Research Brief (09/1005)
Call for scoping studies in Emergency Planning in Health Care

1. The NIHR SDO programme objectives

The NIHR Service Delivery and Organisation programme is funded by the NIHR, with contributions from WORD in Wales. The NIHR SDO programme improves health outcomes for people by:

- Commissioning research and producing research evidence that improves practice in relation to the organisation and delivery of health care, and

- Building research capability and capacity amongst those who manage, organise and deliver services – improving their understanding of the research literature and how to use research evidence.

The primary audience for SDO commissioned research is decision makers in the NHS in England and Wales – particularly managers and leaders in NHS organisations. We focus our research commissioning on topics and areas where we think research evidence can make a significant contribution to improving decision making, and so to improving the organisation and delivery of healthcare to patients.

Further information on the NIHR SDO programme, including a list of past, current and recently commissioned projects, can be found on the SDO website: www.sdo.nihr.ac.uk

2. Background to this call

Emergency planning is a key responsibility of health and social care organisations. The NHS, local authorities and most other providers of health and social care in the private and voluntary sectors are required to prepare contingency plans in the event of an emergency such as pandemic disease, flooding, extreme climate changes or terrorist attacks. Recently, pandemic flu has demonstrated a need for response and mitigation and underlined the need for research in emergency planning.

The preparedness of health and social care systems at times of crisis is critical to maintaining routine patient care thus, avoiding a broader impact on the quality of care for people not affected by the disaster, as well as supporting the health and social care needs of those directly affected. The problems of capacity planning are evident. There are also concerns as to the resilience of the non-governmental (NGO) sector. Many voluntary and volunteer organisations provide essential services such as transport to hospital, visiting and the 'First Responders' Initiative.

The National Audit Office (NAO) Report 2002[1] identified deficiencies in NHS plans for major incidents especially at PCT and Trust level, noting that *"Prior to the NHS reorganisation that took place in April 2002, health authorities had responsibilities for major incident planning which have now passed to PCTs. It is too soon to assess how well PCTs are fulfilling this new role."*[2] The NAO made the following recommendations for action by PCTs:

[1] NAO (2002) *Facing the Challenge: NHS Emergency Planning in England*
[2] Ibid, Page 2

- Ensure that all hazards and risks in their locality are assessed in developing their own plans, as soon as is practicable after taking on major incident planning responsibilities;
- Develop a formal structured programme for the regular testing of their plans;
- Identify those staff likely to be involved in dealing with a major incident and devise and implement appropriate training programmes; and
- Produce debriefing reports after each significant test and each major incident.[3]

Following the fuel crisis and severe flooding in the autumn and winter of 2000 and the Foot and Mouth outbreak in 2001, the Deputy Prime Minister ordered a review of emergency planning arrangements, culminating in The Civil Contingencies Act (2004). Part 1 of the Act set out *a new statutory framework for civil protection at a local level,*[4] highlighting local responders as key to enhancing existing emergency planning arrangements. Responders were divided into two groups depending on the extent of their involvement in civil protection work; Category 1 ('core') responders were defined as:

- Emergency services (police forces, fire authorities, ambulance services, the Maritime and Coastguard Agency),
- Local authorities (all principal local authorities, port health authorities),
- Health bodies (primary care trusts, acute trusts, foundation trusts, local health boards, Health Protection Agency),
- Government agencies (Environment Agency, Scottish Environment Agency).

Category 2 ('co-operating') responders comprised:

- Utilities (electricity and gas distributors, water and sewerage undertakers, telephone service providers),
- Transport (Network Rail, train operating companies, London Underground, Transport for London, airport operators, harbour authorities, Highways Agency),
- Health bodies (Strategic Health Authorities),
- Government agencies (Health and Safety Executive)[5].

Part 2 of the Act established a framework for *the use of special legislative measures that might be necessary to deal with the effects of the most serious emergencies*[6]. It provides additional powers for the government to use in the event of a large scale emergency and allows the making of temporary special legislation aimed at dealing with a serious emergency. The only Act of Parliament which may not be amended by emergency regulations is the Human Rights Act (1998).

In 2005, the DH published guidance for the NHS aimed at *"developing its ability to respond to a major incident or incidents, and to manage recovery whether the incident or incidents has effects locally, regionally, or nationally within the context of the requirements of the Civil Contingencies Act 2004 (the CCA)."*[7] The guidance provided NHS organisations with a set of general principles for effective health emergency planning which reflected the NAO's recommendations. It formalised requirements for organisations to conduct risk assessments of local hazards, emergency preparedness exercises, training and testing and to provide regular reports to the Boards.

[3] Ibid, Page 7
[4] Civil Contingencies Act 2004: a short guide (revised), Civil Contingencies Secretariat, Cabinet Office
[5] For further information see *Contingency Planning Regulations 2005* and statutory guidance *Emergency Preparedness* which can be found at http://www.ukresilience.info/ccact
[6] Op Cit
[7] DH (2005) *The Emergency Planning Guidance 2005*

Emergency Planning is a new area of research for the SDO programme. While a great deal of inter-agency work has been undertaken in preparing emergency plans across the public sector, particularly in the wake of terrorist attacks, there has been little research into the effectiveness of these arrangements and their implications for maintaining and sustaining health services during times of emergency. Cultural differences between organisations have been noted and highlighted potential problems in sustaining joint working. Few studies have tested the resilience of contingency planning across healthcare providers or identified best organisational arrangements across the diversity of providers.

Much of the existing research on this subject comes from overseas and particularly, the USA[8]. The NAO report refers to possible lessons from other countries such as Sweden, which created and implemented a national incident database and the USA which uses the US National Disaster Medical System for dealing with mass casualties. A recent systematic review of existing literature about disaster management identified a number of gaps in knowledge around disaster management and noted that *"the large part of contributions (numbers of papers) comes from the USA and Canada, while the contributions from the EU and Asia are still modest."*[9]

Moynihan et al (2007)[10] provide a comprehensive catalogue of case studies for crisis response plans across the USA based on experiences of two major wildland-urban fires in 1993 and 2003, the Oklahoma City bombing in 2005, the 2001 terrorist attack on the Pentagon and Hurricane Katrina in 2005. The paper highlights the distinction between national and local level plans and studies the use of the Incident Command System (ICS) as an effective method of social co-ordination during a time of emergency. The authors argue that formal hierarchies provide too rigid a structure to allow sufficient flexibility as the nature of the emergency changes over time and that networks which are not based on formal controls suffer from a lack of clarity around leadership and command which leads to confusion and inactivity. The paper concludes that, when used appropriately, the *"blended hierarchical network model…has shown remarkable success."*[11]

3. Remit of this call

In light of the acknowledged gaps in the research about emergency planning in health care, the SDO programme wishes to commission a scoping study which will include:

a) A literature review of existing research;
b) Identification of emergency planning research within health and non-health sectors within the UK and other countries (where relevant);
c) Highlighting gaps in the existing evidence base;
d) Engaging with relevant stakeholders to identify issues of practice and policy relevance and where further evidence is needed;
e) Ensuring the review is relevant to the current UK context;
f) Recommending themes for further research.

[8] For example: the Centre for Disaster Research and Education (http://www.millersville.edu/cdre), the *International Journal of Mass Emergencies and Disasters* (IJMED), the journal series *Disaster Management & Response*

[9] Lettieri, Masella & Radaelli, *Disaster Management: findings from a systematic review,* Disaster Prevention and Management, Vol 18, No 2, 2009, pp 117-136

[10] Moynihan & La Follette (2007) *From Forest Fires to Hurricane Katrina: Case Studies of Incident Command Systems,* IBM Centre for Business of Government, Networks and Partnerships Series

[11] Ibid, Page 34

4. Process for proposal selection

The NIHR SDO programme is seeking to fund a scoping project which may be of up to 12 months' duration. There are no fixed limits on funding. Applications are welcomed from multi-disciplinary teams which should include a mix of disciplines appropriate to this topic.

Researchers in England and Wales are eligible to apply for funding under this call. Researchers in Scotland and Northern Ireland should contact their Health Department Research and Development Office and Health and Social Care Research & Development, Public Health Agency respectively if they wish to discuss funding opportunities for this type of research.

Applications will be assessed in one stage. Proposals will be checked for eligibility, peer reviewed and then assessed by the SDO Commissioning Board. It will use four main criteria to assess proposals:

- The range of the proposed remit for the project;
- The quality of the proposed review of literature, particularly in relation to coverage of services (health/other) and countries;
- The quality of the proposed method(s) by which relevant stakeholders will be consulted;
- The method(s) by which research recommendations will be developed.

For further information on conducting scoping studies please refer to Anderson et al, *Asking the right questions: Scoping studies in the commissioning of research on the organisation and delivery of health services,* Health Research Policy and Systems, Vol 6, No 7, 2008.

5. General guidance for applicants

Our main concern is to commission research which is well designed, will be effectively carried out by the research team, and will provide findings which meet the needs of the NIHR SDO programme and the NHS management and leadership community it serves. In order to achieve this, we encourage applicants to take the following points into account:

- **Research team makeup and expertise**. Projects are likely to use broad teams with significant input from diverse disciplines and a commitment to developing robust inter-disciplinary approaches. Applicants need to show that they will commit appropriate time and effort to the project. The principal applicant should generally be the person who has contributed most to the intellectual and practical development of the proposal, and who will take responsibility for its implementation. The NIHR SDO programme encourages inclusion of an element of research capacity-building.

- **Public involvement**. It is a core concern of the SDO programme that all commissioned projects should pay appropriate attention to the needs and experiences of all relevant stakeholders (including local communities, lay people, service users, carers and minority ethnic communities as well as health care practitioners and managers) during the design, execution and communication of the research. Proposed projects should be explicit in communicating how the proposed work has potential implications for service delivery that could lead to enhanced public and community engagement.

- **Research governance**. Applicants should ensure that their proposal complies with the Research Governance Framework. Successful applicants will be required to

provide proof of research ethics committee approval for their project, if this is required.

- **Costs and value for money.** Project costs will be carefully scrutinised and must always be well justified. NIHR programmes currently fund Higher Education Institutions (HEI) at a maximum of 80% of Full Economic Cost (except for equipment over £50,000 – 100%). For non-HEI institutions, NIHR may fund 100% of costs. However, the NIHR SDO programme reserves the right to award a grant for less than this maximum and for less than the amount sought by applicants.

6. Application process and timetable

Any questions, queries or requests for clarification in relation to this call for proposals should be sent by email to sdo@southampton.ac.uk with the reference number and title for the call for proposals as the email header. Applicants should be aware that while every effort will be made to respond to enquiries in a timely fashion, these should be received at least two weeks before the call closing date.

The process of commissioning will be in **one stage** and applicants should submit **full proposals** via the SDO website by **1pm** on **Wednesday 23 December 2009**. No late proposals will be considered. No paper-based only submissions will be considered although a signed paper copy will need to be submitted within two weeks of the closing date in addition to the emailed application. Applicants will be notified of the outcome of their application no later than the end of March 2010.