groups
- Impact Assessment

5. Communications

- Lead person for interviews
- Staff – communications/briefings
- Media briefing
- Communication to public
- Key messages
- Board briefing

6. Agree Situation Reports for EDG

7. Financial Implications

- Authorisation of expenditure
- Record of expenditure

8. AOB & Time and date of next meeting

APPENDIX 2 ACTION CARDS

Purpose:

The Action Cards referred to in this plan (and contained in the following pages) provide detailed instructions and information about emergency procedures, functional roles and responsibilities pertinent to a specific post holder within the respective department or Trust.

Issue of Action Cards:

Each card indicates that the specific post or department required is performing the listed emergency procedures. The first available person capable of deputising for a specific post holder will take the action card from its location and follow the procedure described.
Responsibility will be handed over to the specific post-holder or the next available person from the cascade, at the earliest opportunity.
There may be successive handing on of Action Card functions, with appropriate briefing about the prevailing situation and all actions taken, when specialist or more senior colleagues arrive.
Note: The Executive in charge will use the Action Cards function to enable the rapid assessment of which specific functions are being covered/ not being covered at any time following the activation of the Major Incident Plan.

Contents

These cards are laminated and kept in the Major Incident Cabinet at both Fulwood House and the Michael Carlisle Centre for use in a major incident

ACTION CARDS:

Note: These cards are printed separately, laminated (for operational use) and stored in the Major Incident Cabinets at both Fulwood House and the Michael Carlisle Centre.

Out of Hours the First to Arrive will be the On Call Facilities Manager who will unlock the building All other staff will await their arrival

1. FIRST TO ARRIVE

A. AT THE INCIDENT CONTROL CENTRE (at Fulwood House)

Note*:* Please ensure all instructions given are specific and confirm nature of the incident with Switchboard.

- Gain access to the Rivelin Room Incident Control Centre (ICC)**:** If out-of-hours, await arrival of Estates Officer on-call to gain access to building.
- Out-of-hours**:** Use the main door entry system.
- Gain access to the Incident Control Centre and wheel Major Incident Cabinet into Rivelin Room.
- In Rivelin Room plug in emergency telephones. The Trusts switchboard is 2716310
- Open Communications Centre in the Clarendon Room and plug in emergency telephones.
- Report to Switchboard/Executive On-Call that the Incident Control Centre is activated.
- Note down all actions and time implemented on controlled stationery notepads.
- Action own Action Card.
- Obtain copies of all service On-Call lists from Switchboard.

B. THE RESERVE INCIDENT CONTROL CENTRE (at the Michael Carlisle Centre))

Note*:* Please ensure all instructions given are specific and confirm nature of the incident with Switchboard.

- The code for the 2 doors from the top of the stairs to the corridor in which Switchboard, and Rooms 840 and 841 will be given to you by Switchboard staff.
- Go to Room 840 (Incident Control Centre) and 841 (Communication Centre)
- Normal hours: normal access and as above for the codes and key.
- Gain access to the Incident Control Centre in Rooms 840 & 841; open major Incident Store with key (stored in Switchboard).
- Open Communications Room plug in emergency telephones.
- Report to Switchboard/Executive On-Call that the Incident Control Centre is activated.
- Note down all actions and time implemented on controlled stationery notepads.
- Action own Action Card.
- Obtain copies of all service On-Call lists from Switchboard.

2. The TRUST EMERGENCY PLANNING GROUP (TEPG)

Note: Please ensure all instructions given are specific (e.g. call, standby, what to do if not contactable

The TEPG should undertake the following duties:

- Base itself in the Incident Control Centre,
- Conduct an immediate assessment of the emergency situations,
- Review the status and resources of the Trust including its hospitals and other buildings and risk to staff, culminating in a decision to implement the Trust Major or Critical Incident Plan in full or in part.
- Confirm emergency contact arrangements to NHS England, those required to respond within the Trust, and other relevant response agencies.
- Continually monitor staff/services required, and instruct admin members to include appropriate cascades via divisional leads.
- Designate an individual to write up and update Sitrep report on white board, and how frequently this must be done (normally Admin Support Action Card if available**).**

Subsequently the team will:

- Regularly assess the emergency situation and the status of the response,
- Regularly assess the risks to Trust staff, premises and functions,
- Agree to stand down the Major or Critical Incident, and inform all staff on standby to stand down,
- Identify an individual to initiate and lead the recovery plans,
- Analyse the incident and the way it was handled, and make recommendations for future implementation,
- Complete a report for the Chief Executive.

3. ACCOUNTABLE EMERGENCY OFFICER/ EXECUTIVE DIRECTOR ON-CALL

Note*:* Please ensure all instructions given are specific (e.g. call, standby, what to do if not able to contact*)*

Either

Confirm a Major or Critical Incident has been called and by whom, or

Decide to call a Major or Critical Incident in response to the situation described**.**

- **Call Switchboard** (0114 2716310) and confirm that the "Senior Manager On-Call" has been informed,
- **Determine which additional Service Manager(s)** you need immediately to call in or to put on standby; ask Switchboard to call,
- **Ask Switchboard** to call out support to the Executive On-Call**,**
- **Go to the designated Major Incident Centre** in Fulwood House or the Reserve Centre in Room 841 at the MCC, as appropriate,
- **Decide** which other personnel are immediately required and inform
- **Switchboard/Communication Room to contact. (**Note: make it clear whether to call in or to place on standby and appropriate numbers/cascade level call),
- **Lead** the Incident Control Room team once it has assembled**, (NOTE: see Incident Control Team Action Card),**
- **Document** all actions and the time implemented on controlled stationery notepads,
- **Give information** to Admin Support to update SITREP and SHSC Risk Department regularly,
- **Liaise** with **other Trusts or Agencies,** as appropriate,
- Prepare a **report** for the **Chief Executive**,
- **At end of incident** ensure all staff placed on standby are stood down,
- **Hand over** to the person identified to lead recovery plans,
- **In an extended incident**, make arrangements for rotas of all key incident control team members, and instigate formal handover.

4. Emergency Planning Manager

- Ensure resources are available for the SHSC Major and Critical Incident plan implementation- before, during and after the event.
- Support the AEO in a Major or Critical Incident
- Undertake tactical liaison with partner organisations in the event of a Major Incident
- Work with the Emergency Planning Leads within SHSC to ensure TEPG decisions are effective
- Ensure Lessons Learnt are incorporated into the SHSC Major and Critical Incident Plan
- Support preparation for Reviews and Inquiries if relevant.

5. The Loggist

Note*:* Please ensure all instructions given are specific (e.g. call, standby, what to do if not able to contact)
If first to arrive at the Incident Centre, implement First to Arrive Action Card,
Activate standby telephones in the Communication Room, and assist Switchboard in responding to calls transferred.

- **Ensure** all members of the Incident Control Team have controlled stationery notepads,
- Regularly **collect records of activity** of individual team members for the Executive Lead,
- Log decisions (and the reasons for them) and record incoming information- dated and timed
- **Prepare and update SITREP** on white boards and paper, as instructed by the Executive Lead,
- **Activate service cascades** as instructed by the Executive Lead,
- **Prepare reports** and documents as required by incident control team member,
- **Provide report** of actions for the Chief Executive.

In an Implement situation the Loggist will:

- Begin the log at the start of the situation, ensure your name (in full) is put at the beginning of the log together with date and time (using 24 hour clock
- Ensure all pages within the log book are numbered
- Date and time every entry in the log (using 24 hour clock)
- Do not use shorthand of abbreviations, unless universally recognizable, e.g. NHS
- Do not make 'rough' notes to tidy up later- notes should be contemporaneous and should not be altered in any way
- Record all factual information and decisions made (ask fior clarification of decisions made if unsure)
- Remember to record all officers who enter and leave the room with times they entered and left
- Complete all records legibly and accurately in black ink
- If the information is sensitive carry out the following:
    - After the last entry rule 2 black lines under the last entry and enter the sensitive information under these 2 lines in red. After the sensitive entry rule rule black line and carry on recording the decisions
- If there are any gaps in the 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 any additional space and initial it
- Receive and record e-mails and phone calls 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, e.g. communication received, actioned by/ responded to.
- If passing Incident log to another person, rule 2 black lines and put in the entry who you are handing over to with the date and time and your signature and that the new Loggist enters their details. The entries must follow on sequentially to ensure that there is no gap in the recording.
- You are not a minute taker you should only be taking notes for decision makers or actions. Someone else will be assigned to take minutes in meetings

6. COMMUNICATIONS MANAGER

Note: Please ensure all instructions given are specific (e.g. call, standby, what to do if not able to contact)

- **Identify** an appropriate **media spokesperson(s)**,
- **Identify** and establish key sources of information about the incident.
- **Establish Admin Support** and begin note taking, i.e. take calls from the media and fill in media enquiry forms, keep a record of all media enquiries.
- **Working as part of the core team**, advise/support the media spokesperson in preparing an initial media response and field initial media enquiries.
- **Document all actions** and time implemented on controlled stationery notepads.
- **Check** whether a Major or Critical incident has been declared and follow the appropriate actions, as follows:

  Card A: SHSC incident
  Card B: City-wide incident

A. AN INCIDENT ON AN SHSC SITE- MEDIA/COMMUNICATIONS

Note: Please ensure all instructions given are specific (e.g. call, standby, what to do if not able to contact*)*

NOTE: If the incident involves a criminal act, make immediate contact with the police and check any media comment with them before it is issued.

- **Issue a holding statement** to give reassurance and factual information and say what we are doing
- **Establish contact** with **Communication Leads** in the Local Health and Emergency Services and Local Authority (see telephone list), and brief NHS England.
- **Keep in touch** with and, where possible, spend time with the media to build relationships and exchange information.
- **Organise a room** for the media's use, including access to Guest wi-fi, e-faxes, telephones and refreshments.
- **Maintain** a **flow of clear, accurate and full information** together with regular and timely news conferences - remember media deadlines.
- When/if a **Press Conference** is necessary, prepare a News Conference Room with display boards with name and logo as a backdrop, set out a room suitable for cameramen and photographers allowing free movement and with consideration of daylight from windows; signpost the room.
- **Provide** media spokesperson(s) with up-to-date information and agree a statement and what information should be shared at the news conference.
- **Brief the spokesperson(s)** about which media will be attending**.**
- If the **incident is on another site**, arrange for accompanied media visits to the site for pre-arranged interviews/photographs/filming. Find out what the media requirements are - better to be in control than to be caught unawares.
- **Monitor media coverage;** react, respond and refute, if necessary. Beware of the 'information void'; be ready with 'news' for quiet periods.
- **After the event,** hold a debriefing with all involved, including the media. Look at how the information was managed and what lessons can be learned from the experience.

B. CITY-WIDE INCIDENT MEDIA/ COMMUNICATIONS

Note: Please ensure all instructions given are specific (e.g. call, standby, what to do if not able to contact)

- **In a City-wide Major Incident**, **responsibility for dealing with the media** is that of the **Police**. However, key organisations involved may still be asked for comment through press statements or interviews. If approached directly by the media, it is important to contact the Police first before issuing any statements.
- **Be prepared for a request for information**. Keep detailed account of events from Sheffield Health and Social Care NHS Foundation Trust's point of view.
- **Establish contact** with **Communication Leads** in the Local Health and Emergency Services and Local Authority and brief NHS England and SHSC's Non-Executive and Chairman.
- **Brief** the Gold Command about the likelihood of a media interview or request for a statement and prepare accordingly

APPENDIX 3

Psycho- Social Support to Victims of Major Incidents

Note: Experience from the London Bombings in 2007 suggests that relatively few people will present for psycho social support. However the Psycho Social support from SHSC in the event of a Major or Critical Incident will be composed of several elements:

1. Support to members of the public

A. In the event of a Major Incident a pre-prepared page on the SHSC website will be activated by the Communications Manager

B. GP's will be advised to direct their patients to the SHSC website and if symptoms persist then to refer individuals to the Improving Access to Psychological Therapies (IAPT) service. This advice from SHSC will be disseminated via the CCG to Sheffield GP's.

C. Appropriate literature and information will be displayed on the SHSC website

2. Psycho Social Support to the Major Incident Command and Control Centre

A. The SHSC Director of Psychological Services or their Deputy will attend the Sheffield wide Major Incident Command & Control Centre. Advice will be given via the Command and Control Centre to First Responders for advising the public. The following tables are for guidance, to help and inform staff.

Do	**Don't**
Listen and aim to reduce distress	Attempt to debrief (i.e. asking the victims for details of what happened) the victims/those affected by the incident;
Hand out literature on common reactions to trauma;	Make assumptions about people's experiences
Advise people to consult the SHSC website for information on information on trauma	Assume everyone exposed to the situation will be traumatised
Advise that if symptoms of trauma persist for 12 weeks or more see your GP and they will consider a referral to the Improving Access to Psychological Therapies (IAPT) service	Label reactions as 'symptoms' or talk about 'disorders'
Encourage active coping strategies: Contacting relatives and friends • Eating & drinking sufficiently • Sleep • Exercise • Talking to family, friends and colleagues	

2. Distress v Disorder

Psychological Distress that is typically experienced	Factors likely to require professional support
Short lived (days to weeks)	Long lived (weeks to months**)**
Normal response to abnormal event	Associated with impaired functioning
Tearfulness, difficulty sleeping, preoccupation	Fulfill psychiatric diagnostic criteria
Somatic symptoms of anxiety (e.g. shortness of breath, palpitations, loss of appetite)	Likely to present to primary care

The Workplace Wellbeing service is available to all staff on a confidential basis in addition to the above advice and services.

APPENDIX 4

Emergency Planning Situation Report (Sit Rep)

This Situation Report is to be completed by the Service Director or Senior Manager deputising for them in each Directorate. Please return this to the Emergency Planning Manager greg.harrison@shsc.nhs.uk on a daily basis until usual service is resumed. In the event of an IT outage please use this template as a structure to phone in the information to his mobile 07792 203072. In his absence please return this to Clive Clarke, the Accountable Emergency Officer
Note: Please complete all fields. If there is nothing to report, or the information request is not applicable, please insert NIL or N/A.

Directorate:		**Date:**	
Name & Role (completed by):		**Time:**	
Mobile Telephone number:			
Email address:			

Type of Incident	**e.g. Severe Weather.**
Have you experienced any serious operational difficulties e.g. travel to community service users, staff unable to attend for duty, requests for assistance.	
Impact on services and patients:	
Have you invoked Business Continuity Plans?, *including any planned reduction in services and any rescheduled appointments etc.*	

Impact on other service providers		
Mitigating actions taken		
Additional comments,		
Staff Unable to attend work Please list job roles and numbers:	***Role***	***Number unable to attend***
	•	
	•	
	•	
	•	