

Moray Civil Contingencies Improvement Action Plan

incorporating EXTRACT of PRIORITIES FOR YEAR 1 (MORAY) - NHS Grampian Improvement Plan Against Resilience Standards 2019-2021

Last Updated: 14.01.20

ID	Description	Linked to	Self Assess Level (see criteria on next page)	Requirement	RAG Status	Action Required	Evidence	Owner	Expected Completion Date
1	Governance	Standard 3	4	Civil Contingencies Group (or equivalent) in place for each sector, and actively meeting	G	Draft Terms of Reference to be approved	Terms of Reference agreed, meeting dates agreed. Reviewed annually	HSCM Civil Contingencies Group	31-Jan-21
2	Governance	Standard 2	2	Workplan in place to include training, review of plans, sector based exercising and participation in NHSG programme of exercising	A	Rolling programme of work to be developed.	Annual work plan agreed and in place.	HSCM Civil Contingencies Group	28-Feb-20
3	Business Continuity	Standard 7,8	2	HSCM to have up-to-date, effective Business Continuity (BC) / contingency plans for all prioritised services and functions. HSCM to have an overarching BC Plan with agreed list of critical functions/services.	R	Service Managers to review and provide up to date BCPs and BIAs by 31 July 2019	Critical functions and overarching BC plan in place and agreed by Systems Leadership Group (SLG)	Systems Leadership Group	31/07/2019 revised date 31-Mar-20
4	Specific needs of Children in MI & BC planning	Standard 10	2	The specific needs of children and young people to be addressed in all relevant Major Incident and Business Continuity plans, and ensure that its responses / interventions are sensitive to their needs	A	Sectors to develop model for engagement of Children's social work services in Resilience Groups	Engagement of Children's social work services in resilience planning	Systems Leadership Group	tbc
5	Command Control and Coordination - Major Incident / BC response	Standard 11	2	Sector arrangements to be agreed and tested.	R	Meeting required to discuss roles and responsibilities of senior staff in hours and out of hours. Training needs to be identified ie loggist / control room lead.	Documented roles and responsibilities. Incident Management Team identified. Control Room arrangements documented. List of staff trained held locally ie loggists.	HSCM Civil Contingencies Group	31-Jan-20

6	Major Incident / BC Response - Control Room	Standard 11	2	Staff identified and trained: - Loggists - Control Room Manager	A	Staff to be identified to attend training.	Central list of trained staff held. Training programme in place and communicated via SLG and HSCM Civil Contingencies Group	Corporate Manager / SLG	31-Jan-20
7	Pandemic Influenza	Standard 16	2	NHS Board shall develop and review its Pandemic Influenza Plan jointly with local partnerships and RRP, and seek their endorsement. A joint multi-agency plan shall be developed, if one does not already exist.	A	Completion, sign off and circulation of Grampian Health and Social Care system MID/Pandemic Response plan.	MID/Pandemic Flu response plan detailing integrated health system response to MID/Pan Flu, and setting out links to RP response	HSCM Civil Contingencies Group	31-Mar-20
8	Pandemic Influenza	Standard 17	2	Link with NHSG Board in exercising Pandemic Flu plan every 3 years	A	Grampian wide health and social care system pandemic tabletop exercise.	Exercise documentation and records of attendees. Post exercise report with lessons learned.	HSCM Civil Contingencies Group	TBA
9	Governance	Standard 5	3	Sector risks to be recorded, monitored and escalated where necessary	G	Draft Risk Register to be presented to HSCM Civil Contingencies Group for approval.	Risk Register in place and maintained with actions to mitigate risks in place. System in place to escalate those risks deemed High or Very High to SLG where necessary.	HSCM Civil Contingencies Group	01-Dec-19
10	Information Security and ICT Resilience	Standard 31	2	BIA/Recovery plans reviewed for IT and Communications	A	Define list of critical ICT requirements and advise NHSG Ehealth and Moray Council accordingly.	BIAs updated and held centrally. Critical functions list agreed. NHS eHealth and Moray Council informed of requirements.	Systems Leadership Group	tbc

11	Supply Chain Resilience	Standard 39	2	BIA/Recovery plans reviewed for suppliers	A	Define list of critical suppliers and ensure risk assessment mitigation measures are in place. NHSG Board to be informed.	BIAs updated and held centrally. Critical functions list agreed. Risk assessment completed with actions to mitigate detailed.	Systems Leadership Group	tbc
12	Winter Plan	Standard 18	4	Sectors shall have robust Winter Plans and implement a range of actions to enhance resilience during winter period.	G	Continue to attend cross system meetings to learn from previous experience and ensure progress against action plan.	Winter plan in place and action plan in place. Part of Grampian's year-round planning cycle and participation in joint planning, table top exercises and debrief exercises.	Systems Leadership Group	Ongoing
13	Major Incident /Resilience Plans	Standard 9	2	NHS Board shall have Major Incident or resilience plans that reflect its emergency preparedness. Sectors to sign off plan. Through HSCP, GP / Primary Care made aware of their role in the Major Incident Plan and expectations of them.	A	Take final NHS Board plan to SLG and HSCM CC Group for discussion and sign off.	Grampian plan signed off and partnership working with primary care in place.	Systems Leadership Group	tbc
14	Training		1	Training gaps identified: - who needs to be trained and in what course / session	A	A locally delivered Civil Contingencies programme of training courses for HSCM managers and staff to be identified and implemented	NHSG Civil Contingencies Unit (CCU) training programme in place and dates communicated to SLG	CCU / Corporate Manager	31-Jan-20

NHSS STANDARDS FOR ORGANISATIONAL RESILIENCE

ASSESSMENT & IMPROVEMENT PLAN – BENCHMARKING CRITERIA

PLANNING (1)	IMPLEMENTING (2)	MONITORING (3)	REVIEWING (4)
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Level 1 - Planning	Level 2 - Implementing	Level 3 - Monitoring	Level 4 - Reviewing
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Benchmarking against 'action' undertaken and analysed	Resilience Committee / Resilience Exec Lead tasked to progress 'action'	Action' implemented consistently and geographically across Health Board	Action' has been mainstreamed into existing services
Planning arrangements have been initiated	Implementation plan and methodology agreed	Agreed process in place and being reviewed over time	Quality assurance and performance management established to review 'action' on an on-going basis
local improvement plan to meet standards developed and forms integral part of Health Board's Resilience Committee's work plan	Collating appropriate information to monitor delivery of 'action'	Associated learning and improvement planning in place to ensure delivery of standard	
	Some evidence of 'action' being delivered		