**ANGUS INTEGRATION JOINT BOARD**

**30 OCTOBER 2024**

**CATEGORY 1 RESPONDER & RESILIENCE PLANNING PROGRESS UPDATE**

**REPORT BY JILLIAN GALLOWAY, CHIEF OFFICER**

## 1 ABSTRACT

This report provides an overview of Angus Integration Joint Boards (AIJB) status as a Category 1 Responder within the framework of Civil Protection and Emergency Management. It outlines the responsibilities, obligations, and implications of this designation, as well as Angus Heal and Social Care Partnership's (AHSCP) preparedness to fulfil the role effectively.

## 2 ALIGNMENT TO THE STRATEGIC PLAN

This work aligns to the following priorities of the Angus Strategic Commissioning Plan 2023-2026:

- Priority 1 - Prevention and Proactive Care
- Priority 2 – Care Closer to Home
- Priority 3 – Mental Health & Wellbeing and Substance Use Recovery

## 3 RECOMMENDATIONS

It is recommended that the Angus Integration Joint Board:-

(i) Acknowledge the work undertaken to date to ensure Angus Integration Joint Board can fulfil the duties of Category 1 Responder status;

(ii) Approve the proposed AHSCP Resilience Planning Framework designed to enhance AHSCP's ability to anticipate, respond, adapt, and recover from both expected and unexpected disruptions; and

(iii) Agree that updates in relation to Resilience Planning will be reported via Angus IJB Audit Committee.

## 4 BACKGROUND

In March 2021, the Civil Contingencies Act 2004 (CCA) was amended to include Integration Joint Boards (IJBs) as Category 1 Responders. This amendment places Integration Joint Boards, alongside NHS Boards, Local Authorities, and other key agencies, under specific legislative duties to ensure robust emergency preparedness.

Category 1 Responders are required to fulfil a comprehensive set of duties related to assessing and planning for incidents. These duties are designed to facilitate effective emergency preparedness at the local level by ensuring:

- Access to shared knowledge and plans among responder organisations.
- Open communication channels between organisations and with the public.

- Clear legal responsibility on organisations to assess risks and develop plans for managing the outcomes of identified risks.

## 5 CURRENT POSITION

The Angus Health and Social Care Partnership Resilience Planning Group (ARPG) was established in March 2023 with the objective of ensuring that, through the principles of Integrated Emergency Management, the AHSCP complies with the duties of the Civil Contingencies Act (CCA) on behalf of the Angus Integration Joint Board (AIJB). The ARPG plays a vital role in providing assurance that AHSCP is fully prepared to respond to, recover from, and manage civil emergencies and business continuity disruptions that may affect the Angus community, as well as the delivery of Health and Social Care Services.

The Group meets regularly and has developed an action plan to ensure that AHSCP and AIJB are able to meet their statutory requirements under the CCA. To support this effort, a working group has been formed to address key areas of work, ensuring a coordinated approach to resilience planning and implementation.

A Resilience Planning Framework for AHSCP has been developed (Appendix 1). The AHSCP Resilience Planning Framework serves as a single reference document outlining the approach to planning, responding to, and recovering from incidents affecting health and social care services in Angus. Built on principles of good governance, each section of this document focuses on specific areas of resilience.

This framework covers all AHSCP services and outlines roles, responsibilities, and actions for individual services and wider AHSCP management. It ensures that AHSCP can plan, respond to, and recover from incidents impacting Angus communities, and maintain critical activities during an incident.

## 6 PROPOSALS

The designation as a Category 1 Responder is a significant responsibility that underscores AHSCP's critical role in safeguarding the Angus community during emergencies. Commitment to preparedness, coordination, and swift action is essential in protecting public safety, minimising harm, and maintaining essential services in times of crisis.

By addressing the challenges identified in this report and implementing the recommended actions, AHSCP will not only meet legal obligations but also enhance operational readiness. This will ensure that AHSCP continue to fulfil the Category 1 Responder duties effectively, further strengthening the resilience of Angus against a wide array of potential threats and emergencies.

## 7 FINANCIAL IMPLICATIONS

There are no direct financial implications arising from the recommendations of this report.

## 8 RISK MANAGEMENT

| | |
|---|---|
| **Risk Description** | **Resilience Planning and Civil Contingencies**<br>There is a risk that Angus IJB will be unable to evidence that it has the appropriate systems and processes in place to implement the new Category 1 Responders requirements. This could result in Angus IJB not meeting the legal obligations under the Civil Contingencies Act 2004. |
| **Risk Category** | Compliance/Legislative/Regulatory |
| **Inherent Risk Level** | Likelihood x Impact = Risk Scoring x (x risk level). **5x3 =15 (Moderate)** |
| **Mitigating Actions** | Five main areas of responsibility have been identified and progress is being made to ensure the appropriate systems and processes are in |

| | place to meet the legal duties of the Civil Contingencies Act. |
|---|---|
| | These areas of responsibility will be coordinated and managed through the establishment of a Resilience Planning Group (ARP).  The purpose of this group is to oversee the development of the AHSCP IJB Category 1 Responder function under the Civil Contingencies Act 2004. |
| | Resilience will be a standing agenda item for CCPG Risk & Resilience meetings were assurance that AHSCP have robust arrangements in place will be sought. |
| | Resilience will be included as part of the CCPG assurance report to AHSCP IJB three times per year. |
| | The legacy arrangements in place with NHST and Angus Council continue to ensure there is an appropriate response in the event of an emergency.  These arrangements will be superseded by the development of an AHSCP integrated response. |
| **Residual/Current Risk Level** | Likelihood  x Impact  = Risk Scoring x  (x level) **4x3=12 (Moderate)** |
| **Planned Risk Level** | Likelihood  x Impact  = Risk Scoring x (x level) **1x3=3 (Moderate)** |
| **Approval recommendation** | With the development of the AHSCP Resilience Planning Framework and the progression of actions in relation to the 5 main areas of responsibility the likelihood of this risk occurring is expected to reduce. |

## 9  PUBLIC HEALTH IMPLICATIONS

There are no direct public health implications arising from the recommendations of this report.

## 10  CLIMATE SUSTAINABILITY IMPLICATIONS

There are no direct environmental implications arising from the recommendations of this report.

## 11  EQUALITY IMPACT ASSESSMENT, CHILDREN'S RIGHTS AND FAIRER SCOTLAND DUTY

A screening assessment has been undertaken and a  full combined Equality Impact Assessment, is not required as the AHSCP Resilience has no direct impact on service users or members of the public.

## 12  COMMUNICATION AND ENGAGEMENT (IF APPLICABLE)

The development of this Resilience Planning Framework has been a collaborative effort, with the AHSCP Resilience Planning Group playing a key role in shaping the document. AHSCP have also engaged in consultations with Angus Council and NHS Tayside Resilience colleagues to ensure comprehensive input and alignment across key stakeholders.

The AHSCP Resilience Planning Framework received formal endorsement from the AHSCP Clinical, Care, and Professional Governance Group on 23 September 2024. This endorsement reflects broad support for the framework and its alignment with our collective goals of enhancing resilience and ensuring the safety and well-being of the Angus community.

## 13  DIRECTIONS

The Integration Joint Board requires a mechanism to action its strategic commissioning plans, and this is provided for in Section 26 to 28 of the Public Bodies (Joint Working) (Scotland) Act 2014.  This mechanism takes the form of binding directions from the Integration Joint Board to one or both of Angus Council and NHS Tayside.

| Direction Required to Angus Council, NHS Tayside or Both | Direction to: | |
|---|---|---|
| | No Direction Required | X |
| | Angus Council | |
| | NHS Tayside | |
| | Angus Council and NHS Tayside | |

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List of Appendices:    Appendix 1 – AHSCP Resilience Planning Framework

# ANGUS
## Health & Social Care
### Partnership

# RESILIENCE PLANNING FRAMEWORK

| Version Number | | Owner | AHSCP Chief Officer |
|---|---|---|---|
| Version 1 | 30 October 2024 | | 30 October 2025 |

## Contents

**Introduction**

Angus Health & Social Care Partnership (AHSCP) must be resilient in dealing with incidents, including all emergencies and business continuity disruptions (hereafter referred to as incidents). This resilience ensures safe service user and patient care, and continuous service delivery under pressure.

Organisational resilience, as defined by British Standard BS65000, is "the ability of an organisation to anticipate, prepare for, respond and adapt to incremental change and sudden disruptions in order to survive and prosper."

The AHSCP Resilience Framework serves as a single reference document outlining the approach to planning, responding to, and recovering from incidents affecting health and social care services in Angus. Built on principles of good governance, each section of this document focuses on specific areas of resilience (see Diagram 1 below).

**Diagram 1**



This framework covers all AHSCP services and outlines roles, responsibilities, and actions for individual services and wider AHSCP management. It ensures that AHSCP can plan, respond to, and recover from incidents impacting Angus communities, and maintain critical activities during an incident.

There are many different types of incidents and business continuity disruptions. Some are **predictable** and allow for a planning phase e.g., severe weather, industrial action, fuel shortage, pandemic influenza, but others can be because of critical IT failure, fires, flash floods, which by their nature are **unpredictable**.

This framework ensures:

- An integrated emergency planning process is in place across AHSCP that is built on the principles of risk assessment, co-operation with partners, emergency planning, communicating with the public and information sharing.

- A current major incident plan, for each partner organisation, is kept up-to-date, accessible, tested regularly and specifically addresses any potential causes of a major incident for which the organisation is at risk.
- Significant incident or emergency plans take account of the requirements of the Civil Contingencies Act 2004.
- Business continuity arrangements take account of the principles within ISO 22313.
- The needs of vulnerable persons, including children, are considered in all resilience arrangements.
- Appropriate arrangements are in place to provide and receive mutual aid locally, regionally, and nationally via the Regional and Local Resilience Partnerships.
- Planning is undertaken in conjunction with all local, regional, and national stakeholders including Category 1 and 2 partners and voluntary organisations.
- Systems and facilities are in place to ensure the health, safety, and welfare of all staff in a major incident or business continuity situation.
- Suitable and sufficient training arrangements are in place to ensure the competence of staff in performing emergency planning and major incident roles.
- Suitable governance arrangements are in place for resilience across AHSCP.
- Systems are in place to ensure effective monitoring and reporting can be completed during a significant/major incident.
- AHSCP's resilience arrangements are mutually compatible with and fully support other resilience arrangements within the wider health economy and actively participates in the Local Resilience Partnership (LRP), Regional Resilience Partnership (RRP) associated meetings and national fora.

This will enhance AHSCP's resilience capabilities, ensuring continued service delivery and effective response to any incidents impacting health and social care services in Angus.

## Legislation

The Civil Contingencies Act (2004) mandates that local authorities and NHS bodies prepare for emergencies and incidents, establishing the legal foundation for emergency preparedness in Scotland and the UK. The Act categorises responders into two groups, each with specific duties.

| Category 1 Responders | Category 2 Responders |
|---|---|
| Local Authorities | Electricity Operators |
| Police | Gas Suppliers |
| Fire | Scottish Water |
| Ambulance | Communications Providers |

| | |
|---|---|
| Health Boards | Railway Operators |
| Scottish Environment Protection Agency (SEPA) | Airport Operators |
| Maritime and Coastguard Agency | Harbour Authorities |
| Integration Joint Boards (from 17/03/2021) | NHS National Services Scotland |
| | Health & Safety Executive |
| | Coal Authority |
| | MET Office |

In March 2021, the Civil Contingencies Act 2004 (CCA) was amended to include Integration Joint Boards as a Category 1 responder under the Act. The CCA lists Integration Joint Boards, NHS Boards and Local Authorities, amongst others, as Category 1 responders and places specific legislative duties on these organisations (see section 2.1 below).

The Act requires Category 1 responders to fulfil a full set of duties around assessing and planning for incidents. Collectively, these duties facilitate emergency preparedness between organisations at a local level by ensuring access to shared knowledge and plans, opening communication channels both between the organisations and with the public, and placing clear legal responsibility upon organisations to assess, risk and plan for the outcomes of the risks that have been assessed.

## Legislative Duties of Category 1 Responders

### Duty to assess the risk of emergencies occurring and use this to inform contingency planning.

At a local level, teams, and services within AHSCP will identify potential risks as part of the business continuity management process. At a higher level, AHSCP contributes to broader Emergency Preparedness, Resilience and Response, Winter Planning and Risk and Preparedness assessment frameworks.

### Winter planning

NHS Tayside and AHSCP produce a high-level yearly winter plan. This plan is continually reviewed and updated based on various risk factors and internal and external influences, such as COVID-19, flu, and staffing issues.

These frameworks allow AHSCP, in conjunction with multi-agency partners, to identify new or changing hazards or threats. They assess the likelihood of such events and the potential impact on Angus communities.

### Risk Preparedness Assessment

The risk register developed by the North of Scotland Regional Resilience Partnership is reviewed to ensure all risks relevant to AHSCP are considered and managed.

To assess levels of preparedness in responding to risks, AHSCP will identify current capabilities and capacity to highlight if there are any gaps in being able to respond effectively. Working with stakeholders and partners, the results of this gap analysis will inform reviews of plans and arrangements, training requirements and exercising of plans.

**Duty to put in place and maintain emergency plans.**

Based upon the risk assessment process, business continuity plans will be prepared detailing how individual teams / services (at a local level) and the wider AHSCP response to incidents. These plans will be flexible and adaptable; they can be specific or generic in nature as well as being single or multi-agency.

**Duty to put in place and maintain business continuity management arrangements.**

Business Continuity Management (BCM) within AHSCP is essential for ensuring that teams and services can plan for and respond to incidents and disruptions, thereby continuing to provide an agreed (reduced) level of service depending on the scale or impact of the disruption. This involves an ongoing cycle of Business Impact Analysis, Risk Assessment, and the development and maintenance of Business Continuity Plans.

**Business Impact Analysis (BIA)**
- Teams analyse their activities, identify who performs them, and understand their dependencies, including IT, communication, and other internal and external factors.
- Based on this analysis, critical activities and functions are identified, and key contingencies are established with specific timeframes for response and recovery.

**Risk Assessment**
- Teams identify the potential impacts of various hazards or scenarios on their critical activities and functions.
- Each hazard/scenario is given a risk rating, and both proactive and reactive strategies are developed to mitigate business impact.
- Common hazards: these include significant loss of staff, loss of equipment/IT/ telecommunications, loss of utilities (e.g., power, water), loss of access to buildings, and disruption to supply chains.

**Business Continuity Plan (BCP)**
- Requirement under the Civil Contingencies Act 2004: All Category 1 responders must maintain plans to ensure they can continue their activities during disruptive events as far as is reasonably practicable.

- These plans provide the internal framework for preparing, responding to, and recovering from business and service disruptions, regardless of the cause.
- Plans include critical activities, triggers, incident escalations, communications, recovery processes, contacts, and actions in a single document.
- All teams/services within AHSCP are required to have BCPs that are exercised and updated annually to ensure the continued delivery of critical activities under undue pressure.
- Self-Assessment Checklist: A checklist (Appendix 1) has been developed to support teams in quality assuring their BCPs, ensuring a consistent approach is applied to all plans.

Depending on the scale and impact of any business continuity disruption, an immediate 'return to normal' may not be feasible due to various factors. The details of managing this transition will be further explored in section 6 – Recovery.

**Duty to put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency.**

AHSCP, on behalf of AIJB, will coordinate with Angus Council and NHS Tayside to fulfil their duties of communicating with the public under the CCA. This involves ensuring effective warning and informing mechanisms are in place.

<u>Warning and Informing</u>

There are three distinct aspects of communicating with the public:

1 Raising public awareness before an incident, i.e., informing and educating the public about risks and preparedness.

2 Providing public warning at the time of an incident, i.e., alerting members of the public whose safety may be at risk.

3 Informing and advising the public about the nature of a continuing incident and:

- the actions being taken by responders to minimise the effects on human or animal health and welfare, the environment or property.

- the actions being taken by responders to assist recovery.

- the actions people can take to minimise the impact of the incident.

Arrangements for warning and informing the public must ensure that the communications arrangements are appropriate to the message and the audience.

Communication Officers need to be part of any Incident Management Team formed to respond and manage incidents.

**Duty to share information with other local responders to enhance co-ordination.**

Information sharing across different organisations is essential during the response to and recovery from an incident. Any sharing of personal information must comply with the Data Protection Act 2018, and supporting legislation, the Human Rights Act 1998, and the common law duty of confidentiality. It is best practice to document data sharing arrangements in a formal agreement, known as an Information Sharing Protocol (ISP).

**Duty to cooperate with other local responders to enhance co-ordination and efficiency.**

In the context of incidents impacting the internal operations of an organisation, responses are coordinated within AHSCP or in collaboration with NHS Tayside and/or Angus Council. This coordination follows established governance and reporting structures. For multi-agency incidents, the response is led by the relevant agency based on the nature of the incident, such as the Police, Fire, or Scottish Ambulance Service. Coordination with all local responders is managed centrally through the Local Resilience Partnership.

This structure ensures a streamlined and efficient response to incidents, leveraging the strengths and resources of each involved agency and adhering to pre-established protocols. The Local Resilience Partnership plays a crucial role in ensuring communication and coordination among various local responders, providing a cohesive and organised approach to incident management.

**Duty to provide advice and assistance to business and voluntary organisations about business continuity management (Local Authorities only).**

**Working with Others**

The Angus Integration Joint Board (AIJB) does not shoulder its Category 1 responder duties in isolation. AIJB plays a crucial role in collaboration with partner organisations—NHS Tayside and Angus Council—both of which are also Category 1 responders. Additionally, AIJB supports voluntary organisations in fulfilling their resilience responsibilities.

Resilience development in Scotland is guided by the principles of Integrated Emergency Management (IEM). The objective of IEM is to establish flexible and adaptable arrangements for managing emergencies, whether they are anticipated or unexpected.

IEM acknowledges that no single agency can address the challenges posed by large-scale incidents alone, and that successful outcomes depend on effective inter-agency cooperation.

IEM is grounded in a multi-agency approach, emphasising the coordinated efforts of various organisations, including independent and third sector providers, during an incident. It is supported by the following five key activities:

| | |
|---|---|
| **Assessment** | Carried out locally through multi-agency liaison as local responders and organisations understand the hazards and threats for which they should prepare. |
| **Prevention** | Pro-active action should be taken to prevent or reduce the impact of an incident. |
| **Preparedness** | This includes planning, training, exercising, and informing people. |
| **Response** | Plans and procedures include mechanisms for calling out and deploying staff and resources. |
| **Recovery** | A key objective of responders is to restore normality to the affected community as soon as possible. |

**North of Scotland Regional Resilience Partnership**

On 1 November 2013, three Regional Resilience Partnerships (RRP) provided a framework for managing civil contingency activities on a wide area basis. Those RRPs cover the east, west and north of Scotland as depicted in the map in **Diagram 2.**
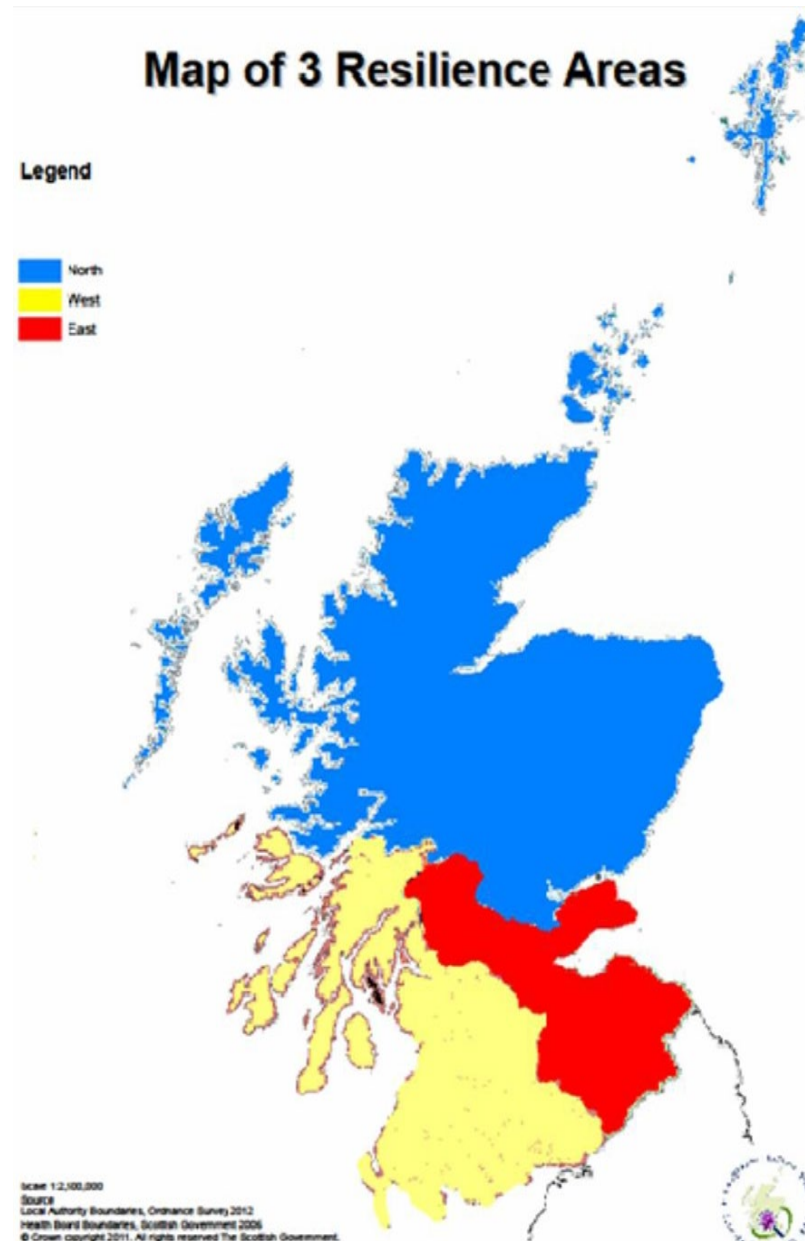
Each RRP is comprised of Local Resilience Partnerships (LRP), which are, in the main, aligned with Police, Fire and Rescue and Local Authority boundaries. There are twelve LRPs in Scotland and three form the North of Scotland RRP (NOSRRP), Grampian, Highlands and Islands and Tayside. The LRPs bring together all organisations that contribute to civil contingencies planning and response in each area.

The purpose of NOSRRP is to protect the people, economy, and environment of the north of Scotland by assessing and mitigating risk, building resilience, and having effective arrangements in place to deal with emergencies. Members of NOSRRP will do this through active participation and formal multi-agency coordination at regional and local levels. Members of NOSRRP will individually and collectively ensure that relevant plans are produced and maintained where required and that implementation is always effective.

The remit of NOSRRP is to:
- Agree strategies for building resilience in the north of Scotland.
- Support policy on multi-agency emergency planning, response, and recovery.
- Manage and deliver the Risk Preparedness Assessment (RPA) process and approve the biennial Statement of Preparedness Report.
- Manage and deliver the RPA derived work and training/exercising programmes.
- Ensure lessons are identified and shared.

**Diagram 2**

**Map of 3 Resilience Areas**

Legend

- North (blue)
- West (yellow)
- East (red)

Scale 1:2,100,000
Source
Local Authority Boundaries, Ordnance Survey 2012
Health Board Boundaries, Scottish Government 2006
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**Local Resilience Partnership (LRP)**

The purpose of each LRP is to maintain effective local liaison and collaboration. The LRP should also assist develop and deliver the Work and Training/Exercising programmes derived from the RPA process. In addition, LRPs should incorporate actions, identified through local process, into the respective programmes.

Each LRP shall support regional planning by ensuring appropriate representation at relevant meetings. Local multi-agency plans will be developed and maintained where required. A key role of the RP at local level is to respond effectively to incidents, which require multi-agency coordination and response.

The remit of each Local Resilience Partnership is to:

- Implement plans, policies and strategies agreed by NOSRRP.
- Ensure response to major incidents and emergencies is effective.
- Develop and maintain local multi-agency plans as required.

**Plan**

**Incident Management**

The way in which AHSCP manages, co-ordinates and escalates its response to incidents is determined by the scale and impact of the incident (Table 1).

**Table 1**

| | |
|---|---|
| **Level 1:** A small-scale, short-term incident with one or more AHSCP services | • Able to be managed locally by Service/Team (Bronze).<br>• Managers (Service/Team IMT* activated) keeping AHSCP resilience lead, and the Council/NHS Resilience Teams informed. |
| **Level 2:** An incident impacting on several AHSCP critical activities, services / service users across the AHSCP | • Managed at a senior level within AHSCP (EMT).<br>• Council/NHS emergency planning may also be activated, and Council/NHS Incident Management Teams set up with representation from AHSCP and link to AHSCP Silver IMT. |
| **Level 3:** A significant incident affecting several critical activities across the HSCP and key partners | • AHSCP Gold IMT activated.<br>• Council and/or NHS emergency planning managed by Council/NHS IMT – with representation from AHSCP and/or link to AHSCP IMT. |
| **Level 4:** A significant incident with widespread impact on communities and resources necessitating multi-agency co-ordination | • Tayside Local Resilience Partnership / North of Scotland Regional Resilience Partnership activated.<br>• Appropriate AHSCP involvement in any relevant Incident Management Team(s). |

*IMT – Incident Management Team*

To ensure an effective and coordinated response to incidents or business continuity disruptions in Angus communities, it is essential to follow a structured approach. Responses to all levels of incidents will follow **four key stages**:

**Notification and Initial response**
- Immediate notification of the incident to relevant authorities and stakeholders.
- Initiate the first steps in the response plan to mitigate immediate impacts.

**Activating the response**
- Mobilise resources and personnel as per the established response plan.

- Ensure all relevant teams and individuals are informed and ready to act.

**Co-ordinating and managing the response.**

### Coordination:
- Establish a command structure to oversee the response efforts.
- Coordinate between various agencies and stakeholders to ensure a unified effort.

### Management:
- Continuously monitor the situation and adjust the response as needed.
- Ensure clear communication channels are maintained throughout the response.

### Stand Down:
- Gradually scale down the response operations as the situation stabilises.
- Ensure all teams are informed about the stand-down procedures.

**Recovery – return to normal strategy.**
- Develop and implement a recovery plan to restore normalcy.
- Support affected individuals and communities in the recovery process.
- Conduct a review of the response to identify learning and improve future response strategies.

**Incident Management Teams**

An **Incident Management Team (IMT)** is a group formed to manage and respond to incidents, particularly those that could disrupt normal operations, such as emergencies, crises, or other significant events. The IMT is typically responsible for coordinating the response efforts, making decisions to mitigate the impact of the incident, and ensuring that appropriate resources are allocated to handle the situation effectively.

An Incident Management Team (IMT) should be established to manage any level of incident at either service / team or AHSCP level. Frequency of meetings will be determined by the scale and impact of the incident. There may be occasions where AHSCP IMTs may need to meet out with office hours to ensure continued management of the incident. The membership and formality of the IMT will be proportionate to the level of the incident, as will the generic and specific Roles and Responsibilities.

**Incident Management Team (IMT) Responsibilities**
- **Developing a Recovery Strategy:** The appropriate IMT will create a strategy to manage the recovery process effectively.

- **Coordinating Recovery Efforts:** Ensure that the recovery is managed in a coordinated manner, considering all aspects of the disruption and the resources required.
- **Allocating Resources:** Identify and allocate the necessary resources to support the recovery efforts.
- **Communication:** Maintain clear and consistent communication with all stakeholders to manage their expectations during the recovery process.

The recovery strategy developed by the IMT will aim to ensure that the 'return to normal' is:

- **Appropriately Managed:** Through structured and planned efforts.
- **Well-Coordinated:** With alignment among all involved parties.
- **Adequately Resourced:** Ensuring that sufficient resources are available to support recovery activities.
- **Effectively Communicated:** Keeping stakeholders informed about the progress and any changes in the recovery plan.

By focusing on these aspects, AHSCP aims to facilitate a smooth and efficient transition back to normal operations following a business continuity disruption.

## BRONZE/OPERATIONAL Incident Management Team

Designed to handle small-scale, short-term incidents that affect one or more services within AHSCP or cause minor disruptions to critical activities at Service level.

- The Bronze IMT is activated for incidents that are limited in scope and duration, typically impacting specific services, or causing minor disruptions.
- It is led by the Team Leader, Service Leader, or the critical activity owner, as designated in the Business Continuity Plans.
- The team may be very small, sometimes involving just two people, depending on the incident's scale.
- The focus is on immediate response and management, with flexibility in team size to match the incident's needs.
- All actions and decisions made during both the response and recovery phases should be meticulously logged in the Action Log section of the Business Continuity Plans.
- This ensures accountability and provides a record for future reference.
- After the incident, a debrief should be conducted to evaluate the response and identify any learning.
- These lessons should be incorporated into the Business Continuity Plans to improve future responses.
- The critical activity owner, who coordinates and manages the response, is also responsible for assessing whether the incident

needs to be escalated to a higher level of management or a more formal Incident Management Team.

This structure ensures that even minor disruptions are managed efficiently, with clear documentation and a focus on continuous improvement.

**SILVER/GOLD** Incident Management Team

Activated for managing significant incidents that have a broad impact on multiple services within AHSCP or cause substantial disruptions to critical activities across the organisation.

### SILVER/TACTICAL IMT
- Led by a member of the Executive Management Team (EMT).
- Activated for significant incidents impacting several services, service users, or critical activities within AHSCP.

### GOLD/STRATEGIC IMT
- Led by the Chief Officer.
- Activated for more severe incidents with widespread impacts requiring high-level strategic management.

### Responsibilities
- The Silver/Gold IMT is responsible for coordinating and managing the response to the incident.
- This includes assessing the need to escalate the response to involve partners or multi-agency coordination.
- The Silver IMT may establish sub-groups to address specific aspects of the incident, such as:
  - Care for People
  - Staffing
  - Communications
  - Transportation
- For incidents with widespread community impacts or that require multi-agency coordination the Silver/Gold IMT will ensure appropriate links with relevant partner organisations such as:
  - Angus Council
  - NHS Tayside
  - Local Resilience Partnership (LPR)
  - North of Scotland Regional Resilience Partnership (NoSRRP)
- These links may also involve participating in or coordinating with sub-groups within these broader incident management structures.
- The IMT ensures that all actions, decisions, and lessons learned during the response and recovery phases are thoroughly documented.
- This documentation is shared during debriefing procedures to improve future responses and refine Business Continuity Plans.

The Silver/Gold IMT structure allows AHSCP to scale its response effectively to match the severity of the incident, ensuring coordinated efforts both within the organisation and with external partners.

**Stand Down**

The Incident Management Team (IMT) will regularly review the incident and determine when it is suitable to issue stand down instructions.

The Chair of the IMT is responsible for issuing the stand down instructions and ensuring that all relevant parties are informed.

**Corporate Guidance**

When completing or reviewing local business continuity plans, services should also consider wider events which may impact on their ability to continue to deliver and maintain essential functions and activities for example Winter Planning Lockdown and Power Outages.

**Winter Planning**

The Winter Planning Process is a continually evolving process that focuses on the arrangements to cope with increased demand on health services over the winter period. The priority is to ensure that the needs of vulnerable and unwell people are met in a timely and effective manner despite increases in demand.

**Lockdown**

1. **Impact Assessment:** Evaluate how a lockdown situation, whether due to a pandemic, security threat, or other reasons, would affect the ability to deliver services.
2. **Operational Adjustments:** Identify necessary adjustments to operations, such as remote working, virtual service delivery, and modified access protocols.
3. **Resource Management:** Plan for the allocation and management of resources to ensure continuity of critical services during a lockdown.
4. **Communication:** Develop communication strategies to keep staff, service users, and stakeholders informed during a lockdown scenario.

**Power Outage**

1. **Impact Assessment:** Assess the potential impact of power outages on service delivery, including the loss of IT, telecommunications, and other essential utilities.
2. **Backup Systems:** Identify and implement backup power solutions, such as generators and uninterruptible power supplies (UPS), to maintain critical functions.
3. **Operational Continuity:** Develop strategies to continue operations during power outages, including manual workarounds and prioritising critical services.
4. **Emergency Contacts:** Ensure that emergency contact information and communication plans are in place for use during power outages.

**Integration with Business Continuity Plans**

1. **Comprehensive Planning:** Incorporate considerations for lockdowns and power outages into the overall business continuity plans.
2. **Regular Review and Update:** Ensure that plans are regularly reviewed and updated to reflect current risks and best practices.
3. **Training and Exercises:** Conduct training and exercises to prepare staff for handling these broader events and to test the effectiveness of the business continuity plans.
4. **Stakeholder Coordination**: Work with partners and stakeholders to ensure coordinated responses to these events.

By incorporating these broader considerations into their business continuity planning, services within AHSCP can enhance their resilience and preparedness for a wider range of potential disruptions.

**Respond (including response to a major incident)**

This section sets out how AHSCP will respond to incidents that impact on its activities and interdependencies. It sets out the arrangements to ensure that the response to an incident is proportionate to its scale or potential impact as well as the activation procedures.

Incidents can range from those that are small scale and short term to being significant with widespread impact over a protracted period. Some are predictable and allow for a planning phase, e.g., severe weather and fuel shortage, whilst others give no notice and require immediate support e.g., fires, explosions, critical IT failure, pandemics.

**Activation and Escalation**

Business continuity plans will be activated when there is an incident impacting on, or potential or actual disruption to, critical activities carried out by services on behalf of AHSCP.

**Small Scale/Minor Disruptions:**

- Activated locally by staff or managers according to specific business continuity plans.
- Localised Incident Management Teams may be formed for coordination.

**Significant Disruptions:**

- Escalation via Senior Manager or Resilience Lead.
- Activation of wider HSCP resilience arrangements.
- Formation of HSCP Incident Management Team.

**Further Escalation:**

- Request advice, support, or resources from the Local Resilience Partnership through the AHSCP Gold Incident Management Team.

**Governance:**
- Escalation is governed by the HSCP Executive Management Team (EMT).

**Major Incidents**

A major incident from either within AHSCP or by multi-agency partners is defined as any occurrence that presents a serious high-risk threat to the health of the community or causes such numbers or types of casualties as to require specialist arrangements to be implemented.

A notification of a major incident will be in the form of a (M)ETHANE report, as the preferred model for sharing information to promote shared situational awareness for all responders.

| | | |
|---|---|---|
| **M** | **MAJOR INCIDENT** | Has a major incident or standby been declared? (Yes / No - if no, then complete ETHANE message) |
| **E** | **EXACT LOCATION** | What is the exact location or geographical area of the 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? |

The (M)ETHANE model is an established reporting framework which provides a common structure for responders and control rooms to share incident information. The (M)ETHANE report can also be used for non-major incidents and becomes an ETHANE message.

**Psycho-Social Response**

Preparing Scotland – Responding to the Psychosocial and Mental Health Needs of People Affected by Emergencies (2013) sets out considerations with regards to the design and coordination of a response to meet the psychosocial and mental health needs of all relevant stakeholders impacted as part of a major incident. This model of care should promote the resilience and psychosocial wellbeing of key stakeholders including survivors, bereaved, staff, those affected indirectly, and the wider community.

Although the more serious psychological and mental health impacts should be managed by healthcare specialists, the guidance outlines responders from all

agencies can influence the mental wellbeing of those affected – and accordingly – it is expected that all first responders and all other relevant staff receive training in psychological first aid.

Furthermore, it outlines that Care for People Teams (section 7.2) should identify senior mental health and social care professionals to give real-time advice to responders during both the emergency response and recovery phase. Advice should be available to all levels of responders and coordinated with other specialist support. Care for People Teams should include people with lived experience of disasters / emergencies.

### Care for People

Care for People covers activities that are aimed at providing support to meet people's practical and emotional needs during or after an incident. Support may be required for weeks, months or years following an incident. The direct impact on people's mental health and wellbeing may be less obvious and are often hidden.

Helping people to cope with the immediate and longer-term personal impact of incidents is a vitally important part of effective resilience response and recovery processes. Incidents can affect people in many ways. Survivors and evacuees can have specific immediate needs as do the family and friends of people who have been affected by incidents. The HSCP will have a key role to play in the Multi-Agency Care for People arrangements. Jointly led by the Chief Officer Angus Integration Joint Board, and the Chief Social Work Officer, Angus Care for People arrangements incorporate learning from previous events and include:

- The support provided for individuals' personal, physical, practical and health needs.
- Direct intervention to assist groups and individuals, including responders.
- Sustaining and, if necessary, contributing to the regeneration of communities as part of the recovery process.

Initial care for people considerations may include current situation; is an evacuation required; is there a need to identify potential 'persons at risk'; is an emergency centre required; and type of support required by those affected.

### Recovery

The **Recovery** phase following an incident is a critical, coordinated process aimed at rebuilding, restoring, rehabilitating, and sometimes regenerating communities. This phase is distinct from immediate response efforts and focuses on the longer-term return to stability.

Recovery may not immediately return the community to its pre-incident state due to various factors, including the need to process information and assess long-term impacts.

Planning for recovery can begin during the response phase, but the full recovery strategy is typically implemented during this stage.

**IMT Coordination**:

- The relevant level of the Incident Management Team (IMT)—whether Bronze, Silver, or Gold—will develop and control the recovery strategies.
- In cases of major multi-agency incidents, the Local Authority usually leads the recovery efforts.

The following impacts should be considered when developing a recovery strategy, including but not limited to:

- Physical impacts (including individuals health, housing, financial needs).
- Psychological impacts (personal and community).
- Deaths.
- Community displacement.
- Community cohesion.
- Economic and business impacts.
- Employment.
- Disruption to daily life (educational establishments, welfare services, transport system)
    - Disruption to utilities/services.
    - Damage to residential, industrial, and public property and security of empty buildings.
- Costs of recovery should also be recorded so that the full impact of the incident can be captured.

**Recovery Debrief**

In all circumstances where an IMT has been activated it is essential to identify learning by a process of incident debriefing and review of appropriate Business Continuity Plan(s). This debrief will be proportionate to the scale of the incident.

Following any incident or activation of any plans an initial debrief session should take place within 14 days and learning identified from the event should be shared widely within one month to improve processes going forward.

An Action Plan should be drawn up to progress recommendations identified at the debrief session. Where recommendations require a revision of the Business Continuity Plan(s), the Resilience Lead/ Service Leader's will ensure these are updated accordingly.

**Identify Learning**

Any learning identified as part of activation of business continuity plans should be recorded within individual service business continuity plans.

**Roles and Responsibilities**

**Specific Roles and Responsibilities**

### Members of Angus Integration Joint Board (IJB)
- Have an awareness of AIJB's responsibilities under the Civil Contingencies Act (CCA) 2004.
- Have an awareness of the responsibilities of Angus Council, NHS Tayside, and AHSCP in preparing for, responding to, and recovering from incidents.
- Advocate resilience training across the AHSCP.
- Advocate exercising of AHSCP recovery / business continuity plans.
- Approve and endorse the AHSCP Framework (this document).
- Approve and endorse the Resilience Planning Group bi-annual report to AHSCP CCPG, and Angus IJB Audit Committee providing assurance on the resilience arrangements in place across AHSCP.

### Chief Officer Angus Integration Joint Board (IJB)
- Responsible (in conjunction with Angus Council Chief Social Worker) for managing Care for People response, including the activation of the Angus Care for People Response Arrangements.
- Approve / lead an appropriate level of incident management response to any incident.
- Represent HSCP / IJB at the North of Scotland Regional Resilience Partnership (RRP) and Tayside LRP.
- Ensure that HSCP has appropriate resilience related plans in place and can effectively respond to any incident both during and out-with office hours.
- Chair the AHSCP Resilience Planning Group.
- Appoint a Resilience Lead for the AHSCP / IJB who will chair the AHSCP Resilience Planning Working Group and ensure all actions are implemented.
- Ensure appropriate attendance at the Tayside LRP Working Group and NHS Tayside Resilience Planning Governance Group.

### Heads of Service / Executive Leadership Team
- Ensure that services can effectively respond to incidents both during and out-with office hours.
- Ensure that services have appropriate resilience related plans in place to respond to incidents.
- Ensure that staff within their services have access to an appropriate level of awareness and training to allow them to carry out their role during an incident.
- Activate and manage an appropriate level of response to any incidents.
- Deputise for the Chief Officer of AHSCP as necessary.
- Attend the Angus Resilience Planning Group (ARPG).

- Co-Chair AHSCP Silver IMT.

**Service Leaders/Team Managers**
- Responsible for ensuring that the business continuity management process is embedded in their area of responsibility in line with partner policies and framework.
- Ensure that critical activity business continuity plans are developed, regularly reviewed, and tested.
- Ensure employees within their area of responsibility have received an appropriate level of awareness and training on the business continuity management process.
- Activate and manage an appropriate level of response to and recovery from any business continuity disruption which has the potential to disrupt the critical activities provided in their area of responsibility.
- Co-Chair AHSCP Bronze IMT.

**Angus Health & Social Care Partnership Clinical, Care, Professional Governance and Resilience Team**
- Support the Senior Leadership Team in the development and embedding of incident management processes across the Partnership.
- Participate in the development of resilience and business continuity plans.
- Participate in training and exercising of plans as appropriate.
- Share and receive best practice in emergency resilience and business continuity.
- Promote and provide resilience advice within AHSCP.
- Support the Senior Leadership Team in the co-ordination of the response to, and recovery from, an incident affecting AHSCP.
- Ensure AHSCP policy, strategy and processes align with AC/NHST arrangements.

**Angus Council / NHS Tayside Resilience Teams**
- In partnership provide professional advice and assistance to AHSCP.
- Ensure that AC/NHS Tayside response is co-ordinated with that of AHSCP.
- Work in partnership to provide specific Emergency Preparedness, Resilience & Response (EPRR) assistance to AHSCP.
- Work in partnership to provide PREVENT framework advice.

**All AHSCP Staff**
- Have an awareness of and understand their role during incidents.
- Participate in training and exercises, as necessary.
- Support the response to and recovery from any incident, as required.

**Staff Support and Wellbeing**

AHSCP recognises the stress and demands that incidents can place on staff, particularly those on the frontline, AHSCP acknowledges its responsibility to provide support for its employees.

 Here's how managers may support their staff during such challenging times:

- Managers can ensure that staff have access to mental health and well-being services.
- Managers may conduct regular check-ins with their teams to monitor their well-being, offering a space for staff to express concerns and seek support.
- In response to the increased stress levels, managers might adjust workloads or reassign tasks to prevent burnout and ensure that staff are not overwhelmed.
- Offering time off, either through regular breaks or more extended leave periods, can help staff recover and maintain their mental health.
- Providing training on stress management, resilience, and coping strategies, as well as ensuring that staff are equipped with the necessary resources to handle their duties effectively, can reduce the burden during incidents.
- Acknowledging the hard work and dedication of staff during incidents can boost morale and provide emotional support.

AHSCP is committed to creating a supportive environment where staff feel valued and supported, particularly during high-pressure incidents. By providing these various forms of support, managers can help mitigate the impact of stress on their teams, ensuring they are able to continue delivering high-quality care.

The following resources are available:

- [AHSCP Health-and-Wellbeing](#)
- [NHST Staff Wellbeing at Work](#)
- [The Wellbeing Centre](#) offer one to one confidential conversation, telephone support and group support (01382 423110 or [tay.wellbeing@nhs.scot](#))
- [NHS Tayside Critical Incident Employee Support Policy](#)

**Resilience Training and Exercising of Plans**

**Resilience Training**

The Executive Leadership Team (EMT) will be responsible for encouraging up-take of resilience training proportionate to level of posts within areas of responsibility.

Training includes e-learning awareness modules and, where available and appropriate, attendance at multi-agency and specific training and briefing events.

Training / learning currently available includes:

[NHST Resilience Education and Training](#)

Angus Council

[The Resilience Learning Hub](#)

AHSCP, in conjunction with Angus Council and NHS Tayside will develop protocols and procedures to implement the UK government's counter-terrorism strategy, CONTEST.

**Exercising of Plans**

To ensure that resilience, incident, and business continuity plans are effective, these plans must be regularly tested through exercises.

- Resilience/incident/business continuity plans should be exercised annually to confirm their effectiveness and identify any areas for improvement.
- All staff who have a role in responding to emergencies or business continuity disruptions should participate in these exercises to ensure they are familiar with their responsibilities and can act effectively during an actual incident.
- The Executive Management Team (EMT) with support from the Resilience Lead, is responsible for ensuring that critical activity business continuity plans are tested on an annual basis or following any incident. This responsibility includes overseeing the regular testing of these plans to maintain readiness.
- A record of all tests or exercises conducted will be maintained within the service Business Continuity Plans and by the AHSCP Resilience Team. This ensures that there is a documented history of testing, which can be reviewed and used for further improvements.
- Corporate Resilience Teams from Angus Council and NHS Tayside provide support with training, exercising, and testing of plans. This collaboration ensures that the plans are comprehensive and incorporate a wide range of potential scenarios.
- Any learning identified during testing and exercising should be recorded within the Business Continuity Plans. This ensures that the plans are continuously updated based on real-world insights, improving their effectiveness over time.

Regular exercises are critical to maintaining the readiness and effectiveness of AHSCP's response plans, ensuring that the organisation can manage incidents and disruptions effectively.

**Assurance**

AHSCP plays a crucial role in ensuring resilience across health and social care services in Angus, in line with the Civil Contingencies Act (2004).

The amendment to the legislation that included Integration Joint Boards (IJBs) as **category 1 responders** emphasises the formal role of **IJB Chief Officers** in emergency planning. This responsibility extends beyond their roles within a Health Board or Local Authority to include their duties as accountable officers of the IJB.

To fulfil these responsibilities, the Chief Officer is expected to leverage re sources from integrated teams, many of whom already contribute to resilience efforts as part of their roles within the Health Board and Local Authority.

The **AHSCP Resilience Planning Group** has been established with the aim of ensuring that AHSCP supports compliance with the duties outlined in the Civil Contingencies Act (2004) for the IJB, NHS Tayside, and Angus Council.

The group focuses on ensuring that AHSCP is well-prepared to respond to and recover from civil emergencies and business continuity disruptions that impact Angus communities and the delivery of health and social care services.

The Resilience Planning Group maintains oversight and provides assurance of resilience within AHSCP. This includes monitoring resilience activities and managing the **Resilience Planning Group action plan** throughout the year.

The group provides assurance to the IJB through the **AHSCP Clinical, Care & Professional Governance (CCPG) Group and Angus IJB Audit Committee**. This assurance covers the effectiveness of processes in place to prepare for, respond to, and recover from incidents and business continuity disruptions that may affect the delivery of services.

This assurance process involves sharing key documents and conducting a **programme of Business Continuity Plans quality assurance visits**. These visits involve supportive conversations about the robustness of plans, helping service managers to self-assess and improve their own business continuity plans through audits, reviews, and best practice examples.

The Resilience Planning Group provides regular progress updates to AHSCP CCPG and Angus IJB Audit Committee.
Via CCPG, the group formally reports progress to the **Integration Joint Board** (IJB) three times per year, ensuring ongoing accountability and transparency in resilience planning and assurance activities.

Through these structured processes, the AHSCP ensures that it is effectively preparing for and managing risks associated with civil emergencies and business continuity disruptions, thereby safeguarding the delivery of health and social care services in Angus.