

RESILIENCE FRAMEWORK

Emergency Preparedness

Response & Recovery

Barnsley Hospital NHS Foundation Trust

September 2011

PART A	EMERGENCY PREPAREDNESS
PART B	RESPONSE
PART C	RECOVERY
PART D	APPENDICES

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PART A

Emergency Preparedness

Policy & Planning

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Foreword by Paul O'Connor, Trust Chief Executive Officer

Please just contemplate for a moment that the building or department you regularly work from is out of operation and inaccessible for two hours or you are just called to respond to a major incident. Now expand on that thought and consider that access may not be gained for a day, a week or even longer. The cause could be fire, weather, bomb threat or any number of reasons. Likewise, your response to the major incident may mean that you and colleagues may be called on to work longer hours, deal with badly injured patients and provide extended and diverse support.

This will mean that the work you do and the daily routines we all undertake will be seriously affected. Our entire individual tasks link into the patient care we provide to the public of Barnsley, our colleagues and our working partners.

The problem may not be dramatic; it could be colleagues with influenza, a building access problem, or any number of different scenarios. We could be asked to provide major incident mutual aid to a neighbouring hospital. Whatever the circumstances we must be able to continue our business and provide the essential patient care and emergency services that are expected of us as Barnsley Hospital NHS Foundation Trust.

Resilience is the term that essentially means “being prepared and able to carry on our business as usual”; no matter what crisis we may face as an organisation. It will ensure we can provide an ‘as near normal’ day to day service when dealing with any critical or major incident. Resilience incorporates our major incident and business continuity response and proactive management of risks. In reality all just good management and is about ensuring that we can all continue to work in a safe, healthy and secure environment irrespective of any internal or external issue

I would ask that you open and read this framework, plans and action cards, please familiarise yourself with its contents and arrangements. By doing so you will ensure that you are well prepared and not trying to absorb the details and deal with a major incident at the same time. Prior knowledge is a great advantage when crises happen, as they inevitably do.

This framework is the overarching guidance produced by our Resilience team that will provide you with the essential information required to face any incident. I commend it to you for reference prior to any incident occurring.

Paul O'Connor

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Preface

Barnsley Hospital NHS Foundation Trust has six core duties under the Civil Contingencies Act 2004 that include community risk assessment, cooperation, emergency planning, business continuity, communication with the public and information sharing. The Department of Health identifies the responsibility of each Acute Trust as planning 'for its response to a major incident which, because of the number or severity of injuries to casualties, cannot be dealt with as part of the hospital's normal day to day activity.'

The Care Quality Commission Essential Standards of Quality and Safety, Outcome 6 states that, 'Whenever it is required, has in place a planned and prepared response to major incident and emergency situations.'

The NHS Operating Framework for 2011/12 also identifies emergency preparedness (Resilience) as a priority function within the health infrastructure.

The planning and response duties must ensure that arrangements with multi-agency partners and stakeholders are adequate, appropriate to local circumstances and are based on sound principles and stated statutory duties.

The recently introduced PAS 2015:2010 *Framework for health services resilience* has provided an opportunity for Barnsley Hospital to review and revise the different strands of emergency preparedness and business continuity, so creating a framework that will support the Trust's efforts to continue to improve organisational resilience.

This framework is divided into three distinct sections. Part A provides the full background information including policy, preparedness and planning. Part A fulfils what is essentially the Trust's Concept of Operations for dealing with either internal or externally driven disruptive incidents. Part B outlines the immediate response actions including action cards that act as a basic reference and aide memoire when faced with reacting immediately to any major or critical incident. It also contains details of staff roles and responsibilities and patient movements during a major incident. Part C includes the all important aspects of recovery from incidents and contains more detailed information than the previous major incident or business continuity plans. **It is essential to read and understand all sections of the Resilience Framework.**

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SECTION 1

Resilience Policy

(Major Incident [Majax] & Business Continuity)

Barnsley Hospital NHS Foundation Trust

September 2011

Sponsoring Director:
Chief Operating Officer

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1. STATEMENT OF INTENT

Under the Civil Contingencies Act 2004, Barnsley Hospital is a Category 1 responder and has a statutory and regulatory responsibility to provide a full response to any internally or externally initiated major incident or service interruption. The Trust has six core duties that must be fulfilled under the Act.

The intent of this policy is to ensure that Barnsley Hospital can suitably respond to and during any externally driven major incident (Majax) and in the event of a business continuity incident impacting on the Trust and ensure the delivery of its key services to all relevant stakeholders.

2 INTRODUCTION

The Trust has six core duties that include risk assessment, cooperation, planning, business continuity, communication with the public and information sharing. The Department of Health identifies the responsibility of each Acute Trust as planning 'for its response to a major incident which, because of the number of severity of injuries to casualties, cannot be dealt with as part of the hospital's normal day to day activity.'

The Care Quality Commissions Essential Standards of Quality and Safety, Outcome 6 states that, 'Whenever it is required, has in place a planned and prepared response to major incident and emergency situations.'

The NHS Operating Framework for 2011/12 also identifies emergency preparedness (resilience) as a priority function within the health infrastructure.

The planning and response duties must ensure that arrangements with multi-agency partners and stakeholders are adequate, appropriate to local circumstances and are based on sound principles and stated statutory duties.

The recently introduced PAS 2015:2010 *Framework for health services resilience* has provided an opportunity for Barnsley Hospital to review and revise the different strands of emergency preparedness, so creating a framework that will support the Trust's efforts to continue to improve organisational resilience. These strands now include the following, some of which are established and others which are quickly evolving more recently via detailed community risk profiles, recent incidents and updated threat assessments:

- Chemical, Biological, Radiological, Nuclear and improvised use of explosives (CBRNe)
- Severe weather events
- Winter planning
- Individual operational planning initiatives (Industrial disputes, facilities closures)
- Mass casualties
- Full hospital evacuation and/or lockdown

Resilience is defined as:

'The ability of an organisation to resist being affected by an incident and to adapt and respond to disruptions to organisationally agreed critical activities'

A Major Incident (Majax) is defined as:

'Any occurrence that presents serious threat to the health of the community, disruption to the service or causes (or likely to cause) such numbers or types of casualties as to require special arrangements to be implemented by hospitals, ambulance trusts or primary care organisations'

A Business Continuity Incident is defined as:

'The ability of an organization to provide service and support for its customers and to maintain its viability before, during, and after a business continuity event'

For the purposes of this framework the term 'Resilience' will be used and refers to the planning, preparation, response and recovery to any disruption of service.

The aim of the policy is to ensure:

Barnsley Hospital NHS Foundation Trust can suitably respond to and during any externally driven major incident (Majax) and also in the event of a business continuity incident impacting on the Trust and ensure the continuing delivery of its key services to all relevant stakeholders.

This aim will be achieved through a number of core objectives:

- *The participation in a full consultation and resilience planning process with all internal and external stakeholders.*
- *Ensuring the understanding and support of all relevant multi-agency partners*
- *Confirming robust processes are in place for communicating resilience plans to staff*
- *The organisation of awareness and training sessions for all managerial and supervisory staff*
- *Ensuring Board level commitment to, and active leadership of the resilience planning arrangements*
- *Provision of assurance and reporting mechanisms to give assurance of planning implementation*
- *Ensuring that resilience plans are tested and exercised as part of the Trust resilience exercising regime*
- *Completion of full risk assessments, safe systems of operation and planning arrangements to protect patients, staff and other users of the hospital premises.*
- *Provision of reasonable resources to implement the support, planning and testing of the policy and procedures.*
- *The provision of all relevant plans, advice and guidance.*

3. IMPLEMENTATION

Implementation of the Trust Resilience and Response Framework (major incident and/or business continuity) will be alongside the already established and tested incident management procedures (Gold, Silver and Bronze). The planning process has established priority and security profiles, multi-agency arrangements for response, routes for hospital users, community support and operational requirements. The framework consolidates a number of other plans and policies outlined in Section 7. It should be considered as enabling, in that these documents are constantly under review and development.

Training needs have been identified for all relevant staff and will be delivered by the Resilience Manager via mandatory training, bespoke workshops and departmental presentations. Major incident and service interruption scenarios under the Resilience team building programme are available on request by individual departments.

4. MANAGEMENT ARRANGEMENTS

Chief Executive

The Chief Executive of the Trust has overall responsibility for the Resilience and Response Framework (Emergency Planning & Business Continuity). They will ensure that the organisation has all required plans arrangements in place, and that the Board receives regular updates on resilience issues including reports on exercises, training and testing undertaken by the organisation. The Chief Executive will also ensure that appropriate resources are made available to allow the discharge of these responsibilities.

The Chief Executive must ensure that Board level responsibility for Resilience is clearly defined and there are clear lines of accountability throughout the organisation leading to the Board. The Chief Operating Officer is designated to take responsibility for the Resilience and Response Framework and is actively supported by Directors of the Trust.

Chief Operating Officer

The Chief Executive has appointed an Executive Team member who will have lead responsibility for resilience within the organisation. The Chief Operating Officer is currently the nominated member, accountable to the Trust Board for producing and testing the Resilience and Response Framework. This document will be reviewed regularly along with all sub-sections. Key stakeholders (external and internal) will be consulted prior to the review and any amendments made.

The Chief Operating Officer will ensure that the Board is updated and informed annually on issues relating to Resilience and will support the nominated Resilience Manager in the execution of their duties.

Non-Executive Director

The Trust has designated a non-executive member of the Board to have an active oversight of all the resilience arrangements. The identified member receives regular briefings in respect of Emergency Planning and Business Continuity and would assume a community advisory role during any incident response.

Senior Managers

All Trust senior managers will assist in developing resilience priorities and profiles for their individual departments and ensure relevant changes within their departments are reflected via revised arrangements. Any revisions will be forwarded to the Resilience Manager for future updates to the Trust Resilience plans. All arrangements should be closely linked into the respective business continuity plans.

Resilience Manager

The designated Business Resilience Manager is responsible for ensuring that all resilience plans are updated, reviewed and circulated on a regular basis. This includes ensuring that the framework and service plans link directly into any other resilience arrangements, are also regularly updated and tested and those new plans are developed as necessary to meet any newly identified risks and threats. These will form the operational planning framework.

The Manager will be responsible for internal liaison and with other local and regional agencies to ensure that planned responses to major incident and business continuity incidents are coordinated and complementary.

The role involves arranging and coordinating the training necessary to ensure that staff across the Trust are aware of the response expected of them in the event of any emergency or large scale response. The Resilience Manager will also liaise with other local agencies in arranging inter-agency training exercises and ensure participation as required by Trust staff.

During an incident the Manager will be available to provide tactical or strategic guidance to senior management at the most suitable location.

Clinicians

Are vital to understanding what should be considered a critical asset in the Trust and the advice and care in respect of patients during any major incident or business continuity event. It is a possibility that all clinical divisions could be frontline areas but particularly emergency medicine and specialised areas of surgery and critical care could be essential to any response.

Associate Director - Media and Communications Department

The department and officers will develop messages for staff, patients and visitors within the Trust and relay the appropriate messages to all other internal and external stakeholders during the course of a major incident or business interruption.

Deputy Director - Human Resources

The HR department will require to be consulted and to provide critical advice in relation to the roles and responsibilities of staff during a major incident or serious service interruption.

Trust Staff

All members of staff are responsible for familiarising themselves with the Trust resilience arrangements and the required roles pertinent to their specific post or department. Trust Directors are responsible for ensuring that they have up-to-date cascade systems for staff in their portfolios. Individual members of staff who may be called upon during any incident are also responsible for reporting any change in their home address or telephone number to their head of department to enable out of hours contact lists to be maintained.

External Stakeholders

External stakeholders including the emergency services (police, fire and ambulance services), local authority, health agencies, schools and churches provided advice, guidance and practical support during the planning phases and will be actively engaged during a multi-agency response to a major incident or serious service interruption involving the hospital. Mutual aid may be required and senior managers of the Trust may decide to move essential business activities and support services to alternative temporary location.

5. AUDIT & EVALUATION

The Trust Resilience and Response Framework is coordinated by the Trust's Resilience Planning Group (formerly Emergency Planning Group) and is accountable to the Board via Non-Clinical Risk meetings. Where effectiveness is compromised or degrees of non-compliance identified the policy will be reviewed and may be amended.

All major and critical incidents or serious business interruptions will be subject of the Trust's incident management framework with a Bronze (Operational) tier at departmental/ward level, a Silver (Tactical) tier managed by a senior hospital manager situated in the Edith Perry Room and, if required, a Gold tier managed by a Trust Director in the Trust Boardroom. Degrees of flexibility have been factored into the plans should the incident have to be managed virtually or from an off-site location. The overarching Resilience and Response Framework has a full debriefing and evaluation structure to provide for lessons identified and learned from incidents. Action planning and recommendations form an essential section within any incident report.

The Trust Framework also supports regular training and exercises of which major incident response and business continuity management will form an integral part.

6. REVIEW OF POLICY & PLANS

The review of the Trust resilience policy and plans will take place as required but at least annually.

The next dated review will be 1st July 2012.

7. SUPPORTING DOCUMENTS

- Barnsley Hospital – Resilience (Major Incident & Business Continuity) Plan
- Barnsley Hospital – Influenza Pandemic Plan
- Barnsley Hospital – Crisis Communications Plan
- Barnsley Hospital – Evacuation & Lockdown Policy & Plans
- Barnsley Hospital – CBRN Plan
- Barnsley Hospital - Mass Casualties Plan
- Barnsley Hospital - Burns Plan
- Barnsley Hospital - Mass Fatalities Plan
- Barnsley Hospital – Heatwave Plan
- Barnsley Hospital – Fuel Shortage Plan
- Barnsley Hospital – Winter & Severe Weather Surge/Capacity Plan
- Barnsley Hospital – Bank Holiday Capacity Plans
- Barnsley Hospital – Operational Planning Framework
- Barnsley Hospital – Log-Keeping and Incident Room Policy

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Section 2

INTRODUCTION

- 2.1** This Emergency Preparedness, Response and Recovery Framework relates how Barnsley Hospital NHS Foundation Trust (Barnsley Hospital) will respond in the event of any major or critical incident impacting on how the Trust delivers its key services within Barnsley. It is not possible to plan for every eventuality, but the framework and associated plans provide guidance and practical procedures for how the hospital should mobilise and deploy its staff and resources to respond to an incident and co-ordinate its response with that of other agencies.
- 2.2** The immediate objectives will always be to protect life, relieve suffering, protect property and assist in the containment of any incident whether internally or externally focused. These objects will be achieved by direction, integration, subsidiarity, preparedness, continuity, communication, cooperation and anticipation.
- 2.3** This Resilience Framework describes the agreed procedures and arrangements for the effective co-ordination of a hospital response in the event of an internal incident or associated with the Barnsley community. A number of internal incidents will be covered by the hospital's business continuity arrangements. This framework will be exercised at regular intervals in liaison with the Trust Resilience Planning Group and with all other agencies expected to respond to an incident. An exercise regime has been established that will include an annual test of Trust plans and a live response exercise triennially. The live exercise will alternate between an external major incident and a business continuity scenario and will be subject of a full report listing learning points and recommendations. Responder and hospital staff training and awareness will be held on a regular basis and be fully documented. This training will reflect the type and variety of incidents a hospital NHS Foundation Trust could be expected to face.
- 2.4** The Civil Contingencies Act 2004 defines a major emergency as:
'An event or a situation which threatens serious damage to human welfare in a place in the UK, the environment of a place in the UK, or war or terrorism, which threatens serious damage to the security of the UK'.
- 2.5** The NHS defines a major incident as:
'Any occurrence which presents serious threat to the health of the community, disruption to the service or causes (or is likely to cause) such numbers or types of casualties as to require special arrangements to be implemented by hospitals, ambulance trusts or primary care organisations.'
- 2.6** The NHS has to face a variety of major incidents. A major incident can have a huge impact on one part of the health service, while leaving others relatively unaffected. In a similar way, an NHS major incident is not necessarily a major incident for other emergency services, such as police, fire or Local Authority. Although a serious business continuity incident could be defined within the above parameters, to assist in differentiating the two (external major incident and serious internal service interruption) the term 'critical incident' is acknowledged by the Trust.
- 2.7** Emergencies of this kind could arise for a range of reasons. It is not possible to be prescriptive as to the situations that would justify activation of this plan; however some examples are cited later.

- 2.8** Three broad categories of major incidents (emergencies) are listed below:
- Large numbers of casualties – Which overwhelm, or threaten to overwhelm, normal services, special arrangements are needed to deal with them (e.g. terrorist incidents, a major transport accident, a serious fire in a public building)
 - Health threat - Which may pose a serious threat to the health of the community (e.g. outbreak of E-coli, water contamination, flooding)
 - Internal disruption - The NHS itself may suffer serious internal disruption, which threatens continuity of services (e.g. a serious fire in a GP practice, an unsafe building, a large scale IT failure).
- 2.9** This framework is not definitive. It is intended to be flexible and act as a guideline so that it may be adapted to the type and location of the incident and the number of persons involved. The planning has adopted a risk methodology agreed by the Resilience Planning Group which meets regularly and has based its risk assessment on categorised risks as outlined in the local Community Risk Register, regional risk assessment and National Resilience Planning Assumptions (NRPA). Advice and guidance is also based on the National Security Strategy. All these documents identify a number of hazards and threats including risks associated with transport, hazardous sites, public venues, weather, animal diseases, terrorism, climate change and environmental pollution.
- 2.10** This document provides summaries of the responses and responsibilities of each responder and provider, as well as outlining specific emergency procedures. This document is designed to complement existing major incident and emergency procedures. Under certain circumstances it can be considered an initiator to individual agencies operating protocols
- 2.11** Procedures in this document have been agreed inter-directorate and between other local responders. A number of other agencies have been informed of these arrangements particularly in respect of issues of mutual assistance.

Section 3

MAJOR INCIDENT (MAJAX) PREPAREDNESS

- 3.1** The Major Incident response section (Part B, Page 47) relates how Barnsley Hospital NHS Foundation Trust (Barnsley Hospital) will respond in the event of a major incident impacting on primary or secondary health care within Barnsley
- 3.2** The immediate objectives will always be to protect life, relieve suffering, protect property and assist in the containment of any incident. These objects will be achieved by direction, integration, subsidiarity, preparedness, continuity, communication, cooperation and anticipation.
- 3.3** This major incident section describes the agreed procedures and arrangements for the effective co-ordination of a hospital response in the event of an externally driven incident or associated with the Barnsley community.
- 3.4** As previously stated, emergencies of this kind could arise for a range of reasons. It is not possible to be prescriptive as to the situations that would justify activation of a Trust response; however some examples are cited later.
- 3.5** In all aspects of major incident response and for the purposes of this document the roles and responsibilities of organisations will be acknowledged as:-

3.6 BARNESLEY HOSPITAL NHS FOUNDATION TRUST (BHNFT)

The primary areas of responsibility for Barnsley Hospital are:-

- a. The provision of care to incident victims.
- b. Liaison with the emergency services and other agencies to ensure an effective response to a major incident.
- c. Keeping those affected by the incident informed.
- d. Ensuring that hospital essential services are maintained during an incident.
- e. Potentially providing mobile medical care at the scene of an incident.

3.7 BARNESLEY PCT with support from SOUTH WEST YORKSHIRE PARTNERSHIP NHS FOUNDATION TRUST (Barnsley Delivery Unit) and SOUTH YORKSHIRE & BASSETLAW PCT CLUSTER

The areas of responsibility for Barnsley PCT are:-

- a. Coordinate the primary care, community and mental health response.
- b. Provide care and advice to all members of the local community involved in an incident.
- c. Monitor the health of personnel involved in an incident.
- d. Initiate a Scientific Technical Advisory Cell (STAC) if required.
- e. Liaise with the Food Standards Agency and the Environment Agency.
- f. Health support and care for the local and wider community.
- g. Monitor the medium and long term health of personnel and public

3.8 SOUTH YORKSHIRE POLICE (SYP)

The primary areas of police responsibility are:-

- a. The protection of life in conjunction with the other emergency services.
- b. The co-ordination of the emergency services, local authorities and other organisations.
- c. To secure, protect and preserve the scene, and to control sightseers and traffic through the use of cordons.
- d. The investigation of the incident and obtaining and securing of evidence in conjunction with other investigative bodies where applicable.
- e. The collation and dissemination of casualty information and staffing of the hospital liaison team.
- f. The identification of the dead on behalf of HM Coroner.
- g. The prevention of crime.
- h. The restoration of normality at the earliest opportunity.

3.9 SOUTH YORKSHIRE FIRE AND RESCUE SERVICE (SYFRS)

The primary areas of responsibility for the Fire and Rescue Service are:-

- a. Life saving through search and rescue.
- b. Fire fighting and rescue in a fire situation.
- c. Providing the safety portal at the incident scene.
- d. Neutralising dangers from fuel or hazardous materials.
- e. Rescuing trapped persons where they have the necessary skills and equipment.
- f. Assisting in essential and appropriate salvage where they have the necessary equipment and skills.

3.10 YORKSHIRE AMBULANCE SERVICE (YAS)

The primary areas of responsibility for the Ambulance Service are:-

- a. To provide a focal point, at the incident, for all NHS/Medical resources.
- b. Saving life in conjunction with the other emergency services.
- c. Triage and primary stabilisation of casualties.
- d. Establishing a casualty clearing station.
- e. Establishing an ambulance loading point.
- f. Casualty decontamination assisted by the fire service if mass decontamination is required.
- g. Ensuring that adequate medical personnel and resources are available at the scene including, where appropriate, a Medical Incident Commander.
- h. Naming designated hospitals to which casualties will be taken.
- i. Transporting casualties to hospital.
- j. Co-ordination of all NHS resources at the incident.

3.11 LOCAL AUTHORITIES

The primary areas of responsibility for Barnsley Metropolitan Borough Council and other assisting local authorities are:-

- a. Support and care for the local and wider community.
- b. Support for the emergency services and other organisations involved in the incident response.

- c. The recovery and restoration of normality at the earliest opportunity.

3.12 SOUTH YORKSHIRE HEALTH PROTECTION UNIT (HPU & HPA)

The primary areas of responsibility for the Health Protection Agency are:-

- a. The provision of specialised health protection advice.
- b. Operational support on all health protection matters.
- c. Service provision covering communicable disease control, the public health aspects of the management of non-infectious environmental hazards, including chemical incidents and certain aspects of emergency planning.

3.13 STRATEGIC HEALTH AUTHORITY (SHA)

The roles of the Strategic Health Authority (SHA) are:-

- a. To ensure that the health community are prepared to deal with a major incident.
- b. To provide an initial facilitation and coordination role during the initial health phases of dealing with a major incident.
- c. To provide an information conduit for the regional response to a major incident.
- d. To ensure the health response is subject of sound command and control during the critical phases of the emergency.

3.14 GENERAL PRACTITIONERS (GPs)

The primary areas of responsibility for local General Practitioners are:-

- a. ensuring involvement in processes for planning, responding, ensuring continuity, recovery and restoration.
- b. the delivery of services 24 hours a day via appropriate arrangements. This may require planning for out of hours services and existing escalation policies.
- c. the ability to enable the delivery of services in the event of a major incident.

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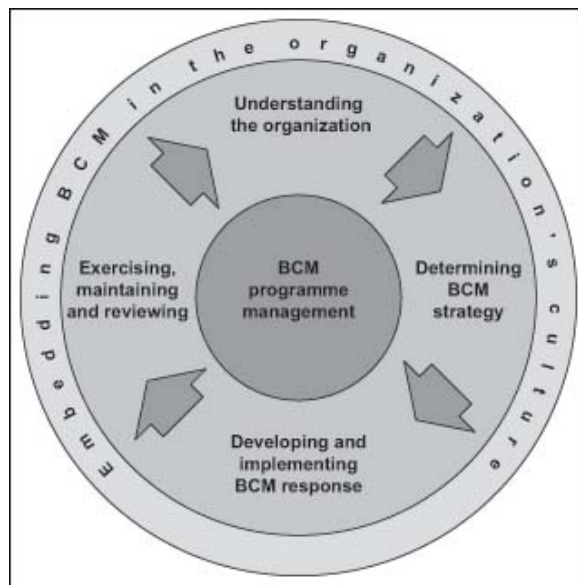
Section 4

BUSINESS CONTINUITY ARRANGEMENTS

4.1 The Business Continuity arrangements relates how Barnsley Hospital NHS Foundation Trust (BHNFT) will respond (Part B, Page 159) in the event of a major business continuity event impacting on how the Trust delivers its services to the communities of Barnsley and beyond. It is not possible to plan for every service failure, but the plan provides guidance and practical procedures for how the hospital should mobilise and deploy its staff and resources to respond to a business continuity management incident and co-ordinate its response with other agencies if so required.

- 4.2 This system is based on the five stage process
- of understanding your business,
 - determining business continuity strategies,
 - developing and implementing a BCM response,
 - developing a BCM culture and
 - exercising, maintenance of plans and audit.

These objects will be achieved in line with central government guidance of direction, integration, subsidiarity, preparedness, continuity, communication, cooperation and anticipation.



4.5 This document will contain summaries of the responses and responsibilities of each critical service area and providers, as well as outlining specific business continuity procedures. These will be known as the business continuity plans. This framework document is also designed to complement existing major incident and emergency procedures. Under all service continuity and business impact circumstances it can be considered the initiator to the individual departmental and service operational interruptions. Triggers for invocation or initiation have been identified and agreed with each service area.

4.6 The Trust has adopted the process of embedding Business Continuity Management through the Business Continuity Lifecycle process, developed by the Business Continuity Institute. It is closely aligned to BS 25999-1 and uses PAS 2015:2010 as its key reference.

4.7 The first stage of business continuity management for the Trust was to consider the areas of service that are crucial in maintaining during and following a crisis. This step is called the Business Impact Analysis (BIA).

The BIA involves identifying the critical service/business activities within the Trust and determining the impact of the service area failing to function. Types of criteria for assessing the impact include:

- Impact on patient care and human welfare
- Internal operations
- Legal and statutory requirements
- Financial impact
- Staff welfare and security
- Possible environmental impacts

Once care functions have been identified the BIA should assess at the time dependencies for each and assign recovery objectives. This analysis was completed with each head of service originally using a service prioritisation matrix approved at Board & Director level. A simple quantitative score was assigned to each service area for ease of assessment but underscored by a qualitative background. The latest review has used a combined impact assessment and planning document.

4.8 The second stage in the process was to identify potential risks that could disrupt the Trust's operations. Most risks were grouped into the following:

- People
- Premises
- Information (Electronic & Non-Electronic)
- Location/Geographical
- Environmental
- Utilities / Services
- Or simply – Staff, Space (Accommodation), Services and Supplies

A number of risks including the following were included in the planning and latest review and formed the foundation of the service area business continuity plans:

- Accidental Fire or Arson
- Evacuation
- Criminal Acts
- Fuel Shortage
- Extreme Weather Events
- Structural Damage
- Utility or Services Failure
- Infection, Infestation, Ingress
- Industrial Action
- Loss of Staff or Contractors

4.9 Risks identified have been included in the Resilience risk register and a further linked risk and tasking matrix that identifies all associated internal and external hazards and threats. A full site vulnerability survey was conducted and revised in relation to the hospital site and the results retained in the Resilience Department. Five historical maps dating back to 1855 have also formed part of this research. A number of actions have already been initiated to ensure vulnerabilities identified are reduced to a minimum. Research included enquiries with:

- Local Authority (Land and Emergency Planning) - BMBC
- Environment Agency
- South Yorkshire Fire and Rescue Service
- South Yorkshire Police (Counter Terrorist Security Advisor – CTSA)
- Coal Authority
- Barnsley library for archive & historical data
- Longest serving employees
- Three residents who have all lived in the area for at least 30 years.
- Past head-teacher – local school.

4.10 The following issues have also been assessed in respect of the hospital site and considered in relation to aspects of business continuity management:

- Flood risks (particularly surface water flooding)
- Subsidence
- Radon
- Coal mining
- Landfill and hazardous waste processing sites
- Environmental permits
- Water quality & pollution control
- Waste carriers
- Radioactive substances
- Historical land use
- Pollution
- Local facilities
- People & Housing
- Stand-off attacks
- General crime
- Cyber crime
- Relationships with Local Authority & NHS Barnsley
- Media liaison & local contacts
- Past land planning applications

4.11 In developing both the business continuity arrangements and the individual service plans, meetings were conducted with service heads, full liaison with members of staff and assistance and direction given when required. Business Continuity awareness forms an integral part of corporate curriculum training and e-learning for all managers and staff. This step of the process ensures the effective management and participation of managers and staff and includes the following:

- The purpose and scope of the plan
- System and plan owners complete with business continuity ‘champions’
- Clear roles and responsibilities
- Trigger points for the initiation of the business continuity arrangements
- Contact details of all key stakeholders and personnel
- Clear incident management
- A communications strategy

4.12 The final stage is to ensure that this system and service plans are current, fit for purpose and will deliver the required response. The Trust's business continuity arrangements must be validated either by the response to an actual incident or exercised and proved to be workable. Any exercising regime must involve validation, rehearsing key staff and testing systems and supplies required to assure the Trust's resilience. As previously mentioned this can be by team, seminar, tabletop or live exercises and set timescales are advised in the NHS Emergency Preparedness Guidance and central government advice.

Section 5

INFLUENZA PANDEMIC PLANNING

5.1 AIM & OBJECTIVES

The primary aim of this planning is to ensure that Barnsley Hospital NHS Foundation Trust has a prepared, integrated approach to an influenza pandemic response, that this also forms part of the wider health and social care response for the management of an influenza pandemic. The response phases can be found in Part B, Page 163 and the objectives of these procedures are to: -

- Protect lives, relieve suffering and assist in the containment of the influenza pandemic
- Ensure resilient arrangements that will enable the Trust to treat and support the potentially large numbers of patients experiencing severe symptoms from influenza, whilst maintaining other essential care.
- Be prepared in relation to any and all risks identified.
- Support the continuity of essential services as far as practicable.
- Support continuation of everyday activities as much as possible.
- Promote community recovery and the return to normal business activities within the Trust at the earliest possible opportunity

This framework also aims to provide: -

- Information on how the Trust responses will be directed during a pandemic
- Information on how the Trust resources will be managed during a pandemic
- How information will be disseminated in a timely and accurate way to all levels within the Trust, to partner organisations and externally via situation report (SitRep) mechanisms to the SHA.

These arrangements should be read in conjunction with the NHS Barnsley Influenza Pandemic Plan, also national and local guidance that indicate how day-to-day management and actions will be executed in the event of an Influenza Pandemic being declared. This planning acknowledges that flexibility of response is core to ensuring a resilient framework. The temptation must not be to attempt to alter our organisation to fit the challenge, but to plan for and make certain the provision of adequate resourcing with an efficient management and communications strategy.

These arrangements form the over-arching structure for the Trust's management of an influenza pandemic and are to be considered as both strategic and tactical frameworks. Each service and clinical unit within Barnsley Hospital NHS Foundation Trust will have detailed arrangements as part of any business continuity response. These operational arrangements sit directly under this plan and are subject of ongoing review and audit by the Trust Resilience Manager.

5.2 PANDEMIC INFORMATION & OVERVIEW

Whilst the overall approach adopted by this framework is not substantially different from previous influenza pandemic planning there are some key changes to the previous approach, reflecting lessons learned following the H1N1 (2009) influenza pandemic and the capacity incidents involving the Trust during the winter period of 2010/11. The response to the H1N1 (2009) pandemic was also the subject of a national independent review chaired by Dame Deirdre Hine. **It must be emphasised that the Trust influenza planning is based on any strain of influenza and not just H1N1.**

The impact of pandemic influenza on the Trust is likely to be both intense and sustained. Planning assumptions relating to any pandemic will be reviewed nationally and on a regular basis. The impact of a pandemic will be determined by three interdependent factors:

- Disease characteristics – Number of cases and deaths, the proportion of severe disease in the population and rate of onward transmission
- Service capacity – the number of patients presenting to health services and/or admitted to hospital, intensive care and specialist treatment. Also the ongoing capacity of the public services, utilities and businesses to cope the demand and staffing issues
- Behavioural response – the levels of concern experienced by the population and reactions to campaigns, antiviral drugs, vaccination and how health services are accessed.

Currently it is impossible to forecast the exact characteristics, spread and impact of a new influenza strain. However previous modelling suggests that: -

- From arrival in the UK, it will probably be a further 1 to 2 weeks until sporadic cases and small clusters of disease are occurring across the country. Therefore an agile and coordinated response will be required
- It could reach the UK from its country of origin very quickly
- Once in the United Kingdom, it is likely to spread to all major population centres within 1 or 2 weeks.
- Up to 50% of the population may show clinical symptoms of influenza over the entire period of the pandemic,
- Up to 25% of these may develop complications.
- 2.5% of those who become symptomatic may die (roughly between 50,000 – 750,000 additional deaths in the UK)
- Up to 22% of influenza cases can be expected during the peak week.
- Up to 30% of symptomatic patients will require assessment and treatment by a general medical practitioner or suitably experienced nurse.
- Total healthcare contacts for influenza-like illness will increase dramatically
- Between 1% and 4% of those who are symptomatic may require hospital care, depending on how severe the illness caused by the virus is.
- Hospitalisations and deaths are likely to be greatest if the highest attack rates are in older people.
- A short epidemic would put greater strain on services and business continuity, than a sustained lower level one.

5.3 BARNSELY HOSPITAL NHS FOUNDATION TRUST PROFILE

Based on planning assumptions, for a population the size of Barnsley Metropolitan Borough (which numbers approximately 240,000), the cause-specific mortality from influenza may number between 240 – 3,000 additional deaths (Table 1).

TABLE 1 - Range of possible excess deaths during an influenza pandemic.

Overall case fatality rate (%)	Clinical attack rates		
	25%	35%	50%
0.4	240	350	400
1	600	840	1200
1.5	900	1200	1800
2.5	1500	2100	3000

If 4% of all symptomatic persons require hospitalisation, this would equate over the period of the outbreak to 4,800 additional patients that may need admission to secondary care, assuming a 50% clinical attack rate.

This is an increase of at least 50% of normal demand. At its peak, demand for hospital admissions in Barnsley could rise to 1,056 cases per week. Demand for critical care beds would similarly also rise to about 264 per week. (Table 2)

TABLE 2 - Demand for secondary care in Barnsley

	Rate	Estimated figures for Barnsley
	(50% attack rates)	
Hospital admissions for entire period of outbreak	2,000 per 100,000 population	4,800
Peak weekly demand for hospital admissions	440 new cases per 100,000 per week	1,056
Peak weekly demand for critical care beds	110 per 100,000 per week	264

5.4 PLAN REVIEW, TRAINING & EXERCISES

These arrangements describe the agreed procedures and arrangements for the effective co-ordination of the Trust response in the event of a pandemic associated with the Barnsley community. They will be exercised at regular intervals in liaison with the local emergency planning group and with other agencies expected to assist with the response. An exercise regime has been established that will include regular tests of resilience planning including varying forms of exercise. The exercises will include business continuity scenarios and will be subject of a full report listing learning points and recommendations. Responder and Trust staff training and awareness will be held on a regular basis and be fully documented.

This training will reflect the full cross section of issues the Hospital Trust could be expected to face during a pandemic or other major incident.

This plan is a live ongoing document and as new guidance continues to be developed, the plan will be reviewed and amended by the Trust's Resilience Planning Group to reflect best practice as highlighted by: -

- The Department of Health
- The World Health Organisation
- The Health Protection Agency
- The Strategic Health Authority (under transition – 2013)

This plan has been prepared in consultation and close liaison with partner organisations including Barnsley PCT, Barnsley Metropolitan Borough Council, South Yorkshire Local Resilience Forum and the appropriate Local Resilience Forum (LRF) working groups. It has been subject of review by the SHA on a number of occasions

These arrangements will continue to be developed and amended with new guidance and advice issued by the relevant agencies, the Trust's Resilience Planning Group will continue to consult with partner organisations.

5.5 RISK ASSESSMENT

This plan is not definitive. It is intended to be flexible and act as a guideline so that it may be adapted to the virus strain, age profiles, 'hot-spots' of outbreak and the number of persons involved. **The latest appendices reflect the dynamic planning and response arrangements for any ongoing disease outbreak.** The plan has adopted a risk methodology agreed by local liaison and pandemic working groups which meet regularly and has based its risk assessment on influenza pandemic as a categorised risk as outlined in the local Community Risk Register.

5.6 LESSONS FROM THE 2009 INFLUENZA PANDEMIC

The emergence of the H1N1 (2009) influenza pandemic demonstrated the unpredictability of influenza pandemics. Most people experienced a relatively minor illness. The recorded level of illness was below that experienced in some seasonal influenza seasons and most people were largely unaffected.

Nonetheless, some younger adults and children, particularly those with underlying health conditions and some pregnant women experienced severe or even fatal illness and NHS primary and hospital critical care services came under pressure. The virus also re-emerged in the 2010/11 winter season causing widespread illness and placing this Trust under extreme pressure during the Bank Holiday period in December 2010.

The following important lessons have been identified:

- Uncertainty: there will be little or no information at the outset of any new pandemic. Detailed data will be required as an early priority.
- Speed: in local areas, the number of cases and demand for services will develop very quickly
- Local hotspots: different areas will be placed under pressure at different times. This will require a flexibility of approach and possibly mutual aid.

- Profile: the media, public and professional appetite for information will be intensive.
- Duration: a pandemic wave can be expected to continue for many weeks. This will require robust arrangements. Further waves may also occur.
- Cross-sector: whilst the health sector will be under particular pressure, the response will span across all agencies and services.
- Wider applicability: the response to the H1N1 (2009) influenza pandemic built on previous responses but is also enhancing the Trust approach to other areas of planning such as winter pressures and Bank Holiday arrangements.

5.7 PROTECTING PATIENTS AND STAFF THROUGH VACCINATION

A key practical area of the Trust influenza pandemic arrangements is the vaccination policy for Trust staff and this was established in 2009. Members of the public considered 'at risk' from seasonal influenza are invited to for vaccination each year using a pre-pandemic vaccine which provides the degree of protection depending on how similar any pandemic viral strain is to the strain used to prepare the vaccine. Once a particular pandemic strain has been isolated a pandemic-specific vaccine developed specifically should protect most recipients from clinical illness.

Over recent years the Trust has developed an influenza vaccination programme that is now operated on an annual basis over the full year to ensure front-line staff can receive the seasonal influenza vaccine. As an essential part of the general resilience arrangements for staff business continuity, winter pressures, seasonal Bank Holiday planning and possibly influenza pandemic, all staff (subject to medical or ethical considerations) are strongly encouraged to seek vaccination against influenza via the Trust Occupational Health Department.

5.8 NEW UK APPROACH TO THE PHASES OF PANDEMIC RESPONSE

Following consultation and lessons learnt, a new approach to the indicators for action in a future pandemic response has been developed. This takes the form of five phases (at this stage) named **Detect, Access, Treat, Escalate and Recover**. These phases incorporate indicators for moving from one phase to another. The phases are not to be considered linear and it is possible to move back and forth or even jump phases depending on the severity of the pandemic.

This framework contains the current generic response to an influenza pandemic but can also be used to address any human or animal disease outbreak or incident requiring the mass treatment of members of the public. The framework is intended to be dynamic and any future appendices will reflect the latest response arrangements and escalation procedures. These will be updated as any ongoing incident or emergency progresses.

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Section 6

OTHER RESPONSE PLANS

6.1 The following plans have been or are currently being developed to ensure a coordinated response by Barnsley Hospital to a full range of incidents. The specific plan or its progress is available to Trust managers via SharePoint or to all staff via the Trust Resilience Intranet site.

- Crisis Communications Plan
- Evacuation & Lockdown Policy & Plans
- CBRN Plan
- Mass Casualties Plan
- Burns Plan
- Mass Fatalities Plan
- Heatwave Plan
- Fuel Shortage Plan
- Winter & Severe Weather Surge/Capacity Plan
- Bank Holiday Capacity Plans
- Operational Planning Framework
- Log-Keeping and Incident Room Procedures

The Operational Planning Framework includes plans and response arrangements for internal or external pre-planned incidents which have in past comprised of:

- Mortuary Closure
- Fire Service industrial action
- Postal Service industrial action
- Holiday and Bank Holiday event planning
- Meadowhall Shopping Centre (Oasis) for national public events
- Political party conferences

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Section 7

INCIDENT TYPES

7.1 IMMEDIATE RESPONSE – ALSO KNOWN AS ‘BIG BANG’.

These incidents include:

- Major Incidents at all types
- Public places and stadium
- Active (or Marauding) shooter
- Involving large public buildings or ‘crowded places’.
- Airport & aircraft incidents
- Multiple road traffic collisions
- Chemical, Biological, Radiological, Nuclear & Unorthodox Explosive (CBRNE)
- Large explosions and fires
- Burn incidents (including radiological)
- Bomb or blast event

7.2 TRANSPORT DISRUPTIONS

These can include:

- Ambulance Service including patient transport
- Public Transport
- Fuel Crises
- Industrial Action

7.3 INTERNAL, BUSINESS CONTINUITY or ‘CRITICAL’

Internal or Critical incidents can consist of:

- Building Fire
- Flooding
- Infestation
- Weather Damage
- Capacity or Patient Surge
- IT Failure
- Power/Water/Gases/Telephony losses

7.4 COMMUNICABLE DISEASE

Incidents involving these issues can include:

- Deliberate Release – smallpox, anthrax
- Epidemic/Pandemic affecting staff
- Epidemic/Pandemic affecting general public

7.5 ORGANISATIONAL OR SPECULATIVE

These incidents involve more speculative risk and include:

- Financial litigation
- Reputation
- Media focused
- Staff or HR related

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