



Scottish Government: Health Resilience Unit

NHS Boards Major Emergencies Situation Report

Guidance and Pro Forma

April 2016

OFFICIAL SENSITIVE WHEN COMPLETED
NHS Boards Major Emergencies Situation Report

CONTENTS

	<i>Page</i>
Introduction	3
Part A Guidance on completing Part A	4
Part A: Initial Situation Report (SitRep)	
Part B Guidance on completing Part B	6
Part B: Detailed Incident Situation Report (SitRep)	8

OFFICIAL SENSITIVE WHEN COMPLETED NHS Boards Major Emergencies Situation Report

INTRODUCTION

This Situation Report (SitRep) is the means by which Scottish Government Health Resilience Unit (SGHRU) will gather and collate information from Health Boards in emergency situations in order to report to the Scottish Government Resilience Room (SGoRR) and/or Scottish Ministers on the impact of the crisis on health services, and the action being taken at local level.

When SGoRR is activated, SGHRU will request that Health Boards complete Part A of the SitRep and submit it by email to the SGHRU (see below). The frequency of SitRep requests to Health Boards will vary depending on the severity of the emergency, and be at the discretion of SGoRR/Ministers.

In some instances, when SGoRR is activated during a national emergency which may have no direct or obvious bearing on health services, SGHRU will request SitReps from your Health Board so that Ministers have a complete picture of the situation across all key service sectors. These reporting requirements will be flexible depending on the nature of the incident.

To reduce the burden of double-reporting in an emergency, Health Boards primary route for reporting will be through SGHRU. However, Health Board Resilience Officers should **ensure that a copy of the completed pro forma is also submitted by email to their LRP/RRP coordinator** for information.

The overall SitRep pro forma is split into Part A and Part B. Specific guidance relating to the completion of each part is contained in the following sections.

Please note that, when completed, both parts of the pro-forma are accorded **OFFICIAL SENSITIVE** status (under GPMS) and should be treated as such. **Completed pro formas should be returned by email to SGHRU**

sghru@gov.scot

Office hours, Tel. Number: 0131 244 2429
Out-of-hours / Emergency contact pager: 07699 756773

This pro-forma (Parts A or B) may be used by Health Boards to proactively report an incident/significant event even though SGHRU may not have requested its completion/submission. In these circumstances, during office hours, Health Board Resilience Officers should initially contact SGHRU at the telephone number above or the duty officer via the pager (number above) during out-of-hours.

OFFICIAL SENSITIVE WHEN COMPLETED NHS Boards Major Emergencies Situation Report

been assessed as having had no impact on Health Board services and no action is required to be taken.

GUIDANCE ON COMPLETING PART A: INITIAL SITUATION REPORT (SITREP)

Part A must be completed when requested by SGHRU and returned by email, **normally within 2 hours**. The information will be used to provide SGoRR with an overview of the impact of the emergency situation on the Health Board and the action being taken to address the issues.

Part A is a generic SitRep intended to obtain the Health Boards' overview and appraisal of the situation. Please provide concise information about incident/event. Health Boards should have the ability to complete the form during both in and out of hours periods.

This form should be used routinely to report to SGHRU. In some circumstances, SGHRU may allow the information from the Health Board to be reported verbally by telephone, if necessary.

The information provided should be as factually correct as possible.

All 3 boxes of this form must be completed by the Health Board and returned to SGHRU even when the major national emergency has

The Board and its responders name and contact details, including date and time, should be recorded so that the SGHRU duty officer can contact the respondent for further information or clarification if necessary.

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Please ensure a copy of the completed pro forma is sent to your LRP/RRP Coordinator for information at the same time as returning a copy to SGHRU.

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NHS Boards Major Emergencies Situation Report**

PART A: SITREP OVERVIEW OF INCIDENT

NHS Board:	Responders name:	Contact Tel. Numbers
		Office:
Date:	Responders designation:	Mobile:
Time of completing the form:		

Current situation (What has happened?)
Actions taken to date (What has been done?)
Actions to be taken (What will be done and by when?)

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GUIDANCE ON COMPLETING PART B: DETAILED INCIDENT SITUATION REPORT (SITREP)

Part B should be only be completed when requested by SGHRU. The request for Part B to be completed will be dependent on the information reported in Part A and the severity of the impact of the incident on the Health Board. SGHRU will inform the Board of the timeframe for returning the completed relevant sections of Part B pro forma. However, it is anticipated that during a major incident/event which may be prolonged in nature, reporting requirements will be at least **daily**.

It is intended to provide more comprehensive information on the effects of the incident/ situation on the Board and services, initially reported in Part A, and to obtain information on the anticipated duration of the effects.

This SitRep may be used pro-actively by the Health Board to collect information from across the organisation during a variety of internal or external incidents/events such as adverse weather, industrial action, fuel shortages, power disruption or water shortage in order to provide an overview of the situation. However, it is important that the completed form is submitted to SGHRU within the deadline indicated so that the information can be collated and reported to SGoRR.

The Board and its responders' contact details, including date and time, should be recorded whenever the pro forma is completed.

Scottish Government: Health Resilience Unit
Major Emergencies SitRep April 2016

Part B has 4 sections.

Each section must be considered and the full pro forma must be returned to SGHRU. Where there is no impact on a particular area of the organisation, the Impact column/box should be marked N/A or scored through to show that it has been considered.

Information should be provided on the impact on the stated area of the organisation and the mitigating actions that have been put in place or to be put in place.

In the absence of specific or accurate information/figures being available, 'high-level' or estimated figures may be reported to enable faster identification of the challenges confronting the Board.

Section 1 should be used to summarise the current state in relation to the incident/event.

Section 2 allows Boards to complete the relevant boxes to report on particular effects on services, according to the nature of the incident/event. For example, to report the impact on services following weather-related damage or disruption, boxes 2.2 and 3.1 should be completed.

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OFFICIAL SENSITIVE WHEN COMPLETED
NHS Boards Major Emergencies Situation Report

email to SGHRU

Section 3 focuses on disruption to the Boards infrastructure and supply chain issues, and the mitigating or remedial action being taken.

Section 4 focuses on assistance requested from LRP/RRP partners or required from Scottish Government. A **request for specific assistance from Scottish Government** should be clearly stated in box 4.5. In this case, SGHRU will follow-up the request with the Health Boards' Resilience Officer or Health Board duty officer.

If there is to be a change of contact person within the Board over the next 24 hour period, then the individuals' contact details should be provided in the final section of the pro forma (4.7).

An example of completed Part B can be found in Appendix 1.

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sghru@gov.scot

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Please ensure a copy of the completed pro forma is sent to your LRP/RRP Coordinator for information at the same time as returning a copy to SGHRU.

**OFFICIAL SENSITIVE WHEN COMPLETED
NHS Boards Major Emergencies Situation Report**

PART B: DETAILED INCIDENT SITUATION REPORT (SITREP)

NHS Board:	Responders name:	Contact tel. numbers:
Date:	Responder designation:	Office:
Time of completing the form:		Mobile:

Description of Emergency event (3 lines max.):

SECTION 1

1.1 Casualty information (numbers of people associated with event at this point in time). Collated numbers from NHS Board	
Injured (all types of injuries)	
Types of injuries- <i>brief description of the main event-related injuries</i>	
Fatalities associated with event	

Please state if actual or unconfirmed.

OFFICIAL SENSITIVE WHEN COMPLETED
NHS Boards Major Emergencies Situation Report

SECTION 2 Service Delivery

Area	Impact	Actions taken or to be taken (including when)
2.1 EMERGENCY DEPARTMENT (ED) Activity level of emergency department	<i>(Higher or lower than normal activity in ED)</i>	
Decontamination issues	<i>Report on patient numbers and service if utilised</i>	
2.2 EFFECT ON SERVICES Hospital areas affected (name areas e.g. ITU)	<i>Brief description of how affected and numbers of wards affected – report on closure; disruption to services; etc</i>	
Community services Including domiciliary support and supplies		
Primary care		

**OFFICIAL SENSITIVE WHEN COMPLETED
NHS Boards Major Emergencies Situation Report**

Area	Impact	Actions taken or to be taken (including when)
2.3 PUBLIC HEALTH ISSUES Chemical/air pollution Water borne hazard/ contamination Food-borne Extent of exposure	<i>Brief description of issues being considered by Public Health e.g. extent of risk to public, scale and severity of problem</i>	<i>e.g. bottled water notices, advice to stay indoors</i>
2.4 STAFF ISSUES		
Staff movement		
Staff absences	<i>Impact on staff absences – None or higher than normal</i>	
Other issues		

OFFICIAL SENSITIVE WHEN COMPLETED
NHS Boards Major Emergencies Situation Report

SECTION 3 Facilities and Infrastructure

Area	Impact	Actions taken or to be taken (including when)
<p>3.1 FACILITIES</p> <p>Access roads to Board premises</p> <p>Disruption to utilities (consider gas, electricity, water, fuel oil, telecommunications)</p> <p>Damage to buildings</p> <p>Salt cell</p>	<p><i>Consider key and Board wide issues</i></p>	
<p>3.2 INFRASTRUCTURE</p> <p>Supplies chain issues (consider medicines, consumables, food, equipment, medical gases)</p> <p>Suppliers could be NDC or locally arranged</p>	<p><i>Consider key and Board wide issues</i></p>	

OFFICIAL SENSITIVE WHEN COMPLETED
NHS Boards Major Emergencies Situation Report

Area	Impact	Actions taken or to be taken (including when)
Information and data systems	<i>Report system failures – area and impact</i>	<i>Actions to resolve and timescale</i>

SECTION 4 Other issues		
4.1 Assistance sought from <ul style="list-style-type: none"> • Other departments in NHS Board • Other NHS Boards • Voluntary organisations • Local authority • Emergency Services • Other LRP/RRP partners 		
4.2 Communications	<i>Are local Communication Teams involved? Yes or No</i>	

**OFFICIAL SENSITIVE WHEN COMPLETED
NHS Boards Major Emergencies Situation Report**

4.3 Other key issues	<i>Provide description</i>
4.4 Event specific questions (<i>to be added as appropriate</i>)	
4.5 Request for specific assistance for Scottish Government	<i>Provide detail of any specific requests for assistance</i>
4.6 Look ahead (<i>next 24 hours</i>)	
4.7 Change in NHS Board Contact	<i>YES or NO; if yes provide details</i>

OFFICIAL SENSITIVE WHEN COMPLETED
NHS Boards Major Emergencies Situation Report

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OFFICIAL SENSITIVE WHEN COMPLETED
NHS Boards Major Emergencies Situation Report

Appendix 1: Example of completed pro forma

SECTION 2 Service Delivery

Area	Impact	Actions taken
EMERGENCY DEPARTMENT (ED) Attendance level of emergency department	Higher attendance at ED. Mostly slip and trips associated with weather.	Review of staff available locally. Further nursing staff organised from medical wards. Consultant levels maintained.
Decontamination issues	N/A	
EFFECT ON SERVICES Hospital areas affected Community services Includes domiciliary support and supplies Primary care	ED as above Increased patient numbers in medical admissions and orthopaedics ward. All ward areas affected with reduced staff levels due to transport difficulties. Diabetic clinic cancelled to maintain services in hospital. GP practices in X location running emergency cases only and telephone appointments due to availability of only 1 GP from 4.	Elective lists being reviewed to allow for emergency procedures. Increased demand for orthopaedic services being managed on a daily basis. Increased patient discharge where appropriate – liaison with SAS to assist. Cancelled appointments or clinics will be rescheduled. GPs who are unable to travel are using telephone consultations to speak with patients. Locum GPs are being sourced.