# Care for People (CfP) Response Framework

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**Local Resilience Partnership (LRP) - CfP Strategic Objectives**

- Save lives and minimise health harm.
- Protect the health, safety, and wellbeing of staff and public.
- Minimise impacts on normal services.

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## Purpose of the Care for People Team

The purpose of the Team is to provide a single point of reference for preparation and caring for people affected by emergencies within the affected area.

It will care for people before, during and after emergencies by establishing and sustaining formal partnerships to co-ordinate its joint activity. It will ensure that its members own and maintain their arrangements, and are fully prepared to respond to emergencies at all times care-for-people-affected-by-emergencies-november-2017.pdf (ready.scot)

### The Team will:

- **advise and inform the decisions of the Resilience Partnership;**
- **implement the Resilience Partnership strategies by co-ordinating its members' activities;**
- **deliver services through its members' staff working at an operational level**
- **identify and provide support to people identified has potentially being vulnerable**

**Abbreviations:**

| | |
|---|---|
| MERC – Moray Emergency Response Coordinator | SMOC – Senior Manager on Call |
| IMT – Incident Management Team | LRP – Local Resilience Partnership |
| CfP – Care for People | OOH – Out of Hours |
| PARD – Persons at Risk - same as Vulnerable Persons List | CWSO – Chief Social Work Officer<br>HOS – Head of Service |

| Care for People – Chair Information Card | |
|---|---|
| **Chair of the Care for People Group:** | **Depute Chair:** |
| Chief Social Work Officer (CSWO) or Head of Service (HOS) | Senior Manager |
| **Out of Hours:** The Senior Manager on Call (SMoC) may choose to chair this group initially | |
| **Notification Process** | |
| You will be notified of the need for CfP group via one of the following routes:<br>• Local Resilience Partnership (LRP) meeting<br>• Moray Council (MC) Incident Management Team (IMT)<br>• directly from the Moray Council Manager on Call (MERC). | |
| **Responsibilities of the Chair of the group** | |
| 1. Call out the Moray CfP team<br>2. Set priorities for the team<br>3. Allocate Leads for various groups/workstreams<br>4. Allocate any additional work and note<br>5. Ensure accurate notes/action log are kept of all meetings<br>6. Provide advice and information, where required, to the LRP and IMT<br>7. Liaise with the Moray Emergency Response Co-ordinator (MERC), the Senior Manager on Call (SMoC) as appropriate<br><br>You will also be responsible for representing the Moray CfP response as part of the Grampian Care for People Group.<br><br>*Ensure the group works in a multi-agency approach to ensure those affected by the emergency are supported as appropriate* | |
| ***The incident may result in a Public or Fatal Accident Inquiry; therefore, it is essential that accurate records are kept, including times of events, discussions and decisions made and actions taken. Just as important may be the decisions/actions not made!*** | |

| Setting up a meeting |
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1. When deciding who to call-in/involve in response to an incident, follow the principle of 'cautious over-response' in the initial stages.
2. Schedule a Moray CfP meeting for approx. 30 mins after LRP/IMT meeting (whichever is first, this will depend on the type and location of incident)
3. As soon as notification of an 'issue' is received call the CfP groups first meeting using the Moray Control Room email - better to stand it down if not required. Use the METHANE form to help capture the valuable information (Appendix 2)
4. Check all On Call Managers for Moray are included in the invite.
5. HSCM Control Room has a distribution list and draft email pinned to the top of the inbox to alert staff (you many need to add people to this after the first meeting).
6. Any papers sent from the LRP, or wider distribution will be sent to the Control Room email (all SMOCs have access to this email – this does not affect the notification process). *This ensures one central point for information. (This will ensure if there is a need to hand over during an incident that all papers from external agencies are kept in one place, also central for the debrief that will follow).*
7. Appoint admin. Support (this will need to be decided for each event – there is no dedicated resource – there is no out of hours support available).

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- The full scale and impacts of an incident may not be known for some time: it is easier to stand-down resources if not needed than to try to manage an incident without essential elements of response that may be required.
- Remember that you may need to sustain a response over a prolonged period: ensure you arrange staffing to allow for continuity of response over multiple shifts. Recommended shift maximum is 8 hours.
- Moray Council will facilitate Rest Centres or Information Hubs as part of this process

**It is not recommended to consider scaling back a response until the details are known and the impacts and consequences have been assessed.**

| Reminders: |
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➢ Remember to keep a Personal log (Appendix 1)
➢ Remember to keep a Decision log of any decisions you make – including decisions **not** to act on something! (Appendix 3)
➢ Remember, do I have what I need if I have to defend a decision later!
➢ Record who/where/why/what!
➢ Remember to communicate with your colleagues/teams!

Remember to use full date and times (24-hour format).

**General Questions to consider:**

- Do I need to contact anyone within DGH/other parts of the system?
- Are there any other partners I need to notify / who could help?
- Remember to delegate – your job is to Chair the group – not to do everything!
- Have we agreed who will share which information where?

**Have you considered the following teams:**

GMED
Pharmacy
Primary Care
Mental Health Services
Dr Gray's
Partners e.g. Moray Council/Aberdeenshire/Aberdeen City/NHSG/Police etc.
OOH teams e.g. nursing/social work

**General Information:**

Information governance: a pragmatic, sensible and balanced approach to data protection and sharing should be taken. It is more likely than not, that it will be in the interests of the individual that their personal data is shared. The starting point is to consider the harm that may be caused if information is not shared.
When deciding to share information, or not, the reasons must be recorded. If the decision is to share information, then a record must be kept of the information shared and with whom it was shared.

| Meetings Information Card |
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**Grampian Local Resilience Partnership (GLRP) sometimes referred to as LRP**

- MERC will be the principal point of contact for the LRP during the incident.
- The **SMoC** or **deputy** should attend for HSCM as a Category 1 responder (it is our duty to also attend).

*Depending on the scale of the incident there would be a requirement for representation at Partner response meetings and LRP groups - this may be delegated as necessary.*

**Grampian CfP**

- If an incident is declared by the LRP, Grampian CfP <u>may</u> be a subgroup of the LRP to support a coordinated response.

- SMOC/HOS/CSWO will lead (or deputise) the Moray CfP response and chair HSCM CfP meetings – to be decided on the day.

- HSCM will have **primary** responsibility for chairing the delivery of the CfP requirements with MC in partnership.

- HSCM will identify people who are potentially vulnerable and consider how best to support them if necessary, using the PARD (**Appendix 6**)

*During an incident/response the Grampian CfP group will agree a chair from one of the three HSCP's. There may be a request from Moray to chair the Grampian group. This group is likely to be stood up from the LRP if it is felt there is a need to co-ordinate to/from the local CfP groups and between other partners e.g. COTAG/SSEN/SGN. It is not the intention to replicate the local CfP groups.*

**Incident Management Team (IMT)**

- You will be expected to take
  - details clients who have been contacted/
  - if any require help
  - if you need assistance to the IMT.

The MERC will want assurance/status of the CfP group (spreadsheet in SMoC grab bag on teams' channel)

- If the Incident is at local response level and not LRP level, then a MC/HSCM IMT would be called. The IMT chair will be the MERC. CfP chair and SMOC would be group members (it may be the same person initially).
- If the SMoC wishes to call an IMT they should contact the MERC who will convene and chair the IMT. **An IMT will only be called for an incident that cannot be handled as business as usual**

*The IMT will be the Strategic group with CfP group working at an operational delivery level feeding back into the IMT. Be careful not to give the same person too many roles!*

| How to establish an Initial Incident Management Team (IMT) meeting | |
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| **In hours** | **Out of hours** |
| HOS or SMoC Authorises activation of HSCM bronze control room (CR) but may deputise Chair role**.** | SMoC will contact all out of hours managers and provide an initial briefing of situation<br>- Details on Rotawatch |
| Provide initial briefing of incident (details on APPENDIX 2) for distribution to OMT and set up Teams meeting for initial management team meeting. | There are no out of hours arrangement for advisor / admin support – someone will need to be identified for this function |
| **In hours** - identify a manager and admin support/loggist etc | |

| Information Card – Communications |
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If scale of incident requires it: -

Contact Council MERC to advise of situation and determine scale of response required and location of control.

If declared as a Major incident a single Control area will be established for MC and HSCM – (potentially Council Annex Building)

*If the incident is a power outage this may need to move to any area that can operate, e.g. annexe building – others to be identified.*.

| In Hours: | Out of hours |
|---|---|
| For any emergency/disruptive incidents where an IMT/CFP group is stood up, corporate comms must be notified. Email: gram.moraycontrolcentre@nhs.scot | For IMT/CfP contact Moray Council pr@moray.gov.uk (Fri 1600-Mon 0800. Any other out of hours liaise with MERC). |
| Liaise with MC/NHSG at pr@moray.gov.uk and gram.commscentre@nhs.scot | If **Health related** contact on call NHSG duty press officer out of hours via switchboard 0345 456 6000 |
| | *Health and Social Care Moray does not have out of hours comms team.* |
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| PERSONAL LOG | | | | | |
|---|---|---|---|---|---|
| Name | | Designation: | | | |
| Role in Response: | | Date: | | Time: | |
| Event: | | | | | |

| Time | Narrative |
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| **Signature** | |

# M/ETHANE Form (APPENDIX 2)

| Time | Date |
|------|------|
| Organisation | |
| Name of Caller | Tel No |

| **M** | Major incident | Has a Major Incident been declared?<br>**YES/NO**<br>*(If no, then complete ETHANE message)* | |
|-------|----------------|------------------------------------------|---|

| **E** | Exact Location | What is the exact location or geographical area of incident | |
|-------|----------------|------------------------------------------------------------|---|
| **T** | Type of Incident | What kind of incident is it? | |
| **H** | Hazards | What hazards or potential hazards can be identified? | |
| **A** | Access | What are the best routes for access and egress? | |
| **N** | Number of casualties | How many casualties are there and what condition are they in? | |
| **E** | Emergency Services | Which and how many emergency responder assets/personnel are required or are already on-scene? | |

*Restricted once complete*

Signature _____

# DECISION LOG

## GUIDE (APPENDIX 3)

This template is for use either in place of or as an addition to the existing DECISION LOGBOOK.

The template is primarily for use during virtual circumstances so that an accurate record is kept of all decisions made and to ensure clear governance.

The Decision Loggist should follow these steps:

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| 1. | During the meeting or conversation, record decisions made as per the template below. |
| 2. | On conclusion of the meeting or conversation, and when the Decision Loggist is satisfied that the Decision Log has been completed accurately, the Decision Log should be sent to the Decision Maker by email (email template below). This should be done on the same day as the meeting/conversation occurred and as soon as possible afterwards. |
| 3. | On receipt of the Decision Log from the Decision Loggist, the Decision Maker should check that the Log is a true record of decisions made during the meeting or conversation. |
| 4. | When the Decision Maker is satisfied that the Decision Log is accurate and complete, then he/she should sign it virtually in the appropriate field of the form as acknowledgement and return it by email reply to the Decision Loggist. |
| 5. | On receipt of the returned and approved Decision Log, the Decision Loggist will file it as 'FINAL,' to protect it, and file it appropriately in the folder which should be set up in the files of that MS 'Team.' It can also be filed in the relevant network filing systems relating to the Decision Maker or Group to which it relates. |
| 6. | Email exchanges in relation to the Decision Logs should be filed appropriately as defined by that the Decision Maker or Group/Sector, including within network filing systems and MS Teams. |
| 7. | The Decision Maker and Decision Loggist should ensure they each keep a copy of the Decision Log and all the email dialogue. |

# DECISION LOG (APPENDIX 4)

| TITLE | | | | | |
|---|---|---|---|---|---|
| **LOG** | START DATE | | **INCIDENT** | START DATE | |
| | END DATE | | | END DATE | |
| | START TIME | | | START TIME | |
| | END TIME | | | END TIME | |

| DECISION MAKER | |
|---|---|
| SERVICE/GROUP | |
| RECORDED BY (Loggist) | |
| DATE | |
| TIME | |

| INCIDENT |
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| PROBLEM | |
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| OPTIONS | |
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| **OUTCOME/ ACTIONS** | |
| **RATIONALE** | |
| **DECISION MAKER APPROVAL** | I confirm that this is a true record of decisions I made during the meeting /conversation specified. |

| | |
|---|---|
| **NAME** | |
| **DATE OF APPROVAL** | |
| **TIME OF APPROVAL** | |
| **DATE RETURNED TO DECISION LOGGIST** | |
| **DATE RECEIVED AND FILED BY DECISION LOGGIST** | |

**REMEMBER TO PROTECT DOCUMENT AS 'FINAL' ONCE DECISION MAKER HAS SIGNED THE DOCUMENT**

# Care for People - Incident Management Team

# Agenda

| | Date: | Time: | Lead |
|---|---|---|---|
| 1.0 | Welcome and Introduction, including apologies | | Chair |
| 2.0 | Matters requiring urgent attention – update from LRP/IMT | | All |
| 3.0 | Review Decision Log | | All |
| 4.0 | Current situation/Partner Updates (3MB by exception only)<br>    a) LRP<br>    b) MERC/Council<br>    c) HSCM<br>    d) NHSG<br>    e) Other partners | | All |
| 5.0 | Identify current and future risks from updates: - | | |
| 5.1 | Options after discussion: - | | |
| 5.2 | Agreed Outcome / Actions: - | | |
| 6.0 | Staff Welfare | | All |
| | | | |
| **7.0** | **RESPONSE (& RECOVERY) STRATEGY** | | |
| 7.1 | Agree Priorities (include Rationale) | | Chair |
| 7.2 | Allocate Tasks (By whom/By when/Allocate resources) | | Chair |
| **8** | **Communications**<br>*Who has been informed of the situation and what have they been told?* | | |
| 8.1 | Identify Liaison officer requirements (for attendance at partner meetings) | | Chair |
| 8.2 | Summarise Actions and Update Action Tracker/Decision Log | | Chair |
| 8.3 | Items requiring escalation to LRP | | Chair |
| 9.0 | AOCB | | All |
| 10.0 | Agree Future Meeting Schedule | | Chair |

**At end of meeting Chair to review decision log and sign**

Data protection and sharing guidance for emergency planners and responders - GOV.UK (www.gov.uk)

**PERSONS AT RISK DATABASE (PARD) INFORMATION – DRAFT (Appendix 6)**

| **What is PARD?** |
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| Scottish Government refer to PARD as a database of people who may be at risk during an emergency. **However, no actual database exists.** Within HSCM we utilise the data on the Care First system that identifies service users who may fall into this category, Aberdeenshire and City use similar systems.<br>The purpose of this data is to provide managers with information on people who may be vulnerable during or in the immediate aftermath of an emergency, individuals who may be less able to help themselves in an emergency. |

| **Agreed Vulnerabilities in Grampian (adapted from information provided by Scottish Government's "ten vulnerabilities")** |
|---|
| Physically Impaired<br>☐ Unable to walk unaided<br>☐ Requires walking aid and supported evacuation<br>☐ Manual or powered wheelchair<br>☐ Bed bound<br>☐ House bound<br><br>Visually Impaired<br>☐ Significant sight impairment with a reliance of technology to support daily Communication<br><br>Hearing Impaired<br>☐ Significant hearing impairment with a reliance of technology to support daily communication<br>☐ Lip reader<br>☐ BSL first language<br><br>Long Term Conditions<br>☐ Impaired motor skills/neurological conditions<br>☐ Cognitive impairment<br>☐ Mental Health Condition resulting in impairment<br>☐ Learning disability<br>☐ Dementia<br><br>Reliance on Powered Machinery<br>☐ Those who rely on electrical equipment for health and social care needs<br>☐ OT equipment (hoist, air mattress, bed, riser-recliner chair)<br>☐ Oxygen<br>☐ Feeding tube<br>☐ Dialysis<br>☐ End of life care |

| What is the process for the Vulnerable People List |
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| • Care at Home will contact all clients and record any issues on the Staff Plan system (see Appendix 7)<br>• Identify which managers will be responsible for attending<br>    o Care for People Group meetings or<br>    o IMT for feedback/updates. |

Dependant on the incident additional people may become vulnerable by their direct involvement in the incident – we have a duty to gather their information and include them too.

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How to access the PARD data:

HSCM currently extracts a list from Care First every Friday that is held on SharePoint on the MC system for information governance purposes. The relevant care teams have access to their data on the Care First system (see **appendix 7**)

Information Governance rules mean that the information cannot be shared until an incident is declared.

In the event that access to the system is lost, there is a printed paper copy kept within a secure area of the annexe building that all members of the team know how to access.

Work In Progress:

Agreed to implement the use of the Risk Matrix presented at OMT, plan to be put in place to arrange for the necessary work to commence.

AK will look at improving the format of the spreadsheet stored on SharePoint to accommodate columns for recording who contact was made with and whether they require assistance e.g. 12hrs/24hrs etc.

Further work is ongoing to identify whether data from the SPAARA system (identifying those most at risk of readmission to a care facility) can be of benefit to this process (Grampian group)

SD working with tech services and med. Physics to identify which home equipment would be suitable for use with portable batteries in the event of a power failure – Shire and City also involved in this work.

In the event of a power outage SSEN will provide updates at 10am and 2pm.

**Children and Young People**

Responders should be trained to recognise and respond to the needs of children affected by emergencies, whether or not they work with children normally

_(Note: LVZ advised that C+F pull their lists every two weeks and keep paper copies – this is specialised and should remain with Children's Services)_

**Displaced Persons**

Agreed by Chief Officers at NHSG Civil Contingencies meeting 5/12/23 that Displaced Persons/Asylum Seekers will be looked after as part of the Care for People arrangements

**PARD PROCESS – DRAFT DOCUMENT**

PARD Process - Health and Social Care Moray

Draft document December 2023 - to be approved

Potential Incident Identified i.e. Amber Weather Warning Received

Care at Home Teams start contacting those on Care First who are in receipt of Moray Council Internal Care

Risk Matrix allows efforts to be focused on reds then amber

Issues recorded on Staff Plan and escalated if needed to Care @ Home Officer then Community Care Managaer on Call

Meantime Council IMT and Moray Care 4 People meetings likely established - see Care 4 People Plan

SSEN Data received by Moray Control Room - gram.moraycontrolcentre@nhs.scot Control Room foward to GIS@moray.gov.uk

Following Care for People Meeting / Council IMT the Community Care Manager on Call will send PARD data to GIS@moray.gov.uk for mapping

SMOC request map from Community Care Manager on Call