

## Providing Public Health Surge Capacity



### Memorandum of Understanding North of Scotland Group NHS Grampian, NHS Highland, NHS Orkney, NHS Shetland, NHS Western Isles and Health Protection Scotland (August 2017)

#### Scope

Arrangements to provide mutual Public Health support in the event of an incident, with actual or potential risk to the public health, outstripping the capacity of a single NHS Board Public Health Department.

This agreement focuses on Public Health but is part of the wider response required to manage major incidents. Surge capacity in other areas is being addressed through other forums. In 2016 DsPH agreed a national Mutual Aid Agreement for Public Health Surge Capacity across all Health Boards<sup>1</sup>.

#### Includes:

- Public Health specialist staff advice and/or support (including IT and Health Intelligence)
- Support staff

#### Does not include:

- Emergency planning support
- Media
- Laboratory facilities
- Isolation facilities
- Availability of specialist Health Protection advice out of hours.

#### Activation of mutual aid

The exact threshold for seeking support will vary depending on the nature of the incident and the resources available to the 'incident' NHS Board Public Health Department. Each NHS Board must have appropriate internal surge arrangements, both in and out of hours, to manage reasonably foreseeable events and it would be expected that these had already been activated prior to seeking aid. It will also be expected that expert advice will have been sought from Health Protection Scotland prior to seeking aid from another department.

Supplying support to another NHS Board Public Health Department will inevitably be disruptive. Therefore the request should be from the Director of Public Health (or their Deputy), after discussion with the Chair of the NHS Board Outbreak Control Team/Incident Management Team (OCT/IMT), to ensure that local capacity is already activated. The request should be directed to the Director of Public Health (or their Deputy) during working hours or exceptionally the on call Public Health Consultant out of hours. All requests must be reasonable, impact assessed, timed, agreed and documented.

The staff provided to assist will be responsible to the Chair of the OCT during the incident. Legal indemnity will be provided by the employer of the seconded staff. The Board which originally employs the staff to be seconded will indemnify the other Board or Boards against each and every claim, cost and expense (including legal expenses on an agent and client (client paying) basis) by any seconded staff member where such claim properly arises from

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<sup>1</sup> [Providing Public Health Surge Capacity - Scottish NHS Boards – Draft October 2016](#)

the acts or omissions of the seconded staff member or from their negligence and shall manage or handle any such claim which is intimated. The Chief Executives of both Boards should be fully aware of the situation.

### **Maintaining mutual aid**

Each NHS Board will have arrangements to rotate 'seconded' staff back to base to ensure appropriate rest (noting that given the geography of the NoS rotations are likely to be longer than one day). In a prolonged incident it may be necessary to seek support from outwith the North of Scotland Boards or from Health Protection Scotland.

### **Ceasing aid**

It is equally important that stand down is clear. This should occur when local staffing is deemed adequate by the NHS Board OCT/IMT. The agreement to stand down should be made by the Director of Public Health (or their Deputy) after discussion with the Chair of the OCT/IMT and conveyed to the Director of Public Health (or their Deputy) of the assisting Board.

Any assisting Health Board has the right to withdraw mutual aid at any time if local circumstances change eg in response to a local major incident.

### **Amount of aid available**

Whilst every effort will be made to fulfil reasonable requests, the amount of help available will inevitably vary and will ultimately be at the discretion of the Director of Public Health of the 'assisting' Public Health Department. Factors to be considered include:

- Maintenance of essential Public Health services by the 'assisting' NHS Board
- Ability of staff to travel at short notice
- Time of request since resource available to any NHS Board will vary due to leave, sickness etc.

### **Role of Health Protection Scotland<sup>2</sup>**

Health Protection Scotland will provide:

- Expert advice on the hazard implicated in an incident (if this is known), its likely exposure and impact on health; the processes involved in incident management i.e. investigation, risk assessment, management and communication;
- Support for those involved in leading the management of the above processes when taking decisions on them;
- Liaison with UK and international health protection agencies which are or could be involved directly or indirectly in the incident.

Health Protection Scotland may provide:

- Additional personnel such as consultants in Public Health, epidemiologists, infection control specialists and information scientists to facilitate the management of the outbreak. On an agreed basis, these will be deployed to the site of local incident management or elsewhere if required. Health Protection Scotland itself may be called on to mount a national response to the same incident and thus the level of provision will depend on the availability of key personnel.

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<sup>2</sup> [See also Scottish Executive Health Department \(SEHD\) Guidance: NHS Boards' Health Protection Remit February 2007 and Memorandum of Understanding between SEHD and Health Protection Scotland \(HPS\) March 2007 attached to this Memorandum.](#)

**Formal review**

This version (August 2017) of the MOU replaces the version agreed and signed off in March 2014).

The working of this Memorandum of Understanding will be subject to formal review in the light of any organisational changes (locally or nationally) and following activation of support in the event of an incident. Reports will be submitted to NHS Boards.

This MOU will be reviewed in 3 years (August 2020).

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Name: Susan Webb

Position: Director of Public Health



Signature:

Date: 12.10.17

For and on behalf of NHS Grampian  
(Use of electronic signature authorised by Susan Webb)

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Name: Dr Hugo van Woerden

Position: Director of Public Health



Signature:

Date: 29/08/17

For and on behalf of NHS Highland  
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Name: Dr Louise Wilson

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Name: Susan Webb

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Name: Dr Maggie Watts

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Name: Kate Harley

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