

EMERGENCY PREPAREDNESS, RESILIENCE & RESPONSE POLICY

August 2017

Authorship :	Performance & Improvement Manager / Risk & Assurance Manager
Reviewing Committee :	CCG Executive
Date :	N/A
Approval Body :	Governing Body
Approved Date :	September 2017
Review Date :	September 2019
Equality Impact Assessment :	Yes
Sustainability Impact Assessment :	Yes
Related Policies	<ul style="list-style-type: none"> • COR 18 On Call Policy • COR 16 Business Continuity Policy • OPEL Escalation Plan • A&E Delivery Board Escalation Framework and Delivery Plan • On-Call Pack • COR 05 Mobile Working Policy • HR 20 Home Working Policy
Target Audience:	All employees, members, committee and sub-committee members of the group and members of the Governing Body and its committees.
Policy Reference No:	COR17
Version Number:	3.0

The on-line version is the only version that is maintained. Any printed copies should, therefore, be viewed as 'uncontrolled' and as such may not necessarily contain the latest updates and amendments.

POLICY AMENDMENTS

Amendments to the policy will be issued from time to time. A new amendment history will be issued with each change.

New Version No.	Issued by	Nature of Amendment	Approved by and Date	Date on Internet
0.1	Performance & Improvement Manager	First Draft		
0.2	Policy & Assurance Manager Performance & Improvement	VOYCCG Policy Formatting Update to definitions Update to accountabilities and responsibilities Updates to Action Cards Checklists APPROVED	Governing Body December 2014	
1.0				
1.1 1.2	Performance Improvement Manager	Remove NHSE tel. number Update NHSE Area Team ref. and incident level definitions to bring into line with NHSE published EPRR framework. SRG ref updated to A&E Delivery Board APPROVED	Governing Body: Oct 16 Chief Operating Officer: 11 Oct 16	
2.0				
2.1	Performance Improvement Manager	Replaced NHSE North Yorkshire & Humber with NHSE Area Team (North).		19 October 2017
	Risk and Assurance Manager	Para 5.2: addition of reference to CCG Constitution emergency powers Formatting in compliance with CCG Policy on Policies Links to National Risks Update to National Threat Levels Updated risk assessments published by the North Yorkshire Resilience Forum	Governing Body, September 2017	
3.0				

To request this document in a different language or in a different format, please contact:

valeofyork.contactus@nhs.net / 01904 555870

CONTENTS

SECTION A – POLICY	4
1. INTRODUCTION	4
2. POLICY STATEMENT	4
3. IMPACT ANALYSES	5
4. SCOPE of POLICY	5
5. PRINCIPAL LEGISLATION AND STANDARDS.....	5
6. ROLES / RESPONSIBILITIES / DUTIES.....	6
7. DISSEMINATION, TRAINING AND REVIEW.....	8
SECTION B - IDENTIFYING SIGNIFICANT INCIDENTS OR EMERGENCIES ...	9
8. THE ROLE OF THE CCG WITHIN THE LOCAL AREA	10
9. PLANNING AND PREVENTION.....	13
10. RISKS.....	15
11. ESCALATION, ACTIVATION AND RESPONSE	19
SECTION C - ACTION CARDS	22
12. ACTIVATION / ESCALATION FLOWCHART	31
13. CONSULTATION, APPROVAL AND RATIFICATION PROCESS.....	32
14. DOCUMENT CONTROL INCLUDING ARCHIVING ARRANGEMENTS ..	32
15. IMPLEMENTATION.....	32
16. TRAINING AND AWARENESS	32
17. MONITORING AND AUDIT	33
18. REVIEW	33
19. REFERENCES	33
20. ASSOCIATED POLICIES/DOCUMENTS	33
21. CONTACT DETAILS	33
22. APPENDIX 1: EQUALITY IMPACT ANALYSIS FORM	34
24. APPENDIX 2: SUSTAINABILITY IMPACT ASSESSMENT	38
25. APPENDIX 3 ABBREVIATIONS.....	41

SECTION A – POLICY

1. INTRODUCTION

- 1.1. The NHS needs to be able to plan for and respond to a wide range of incidents and emergencies that could affect health or patient care. These could be anything from severe weather to an infectious disease outbreak or a major transport accident. Under the Civil Contingencies Act (2004), NHS organisations and sub-contractors must show that they can deal with these incidents while maintaining services to patients. This work is referred to in the health service as 'emergency preparedness, resilience and response' (EPRR).
- 1.2. As detailed in NHS England's framework the emergency preparation, resilience and response role of CCGs is to:
- Ensure contracts with provider organisations contain relevant emergency preparedness, resilience (including business continuity) and response elements
 - Support NHS England in discharging its emergency preparedness, resilience and response functions and duties locally
 - Provide a route of escalation for the Local Health Resilience Partnership (LHRP) should a provider fail to maintain necessary emergency preparedness, resilience and response capacity and capability
 - Fulfil the responsibilities as a Category 2 Responder under the Civil Contingencies Act 2004 including maintaining business continuity plans for their own organisation
 - Be represented on the LHRP
 - Be represented at the LHRP sub-group
 - Seek assurance that provider organisations are delivering their contractual obligation.

2. POLICY STATEMENT

- 2.1. This policy outlines how NHS Vale of York CCG will meet the duties set out in legislation and associated statutory guidelines, as well as any other issues identified by way of risk assessments as identified in the national risk register.
- 2.2. The aims of this procedural document are to ensure NHS Vale of York CCG acts in accordance with the Civil Contingency Act 2004, the Health & Social Care Act 2012 and any relevant national policy and guidance as issued by the Department of Health in our role as a Category 2 Responder.

3. IMPACT ANALYSES

Equality

- 3.1. As a result of performing the screening analysis, the policy does not appear to have any adverse effects on people who share Protected Characteristics and no further actions are recommended at this stage. The results of the screening are attached.

Sustainability

- 3.2. A Sustainability Impact Assessment has been undertaken. Positive and negative impacts are assessed against the twelve sustainability themes. The results of the assessment are attached.

4. SCOPE OF POLICY

- 4.1. This policy applies to those members of staff that are directly employed by NHS Vale of York CCG and for whom NHS Vale of York CCG has legal responsibility. For those staff covered by a letter of authority / honorary contract or work experience this policy is also applicable whilst undertaking duties on behalf of NHS Vale of York CCG or working on NHS Vale of York CCG premises and forms part of their arrangements with NHS Vale of York CCG. As part of good employment practice, agency workers are also required to abide by NHS Vale of York CCG policies and procedures, as appropriate, to ensure their health, safety and welfare whilst undertaking work for NHS Vale of York CCG.

5. PRINCIPAL LEGISLATION AND STANDARDS

- 5.1. The following legislation and guidance has been taken into consideration in the development of this procedural document:
- The Civil Contingencies Act 2004 and associated formal Cabinet Office Guidance
 - The Health and Social Care Act 2012
 - The requirements for Emergency Preparedness, Resilience and Response Framework.
 - The requirements for Emergency Preparedness, Resilience & Response as set out in the applicable NHS standard contract
 - NHS England's EPRR documents and supporting materials, including NHS England's Business Continuity Management Framework (service resilience) 2013, NHS England's Command and Control Framework for the NHS during significant incidents and emergencies (2013), NHS England's Model Incident Response Plan (national and regional teams) 2013, and NHS England's Core Standards for Emergency Preparedness, Resilience and Response (EPRR)

- National Occupational Standards (NOS) for Civil Contingencies – Skills for Justice
- BSI PAS 2015 – Framework for Health Services Resilience
- ISO 22301 Societal Security - Business Continuity Management Systems – Requirements

The CCG Constitution

- 5.2. The section in the CCG Constitution referring to emergency powers and urgent decisions applies

6. ROLES / RESPONSIBILITIES / DUTIES

6.1. LHRP responsibilities

- Facilitate the production of local sector-wide health plans to respond to emergencies and contribute to multi agency emergency planning.
- Provide support to NHS England and PHE in assessing and assuring the ability of the health sector to respond in partnership to emergencies at an LRF level.
- Each constituent organisation remains responsible and accountable for their effective response to emergencies in line with their statutory duties and obligations. The LHRP has no collective role in the delivery of emergency response.

6.2. NHS England EPRR Guidance 2013 outlines key Responsibilities as:

- the Accountable Officer is responsible for ensuring that the CCG has an incident response plan and is able to respond to an emergency;
- the board is regularly briefed with reports on the CCGs' preparedness;
- additional risks, training and exercises;
- an Accountable Emergency Officer is appointed;
- communications exercise should be carried out every 6 months;
- a table top exercise should be carried out yearly; and
- a live exercise should be carried out every three years.

6.3. CCG Commitments

- comply with the Civil Contingencies Act 2004 as a category 2 responder;
- comply with the NHS England EPRR guidance 2013;
- publish this plan and distribute it to key partners;
- provide appropriate resources for EPRR;
- undertake regular review and testing of the plan;

- ensure the NHS Trusts they commission health services from comply with NHS guidance and their duties under the Civil Contingencies Act 2004;
- attend the North Yorkshire Local Health Resilience Partnership;
- contribute to an annual report by the NHS England on the health sectors EPRR capability; and
- produce an annual work programme.

6.4. Overall accountability for ensuring that there are systems and processes to effectively respond to emergency resilience situations lies with the Chief Officer and the Accountable Emergency Officer.

The Accountable Emergency Officer

6.5. The Accountable Emergency Officer has responsibility for:

- Ensuring that the organisation is compliant with the Emergency Preparedness Resilience & Response requirements as set out in the Civil Contingencies Act (2004), the NHS planning framework and the NHS standard contract as applicable.
- Ensuring that the organisation is properly prepared and resourced for dealing with a major incident or civil contingency event
- Ensuring the organisation and any providers it commissions, has robust business continuity planning arrangements in place which reflect standards set out in the Framework for Health Services Resilience (PAS 2015) and ISO 22301
- Ensuring the organisation has a robust surge capacity plan that provides an integrated organisational response and that it has been tested with other providers and parties in the local community(ies) served
- Ensuring that the organisation complies with any requirements of NHS England, or agents thereof, in respect of the monitoring of compliance
- Providing NHS England, or agents thereof, with such information as it may require for the purpose of discharging its functions
- Ensuring that the organisation is appropriately represented at any governance meetings, sub-groups or working groups of the LHRP or Local Resilience Forum (LRF) – which locally is the North Yorkshire LRF.

Commissioning and Contracting leads

6.6. Commissioning and contracting leads have responsibility for ensuring emergency preparedness, resilience and response requirements are embedded within provider contracts.

The A&E Delivery Board

6.7. The A&E Delivery Board has responsibility for effectively managing Surge and Escalation within the area.

7. DISSEMINATION, TRAINING AND REVIEW

Dissemination

- 7.1. The effective implementation of this procedural document will support openness and transparency. NHS Vale of York CCG will:
- Ensure all staff and stakeholders have access to a copy of this procedural document via the organisation's website.
 - Communicate to staff any relevant action to be taken in respect of complaints issues.
 - Ensure that relevant training programmes raise and sustain awareness of the importance of effective complaints management.
- 7.2. This procedural document is located on the NHS Vale of York 'Y' Drive, in the Emergency Planning Policy [folder](#).
- 7.3. A set of hardcopy Procedural Document Manuals are held by the Governance Team for business continuity purposes. Staff are notified by email of new or updated procedural documents.

Training

- 7.4. All staff will be offered relevant training commensurate with their duties and responsibilities. Staff requiring support should speak to their line manager in the first instance.

Review

- 7.5. As part of its development, this procedural document and its impact on staff, patients and the public has been reviewed in line with NHS Vale of York CCG's Equality Duties. The purpose of the assessment is to identify and if possible remove any disproportionate adverse impact on employees, patients and the public on the grounds of the protected characteristics under the Equality Act.
- 7.6. This procedural document will be reviewed every three years by NHS Vale of York CCG, and in accordance with the following as and when on a required basis:
- Legislatives changes / Case Law
 - Good practice guidelines
 - Significant incidents reported or new vulnerabilities identified
 - Lessons identified from actual incidents or exercises
 - Changes to organisational infrastructure
 - Changes in practice
- 7.7. Procedural document management will be performance monitored to ensure that procedural documents are in-date and relevant to the core business of the CCG. The results will be published in the regular Corporate Assurance Reports.

SECTION B - IDENTIFYING SIGNIFICANT INCIDENTS OR EMERGENCIES

Overview :

7.8. This procedure covers the CCG response to a wide range of incidents and emergencies that could affect health or patient care, referred to in the health service as 'emergency preparedness resilience and response' (EPRR).

Definition :

7.9. A significant incident or emergency can be described as any event that cannot be managed within routine service arrangements. Each requires the implementation of special procedures and may involve one or more of the emergency services, the wider NHS or a local authority. A significant incident or emergency may include :

- a. Any occurrence where the NHS funded organisations are required to implement special arrangements to ensure the effectiveness of the organisation's internal response. This is to ensure that incidents above routine work but not meeting the definition of a major incident are managed effectively.
- b. An event or situation that threatens serious damage to human welfare in a place in the UK or to the environment of a place in the UK, or war or terrorism which threatens serious damage to the security of the UK. The term "major incident" is commonly used to describe such emergencies. These may include multiple casualty incidents, terrorism or national emergencies such as pandemic influenza.
- c. An emergency is sometimes referred to by organisations as a major incident. Within NHS funded organisations an emergency is defined as the above for which robust management arrangements must be in place.

Types of incident :

7.10. An incident may present as a variety of different scenarios, they may start as a response to a routine emergency call or 999 response situation and as this evolves it may then become a significant incident or be declared as a major incident. Examples of these scenarios are :

- Big Bang – a serious transport accident, explosion, or series of smaller incidents.
- Rising Tide – a developing infectious disease epidemic, e.g. Pandemic Flu or Ebola; or a capacity/staffing crisis or industrial action.
- Cloud on the Horizon – a serious threat such as a significant chemical or nuclear release developing elsewhere and needing preparatory action.
- Headline news – public or media alarm about an impending situation.
- Internal incidents – fire, breakdown of utilities, significant equipment failure, hospital acquired infections, violent crime.
- CBRN(e) – Deliberate (criminal intent) release of chemical, biological, radioactive, nuclear materials or explosive device.

- HAZMAT – Incident involving Hazardous Materials.
- Mass casualties.

Incident level:

7.11. As an incident evolves it may be described, in terms of its level, as one to four as identified in the table below.

NHS England Incident levels	
1	An incident that can be responded to and managed by a local health provider organisation within their respective business as usual capabilities and business continuity plans in liaison with local commissioners.
2	An incident that requires the response of a number of health providers within a defined health economy and will require NHS coordination by the local commissioner(s) in liaison with the NHS England local office.
3	An incident that requires the response of a number of health organisations across geographical areas within a NHS England region. NHS England to coordinate the NHS response in collaboration with local commissioners at the tactical level.
4	An incident that requires NHS England National Command and Control to support the NHS response. NHS England to coordinate the NHS response in collaboration with local commissioners at the tactical level.

8. THE ROLE OF THE CCG WITHIN THE LOCAL AREA

8.1. The CCG is a Category 2 Responder and is seen as a ‘*co-operating body*’. The CCG is less likely to be involved in the heart of the planning, but will be heavily involved in incidents that affect the local sector through cooperation in response and the sharing of information. Although, as a Category 2 Responder, the CCG has a lesser set of duties, it is vital that the CCG shares relevant information with other responders (both Category 1 and 2) if emergency preparedness, resilience and response arrangements are to succeed.

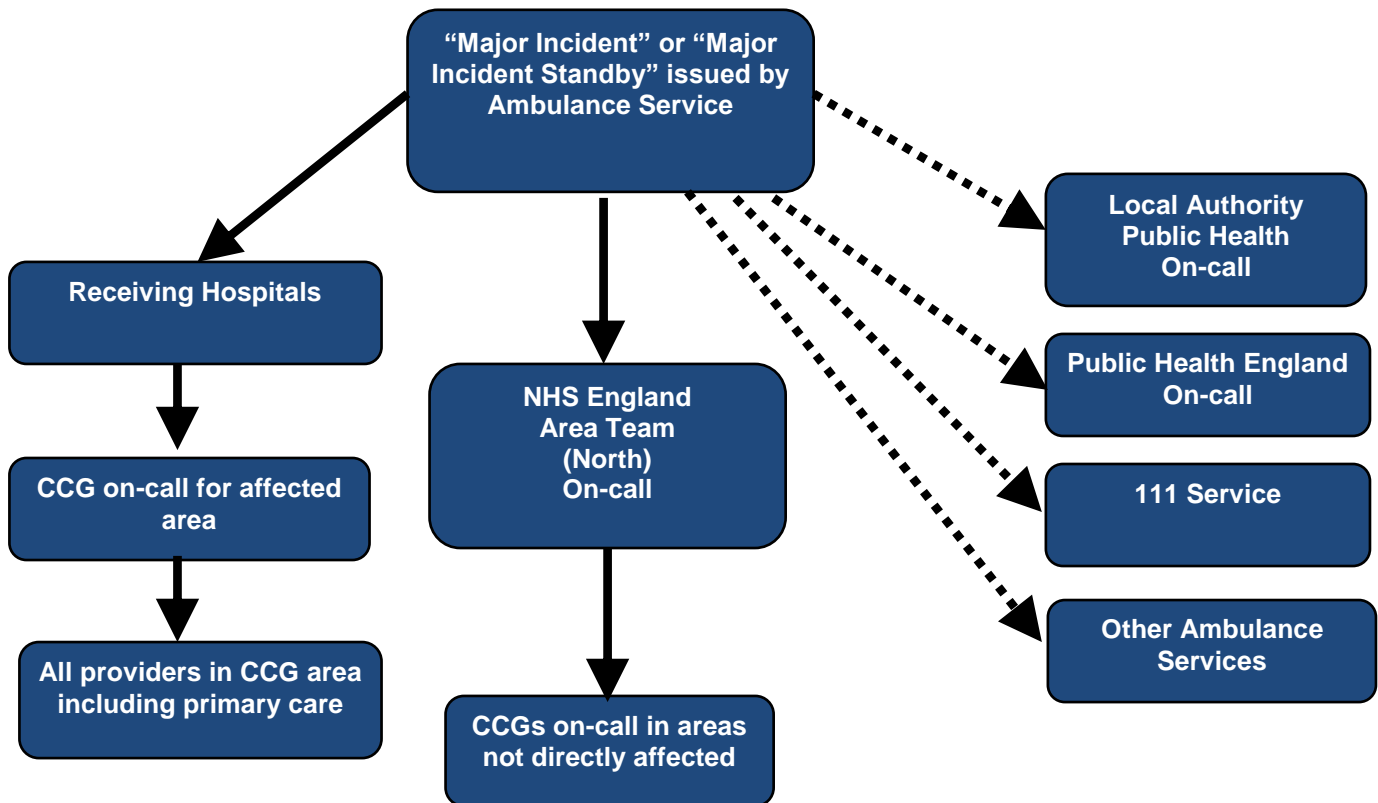
8.2. A significant or major incident could place an immense strain on the resources of the NHS and the wider community, impact on the vulnerable people in our community and could affect the ability of the CCG to work normally. When events like these happen, the CCG’s emergency resilience arrangements will be activated. It is important that all staff are familiar with this procedure and are aware of their responsibilities. Staff should ensure that they are regularly updated to any changes in the emergency response, as notified by the Accountable Emergency Officer. Departments / teams must also maintain accurate contact details of their staff, to ensure that people are accessible during an incident.

Major Incident Declared by an Ambulance Service

Yorkshire Ambulance Service NHS Trust is responsible for informing receiving hospitals and the NHSE Area Team whenever the service declares a 'major incident' or 'major incident standby'. NHSE Area Team is also responsible for advising the NHS England of any major incidents or other significant incidents.

Key

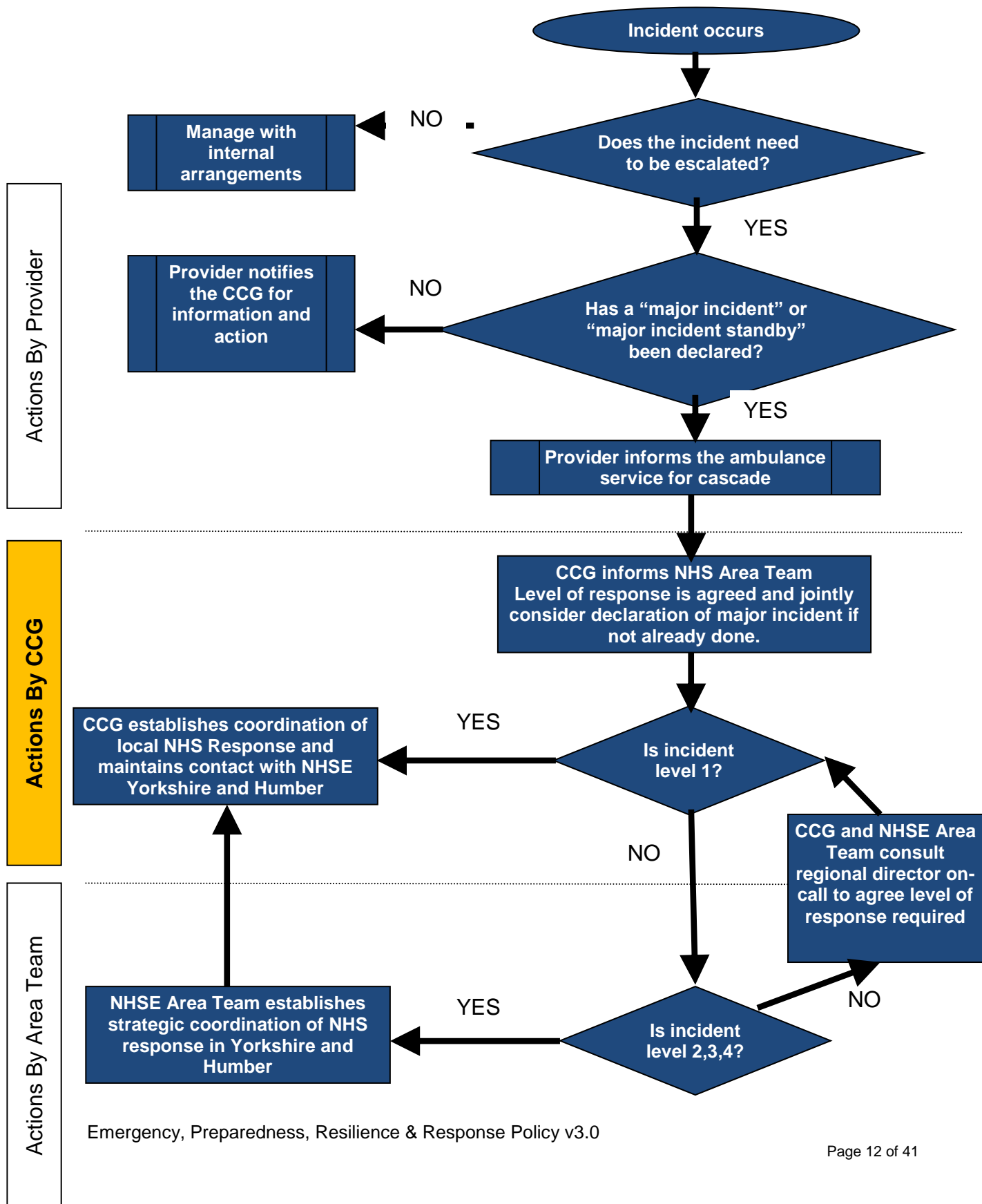
→	Direction of Information for all major incidents and major incident standby declarations
...→	Direction of information flow to services and organisations only informed if scale and nature of incident requires it.



Major Incident Declared By Provider

NHS funded organisations are responsible for informing their commissioning CCGs and the ambulance service whenever they are activated or declare a “major incident” or a “major incident standby.”

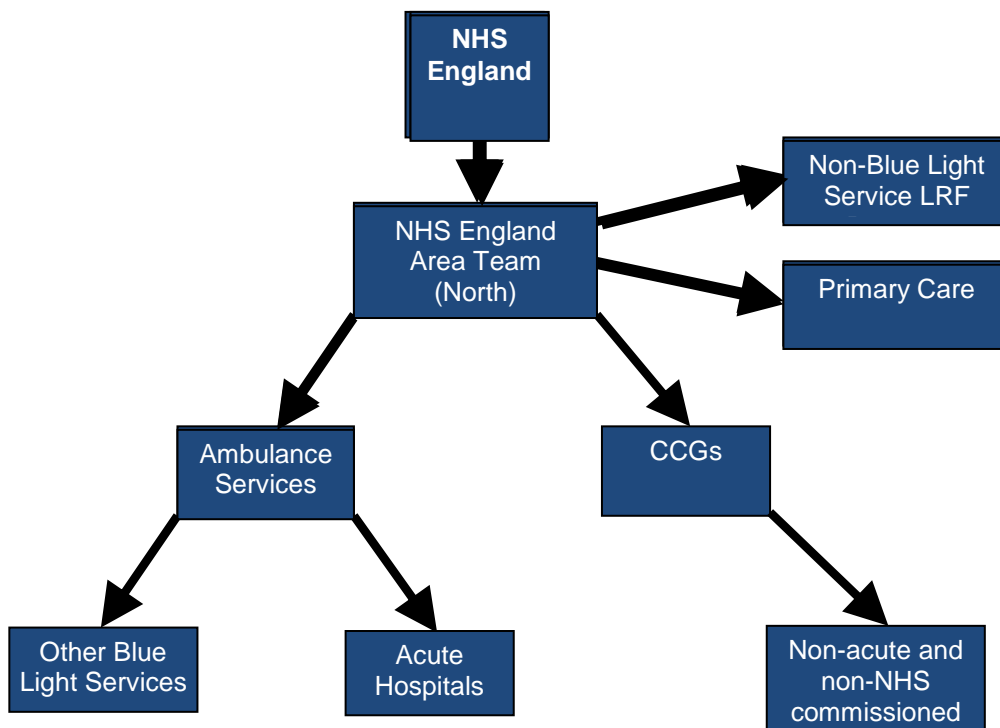
The CCG will then inform NHSE Area Team.



Major Incident Declared by NHS England

The NHS England Area Team is responsible for informing the ambulance services and CCGs of any national, regional or area “major incident,” “major incident standby,” or similar message where there is a need to respond locally or cross border mutual aid is required. The Ambulance Service will then inform Acute hospitals and the CCG will inform other providers.

Top Down Cascade by NHS England



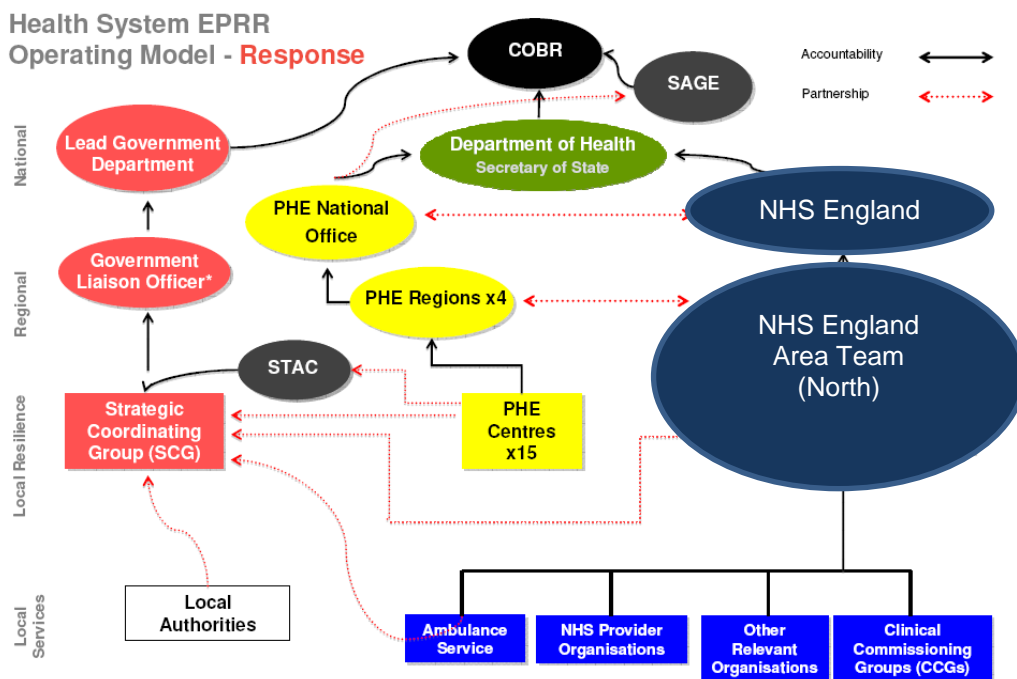
Independent Plan Activation

Any on-call manager may activate the Incident Response Plan regardless of any formal alerting message. Such action may be taken when it is apparent that severe weather or an environmental hazard may demand the implementation of special arrangements or when a spontaneous response by members of the public results in the presentation of major incident casualties at any health care setting e.g. acute or community hospital, walk in centre, health centre, GP Practice or minor injuries unit.

9. PLANNING AND PREVENTION

- 9.1. *Action Card:* An Action Card detailing roles and responsibilities is appended to this procedure as Action Card 1.

- 9.2. *Contracting responsibilities:* CCGs are responsible for ensuring that resilience and response is “commissioned in” as part of the standard provider contracts and that provider plans reflect the local risks identified through wider multi-agency planning. The CCG will record these risks on the internal risk register. In addition, CCGs are expected to ensure delivery of these outcomes through contribution to an annual EPRR assurance process facilitated by NHS England Area Team. The NHS Standard Contract includes the appropriate EPRR provision and this contractual framework will be used wherever appropriate by the CCG when commissioning services. Contract monitoring and review will encompass the review of EPRR and there may be occasions where the Local Health Resilience Partnership uses the CCG as a route of escalation where providers are not meeting expected standards
- 9.3. *Partnership working:* In order to ensure coordinated planning and response across our area, it is essential that the CCG works closely with partner agencies across the area, ensuring appropriate representation.
- Category 1 and 2 Responders come together to form Local Resilience Forums (LRF) based on Police areas. These forums help to co-ordinate activities and facilitate co-operation between local responders. The North Yorkshire LRF is the vehicle where the multi-agency planning takes place via a variety of groups which relate to specific emergencies like fuel shortage, floods, industrial hazards and recovery. These plans will be retained by the NHSE Area Team.
 - For the NHS, the strategic forum for joint planning for health emergencies is via the Local Health Resilience Partnership (LHRP) that supports the health sector’s contribution to multi-agency planning through the Local Resilience Forum (LRF).
- 9.4. The following diagram shows the NHS England’s EPRR response structure and its interaction with key partner organisations.



10. RISKS

LOCAL RISKS

- 10.1. *Hazard analysis and risk assessment:* A hazard analysis & risk assessment is undertaken by the Local Health Resilience Partnership (LHRP) and this includes detailed assessments of potential incidents that may occur. The assessments are monitored through this forum. Risk assessments are regularly reviewed or when such an incident dictates the need to do so earlier. Any external risk may be required to be entered onto the North Yorkshire LRF Community Risk Register if it is felt to pose a significant risk to the population. This action will be co-ordinated through the LHRP. The purpose of producing these lists of hazards and threats is to ensure that each organisation can focus their emergency planning efforts towards those risks that are likely (or could possibly) occur.
- 10.2. A formal risk assessment of hazards and risks is undertaken by a multi-agency LRF risk assessment group every year as required by the Civil Contingencies Act 2004.
- 10.3. *North Yorkshire Community Risk Register:* Like anywhere in the UK, North Yorkshire has a number of natural and manmade hazards. To ensure we are prepared for these hazards the North Yorkshire LRF has created a Community Risk Register which identifies the wide range of risks and emergencies we could potentially face. This Risk Register is then used by the forum to inform priorities for planning, training and exercising. The North Yorkshire Community Risk Register is available to download from: <http://www.emergencynorthyorks.gov.uk/index.aspx?articleid=11778>
- 10.4. Nine risks have been identified per the Public Risk register published by the North Yorkshire Resilience Forum May 2017 (version 7) as "Very High

Risk” (Very High Risks are classified as “primary or critical risks requiring immediate attention”), as follows:

- Pandemic Influenza.
- Flooding.
- Severe Weather
- Industrial Incident
- Marine Pollution. Disruption or Failure Electrical Network.
- Industrial Action.
- Animal Health.
- Hazardous Transport
- Cyber Security

More details have been published here:

<http://www.emergencynorthyorks.gov.uk/sites/default/files/files/Risk/NY%20Community%20Risk%20Register%20-%20May%202017.docx>

National Risk Register

- 10.5. The National Risk Register of Civil Emergencies July 2015 has been published and provides an updated government assessment of the likelihood and potential impact of a range of different civil emergency risks (including naturally and accidentally occurring hazards and malicious threats) that may directly affect the UK over the next 5 years.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419549/20150331_2015-NRR-WA_Final.pdf

National Threat level

- 10.6. The level of threat from terrorism is under constant review by the Security Services.

- Low - an attack is unlikely
- Moderate - an attack is possible, but not likely
- Substantial - an attack is a strong possibility
- Severe - an attack is highly likely
- Critical - an attack is expected imminently

- 10.7. The latest threat level can be viewed:

<https://www.mi5.gov.uk/threat-levels>

- 10.8. *Specific local risks:* A number of specific risks that the CCG may potentially have are listed below alongside the planned response. Assurance will be obtained through the contracting route by the Head of Contracting or equivalent, and also via local partnership emergency planning within the local geographic area.

Fuel shortage	<p>International and national shortages of fuel can adversely impact on the delivery of NHS services.</p> <p>The CCG will seek assurance that commissioned services have plans in place to manage fuel shortages and will work with the Local Health Resilience Partnership (LHRP) and Local Resilience Forum (LRF) on wider community resilience. Local risks identified will be escalated appropriately.</p>
Flooding	<p>The Environment Agency provides a flood warning service for areas at risk of flooding from rivers or the sea. Their flood warning services give advance notice of flooding and time to prepare.</p> <p>The CCG will seek assurance that commissioned services have plans in place to manage local flooding incidents and will work with the Local Health Resilience Partnership (LHRP) and Local Resilience Forum (LRF) on wider community resilience. Local risks identified will be escalated appropriately.</p>
Evacuation & Shelter	<p>Incidents such as town centre closures, flooding, or significant damage to healthcare premises could lead to the closure of key healthcare premises.</p> <p>The CCG will seek assurance that commissioned services have plans in place to manage local evacuation and shelter incidents, will work in partnership with the Local Authority, and will work with the Local Health Resilience Partnership (LHRP) and Local Resilience Forum (LRF) on wider community resilience. Local risks identified will be escalated appropriately.</p>
Pandemic influenza	<p>Pandemics arise when a new virus emerges which is capable of spreading in the worldwide population. Unlike ordinary seasonal influenza that occurs every winter in the UK, pandemic flu can occur at any time of the year.</p> <p>The CCG will seek assurance that commissioned services have plans in place to manage local pandemic, will work in partnership with the Local Authority, will cascade local pandemic communications, and will work with the Local Health Resilience Partnership (LHRP) and Local Resilience Forum (LRF) on wider community resilience. Local risks identified will be escalated appropriately.</p> <p>The CCG will work with and through the A&E Delivery Board to manage unplanned care as a result of pandemic influenza and will manage normal local surge and escalation.</p>
Infectious/contagious diseases	<p>E.g. Ebola and Marburg viruses. Alerts are received from NHS England and Resilience Direct.</p> <p>Yorkshire Ambulance Trust and York Hospitals Trust have trained staff in containment of infectious diseases.</p>

	CCG staff attended Ebola awareness event 4 th November 2014.
Heat wave	<p>The Department of Health and the Met Office work closely to monitor temperatures during the summer months. Local organisations such as the NHS and Local Authorities plan to make sure that services reach the people that need them during periods of extreme weather.</p> <p>The CCG will seek assurance that commissioned services have plans in place that align to the national Heatwave Plan, and that will manage local heatwave incidents. The CCG will cascade local heatwave communications, and will work with the LHRP and LRF on wider community resilience. Local risks identified will be escalated appropriately.</p> <p>The CCG will work with and through the A&E Delivery Board to manage unplanned care as a result of heatwave and will manage normal local surge and escalation.</p>
Severe Winter Weather	<p>Each year millions of people in the UK are affected by the winter conditions, whether it's travelling through the snow or keeping warm during rising energy prices. Winter brings with it many hazards that can affect people both directly or indirectly. Severe weather is one of the most common disruptions people face during winter.</p> <p>The CCG will seek assurance that commissioned services have plans in place to manage local severe winter weather, will cascade local winter communications, and will work with the Local Health Resilience Partnership (LHRP) and Local Resilience Forum (LRF) on wider community resilience. Local risks identified will be escalated appropriately.</p> <p>The CCG will work with and through the A & E Delivery Board to manage unplanned care as a result of severe winter weather and will manage normal local surge and escalation.</p>
Diverts	<p>The North Yorkshire footprint consists of NHS organisations in the NHS England Yorkshire and Humber locality. An ambulance Divert Policy agreed across Yorkshire and Humber is in place to manage this risk. The Divert Policy should only be used when trusts have exhausted internal systems and local community-wide health and social care plans to manage demand. A total view of system capacity should be taken including acute resource, community response, intermediate care and community in-patient capacity.</p> <p>The CCG will monitor the generic email box VOYCCG.Emergencyplan@nhs.net and pick up issues on the next working day directly with Providers.</p>

10.9. The CCG is a partner in a number of specific plans which have been developed across the health community in order to respond to emergencies and escalate actions appropriately. These include :

- NHS England Incident Response Plan

- York & Scarborough A&E Delivery Board Escalation Framework
- Business Continuity Plan
- Specific multi-agency plans to which the CCG is party such as Heatwave and Pandemic Flu.

10.10. Assurance in respect of CCG emergency planning will be provided to the CCG Governing Body via the Governing Body Assurance Framework.

11. ESCALATION, ACTIVATION AND RESPONSE

- 11.1. *Action Card*: An Action Card describing the activation process is appended to this procedure as Action Card 2.
- 11.2. *CCG*: As a Category 2 Responder under the Civil Contingency Act 2004, the CCG must respond to reasonable requests to assist and co-operate with NHS England or the Local Authority should any emergency require wider NHS resources to be mobilised. Through its contracts, the CCG will maintain service delivery across the local health economy to prevent business as usual pressures and minor incidents within individual providers from becoming significant or major incidents. This could include the management of commissioned providers to effectively coordinate increases in activity across their health economy which may include support with surge in emergency pressures. The A&E Delivery Board work plans and meetings provide a process to manage these pressures and to escalate to NHSE Area Team as appropriate.
- 11.3. *NHSE North*: The NHSE operates an on-call system for Emergency Preparedness, Resilience and Response (EPRR). This system is not restricted to major emergencies and could be mobilised to assess the impact of a range of incidents affecting, or having the potential to affect, healthcare delivery within North Yorkshire and the Humber. In respect of EPRR for incidents/risks that only affect the NHS, the NHSE Area Team covers the following North Yorkshire local authority areas :
- North Yorkshire County Council
 - York City Council
- 11.4. In respect of EPRR for incidents/risks that affect all multi-agency partners, the NHSE Team provides strategic co-ordination of the local health economy and represents the NHS at the North Yorkshire LRF.
- 11.5. The initial communication of an incident alert to the first on-call officer of the NHSE Team is via any of the organisations. An additional role of the NHSE Team is to activate the response from independent contractors as required.
- 11.6. *Public Health England*: Public Health England will coordinate any incident that relates to infectious diseases.

- 11.7. *NHS Property Services:* NHS Property Services has robust local contact arrangements which should be used in most cases for local out of hours issues that require the involvement or attention of NHS Property Services. Where local contact cannot be made with NHS Property Services or where situations require escalation to regional and communications team senior managers on-call, messages can be sent via the single number PAGEONE service below
- Dial: 0844 8222888 for NHS Property Services On-Call Escalation
 - A call handler will ask for a group code
 - Ask for NHSPS04 and leave your message and contact details
- 11.8. *Vulnerable People:* The Civil Contingencies Act 2004 places the duty upon Category 1 and 2 Responders to have regard for the needs of vulnerable people. It is not easy to define in advance who are the vulnerable people to whom special considerations should be given in emergency plans. Those who are vulnerable will vary depending on the nature of the emergency. For planning purposes there are broadly three categories that should be considered:
- Those who for whatever reason have mobility difficulties, including people with physical disabilities or a medical condition and even pregnant women;
 - Those with mental health conditions or learning difficulties;
 - Others who are dependent, such as children or very elderly.

The CCG needs to ensure that in an incident people in the vulnerable people categories can be identified via contact with other healthcare services such as GPs and Social Care.

- 11.9. *Communications:* From a multi-agency response perspective the Police would lead on the communications and media support. From a non-public health incident perspective, the NHSE Team would lead on the communications. Public Health England will lead on communications if the incident was public health related. The CCG role will be to liaise with the communication lead as appropriate, supply information as requested and cascade communications. See Action Card 1 for further information on roles and responsibilities.

Recovery

- 11.10. In contrast to the response to an emergency, the recovery may take months or even years to complete, as it seeks to address the enduring human physical and psychological effects, environmental, social and economic consequences. Response and recovery are not, however, two discrete activities and the response and recovery phases may not occur sequentially. Recovery should be an integral part of the combined response from the beginning, as actions taken at all times during an emergency can influence the long-term outcomes for communities.

Debriefing and Staff Support

- 11.11. The CCG will be responsible for debriefing and provision of support to staff where required following an emergency. This is the responsibility of individual line managers coordinated by the Accountable Emergency Officer. De-briefing may also be on a multi-agency footprint.
- 11.12. Any lessons learned from the incident will be fed back to staff and actioned appropriately.

Testing and Monitoring of Plans

- 11.13. The CCG emergency resilience plans will be reviewed annually by the Accountable Emergency Officer.
- 11.14. As part of the CCG's emergency preparedness and planning, the organisation will participate in exercises both locally and across the North Yorkshire LRF with our partners. This helps staff to understand their roles and responsibilities when a situation occurs.
- 11.15. Live incidents which require the plans to be evoked will conclude with a debrief process and lead to review/improvements of the plans.

SECTION C - ACTION CARDS

ROLES AND RESPONSIBILITIES

These action cards describes the general action required and should be adapted as necessary to apply to the specific circumstances of the incident.

1. Action Card for Emergency Accountable Officer

Your role	EMERGENCY ACCOUNTABLE OFFICER
Your base	West Offices, Station Rise, York.
Your responsibility	You are responsible for directing NHS Vale of York CCG's emergency response.
Your immediate actions	<p>1. Obtain as much information as practicable and assess the situation. Complete an Initial Risk Assessment, (Template on next page) before implementing the required actions: is this an emergency.</p> <p>METHANE: Major Emergency Declared Exact Location Type of Emergency Hazards present and potential Access / Egress routes Number and types of Casualties Emergency services present and required</p> <p>If the incident is assessed as an emergency, activate the plan. SEE ACTIVATION / ESCALATION ACTION CARD.</p> <p>2. Assign ACTION CARDS in accordance with the key functions to support you.</p> <p>3. Proceed to the Incident Control Room.</p>
On-going management	<p>Systematically review the situation and maintain overall control of the CCG response.</p> <ul style="list-style-type: none"> • Survey • Assess • Disseminate <p>Approve content and timings of press releases / statements and attend conferences if required.</p>
Stand down	<p>If it can be dealt with using normal resources, notify the appropriate personnel and maintain a watching brief.</p> <p>Continue to reassess the situation as further information becomes available and determine if any additional action is required</p> <p>In the event of any increase in the scale / impact of the incident reassess the risk and escalate as needed.</p>

2. Initial Risk Assessment completed by Emergency Accountable Officer

Questions to consider	Information Collected?*
What is the size and nature of the incident?	
Area and population likely to be affected - restricted or	
Level and immediacy of potential danger - to public and response personnel	
Timing - has the incident already occurred/ongoing?	
What is the status of the incident?	
Under control	
Contained but possibility of escalation	
Out of control and threatening	
Unknown and undetermined	
What is the likely impact?	
On people involved, the surrounding area	
On property, the environment, transport, communications	
On external interests - media, relatives, adjacent areas and partner organisations.	
What specific assistance is being requested from the NHS?	
Increased capacity - hospital, primary care, community	
Treatment - serious casualties, minor casualties, worried	
Public information	
Support for rest centres, evacuees	
Expert advice, environmental sampling, laboratory testing, disease control	
Social/psychological care	
How urgently is assistance required?	
Immediate	
Within a few hours	
*Key √ = Yes X = no ? = Information awaited N/A = Not applicable	

3. Action Card for Incident Emergency Planning Coordinator

Your role	Incident Emergency Planning Coordinator
Your base	West Offices, Station Rise, York.
Your responsibility	You are responsible for coordinating the CCG's tactical response and ensuring all aspects of the plan are followed. You will establish and maintain lines of communication with all other organisations involved, coordinating a joint response where circumstances require.
Your immediate actions	<ol style="list-style-type: none"> 1. Proceed to the Incident Control Room. 2. With the Incident Emergency Accountable Officer, assess the facts and clarify the lines of communication accordingly. 3. Call in Senior Managers as required. 4. Allocate rooms, telephone lines and support staff as required. 5. Notify and liaise as necessary with health community and inter-agency emergency planning contacts. 6. Record all relevant details of the incident and the response.
On-going management	Systematically review the situation with the Incident Lead Executive and ensure coordination of the CCG response.
Stand down	<p>Following stand-down, prepare a report for the Chief Officer.</p> <p>Arrange a "hot" de-brief for all staff involved immediately after the incident.</p> <p>Arrange a structured de-brief for all staff within a month of the incident.</p>

NOTES FOR INCIDENT EMERGENCY PLANNING COORDINATOR

1. Review the status and resources of the local NHS
2. Plan rota
3. Ensure decision logs maintained
4. Monitor staff welfare
5. Confirm emergency contact arrangements to:
 - NHS England Team
 - Yorkshire Ambulance Service
 - Community & Mental Health Trusts
 - York Hospital NHS Foundation Trust
 - Neighbouring CCGs
 - Council Emergency Centres
 - City of York Council
 - Adult and Children's Services
 - Other relevant responding agencies.
6. Maintain regular contact with the NHS responding agencies
7. Plan for prolonged response and to start working shift
8. Ensure a Recovery Team starts to plan the strategy for recovery after the initial response is organised

Meetings

Meetings held hourly for 15 minutes, chaired by the Emergency Accountable Officer to an agenda with brief factual reports from each lead

Decisions

Key decisions logged in the decisions log

Equipment Availability

Television, Phone, Teleconference facility, Laptops

Use IS-BAR Briefing Tool

I	Identify Who you are.	Who is present? (Ensure you have all key personnel present for the briefing)
S	Situation	What is the current situation? (If it is the initial brief then an overview of the incident will be required).
B	Background Where are we up to?	Each area gives an update on: <ul style="list-style-type: none"> • Risks • Staffing levels • Resource issues
A	Assessment	Assessment of needs / concerns.
R	Recommendations	Plan for the next 60 minutes. Be clear what is required of each area / person. Confirm time & location of next briefing (on the hour).

4. Action Card for Communication Lead

Your role	Communication Lead
Your base	West Offices, Station Rise, York. (unless a control room is located to another premise)
Your responsibility	You are responsible for preparing and disseminating media information by agreement with the Incident Lead Executive. If necessary, you will organise facilities for media visits and briefings.
Your immediate actions	<ol style="list-style-type: none"> 1. Proceed to the Incident Control Room. 2. After briefing by the Incident Lead Executive, establish lines of communication with Communication Leads at other organisations involved in the emergency and work in conjunction with multi-agency communication leads as required. 3. Draft media releases for Incident Lead Executive approval. 4. Coordinate all contact with the media. 5. Ensure the nominated spokesperson is fully and accurately briefed before they have any contact with the media.
On-going management	Make arrangements for any necessary public communications.
Stand down	<p>Participate in a “hot” de-brief immediately after the incident and any subsequent structured de-brief.</p> <p>Following stand-down evaluate communications effectiveness and any lessons learned and report these to the Incident Emergency Planning Coordinator for inclusion in the report to the Chief Officer.</p>

Page deliberately left blank

5. Action Card For Loggist

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

Notes For Loggists

Completion of Logs

1. Immediately the CCGs start to respond to an incident then a log of actions must be started by key officers and the organisation
2. Master Log – all information entering the information cell must be logged including all incoming phone calls and emails
3. Action log – must be completed by all key Action Card holders
 - Logs will be issued to all Action Card holders who should keep a record of:
 - All instructions received,
 - Actions taken
 - Other information
4. The log should be handed on and signed off if the holder is relieved during the incident and following stand-down it is to be returned to the Emergency Control Centre Co-ordinator for safe storage.
5. Decision log – records the key corporate decisions, the process for deciding and the considered alternatives. A decision log must be kept by the CCG incident commander.

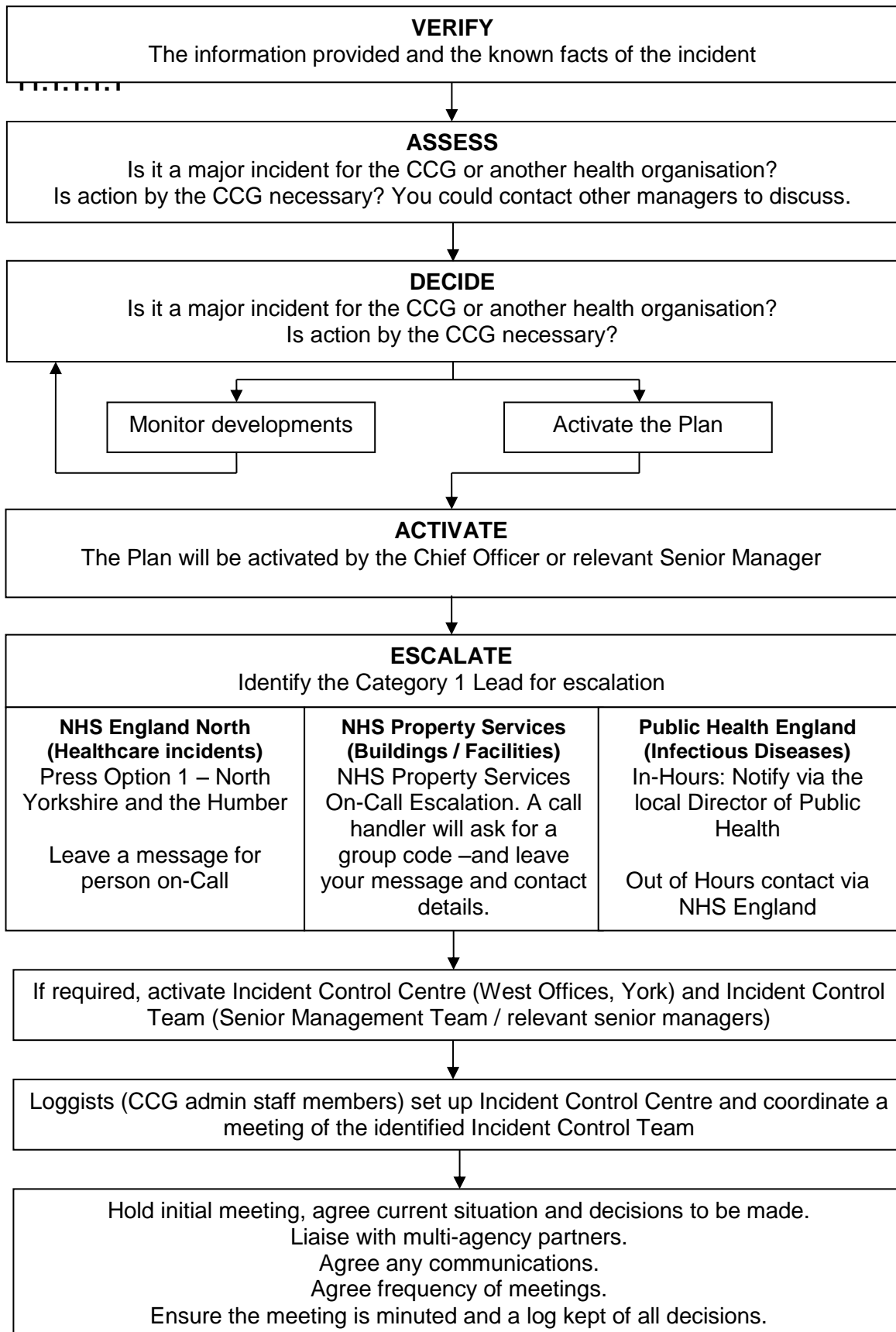
The Emergency Accountable Officer MUST sign the decision log after each key decision is agreed.

LOGS MUST BE KEPT WITH DATED & TIMED ENTRIES BY ALL STAFF MAKING DECISIONS IN A MAJOR INCIDENTS ON APPROVED LOG SHEETS: NO RECORDS NO DEFENCE

Prepare Shift Arrangements

6. In the event of a significant / major incident or emergency having a substantial impact on the population and health services, it may be necessary to continue operation of the Incident Management Team for a number of days or weeks. In particular, in the early phase of an incident, the Incident Management Team may be required to operate continuously 24/7. Responsibility for deciding on the scale of response, including maintaining teams overnight, rests with the Incident Manager.
7. A robust and flexible shift system will need to be in place to manage an incident through each phase. These arrangements will depend on the nature of the incident and must take into consideration any requirements to support external (for example SCG) meetings and activities. The Incident Manager is accountable for ensuring appropriate staffing of all shifts. During the first two shift changes 1-2 hours of hand over time is required.

12. ACTIVATION / ESCALATION FLOWCHART



13. CONSULTATION, APPROVAL AND RATIFICATION PROCESS

- 13.1. The following committees and individuals have been involved in the consultation and development of this policy:
- SMT
 - Local Health Resilience Partnership (LHRP) The policy will be approved / ratified by the committees / CCG Governing Body, in line with the CCG's Policy on Policies.

14. DOCUMENT CONTROL INCLUDING ARCHIVING ARRANGEMENTS

- 14.1. The previous version of this policy will be removed from the intranet and will be available if required by contacting the author.

15. IMPLEMENTATION

- 15.1. This policy will be circulated to all teams to be cascaded to individual members of staff. The document will be made available for staff and users and other stakeholders through the CCG website.
- 15.2. The CCG has mechanisms in place in order to ensure that:
- staff can raise issues of concern with their manager(s);
 - staff are consulted on proposed organisational or other significant changes;
 - managers keep staff informed of progress on relevant issues;
 - service users, their relatives, carers and advocates can identify points of concern or worry by using the complaints process or PALS service;
 - the media are accurately advised of developments in the CCG.
- 15.3. CCG policies are communicated to service providers and support service organisations through commissioning mechanisms and contract requirements.

16. TRAINING AND AWARENESS

- 16.1. This policy will be published on the CCG's website.
- 16.2. The policy will be brought to the attention of all relevant new employees as part of the induction process. Further advice and guidance is available from the Corporate Services Manager.

17. MONITORING AND AUDIT

- 17.1. The CCG monitors and reviews its performance in relation to EPRR performance and the continuing suitability and effectiveness of the systems and processes in place.
- 17.2. The Executive Committee is responsible for monitoring the effectiveness of this policy/strategy and for providing assurance to the Governing Body.
- 17.3. Monitoring of this policy/strategy may form part of the Internal Audit review of governance compliance.

18. REVIEW

- 18.1. This framework will be reviewed bi-annually. Earlier review may be required in response to exceptional circumstances, organisational change or relevant changes in legislation or guidance.

19. REFERENCES

- <https://www.england.nhs.uk/wp-content/uploads/2015/11/epr-guidance-chart-oct15.pptx>
- <https://www.england.nhs.uk/ourwork/epr/gf/#summary>

20. ASSOCIATED POLICIES/DOCUMENTS

- COR 16 Business Continuity Policy
- COR 18 On Call Policy
- OPEL Escalation Plan
- A&E Delivery Board Escalation Framework and Delivery Plan
- On-Call Pack
- COR 05 Mobile Working Policy
- HR 20 Home Working Policy

21. CONTACT DETAILS

Performance and Improvement Manager

Telephone: 01904 555774

Email: valeofyork.contactus@nhs.net

Address: NHS Vale of York Clinical Commissioning Group, West Offices, Station Rise, York. Y01 6GA

22. APPENDIX 1: EQUALITY IMPACT ANALYSIS FORM

1.	Title of policy/ programme/ service being analysed
	Risk Management Strategy and Policy
2.	Please state the aims and objectives of this work.
	To define and document the CCG's approach to risk and risk management to ensure: <ul style="list-style-type: none"> risks within the organisation are identified, assessed, treated and monitored as part of the corporate governance of the CCG. robust risk assessment and monitoring mechanisms are in place for all elements of the commissioning process, including needs assessment, tendering, contract management and evaluation.
3.	Who is likely to be affected? (e.g. staff, patients, service users)
	CCG staff, partner organisations (where applicable), public, patients and member practices. CCG managers and staff (and other providers and partners where applicable). If Risk management arrangements are not effective patients and service providers may be impacted.
4.	What sources of equality information have you used to inform your piece of work?
	NHS England
5.	What steps have been taken ensure that the organisation has paid <u>due regard</u> to the need to eliminate discrimination, advance equal opportunities and foster good relations between people with protected characteristics
	The analysis of equalities is embedded within the CCG's Committee Terms of Reference and project management framework.

6.	Who have you involved in the development of this piece of work?	
	<p>Internal involvement: Senior Management team</p> <p>Stakeholder involvement: Consultation with Senior Managers</p> <p>Patient / carer / public involvement: This is an Internal policy aimed at staff employed by the CCG and contractors working for the CCG. The focus is on compliance with statutory duties and NHS mandated principles and practice. There are no particular equality implications.</p>	
7.	<p>What evidence do you have of any potential adverse or positive impact on groups with protected characteristics?</p> <p>Do you have any gaps in information?</p> <p>Include any supporting evidence e.g. research, data or feedback from engagement activities</p> <p>(Refer to Error! Reference source not found. if your piece of work relates to commissioning activity to gather the evidence during all stages of the commissioning cycle)</p>	
<p>Disability People who are learning disabled, physically disabled, people with mental illness, sensory loss and long term chronic conditions such as diabetes, HIV)</p>	Consider building access, communication requirements, making reasonable adjustments for individuals etc.	
N/A		
<p>Sex Men and Women</p>	Consider gender preference in key worker, single sex accommodation etc.	
N/A		
<p>Race or nationality People of different ethnic backgrounds, including Roma Gypsies and Travellers</p>	Consider cultural traditions, food requirements, communication styles, language needs etc.	
N/A		

<p>Age This applies to all age groups. This can include safeguarding, consent and child welfare</p>	<p>Consider access to services or employment based on need/merit not age, effective communication strategies etc.</p>
N/A	
<p>Trans People who have undergone gender reassignment (sex change) and those who identify as trans</p>	<p>Consider privacy of data, harassment, access to unisex toilets & bathing areas etc.</p>
N/A	
<p>Sexual orientation This will include lesbian, gay and bi-sexual people as well as heterosexual people.</p>	<p>Consider whether the service acknowledges same sex partners as next of kin, harassment, inclusive language etc.</p>
N/A	
<p>Religion or belief Includes religions, beliefs or no religion or belief</p>	<p>Consider holiday scheduling, appointment timing, dietary considerations, prayer space etc.</p>
N/A	
<p>Marriage and Civil Partnership Refers to legally recognised partnerships (employment policies only)</p>	<p>Consider whether civil partners are included in benefit and leave policies etc.</p>
N/A	
<p>Pregnancy and maternity Refers to the pregnancy period and the first year after birth</p>	<p>Consider impact on working arrangements, part-time working, infant caring responsibilities etc.</p>
N/A	
<p>Carers This relates to general caring responsibilities for someone of any age.</p>	<p>Consider impact on part-time working, shift-patterns, options for flexi working etc.</p>
N/A	

<p>Other disadvantaged groups This relates to groups experiencing health inequalities such as people living in deprived areas, new migrants, people who are homeless, ex-offenders, people with HIV.</p>	<p>Consider ease of access, location of service, historic take-up of service etc.</p>
---	---

N/A

8. Action planning for improvement

Please outline what mitigating actions have been considered to eliminate any adverse impact?

Please state if there are any opportunities to advance equality of opportunity and/ foster good relationships between different groups of people?

An Equality Action Plan template is appended to assist in meeting the requirements of the general duty

Sign off

Name and signature of person / team who carried out this analysis

*Helen Sikora, Policy and Strategy Manager
Audit Committee*

Date analysis completed

December 2014

Name and signature of responsible Director

Date analysis was approved by responsible Director

24. APPENDIX 2: SUSTAINABILITY IMPACT ASSESSMENT

Staff preparing a policy, Governing Body (or Sub-Committee) report, service development plan or project are required to complete a Sustainability Impact Assessment (SIA). The purpose of this SIA is to record any positive or negative impacts that this is likely to have on sustainability.

Title of the document	Risk Management policy and Strategy
What is the main purpose of the document	To effectively identify, manage and monitor risk within the organisation.
Date completed	November 2014
Completed by	Governance Team

Domain	Objectives	Impact of activity Negative = -1 Neutral = 0 Positive = 1 Unknown = ? Not applicable = n/a	Brief description of impact	If negative, how can it be mitigated? If positive, how can it be enhanced?
Travel	Will it provide / improve / promote alternatives to car based transport?	0		
	Will it support more efficient use of cars (car sharing, low emission vehicles, environmentally friendly fuels and technologies)?	0		
	Will it reduce 'care miles' (telecare, care closer) to home?	0		
	Will it promote active travel (cycling, walking)?	0		
	Will it improve access to opportunities and facilities for all groups?	0		
	Will it specify social, economic and environmental outcomes to be accounted for in procurement and delivery?	0		
Procurement	Will it stimulate innovation among providers of services related to the delivery of the organisations' social, economic and environmental objectives?	0		
	Will it promote ethical purchasing of goods or services?	0		

Domain	Objectives	Impact of activity Negative = -1 Neutral = 0 Positive = 1 Unknown = ? Not applicable = n/a	Brief description of impact	If negative, how can it be mitigated? If positive, how can it be enhanced?
Procurement	Will it promote greater efficiency of resource use?	0		
	Will it obtain maximum value from pharmaceuticals and technologies (medicines management, prescribing, and supply chain)?	0		
	Will it support local or regional supply chains?	0		
	Will it promote access to local services (care closer to home)?	0		
	Will it make current activities more efficient or alter service delivery models	0		
Facilities Management	Will it reduce the amount of waste produced or increase the amount of waste recycled? Will it reduce water consumption?	0		
Workforce	Will it provide employment opportunities for local people?	0		
	Will it promote or support equal employment opportunities?	0		
	Will it promote healthy working lives (including health and safety at work, work-life/home-life balance and family friendly policies)?	0		
	Will it offer employment opportunities to disadvantaged groups?	0		
Community Engagement	Will it promote health and sustainable development?	0		
	Have you sought the views of our communities in relation to the impact on sustainable development for this activity?	N/a		
Buildings	Will it improve the resource efficiency of new or refurbished buildings (water, energy, density, use of existing buildings, designing for a longer lifespan)?	0		
	Will it increase safety and security in new buildings and developments?	0		

Domain	Objectives	Impact of activity Negative = -1 Neutral = 0 Positive = 1 Unknown = ? Not applicable = n/a	Brief description of impact	If negative, how can it be mitigated? If positive, how can it be enhanced?
	Will it reduce greenhouse gas emissions from transport (choice of mode of transport, reducing need to travel)?	0		
	Will it provide sympathetic and appropriate landscaping around new development?	0		
Adaptation to Climate Change	Will it improve access to the built environment?	0		
Models of Care	Will it support the plan for the likely effects of climate change (e.g. identifying vulnerable groups; contingency planning for flood, heat wave and other weather extremes)?	0		
	Will it minimise 'care miles' making better use of new technologies such as telecare and telehealth, delivering care in settings closer to people's homes?	0		
	Will it promote prevention and self-management?	0		
	Will it provide evidence-based, personalised care that achieves the best possible outcomes with the resources available?	0		
	Will it deliver integrated care, that co-ordinate different elements of care more effectively and remove duplication and redundancy from care pathways?	0		

25. APPENDIX 3 ABBREVIATIONS

Term	Definition
CCA	Civil Contingencies Act (2004)
CCG	Clinical Commissioning Groups
DPH	Director of Public Health
EPRR	Emergency preparedness, resilience and response
LHRP	Local Health Resilience Partnership
LRF	Local Resilience Forum
PHE	Public Health England
COMAH	Control of Major Accident Hazards
DPH	Director of Public Health
EPRR	Emergency Preparedness Resilience & Response
ICC	Incident Control Centre for Major Incidents
IMT	Incident Management Team
IRP	Incident Response Plan
MACA	Military Aid to the Civilian Authorities include <ul style="list-style-type: none">- Military Aid to the Civil Communities (MACC)- Military Aid to the Civil Ministries (MACM) e.g. assistance in the event of industrial action- Military Aid to the Civil Powers (MACP), assistance to the Police
MACR	Major Accident Control Regulations
OOH	Out of Hours
PRC	Prepared Rest Centre Local authority organised centre for evacuees from an incident
RH	Receiving hospital A & E Hospital designated to receive casualties from a major incident
REPPPIR	Radiation (Emergency Preparedness & Public Information) Regulations 2001
SCC	Strategic Command Centre
SCG	Strategic Coordinating Group
STAC	Science & Technical Advice Cell
TCG	Tactical Coordinating Group - Multi-agency group of operational managers leading the tactical response in North Yorkshire