NHS
Herefordshire and Worcestershire
Clinical Commissioning Group

CCG Incident Management Plan

On-call folder contains emergency directory and documents referenced in this policy.

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Author	Helen Hancock, EPRR Lead
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Incident Management Plan

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1. Aim

The aim of this plan is the set out how the Herefordshire and Worcestershire Clinical Commissioning Group (HWCCG) will support the NHS England and Improvement (NHSE/I) Regional team to mobilise, and where necessary co-ordinate the local NHS organisations, in the event of an emergency or major incident.

This plan has been developed to ensure that staff from Herefordshire & Worcestershire CCG are able to carry out their respective functions when responding to major incidents or during emergency situations on behalf of NHSE/I. It is important staff in HWCCG understand this plan and are aware of their specific roles and responsibilities. The CCG is a category 2 responder, to support NHSE/I who is a Category 1 responder.

2. Objectives

The objectives of this plan are to:

- Set out roles and responsibilities:
- Define what a major incident is and outline the types of emergency that the local NHS might be expected to respond to
- Identify the potential hazards faced locally
- Outline the command, control and co-ordination arrangements both internally within the local NHS and in the multi-agency context by identifying stakeholders and operational plans, including the decision-making process
- Establish a framework within which the NHSE/I Regional Team's roles and responsibilities can be fulfilled through the CCGs during the response to a major incident
- Identify the arrangements for communicating information to staff, patients and stakeholders both prior to, during and after a major incident
- Outline the process for recovery from a major incident.

3. Legal Framework

The Civil Contingencies Act 2004 (CCA) establishes a statutory framework of roles and responsibilities for local responders. The CCA is supported by Regulations (The CCA 2004 (Contingency Planning) Regulations) and statutory guidance (Emergency Preparedness). Responsibilities of service providers are set out in section 46 (9, 10) of the Health and Social Care Act 2012, and in the NHS CB Core Standards for EPRR.

The Health and Social Care Act 2012 provides that the Secretary of State for Health (and thus Public Health England) and the NHS England will be Category 1 responders under the Civil Contingencies Act. CCGs will be Category 2 responders. Category 2 responders are co-operating bodies and generically, their roles will be to co-operate and share relevant information with Category 1 responders. They are also required to have business continuity plans in place.

Given the geographic remoteness of the NHSE/I **EPRR team, it has been indicated that it may request support from the CCGs to become part of the initial health response and attend meetings at request. This will be through agreement between the NHS EPRR team and the CCG EPRR Lead or on-call manager who will act on behalf of the NHS locally during the initial stages of an incident. Under any such agreement,** NHSE/I **is still responsible for ensuring an effective response is delivered and retains command and control.**

4. Defining a major incident

The CCA defines an emergency as:

> ***An event or a situation which threatens serious damage to human welfare in a place in the UK, the environment of a place in the UK, or war or terrorism which threatens serious damage to the security of the UK.***

The definition is concerned with consequences rather than the cause or source.

For the purposes of this definition, an event or situation threatens damage to human welfare only if it involves causes or may cause:

- Loss of life;
- Human illness or injury;
- Homelessness;
- Damage to property;
- Disruption of a supply of money, food, water, energy or fuel;
- Disruption of a system of communication;
- Disruption of facilities for transport; or
- Disruption of services relating to health.

For the NHS, major incident is the term in general use. However, the term 'emergency' may be used instead of incident. For the NHS, a major incident is defined by the Department of Health as:

> ***Any occurrence that presents serious threat to the health of the community, disruption to the service or causes (or is likely to cause) such numbers or types of casualties as to require special arrangements to be implemented by hospitals, ambulance trusts or primary care organisations[1].***

The NHS is accustomed to normal fluctuations in daily demand for services. Whilst at times this may lead to facilities being fully stretched, such fluctuations are managed without activation of special

[1] DH Emergency Planning Guidance 2005

measures by means of established management procedures and escalation policies. It therefore follows that a major incident is any event where the impact cannot be handled within routine service arrangements.

What is a major incident to the NHS may not be a major incident for other responding agencies. The NHS can therefore declare a major incident when its own facilities and/or resources or those of partner organisations are overwhelmed.

A major incident may arise in a variety of ways and the response will be sufficiently flexible to assess and respond appropriately to any of these situations.

	Examples
Big Bang	A sudden incident, such as a major road traffic incident, explosion or series of smaller incidents
Rising Tide	A developing infectious disease epidemic, or capacity/staffing crisis or forecast of severe weather
Cloud on the Horizon	A serious threat such as a major chemical or nuclear release developing elsewhere, needing preparatory actions
Headline News	Public or media alarm about a perceived threat
Internal Incidents	Anything that affects a provider's ability to deliver services such as fire, breakdown of utilities, major equipment failure, hospital acquired infections, violent crime
Deliberate Release	This threat may come from an accident at a chemical or nuclear facility, from a transport incident, from a terrorist or dissident group or disaffected individuals
Mass Casualties	Casualty numbers that are beyond the capacity created by the local implementation of major incident plans – or other major disruptive challenges to the delivery of health care, regardless of their cause
Pre-planned Major Events	Major events that require planning, such as sports fixtures, mass gathering of people, demonstrations etc.

5. Risk Profile

Major incidents may take many forms.

The potential hazards that may affect the communities of Herefordshire have been identified, assessed and then ranked according to severity of potential impact and the likelihood of occurrence, and can be found on the West Mercia Local Resilience Forum's (LRF) Risk Register at:

https://www.westmercia.police.uk/police-forces/west-mercia-police/areas/west-mercia/about-us/about-us/west-mercia-local-resilience-forum2/community-risk-register/

The Risk Register takes into account national and regional hazard assessments mirroring the National Capabilities programme; the Herefordshire and the Worcestershire multi-agency Tactical Co-ordinating Groups (TCGs) reviews their local Risk Register regularly in conjunction with the county and national risk registers.

This plan is designed as an all risks generic plan to support the mobilisation and co-ordination of local NHS resources on behalf of the NHSE/I EPRR team in the event of a major incident/emergency.

6. Roles and Responsibilities

During the planning phase, CCGs are required to:

- Co-operate and share relevant information with Category 1 responders.
- Engage in discussions (including at the Local Health Resilience Partnership (LHRP)) where this will add value.
- Maintain robust business continuity plans for their own organisations.
- Test and update their own business continuity plans to ensure they are able to maintain business resilience during any disruptive event or incident.
- Support the NHS in discharging its EPRR functions and duties locally, ensuring representation on the LHRP/TCG.
- Provide their commissioned providers with a route of escalation on a 24/7 basis – the CCGs maintain a shared rota of senior managers.
- Include relevant EPRR elements (including business continuity planning) in contracts with provider organisations in order to:
- Ensure that resilience is “commissioned-in” as part of standard provider contracts and to reflect local risks identified through wider, multi-agency planning.
- Reflect the need for providers to respond to routine operational pressures, e.g. winter, failure of providers to continue to deliver high quality patient care, provider trust internal major incidents.
- Enable NHS-funded providers to participate fully in EPRR exercise and testing programmes as part of NHS EPRR assurance processes.

Because of the geographical size and location of the NHSE/I EPRR team it has requested that CCGs will be the first point of contact for providers of unfolding incidents, whether they are capacity related or because of an incident. This will ensure that the CCGS are aware of what is going in their local area, and within their provider organisations.

During the response phase, CCGs will therefore:

- Respond to reasonable requests to assist and co-operate. This will include supporting the NHS Regional Team should any emergency require local NHS resources to be mobilised;
- Have a mechanism in place to mobilise all applicable providers that support primary care services should the need arise;
- Support providers to maintain service delivery across the local health economy (LHE) to prevent business as usual pressures and minor incidents from becoming significant incidents or emergencies;
- Have systems to manage their provider organisations to effectively coordinate increases in activity across the local health economy;
- Represent the local health economy at the Herefordshire Tactical Co-ordinating Group (TCG) in the event that the incident requires multi-agency command and control arrangements to be instigated on a county level (NB. The NHSE/I EPRR team will represent the NHS at the Strategic Co-ordinating Group (SCG) when convened);
- Escalate incidents and emergencies to the NHSE/I EPRR team

7. Routine Management Arrangements

The NHS is accustomed to normal fluctuations in daily workload. Whilst at times this may lead to services and facilities being stretched, such fluctuations are managed through established management procedures and the surge management plans. This plan is not intended to deal specifically with these situations; however, this plan coiuld be activated when National NHS level reaches Level 4 – Extreme Pressure across the whole system.

Local NHS provider organisations have 24/7 management arrangements in place through on-call systems. HWCCG also has an on-call system in place to provide their commissioned providers with a route of escalation on a 24/7 basis, whether the issue relates to capacity or is incident related.

8. Leadership of the response to public health incidents

Most public health incidents are contained locally and do not require activation of LRF or NHS EPPR regional level plans. All incidents have the potential to require NHS resources. The route of escalation in public health incidents will be from Public Health England to the NHSE/I EPRR regional Director on-call who will sanction any expenditure required; the NHS Regional Incident Manager (first on-call) may contact the CCG on-call or EPRR Lead to mobilise and coordinate the local NHS response. The NHSE/I Regional EPRR team will determine at what point command of the incident passes back to the NHS.

9. Escalation to the CCG on-call by providers

Typically, provider organisations will contact the CCG on-call when:

- There is intelligence to suggest severe disruption to NHS services is likely, or where significant problems are being experienced by commissioned providers within the county that threaten the provider's ability to provide essential and critical care
- Business continuity arrangements have been activated in support of a critical service
- Estate related matters including theft, fire and vandalism concerning CCG owned/occupied estate have been alerted to the provider
- Serious clinical incidents and SUIs affecting public or patients
- Serious performance issues
- Where the provider has been made aware that a major incident or emergency has been declared by any Category 1 responder or NHS organisation in Herefordshire, or on the Herefordshire/Worcestershire borders
- The incident requires the mobilisation of NHS resources
- Any incident or occurrence likely to focus media attention on NHS funded care within the county
- The provider has been asked to provide a service which is not funded under an existing contract, and for which they require authorisation.

5. Role of the CCG on-call

The CCG on-call will:

- Refer to the **ACTION CARD**, and make an **INITIAL RISK ASSESSMENT** of the situation to determine what action needs to be taken informing provider organisations accordingly

Questions to consider	Information Collected?*
What is the size and nature of the incident?	
Area and population likely to be affected - restricted or widespread	
Level and immediacy of potential danger - to public and response personnel	
Timing - has the incident already occurred or is it likely to happen?	
What is the status of the incident?	
Under control	
Contained but possibility of escalation	
Out of control and threatening	
Unknown and undetermined	
What is the likely impact?	
On people involved, the surrounding area	
On property, the environment, transport, communications	
On external interests - media, relatives, adjacent areas and partner organisations	
What specific assistance is being requested from the NHS?	
Increased capacity - hospital, primary care, community	
Treatment - serious casualties, minor casualties, worried well	
Public information	
Support for rest centres, evacuees	
Expert advice, environmental sampling, laboratory testing, disease control	
Social/psychological care	
How urgently is assistance required?	
Immediate Within a few hours Standby situation	
***Key √ = Yes X = no ? = Information awaited N/A = Not applicable**	

In making this assessment, it is important to distinguish between:

- Events that can be dealt with using normal day to day arrangements
- Events that can be dealt with within the resources and emergency planning arrangements of the CCGs and local NHS provider organisations
- Events that require a joint co-ordinated response from the organisations across the area
- Events that require a strategic level co-ordinated multi-agency response across the Local Resilience Forum or wider health community, which will become the responsibility of the AT.

HWCGG operates an out of hours on-call number 5pm to 9am weekdays and 24 hours at the weekend and bank holidays managed by senior on-call managers. It also operates a separate Major incident EPRR number for TCG activated incidents 24/7.

The CCG on-call will then:

- Inform the NHSE/I Regional EPRR Director on-call using the **INITIAL RISK ASSESSMENT** and **determine the chain of command for the incident** (for a local incident, the NHS Director on-call is likely to determine that command and control will rest with the CCG on-call);
- Where requested to do so by the NHSE/I EPRR Director on-call, assumes the role of the **INCIDENT DIRECTOR** for the local NHS, setting the strategic aims and objectives, and ensuring the mobilisation and co-ordination of local NHS resources as required;
- Where the situation requires it, convene an **INCIDENT MANAGEMENT TEAM** and activate the CCG's **INCIDENT CONTROL CENTRE** – this decision should be based on the scale of the incident, its potential to impact on NHS services, and the anticipated volume of communications likely to be flowing up and down the chain of command;
- Ensure that the strategic aims and objectives are in line with NHS direction, and are reviewed regularly
- Ensure appropriate documents and records are being kept and all organisations are aware of the need to capture accurate financial information of any expenditure incurred as a result of the incident
- Ensure where possible that the response can be maintained within the LHE; additional resources should be requested through the NHS EPRR Director on-call where required
- Ensure the CCGs critical services are maintained
- Attend the multi-agency Tactical Co-ordinating Group if requested to do so and ensure that the NHSE/I Director on-call is aware of any SCG arrangements.
- Ensure that the risk assessment is re-visited regularly and that any significant issues are escalated to the NHSE/I EPPR Director on-call immediately (see **ESCALATION CRITERIA** below);
- Decide when the incident is over and stand down the local NHS response
- Ensure that all CCG staff who have been involved in the response to the incident are debriefed
- Ensure that any lessons learned are incorporated into future incident response arrangements and an incident report (where appropriate) is written
- Ensure that the Accountable Officer, Directors, Governing Body and CCG Clinical Leads are informed in a timely manner

Escalation or de-escalation of the incident does not necessarily occur sequentially. It can be driven by the nature and scale of the incident and the appropriate response. Reasons for escalation / de-escalation can include:

Criteria for Escalation to the NHS Director on-call	Criteria for De-escalation
• Increase in geographic area or population affected (pandemic, flooding etc.) • The need for additional internal resources • Increased severity of the incident • Increased demands from government departments, the service or from partner agencies or other responders • Heightened public or media interest	• Reduction in internal resource requirements • Reduced severity of the incident • Reduced demands from partner agencies or government departments • Reduced public or media interest • Decrease in geographic area or population affected

11. Incident Management Team

The primary function of the CCG Incident Management Team is to collate information regarding the operational/tactical response across the local NHS, gather intelligence from wider sources relating to the incident and ensure the efficient flow of information between the chain of command and partner agencies.

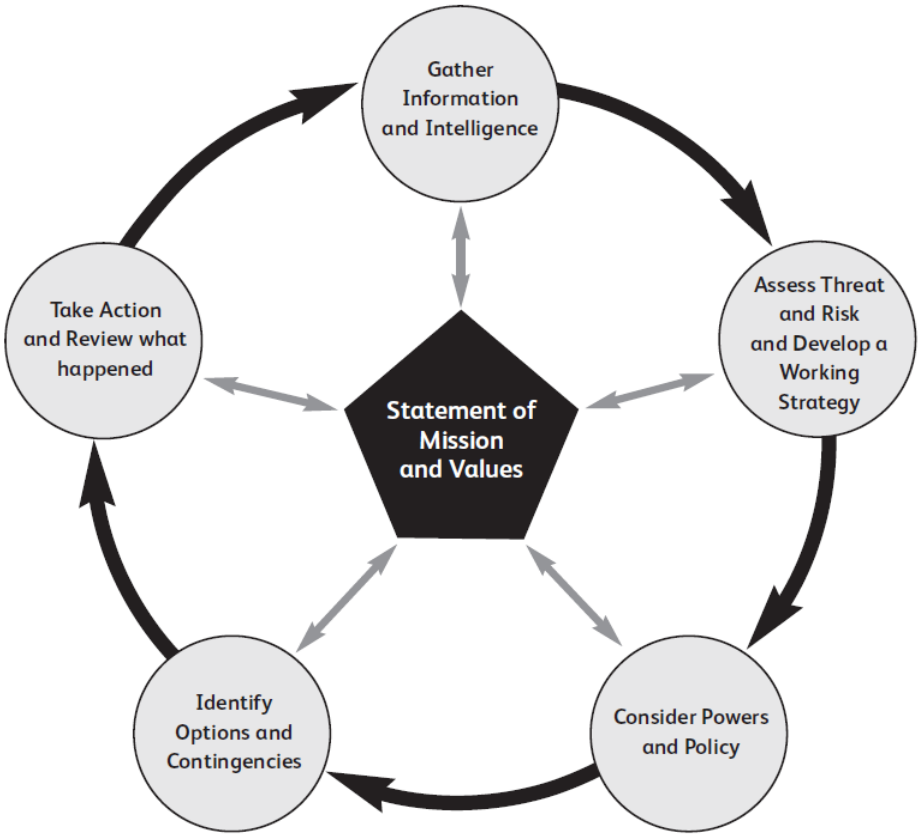
12. Incident Control Centre (ICC)

The ICC serves as a focal point for all liaison with NHS and partner agencies regarding the incident, and is likely to be established at HWCCG HQ, Coach House, Worcester and there is a secondary ICC room in St Owens Chambers, Hereford (Dabinett Room) in the event of a Herefordshire county incident.

The incident control Centre if a Herefordshire TCG is activated is the Hereford room, Herefordshire Council HQ, Plough Lane and in Worcestershire it is the Police HQ at Hindlip Hall. However, most meetings can now be attended by virtual methods. The HWCGG ICC will be staffed by the Incident Management Team either in person or via digital technology as required and supported by other relevant personnel redeployed from within the organisation.

13. Decision Making

The ACPO National Decision-making model can be used as a framework for decision making throughout the course of an incident. The model is cyclical where each step logically follows another and allows for continued reassessment of the situation or incident enabling steps to be revisited.



14. Multi-agency command and control principles

Further details on the multi-agency command and control structure and roles and responsibilities of other responders are contained in the following documents held in the electronic on-call folder:

- *West Mercia Local Resilience Forum Joint Emergency Response Arrangements (JERA);*
- *Herefordshire & Worcestershire Generic Multi-Agency Tactical Silver Plans; (separate for each county)*
- *WMLRF Guide for Gold Commanders attending Strategic Co-ordinating Group (SCG).*

The *JERA* sets out how the multi-agency response will be co-ordinated and managed within West Mercia area and details the roles and responsibilities of the partner agencies. The management of the multi-agency response and recovery effort is undertaken at one or more of three ascending levels:

Operational (Bronze)

Refers to those who provide the immediate 'hands on' response to the incident, carrying out specific operational tasks either at the scene or at a supporting location such as hospital or rest centre.

Tactical (Silver)

Those who are in charge of managing the incident on behalf of their organisation. They are responsible for making tactical decision, determining operational priorities, allocating staff and physical resources and developing a tactical plan to implement the agreed strategy.

Strategic (Gold)

Responsible for determining the overall management, policy, and strategy for the incident whilst maintaining normal services at an appropriate level. They should ensure appropriate resources are made available to enable and manage communications with the public and media. Additionally, they will identify the longer-term implications and determine plans for the return to normality once the incident is brought under control or is deemed to be over.

Not all these command levels are necessarily activated - depending on the scale of incident and response. The general approach is to escalate the levels with the increasing size and complexity of the response required.

In complex, large scale incidents, there is a need to co-ordinate and integrate the strategic, tactical and operational response of each responder. The JERA establishes a **STRATEGIC CO-ORDINATING GROUP** (SCG) which is usually chaired by the Chief Constable.
The local NHS will be represented by the NHSE/I Regional Director on-call.

The **HEREFORDSHIRE and WORCESTERSHIRE MULTI-AGENCY TACTICAL CO-ORDINATING GROUPs** (also known as the Silver Group or TCGs) will be convened to determine the tactical response to an emergency/major incident through examination of the circumstances prevailing, identifying priorities and making tactical decisions. If the SCG is sitting it may make policy directions to the TCG. The local NHS will be represented by the Accountable Emergency officer or EPPR Lead and minutes will be provided to the on-call managers and directors. There is a separate Herefordshire and Worcestershire TCG as by county, but only one SCG for West Mercia.

Multi-agency command and control structures exist in passive form and may be convened as such during a slow burn/cloud on the horizon event to enable multi-agency partners to prepare.

15. Triggers, alerting process and activation

This plan can be triggered in several ways to a potential or actual incident:

- In response to internal pressure within the NHS (an **internal** decision) in response to a local incident.
- **External** alert that a multi-agency Tactical Co-ordinating Group is being convened.
- **External** alert that a Strategic Co-ordinating Group is being convened.
- **External** alert that an agency has called a major incident "Stand By";
- **External** alert that a major incident has been "Declared"/"Implemented"; and
- In response to a national or regional NHS direction.
- In response to internal pressure within the NHS (an **internal** decision) in response to a local incident
- **External** alert that a multi-agency Tactical Co-ordinating Group is being convened
- **External** alert that a Strategic Co-ordinating Group is being convened
- **External** alert that an agency has called a major incident "Stand By"
- **External** alert that a major incident has been "Declared"/"Implemented"; and
- In response to a national or regional NHS direction.

Internal alerts should be alerted to on call senior managers for hospital emergencies and internal incidents.

HWCGG has ensured maximum support is offered to the system in Herefordshire & Worcestershire.

1. System On call support is managed 5pm -9am weekdays and 24 hours at the weekend and holidays. This is to support the system pressures and internal incidents at NHS Trust providers in Herefordshire & Worcestershire. 0300 365 3388

2. EPRR On call which is managed 24/7. This is to support major incidents and weather incidents across the two counties. 01432 250 7377

The HWCCG EPRR Lead will be the single point of contact for the TCG and Emergency Services and partner organisations in the event of major incident stand-by or a major incident being declared in the county. In line with the Herefordshire multi-agency Tactical Co-ordinating Group Plan, external alerts are most likely to come via WMAS control but can be declared by any party of the TCG, and will include any incident triggering the establishment of the Herefordshire or Worcestershire TCG, such as:

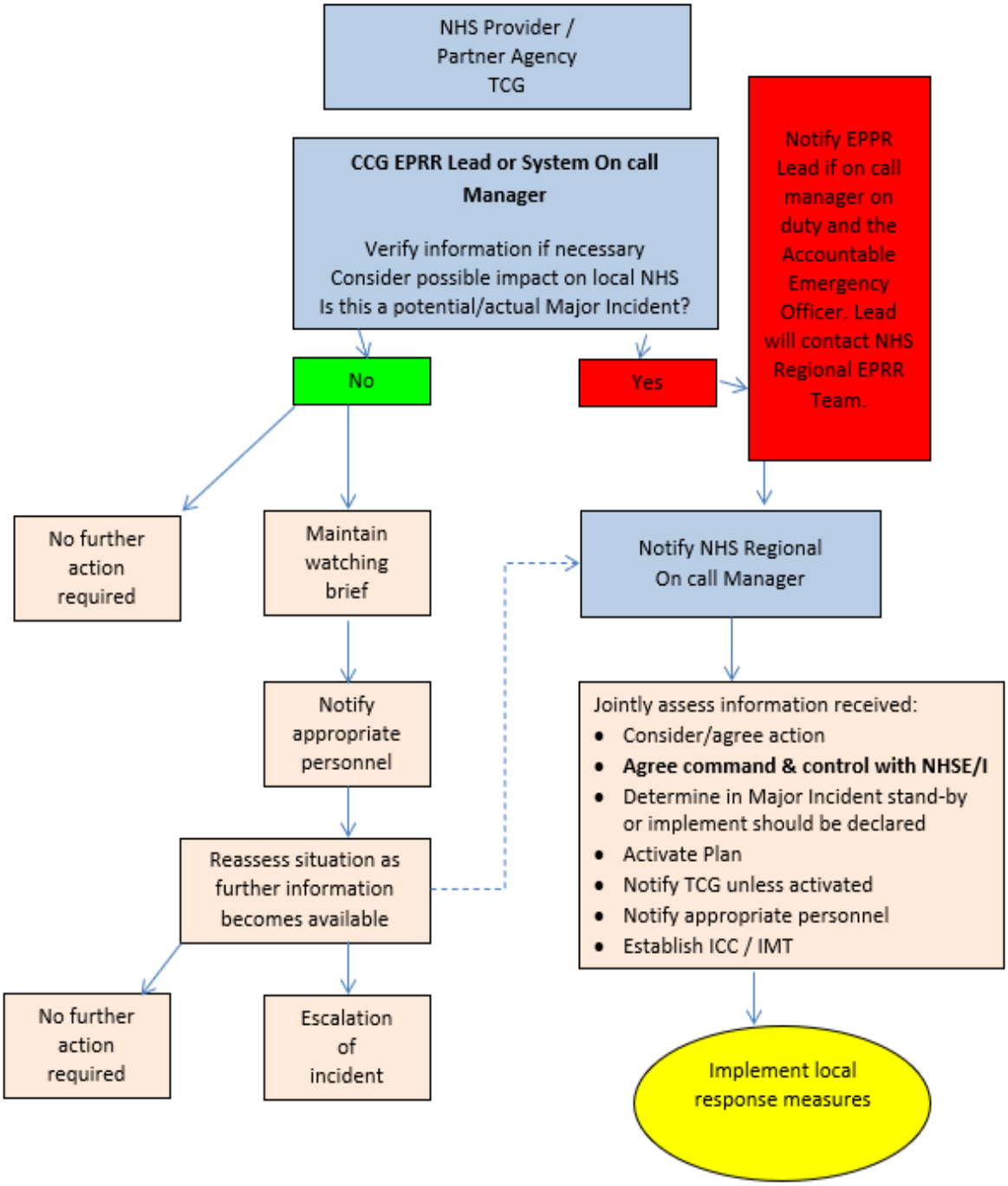
- *Major Incidents (including road, rail or aircraft accidents)*
- *Explosion*
- *Evacuations involving several people or where additional medical support may be required*
- *Large fires in residential areas*

- *Fires in residential areas where asbestos is suspected or confirmed*
- *Flooding with potential for evacuation*
- *Flooding causing significant transport disruption*
- *Burning of non-natural wastes at agricultural premises with potential exposure to large numbers of people*
- *Toxic chemical release with the potential of affecting the population.*

16. Onward Alerting

The CCG EPRR Lead will be responsible for ensuring internal staff, provider organisations and the NHS EPRR Director on-call are alerted in line with the **ACTION CARD**.

17. Activation



18. Records management

An essential element of any response to an incident is to ensure that all records and data are captured and stored in a readily retrievable manner. These records will form the definitive record of the response and may be required at a future date as part of an inquiry process (judicial, technical, inquest or others). Such records are also invaluable in identifying lessons that would improve future response.

The Incident Director is formally responsible for signing off the decision log and all briefing papers and documents relating to the incident.

19. Shift arrangements

In the event of a significant / major incident or emergency having a substantial impact on the population and health services, it may be necessary to continue operation of the Incident Management Team for a number of days or weeks. In particular, in the early phase of an incident, the Incident Management Team may be required to operate continuously 24/7. Responsibility for deciding on the scale of response, including maintaining teams overnight, rests with the Incident Director and alignment to NHS EPPR Team directions.

A robust and flexible shift system will need to be in place to manage an incident through each phase. These arrangements will depend on the nature of the incident and must take into consideration any requirements to support external (for example TCG) meetings and activities. The Incident Manager is accountable for ensuring appropriate staffing of all shifts. A SOP will be initiated for the response team in the ICC.

20. Stand Down

In consultation with the AT Director on-call, the CCG Director of Corporate Development Director will decide when an emergency or major incident stand down should be declared for the LHE, which may be long after the emergency services response is over. This could be either a full or partial stand down with one or more individuals monitoring the situation.

INITIAL "STAND DOWN"

All response level changes need to be agreed by HWCG Accountable Emergency Officer and communicated both internally and externally as appropriate. A brief description of the resource implications of the new level should be included.

ADMINISTRATION

Once the decision has been taken, HWCCG will ensure that all appropriate elements of the local response are stood down. This may be a staged process. It is important to ensure that where communication channels have been specially created for the incident, forwarding mechanisms are in place to ensure that no traffic is lost. This will also ensure that people trying to contact the ICC if established have an alternative access route.rds

RECORDS MANAGEMENT

All logs, records and other details from the incident will be collected and secured from all personnel involved and kept safe by all teams involved in supporting the incident.

21. Debriefs/reports and lessons identified

A hot de-brief will be held within 24 hours of the close down of the incident. A full debrief will be held within 14 working days of the incident. The initial incident report will be produced within 28 working days. If this is an ongoing incident, the Accountable Emergency officer will review appropriate time to sense check. This may be dependant on the TCG and multi- agency debrief schedules and may be an agreed multi agency report from the TCG.

Structured debriefs should be held with involved staff as soon as possible after de-escalation and stand down. Participants must be given every opportunity to contribute their observations freely and honestly. The Incident Director must ensure that the full debriefing process is followed.

As part of the debriefing process a post incident report will be produced to reflect the actual events and actions taken throughout the response. Typically this will include:

- Nature of incident;
- Involvement of the CCG;
- Involvement of other responding agencies;
- Implications for strategic management of the NHS;
- Actions undertaken;
- Future threats/forward look;
- Chronology of events.

LESSONS IDENTIFIED PROCESS

A separate Lesson Identified report will focus on areas where response improvements can be made in future. This report will include the following sections:

- Introduction
- Observations
- Action Plan (detailing recommendations, actions, timescales and owner).

Throughout the incident at whatever level, there will need to be an agreed process in place to evaluate the response and recovery effort and identify lessons. The Incident Director is responsible for activating the lessons identified process and may delegate the responsibility for lessons identified to for implementation in the CCG. The lessons identified process will be implemented at the start of the response and continue during and after the incident until all actions are completed.

ACTION CARD	INCIDENT DIRECTOR "STAND BY"	
Accountable to	NHS EPRR Incident Director	
Responsible for: assessing the initial information received in respect of a potential or actual major incident and escalating to the NHS/I EPRR Incident Director. This can be initially the AEO, the EPRR Lead or on-call manger.		
Number	**Action**	**Time Completed**
1.	In the event of a potential or actual significant / major incident, the 1st on call will usually be notified by: • West Midlands Ambulance Service (WMAS) • Provider organisations (WVT/Worcester Acute/Worcester Health Care Trust) • Public Health England (PHE) • Herefordshire Council or Worcestershire Council (or District Councils) • Notification may also come from other partner agencies and commissioned services	
2.	Start a personal log detailing information received and actions taken. Copies of the log book can be found in the on call pack. Ensure formal logging of your actions/decisions is in place as soon as possible.	
3.	If necessary, verify the information received by contacting the initial caller, the police, the local authority or other appropriate partner agency.	
4.	Obtain as much information about the incident as possible (METHANE) and begin to complete the log held in the on call pack, including any specific or urgent actions required from the NHS.	
5.	Advise the NHSE/I Incident on call team immediately.	
6.	Determine the severity of the situation and consider the potential impact of the incident on the local health economy.	
7.	If it is a potential or actual incident for the NHS, or if incident standby or a major incident has been declared by a partner agency, notify the NHSE/I EPRR Incident Manager.	
8.	In liaison with the NHSE/I EPRR Incident Manager, assess the information received and consider action to be taken.	
9.	On **activation** of the Incident Response Plan notify relevant personnel. Emergency Contact numbers for these can be found in the on call pack online. These may include: • Accountable Emergency Officer HWCCG • Managing Director Herefordshire & Worcestershire HWECC • EPPR Leads for organisations • Relevant personnel within the HWCCG • NHS Incident Manager • Providers WMAS/ and other TCG partners • Primary Care contacts • Directors on-call • The on call manager for the appropriate Network(s) – Critical Care, Trauma, Burns • Public Health England on-call • Local Authority(ies) if required to trigger TCG	

	If any number is in incorrect or new numbers in the Emergency Contact Numbers, please advise EPRR Lead. **SEE ACTION CARD ACTIVATE THE PLAN- INCIDENT MANAGER**	
10.	Provide further support to the NHSE/I EPRR Regional Team as required.	
11.	**If it is NOT a potential or actual major incident:** • If no further action is required, complete the log • If it can be dealt with using normal resources, notify the appropriate personnel and maintain a watching brief • Continue to reassess the situation as further information becomes available and determine if any additional action is required • In the event of any increase in the scale / impact of the incident reassess the risk and re escalate as needed.	

ACTION CARD	**INCIDENT DIRECTOR "ACTIVATE THE PLAN"**
Accountable to	**NHSE/I EPRR Incident Director**

Responsible for: Managing the incident as tasked by the NHSE/I Incident Director (when activated). If a TCG is called HWCCG Emergency Accountable Officer or EPPR Lead will attend on behalf of the local NHS. The NHSE/I EPRR Incident Director (NHS Gold) attends the SCG.

Number	**Action**	**Time Completed**
1.	Establish liaison with the appropriate personnel from PHE, NHS Trusts and partner agencies.	
2.	Confirm that the relevant command and control structures have been implemented across the local health economy.	
3.	Confirm that all relevant personnel internally, at the NHSE/I EPRR Regional Team and externally have been informed.	
4.	Confirm with the NHSE/I Incident Director aim and objectives for responding to the incident, and the strategy to achieve these.	
	The following actions are incident dependent: • A meeting will be set up ASAP with key involved NHS organisations (plus PHE as indicated) (teleconference/face to face) • Briefing out to local NHS trusts, clinical networks • Situation Report to the NHS EPPR Regional Team • Response maybe to stand up a silver health cell, Incident Director to determine	
5.	Identify battle rhythm dependant on: • TCG and SCG meetings (if called) • NHS external teleconferences/meetings • Reporting requirements • Scale of incident	
6.	Establish an **Incident Management Team (IMT)** and brief the membership. This will depend on the incident but, as a minimum, should include: • Accountable Emergency officer or Director • Emergency Planning Manager (EPRR Lead) • Communications lead • Administrator • Loggist	

	• In some incidents the IMT may include a Public Health England (PHE) liaison and a representative from the Public Health team.	
7.	Establish an **Incident Coordination Centre (ICC)** if indicated, tasking specific staff.	
8.	Ensure that all members of the IMT are working from the current Incident Response Plan, ensuring all required roles are undertaken	
9.	Where indicated by the type of incident, establish broader membership consisting of all responding organisations. Request attendance of a liaison person (by teleconference or in person) from each responding organisation including the appropriate network (Critical Care, Trauma, Burns). If this is not possible, confirm a single contact name and contact details.	
10.	As directed by the NHS Regional Team, implement a media strategy and identify an appropriate person to represent the NHS (and other NHS organisations if required) at any press conferences / media interviews. All media interviews locally are multi agency coordinated by the TCG if called.	
11.	Ensure close communication and full two way briefings before and after each TCG meeting. NHSE/I to be briefed.	
12.	Ensure response to all TCG determined actions.	
13.	In consultation with the NHSE/I Regional Team, determine when the stand down should be declared (taking advice from partners as necessary) and inform the appropriate personnel / agencies of this.	

ACTION CARD	INCIDENT DIRECTOR "STAND DOWN"	
Accountable to	NHSE/I Incident Director	
When the 'Stand Down' command is given by the NHS EPRR Regional team, the Incident Director will:		
Number	**Action**	**Time Completed**
1.	Ensure a process is in place for an appropriate return to business as usual internally and externally across the local NHS.	
2.	Support the multi-agency recovery phase if required.	
3.	Agree when staff involved in the incident should return to their normal duties.	
4.	Debrief the staff working in the incident room ("hot debrief").	
5.	Complete and sign off the incident log and ensure all relevant documentation is secured.	
6.	Ensure a formal report is prepared, highlighting any good practice or issues identified.	

ACTION CARD	STAFF OFFICER TO INCIDENT DIRECTOR (AT TCG)	
Accountable to	2nd on call / Incident Director	
Responsible for: Providing support to the Incident Director at the TCG, providing immediate liaison with the AT. If no TCG is called, this role becomes an operations officer in the ICC (see action card)		
Number	**Action**	**Time Completed**
1.	Attend TCG as directed by Incident Director.	
2.	Familiarise yourself with surroundings and ensure arrangements in place for the Incident Director and loggist including telecoms and Wi fi access. Liaise with other agencies as required.	
3.	Establish communication with Incident Director/ICC.	
4.	Support required information flows between Incident Director and Incident Manager.	
5.	Ensure that all briefing material is available to the Incident Director or EPRR Lead before each TCG meeting.	
6.	Ensure all actions are communicated from the TCG to the ICC.	
7.	Support the loggist who will be maintaining the decision-action log for the Incident Director. If loggist is not utilised, ensure Director decisions are logged virtually.	
8.	Ensure resilience for your role and the loggist's role. If virtual, and loggist not available agree appropriate management logging of decisions with Accountable Emergency Officer.	

ACTION CARD	LOGGIST
Accountable to	The person for whom they are logging: either Incident Director or Incident Manager
Responsible for: recording and documenting all issues/actions/decisions made by the Incident Director. If the Incident Director attends the TCG they will be accompanied by a loggist if possible. Within the ICC, a loggist should always be present working direct to either the Incident Director or Incident Manager. If this is not possible due to a pandemic, the Accountable Emergency Officer will agree method of logging decisions made with organisational directors.	

Number	Action	Time Completed
1.	The loggist must use the log book provided or digital version of the form.	
2.	On arrival all staff must wear Identification Badges. If the badges are unclear the loggist must ask for clarification of who is present within the room and their title. If virtual loggist should confirm if unsure who is in attendance.	
3.	The log must be clearly written, dated and initialled by the loggist at start of shift and include the location.	
4.	All persons in attendance to be recorded in the log.	
5.	The log must be a complete and continuous record of all issues/ decisions /actions as directed by the Incident Director/Incident Manager.	
6.	Timings have to be accurate and recorded each time information is received or transmitted. If individuals are tasked with a function or role this must be documented and when the task is completed this must also be documented.	
7.	If notes or maps are utilised these must be noted within the log.	
8.	At the end of each session in the log a score and signature to be added underneath the documentation so no alterations can be made at a later date. If virtual, logs must be pdfd and approved.	
9.	All documentation is to be kept safe and retained for evidence for any future proceedings.	
10.	Where something is written in error changes must be made by a single line scored through the word and the amendment made. If virtual – add new file and record why changed and pdf.	

The loggist MUST NOT:

- **Take minutes**
- **Record for more than one decision maker**
- **Keep a separate chronological log**
- **Have responsibility for the decision/action**

The log and all paperwork become legal documentation and could be used at a later date in a public enquiry or other legal proceedings.

ACTION CARD	COMMUNICATIONS LEAD	
Accountable to	**Incident Director**	
Responsible for: Providing communication co-ordination, advice and support to the Incident Director		
Number	**Action**	**Time Completed**
1.	Confirm with Incident Director that an incident is taking place.	
2.	Contact the NHS Regional team communications and agree who will be leading on communications on the incident. If a TCG is called, the Communications reverts to the TCG and the multi agency.	
3.	Commence personal log.	
4.	Issue pre-arranged public health / safety messages in conjunction with Public Health England within the first hour of becoming aware of the incident.	
5.	If requested to do so by the NHS Regional team communications lead, assume responsibility for managing all public information and media communications. Note that if a SCG/TCG are established all media responses are controlled and coordinated by them as a multi agency response so communications input/feedback should be fed upwards into the SCG/TCG.	
6.	Rapidly formulate and implement an integrated media handling strategy on behalf of the local NHS response. Agree health spokespeople. If no SCG/TCG established, advise media (and stakeholders) on the regularity and timing of future media updates	
7.	Alert communications network of incident and advise of media handling strategy. Brief 111 on the information / advice to be given to the public.	
8.	Deal with all media enquiries/draft statements/organise press conferences and interviews as agreed in media handling strategy.	
9.	If a TCG or SCG are established, they will control messages about the overall incident and its health impact, to the media. Therefore it is vital that communications leads from local health organisations act as one to advise the TCG and SCG. STP comms team should liaise as appropriate.	
10.	Identify communications officer/ admin support to log and monitor media calls and social media and develop rolling question and answer brief.	
11.	Identify communications officer/ admin support to liaise with local NHS communications network to ensure urgent cascade of information / coordinated internal communications/messages for staff. This should continue as appropriate throughout the incident.	
12.	Provide regular updates to the NHS communications lead and stakeholders' communications teams on the NHS response and key health messages as agreed. This should continue as appropriate throughout the incident or as agreed.	
13.	On stand down, ensure that all original documentation (including notes, flip charts, e-mails etc.) are kept. Close personal log.	
14.	Attend Hot and Formal debriefs.	
15.	Manage any on-going media interest in the NHS response, including social media.	

ACTION CARD	OPERATIONS OFFICER (s)	
Accountable to	Incident Director	
Responsible for: Supporting the Incident Director to undertake tasks as determined by the Incident Manager which may include any/all the following:		
Number	**Action**	**Time Completed**
1.	Set up and maintain the Incident Coordination Centre if required	
2.	Establish document control	
3.	Establish rotas and call in staff as indicated	
4.	Ensure handover arrangements	
5.	Ensure staff supported with beverages and food and appropriate breaks	
6.	Gather information and assess relevance	
7.	Action decisions and processes as requested	
8.	Assist in preparation of time critical documents	
9.	Manage in icc in box and any relevant phone line	
10.	Ensure ICC staff are kept updated and SOP is clear	

ACTION CARD	ICC ADMINISTRATORs	
Accountable to	**Incident Director (Operations Officer if present)**	
Responsible for: Providing comprehensive administration support to the AT Incident Coordination Centre.		
Number	**Action**	**Time Completed**
1.	Assist with setting up Incident Coordination Centre as directed by the Incident Director (or Operations Officer if present).	
2.	Maintain the record of who is in the Incident Room at all times.	
3.	Maintain a record of queries/documents and responses.	
4.	Minute any meetings or teleconferences.	
5.	Work with the Operations Officers to ensure robust rotas are in place and appropriate rest breaks are scheduled.	
6.	Ensure all information received is logged and sent to the relevant party for review and filed	
7.	Manage and receive calls and email in boxes and databases as agreed	
8.	Raise any concerns/issues to Incident Manager immediately	

Appendix A - Incident Management Data

Time/Date

Venue/Telecon details

Note: this is a guide only and may vary depending on nature of event and attendees

1. **Current situation report**
2. **Impact on the NHS**
3. **Current multi-agency command arrangements**
4. **Communications**
    - Reporting arrangements (NHS CB; DH; SCG)
    - Public information and media strategy
    - Internal NHS communications and staff briefings
5. **Staff and other resources required**
6. **Authorisation of expenditure**
7. **Horizon scanning**
8. **AGREED**
    - NHS command arrangements
    - NHS Strategy and/or objectives (depending on level of incident)
    - NHS Actions
    - NHS Battle Rhythm (linked to SCG/TCG/national rhythm if established)
9. **Next meeting**

Ensure an attendance sheet is completed for every meeting detailing who was present and which role they performed.

The TCG provides an overarching SITREP to SCG if this is called CCG is not to load any SITREPS or reports on Resilience Direct. Depending on the nature of incident SITREP can be emailed to the NHSE/I director as well as verbal, the NHSE/I Incident Director, will advise.

Appendix B – NHS Incident Situation Report (SITREP)

Note: Please complete all fields. If there is nothing to report, or the information request is not applicable, please insert NIL or N/A.

Organisation:		**Date:**	
Name (completed by):		**Time:**	
Telephone number:			
Email address:			
Authorised for release by (name & title):			

Exact location of Incident							
Type of Incident (Name)							
Resources Deployed[1] **(e.g. Ambulance, Air Ambulance, HART)**							
Incident Casualties[2]	Location	**P1:**	**P2:**	**P3**	**P4:**	**Disch'd**	**Dead**
Pre-Hospital							
List Receiving Hospitals	Location	**P1:**	**P2:**	**P3**		**Disch'd**	**Dead**[3]
Hospital # 1							
Hospital # 2							
Hospital # 3							
Hospital # 4							
Total at Receiving Hospitals							
Impact on Critical Functions[4]							
Capacity Issues[5a]							
Capability Issues[5b] **(e.g. major trauma, burns)**							
Impact on business as normal[6]							
Mutual Aid Request Made (Y/N) [7]							
Current / Potential Media Messages[8]							

Notes to aid completion of SITREP

1. **Resources Deployed:**

   - Resources deployed at scene of incident.

2. **Incident Casualties:**

   P1: Casualties requiring immediate life-saving resuscitation and/or surgery.
   P2: Stabilised casualties needing early surgery but delay acceptable.
   P3: Casualties requiring treatment but a longer delay is acceptable.
   P4: Expectant category – confirm if invoked.

3. **Fatalities in hospital:**

   - Number of patients arriving at hospital and subsequently dying at/or in hospital.

4. **Impact on critical functions:**

   - Implications on Category "A" Ambulance response times.
   - Critical Care capacity.

5. **Capacity/capability issues:**

   - This section provides a forward look for the NHS and the Department of Health.

6. **Impact on business as normal:**

- Cancellation of elective activity should be covered here.
- Any other service reduction as consequence of incident.

7. **Mutual aid request:**

- Confirm details of mutual aid requested, and from whom requested.

8. **Media:**

- Indicated media interest shown/reported.
- Provide key messages for media, also provide details of lead media contact.

This is a guide as to the information required, format may vary.

Appendix C – NHS Major Incident Situation Report (SITREP)

Note: Please complete all fields. If there is nothing to report, or the information request is not applicable, please insert NIL or N/A.

Organisation:		**Date:**	
Name (completed by):		**Time:**	
Telephone number:			
Email address:			
Authorised for release by (name & title):			

Type of Incident (Name)	
Organisations reporting serious operational difficulties	
Impact/potential impact of incident on services / critical functions and patients	
Impact on other service providers	
Mitigating actions for the above impacts	

Impact of business continuity arrangements	
Media interest expected/received	
Mutual Aid Request Made (Y/N) and agreed with?	
Additional comments	
Other issues	
NHS Regional Incident Coordination Centre contact details: **Name:** **Telephone number:** **Email:**	

Appendix D – Amendment Review Record

Version	Date	Pages	Details of amendments	By

Appendix E – Plan Holder Record

		Log book number or location of virtual reports
1		
2		
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