Nottinghamshire Healthcare
NHS Foundation Trust

Nottinghamshire Healthcare NHS Foundation Trust

Major Incident Response Plan

The Civil Contingencies Act 2004 and the NHS England Emergency Preparedness, Resilience & Response Framework 2015 set out the legal and NHS responsibilities that the Trust has a duty to meet. This plan, therefore, provides a framework for Nottinghamshire Healthcare NHS Foundation Trust's response in the event of a major internal incident and outlines the Trust's response to an external major incident.

Date Ratified:	**SEPTEMBER 2018**
Ratified By:	**EXECUTIVE LEADERSHIP TEAM**
Implementation Date:	**SEPTEMBER 2018**
Review Date:	**SEPTEMBER 2021**
Associated Trust Policies and Procedures:	Heatwave Policy 2.01 Severe Weather Policy 2.02 Dealing with Multiple Enquires (Help Line) Policy 2.03 Preventing Radicalisation or Terrorism (Prevent) 2.04 Evacuation and Shelter Policy 2.05 Emergency Preparedness & Resilience Policy 2.06 Bomb Threat (Incendiary or Explosive Device) Policy 2.07 Emergency Communications Policy 2.08 Dealing with the Media Policy 2.10 Hostage Policy 2.11 Lockdown Policy 2.12 Management of Self Presenting Patients HAZMAT/CBRN 2.13 Reporting of Accidents, Incidents and Neat Miss Situations 15.01 Managing External Inspections, Visits, Accreditations, Reports and Feedback 15.07 Fire Safety Policy 16.03 Business Continuity Plan Fuel Resilience Plan Pandemic Influenza Plan Winter Resilience Plan Mass Casualty Plan

MAJOR INCIDENT RESPONSE PLAN

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MAJOR INCIDENT RESPONSE PLAN

EXECUTIVE SUMMARY

The NHS needs to plan for, and respond to, a wide range of incidents and emergencies that could affect health or patient care. These could be anything from extreme weather conditions to an outbreak of an infectious disease or a major transport accident. The Civil Contingencies Act 2004 requires NHS organisations, and providers of NHS-funded care, to show that they can deal with such incidents whilst maintaining services.

Nottinghamshire Healthcare NHS Foundation Trust (the Trust) is committed to providing safe and effective services in the best interests of the people who use its services. This includes being able to continue to deliver these services, and protect staff, people who use services, visitors and contractors in challenging situations that may include major incidents and emergencies.

Emergency Preparedness, Resilience and Response (EPRR) is a core function of the Trust, required in line with the Civil Contingencies Act 2004 (the Act). Under the Act, responders have a duty to plan for emergencies and respond as appropriate when they occur.

As such, the Trust is required to:

- assess the risk of emergencies occurring and use this to inform contingency planning
- put emergency plans in place
- put business continuity management arrangements in place
- put arrangements in place 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
- share information with other local responders to enhance co-ordination
- co-operate with other local responders to enhance co-ordination and efficiency

This Major Incident Response Plan has, therefore, been developed using the latest guidance, standards and best practice. It provides an agreed framework for the Trust to respond to a major incident, either internally or externally, outlines the circumstances under which this may be required, identifies structures and partnership arrangements for response across the community and highlights responsibilities and requirements with which the Trust must comply.

All members of staff play a vital role in ensuring a professional Trust response to a major incident, significant incident or business interruption. Whilst recognising the diversity of operations across the Trust, it is essential that all staff are familiar with the arrangements detailed within this plan and with the support they will be asked to provide.

SECTION 1: INTRODUCTION TO THE MAJOR INCIDENT RESPONSE PLAN

1.1 Background

In order to comply with the Civil Contingencies Act 2004 duty to collaborate with each other, responders under the Act (such as police, fire, ambulance, NHS organisations and local authority) contribute to the Local Resilience Fora, which have been set up to enable all the agencies to plan together for a range of potential major incidents. The Local Resilience Fora holds the Community Risk Register which considers the wide range of events that may have an impact on each county, including transport incidents, terrorist incidents, outbreaks of disease; national incidents such as a fuel crisis, flooding or incidents overseas.

All NHS responders, including Nottinghamshire Healthcare NHS Foundation Trust (the Trust) are responsible for maintaining their own Major Incident Response Plan, any required threat specific plans (based on the Community Risk Registers and the Trust Risk Register), a 24/7 response capability, and an incident control room.

As a major incident can occur either internally or externally at any time of the day or night, it is vital that the Trust is prepared and can respond at short notice, providing a coordinated range of emergency, mid and long term services to those involved, including patients, visitors, contractors and our own staff.

The Trust is required to consider incidents that may affect its ability to deliver services; internal incidents such as a hospital evacuation, serious infectious outbreak or a service continuity failure must be planned for. As such, it is vital that staff feel supported by an effective major incident team, who will co-ordinate the response. As there may be a need for staff to work in unfamiliar, flexible environments and for extended periods, the Trust relies on co-operation and support in order to manage a crisis effectively.

In addition, the Trust is required to provide training for staff who may be required to respond to incidents and there is a duty to conduct exercises in accordance with the NHS England Emergency Preparedness Resilience and Response Framework.

1.2 Scope of Plan

This plan sets out the framework for how the Trust plans, responds and recovers from a significant or major incident. It outlines communication channels, roles and responsibilities, reporting arrangements and learning from incidents. Information regarding how core services will be maintained during a significant or major incident is contained in Directorate/Departmental Business Continuity Plans.

The Trust's responsibilities under the Civil Contingencies Act 2004 (the Act) include planning for internal incidents which affect only the activity of the Trust, and external incidents which may affect the community as a whole. For instance, loss of a Trust facility such as an inpatient unit would affect only the Trust provided alternative beds could be located for each person who uses services.

However, a flood or similar incident that affects a whole area would affect people living in the community as well as people within Trust facilities. Many agencies would be involved in responding to such an incident, including but not limited to local authorities, fire and rescue services, police and ambulance services. In addition, the Act lays out the Trust's responsibilities to collaborate with external stakeholders in the planning of emergency response and sharing of information in advance of and during major incidents.

1.3 Purpose of the Trust Major Incident Response Plan

This Major Incident Response Plan is written in line with the requirements of the NHS England Emergency Preparedness Resilience and Response Framework 2015 and therefore:

- Acts as an overarching framework document under which there are specific plans for particular emergency situations
- Details the Trust's roles and responsibilities in preparing for a major incident
- Details the Trust's response to an internal major incident within one of the Trust's own or jointly occupied premises
- Details the Trust's response to an external major incident
- Provides guidance to all Trust staff who may be involved in the response
- Identifies the potential risks facing the Trust and local community

By its nature, emergency, preparedness, resilience and response is a continuous process and all who have a part to play are continually seeking to learn lessons from the past and develop improved arrangements for the future. Accordingly, this plan is a living document and is kept under constant review.

This plan is intended as a guideline to aid an effective response to an incident irrespective of its cause. No two major incidents are identical nor can one foresee how a major incident once started may develop. The plan is, therefore, designed to be sufficiently flexible to respond to any type of incident however it might progress, but those who use this plan in a major incident will undoubtedly have to use their own initiative.

1.4 What is a Significant Incident/Emergency or Major Incident?

A significant incident/emergency or major incident can be described as any event that cannot be managed within routine service arrangements.

A significant incident/emergency or major incident may include:

- Times of severe pressure, such as winter periods, a sustained increase in demand for services such as surge or infectious disease outbreak that would necessitate the declaration of a significant incident however not a major incident
- Any occurrence where the Trust is required to implement special arrangements to ensure the effectiveness of its internal response. This is to ensure that incidents above routine work but not meeting the definition of a major incident are management effectively
- An event or situation that threatens serious damage to human welfare in a place in the UK or to the environment of a place in the UK, or war or terrorism which threatens serious damage to the security of the UK. The term "major incident" is commonly used to describe such emergencies. These may include multiple casualty incidents, terrorism, or national emergencies such as pandemic influenza.

An emergency is sometimes referred to as a major incident. Within the Trust an emergency is defined as the above for which robust management arrangements must be in place.

The term significant incident/emergency is deliberately broad to ensure potential incidents are not missed.

1.5 NHS Definition of Incidents

The NHS England Emergency Preparedness Framework 2015 defines incidents as classed as being a:

- Business Continuity Incident
- Critical Incident
- Major Incident

Each will impact upon service delivery within the NHS, may undermine public confidence and require contingency plans to be implemented. NHS organisations should be confident of the severity of any incident that may warrant a major incident declaration, particularly where this may be due to internal capacity pressures, if a critical incident has not been raised previously through the appropriate local escalation procedure.

A **Business Continuity Incident** is an event or occurrence that disrupts, or might disrupt, an organisation's normal service delivery below acceptable predefined levels, where special arrangements are required to be implemented until services can return to an acceptable level. This could be a surge in demand requiring resources to be temporarily redeployed.

A **Critical Incident** is any localised incident where the level of disruption results in the organisation temporarily or permanently losing its ability to deliver critical services, patients may have been harmed or the environment is not safe requiring special measures and support from other agencies, to restore normal operating functions.

A **Major Incident** is any occurrence that presents serious threat to the health of the community or causes such numbers or types of casualties, as to require special arrangements to be implemented.

1.6 Types of NHS Emergency or Major Incidents

NHS Major Incidents can be characterised by two types of response. Some NHS incidents present a major threat to public health (predominantly health protection issues), whereas others present an operational threat to, or require special arrangements of, health services (predominantly NHS business continuity issues) to escalate their response to ensure delivery of patient care services.

Some issues are internal to the NHS whereas some require an NHS response as part of a wider interagency response. The NHS England Emergency Preparedness, Resilience and Response Framework (2015) refers to four levels of incident characterised by their requirement to involve increasing numbers of NHS resources in order to maintain or coordinate services; these are illustrated below:

Incident levels	
1	**An incident that can be responded to and managed by a local health provider organisation within their respective business as usual capabilities and business continuity plans in liaison with local commissioners.**
2	**An incident that requires the response of a number of health providers within a defined health economy and will require NHS coordination by the local commissioner(s) in liaison with the NHS England local office.**
3	**An incident that requires the response of a number of health organisations across geographical areas within a NHS England region.**

	NHS England to coordinate the NHS response in collaboration with local commissioners at the tactical level.
4	**An incident that requires NHS England National Command and Control to support the NHS response.** **NHS England to coordinate the NHS response in collaboration with local commissioners at the tactical level.**

1.7 Ways in which a Major Incident can occur

A major incident may arise in a number of ways and generally occurs with little or no warning. Examples of the ways in which major incidents may present are:

Sudden Impact/Big Bang – the major incident occurs with a minimum or no warning. The effect on the responding agencies is immediate and increases rapidly. Examples of this type of incident include a terrorist attack, a serious transport incident, industrial accident or series of smaller incidents

Rising Tide/Slowly Developing Incident – the problem evolves from a steady state in which agencies and organisations function as normal, to a state where, over a prolonged period of time, the incident develops so that 'business as usual' is compromised. Examples of this include severe weather events, a developing infectious disease epidemic/pandemic or a capacity/staffing crisis or industrial action

Cloud on the Horizon – an incident in one place may affect others following the incident. Preparatory action is needed in response to an evolving threat elsewhere, perhaps overseas, such as a significant chemical or nuclear release needing preparatory action or an armed conflict involving British troops

Headline News – a wave of public or media alarm about an impending situation such as over a health issue as a reaction to a perceived threat may create a major incident for the NHS. The fears may prove unfounded and the issue itself may be minor in terms of the actual health risk eg side effects of a widely prescribed drug. It is the urgent need to manage information that creates the major incident

Cyber Attacks – attacks on systems to cause disruption, reputational and financial damage. Attacks can be on infrastructure or data confidentiality. An example is the 2017 Ransomware virus which affected the NHS across the UK

Chemical Biological Radiological, Nuclear and Explosives CBRNE - Terrorism is the actual or threatened dispersal of CBRN materials (either on their own or in combination with each other or with explosives), with deliberate criminal, malicious or murderous intent. A threat could be real or a hoax but could represent a major public health issue affecting large numbers of the population

HAZMAT – Accidental incident involving hazardous material

Mass Casualties – typically events with casualties in the 100s where the normal major incident response must be augmented with extraordinary measures

Severe Weather – Any dangerous or extreme weather related events eg severe flooding, heat-wave or snow fall/cold weather

Internal Incidents – the service itself may be affected by its own internal major incident or by an external incident that impairs its ability to work normally, such as fire, failure of a major public utility, major equipment failure, hospital acquired infection or violent crime

Business continuity/internal incidents – fire, breakdown of utilities, significant equipment failure, hospital acquired infections, violent crime

Pre-planned Major Events that require planning such as demonstrations, mass gatherings or sports fixtures

There may also be events occurring on a national scale, for example fuel strikes, pandemic or multiple events that require the collective capability of the NHS nationally.

1.8 Collaborative Arrangements

A key feature of good emergency planning is collaboration and interagency working. This is also a requirement of the Civil Contingencies Act 2004. Therefore, the Major Incident Response Plan (MIP) also describes how the Trust's emergency response partners work together to plan, prepare and respond to incidents that overwhelm normal emergency response arrangements.

All partners work to the following common primary objectives:

- Save and protect life
- Relieve immediate suffering
- Contain the emergency, limiting its escalation or spread
- Provide the public and businesses with warnings, advice and information
- As far as is reasonably practical protect public health, property and the environment
- Protect the health and safety of responding personnel
- Maintain or restore critical activities
- Maintain normal services at an appropriate level
- Promote and facilitate self-help in the community
- Facilitate investigations and inquiries
- Facilitate the recovery of the community
- Evaluate the response and recovery effort
- Identify and take action to implement lessons learned

The arrangements are intended for use in an event, or series of events, involving the following issues on a scale beyond the capacity of both the Trust and the normal emergency services which require additional resources and management principles to be deployed such as:

- A pandemic/epidemic with large numbers of people affected at the same time over a prolonged period
- Disruption of essential services
- The handling of a large number of enquiries likely to be generated both from the public and news media
- The initial treatment, rescue and transport of a large number of casualties
- The involvement, either directly or indirectly, of large numbers of people
- Excessive contamination of the environment

By agreeing to work with its emergency response partners, the Trust is committed to:

- Supporting the concept of Integrated Emergency Management
- Carrying out its recognised functional responsibilities to ensure an orderly, timely response to deliver the necessary assistance to an affected community either within the Trust or externally
- Working in multi-agency functionally based teams to provide a unified, joint agency service to victims

- Making maximum use of agencies' and organisations' resources, systems and processes to alleviate damage and suffering
- Co-operating with the lead authority (normally the Police) to deliver an appropriate response to address the incident
- Forming partnerships with other agencies, authorities and the voluntary sector to develop a pro-active approach to disaster management
- Continuing to develop and refine strategies, exercises and training initiatives to maintain operational effectiveness

It is acknowledged that a major incident or disaster for one organisation may not necessarily be one for another agency and consequently there will be occasions where some partner organisation may have limited involvement.

1.9 Joint Emergency Services Interoperability Programme (JESIP)

This document has been written in line with the JESIP Joint Doctrine. The purpose of which is to provide Operational and Tactical commanders with a framework to enable them to effectively respond together. It contains the key principles of:

- Co-location
- Communication
- Co-ordination
- Joint Understanding of Risk
- Shared Situational Awareness

The Joint Doctrine sets out what responders should do and how they should do it in a multi-agency working environment to achieve a successful joint response.

The Joint Doctrine has been designed so that it can be applied to smaller scale incidents, wide-area emergencies and pre-planned operations.

1.10 Access to the Major Incident Plan

Plan Classification: The Civil Contingencies Act 2004 places a duty on Responders to ensure that their Major Incident Response Plans are published under the "Warning and Informing" part of the legislation. This plan is therefore classified as an 'open' document for the purposes of the Freedom of Information Act 2000.

Plan Availability: This plan, without the GOLD, SILVER and BRONZE Command and Control Manuals and Action Cards is available to all Trust staff via Connect under Emergency Preparedness Plans of the Trust Policies and Procedures section; a full copy is held by the Chief Executive and each Executive Director.

NB. The Command and Control manuals are restricted documents and only issued to appropriately trained personnel who may be called on to be a Team member in a major incident situation.

SECTION 2: PREPARING FOR A MAJOR INCIDENT

2.1 General Responsibilities of the Trust

Although the Trust is not formally covered by the requirements of the Civil Contingencies Act 2004 as a Category 1 Responder, it is considered good practice for NHS organisations not specifically designated to still act as if they have a duty to comply with the requirements of the Act. As such, the Trust is identified within the Nottinghamshire Resilience Forum membership as a Category 1 Responder and contributes to the local planning and management of emergencies at that level. The Trust is also represented at or provides a member of Local Resilience Forum sub groups as appropriate.

The Trust may at any time be expected to respond to a major incident whether external to the Trust and its services or internal. No two incidents are the same. The effects of any major incident are likely to be complex and unpredictable. The Trust must, therefore, undertake the following six duties to be prepared:

Undertake Risk Assessments

- Assess the risks of an emergency within or affecting the Trust and use this to inform contingency planning
- Record risk assessments in relation to emergencies in Divisional Risk Registers Register to ensure risk management processes to include risk to continuation of services
- Take into account the Local Resilience Fora Community Risk Registers

Co-operate with other Responders

- Co-operate with other responder organisations to enhance co-ordination and efficiency when planning for an emergency
- Co-operate by way of mutual aid support to other Category 1 Responders in the wider Health economy
- Co-operate with other responder organisations to enhance co-ordination and efficiency when responding to and recovering from an emergency

Plan for Emergencies

- Ensure emergency plans are in place in order to respond to emergencies linked with relevant risk registers
- Ensure validation and exercising of emergency plans
- Ensure appropriate senior level command and decision making 24/7
- Ensure appropriate Incident Co-ordination Centre (ICC) facilities to control and co-ordinate the response to an emergency
- Ensure relevant response staff are trained to an appropriate level for their role in response
- Ensure robust communication mechanisms

Share Information

- Share information with other local responder organisations to enhance co-ordination both ahead of and during an emergency

Communicate with the Public

- Make arrangements to make available information on emergency preparedness matters to the public. This duty is performed where it is thought to be advantageous

for the public to know those arrangements, for the purpose of mitigating the effects on them from an emergency
- Maintain arrangements to warn, inform and advise the public in the event of an emergency

Have Business Continuity Management Arrangements in Place

- Maintain plans to ensure continued delivery of critical functions/services in the event of an emergency so far as is reasonably practicable
- Assess both internal and external risks whilst developing and reviewing Business Continuity Plans (BCPs)

2.2 Identifying Major Incident Risks

One of the first steps in major incident panning is to appreciate the range of major incidents to which the Trust may have to respond. The hazards may be both internal and external and the resultant risks to the Trust will affect it in different ways and require differing responses. Examples of likely hazards include the following:

- Environmental emergencies caused by:
  - Fire
  - Explosion
  - Release of hazardous materials – chemical, biological, radiological, nuclear or explosive agent (CBRNE)
- Adverse weather conditions
  - Flooding
  - Heatwave
  - Significant snowfall
  - Damage to buildings
- Outbreak of infectious disease
- Loss of utilities (power supplies interrupted) and services (fuel or water shortage) causing disruption of day to day business
- Hostage taking/siege situations
- Large scale transport infrastructure failures or accidents
- Accidents involving aircraft movements from airports and RAF bases
- Conventional terrorist attack (improvised explosive device (IED), suicide bomb)
- Civil unrest

A list of the full range of potential risks that may affect the local community are compiled and maintained by the Local Resilience Forum (LRF) in each county. This list is known as the “Community Risk Register” and it is available through the Local Resilience Forum website. A comprehensive list of all specific risks facing the Trust can be found in the Trust Risk Registers. Individual contingency plans have been developed to address particular risks (such as the Pandemic Influenza Plan) and they will form part of the overall suite of emergency plans.

The Trust maintains membership of relevant LRF meetings and subgroups (including the Local Health Resilience Partnership) through either its Accountable Emergency Officer (Executive Director of Nursing) or Head of Emergency Preparedness Resilience and Response (EPRR).

2.3 Business Continuity

The Trust’s Business Continuity Management Strategic Plan sets out the Trust’s aims, principles and approach to Business Continuity Management (BCM), what and how it will

be delivered, key roles and responsibilities and how BCM will be governed and reported upon. Departmental/Team Business Contingency Plans (BCP) set out the strategic and tactical capability of the area to plan for and respond to incidents and business disruptions in order to continue business operations at an acceptable predefined level, and to recover from disruptions in order to return to normal business.

The main concept of business continuity is the preservation of essential services in relation to disruption within the Trust. For example, in order to create capacity internally to deal with emergencies, it may be necessary to draw resources eg. staff from any and all areas of Trust business. The Trust GOLD Command Team will make such decisions in consultation with the appropriate managers.

It is important to recognise when a situation meets the criteria whereby "normal business" is suspended. All efforts will be made to accommodate priorities within services. Comprehensive business contingency and continuity planning enables each department and service to identify, in advance, which services can be reduced or suspended, and for what timescales and what the implications will be if such decisions are taken.

Thus all teams, whether clinical or corporate, maintain up to date Business Continuity Plans (BCPs) which link to their Directorate/Department BCPs to manage situations ranging from minor service disruption to total loss of facilities. Collectively, these provide a consistent approach to major incidents and disasters and are integral elements of the Trust's Risk Management process. However, it is accepted that any of these situations whilst being dealt with as outlined in the specific arrangements relevant to them, might also create the need for activation of the Trust Major Incident Response Plan.

2.4 Prevent Agenda and CONTEST

This key aim of the **Trust Prevent Policy 2.04** (preventing vulnerable individuals being drawn into terrorism) is to identify how staff will be supported to develop an understanding of the *Prevent* Strategy and how they can utilise their existing knowledge and skills to recognise that someone may have been, or is being radicalised.

This Policy sets out where staff can seek advice from and how to escalate their concerns within the Trust. Where concerns need to be raised with external agencies, this Policy describes how referrals will be managed within the existing multi-agency safeguarding processes.

This Policy sets out how *Prevent* related referrals or requests for information from external agencies will be managed by the Trust.

The Trust supports and contributes to the National CONTEST Strategy through Prevent to support its staff recognising when vulnerable individuals are being exploited for terrorist-related activities, this is managed within existing safeguarding structures, working closely with emergency planning and security advisor. The risks assessed by the LRF are taken into account when developing the Trusts emergency and business continuity plans.

2.5 Responsibilities of Trust Staff

Chief Executive

- Has overall responsibility for ensuring appropriate arrangements are in place to support the Emergency/Major Incident planning process and that these

arrangements are adequately resourced in terms of funding, management time, equipment, training, testing and any other essential elements
- Ensures that the Trust contributes appropriately to the multi agency planning
- Ensures that the Board of Directors receives regular reports, at bi-annually, regarding emergency preparedness to include reports on exercises, training and testing, and assurance that adequate resources are available for the discharge of emergency preparedness responsibilities

Executive Director of Nursing

The Executive Director of Nursing is nominated by the Chief Executive to take Executive lead responsibility for Emergency Preparedness Resilience & Response (EPRR) on behalf of the Trust as the Accountable Emergency Officer (AEO), supported by a Non-Executive Director to endorse assurance to the Board of Directors that the Trust is meeting its obligations with respect to EPRR and relevant statutory duties under the Civil Contingencies Act 2004 (CCA 2004) and the NHS Act 2006 (as amended). This will include assurance that the organisation has allocated sufficient experienced and qualified resources to meet these requirements. Specifically the AEO will be responsible for:

- Ensuring that the Trust, and any sub-contractors, is compliant with the EPRR requirements as set out in the CCA 2004, the NHS Act 2006 (as amended) and the NHS Standard Contract, including the NHS England Emergency Preparedness, Resilience and Response Framework and the NHS England Core Standards for EPRR
- Ensuring that the Trust is properly prepared and resourced for dealing with an incident
- Ensuring that any providers commissioned by the Trust and any subcontractors have robust business continuity planning arrangements in place which are aligned to ISO 22301 or subsequent guidance which may supersede this
- Ensuring that the Trust has a robust surge capacity plan that provides an integrated organisational response and that it has been tested with other providers and partner organisations in the local area served
- Ensuring that the Trust complies with any requirements of NHS England, or agents of NHS England, in respect of monitoring compliance
- Providing NHS England with such information as it may require for the purpose of discharging its functions
- Ensuring that the Trust is appropriately represented by Director level engagement with, and effectively contributes to any governance meetings, subgroups or working groups of the Local Health Resilience Partnerships and/or Local Resilience Fora, as appropriate

Director of Finance

- Ensures that adequate resources are made available for the discharge of the Trust's emergency planning responsibilities
- Recognises the need for a contingency budget
- Ensures that emergency cost codes are available
- Ensures Service Level Agreements are in place with suppliers who have sound emergency planning and business continuity arrangements.

On-Call Executive Director

- Responds to a major incident on behalf of the Chief Executive and makes a decision to activate the Major Incident Response Plan and its associated procedures

- Participates in emergency preparedness training as and when required
- Notifies external stakeholders as required in a timely manner
- Notifies the Accountable Emergency Officer and On-call Managers if they are not aware already
- Implements business continuity management as appropriate, including suspension of non-essential activity
- Approves financial payments to cover immediate costs
- Arranges for additional resources, e.g. additional staff, equipment etc
- Declares a major incident and opens the GOLD Incident Co-ordination Centre
- Ensures a log of decisions and actions is kept, including:
  - Time
  - Event
  - Decision(s) taken
  - Actions
  - Outcomes
- Request the attendance of a major incident Loggist if required

Head of Emergency Preparedness Resilience & Response (EPRR)

- Identifies national, regional and local emergency planning policy changes and developments that impact on the Trust and translating these into operational practice
- Provides assurance bi-annually to the Trust Board of Directors on the resilience of the Trust's major incident planning and response arrangements
- Identifies major incident planning training, ensuring appropriate training is delivered so that Trust staff understand their role and responsibilities in a major incident response and are competent to perform them
- Develops table top/live exercises, supporting Directorates in the delivery thereof
- During a major incident:
  - Supports the Incident Commander as appropriate
  - Ensures the preservation and protection of all documents relating to the major incident, collating and archiving as appropriate
  - Advises on business contingency, service continuity and recovery planning
- Reflects lessons learned from a major incident or exercise in policies, procedures and plans as necessary
- Receive records of Communication Cascade tests at six monthly intervals in Divisions
- Attends the Trust Health, Safety, Security and Emergency Preparedness Committee
- Attends emergency planning meetings with the Local Resilience Fora, Local Health Resilience Partnerships, Public Health England, Acute Hospitals, NHS England, Local Authorities, and Emergency Services to share and integrate major incident planning
- Represents the Trust at the Local Resilience Fora (LRF), Resilience Working Group and appropriate LRF Working Groups as well as at national planning groups
- Custodian of the electronic and paper master copy of the Trust Major Incident Response Plan

Head of Health Informatics

- Ensures that during a major incident the Trust Command Teams, and other key staff, have robust access to Trust IT systems
- Develops plans to ensure the Trust Command Teams and other key staff, have access to ICT support during a major incident both inside and outside of office hours
- Ensures there are Business Continuity Plans for IT services

- Ensures appropriate mechanisms are in place to establish telephone lines for the public
- Develops mutually beneficial relationships with partner organisations to allow for mutual aid

Head of Communications

- Maintains the On Call communications rota
- Provides a representative at the NHS England communications group
- Maintains links with NHS England Communications Team and with other local NHS Trust communications leads and as required during an incident
- Ensures that the Communications Team have had the appropriate training
- Takes part in exercises as required
- Develops beneficial relations with the media

General Managers/Heads of Departments/Service Team Leaders

- Ensure that local business continuity plans are aligned to the Trust business continuity management processes
- Ensure Business Continuity Plans are tested and exercised at least annually, and records maintained of these tests and exercises
- Ensure the lists of 1st and 2nd on Call Managers are updated quarterly
- Conduct a communications exercise at six monthly intervals to contact On Call Managers ensuring findings are recorded and made available to the Head of EPRR
- Ensure that plans are in place for evacuation and shelter of services
- Ensure all staff in their Directorate/Department are aware of the response expected of them in an emergency
- Maintains an up to date list of the names and contact details (in and out of hours) of the staff within their teams
- Maintains a cascade system for providing information to staff during an emergency
- Maintains a system for contacting staff at home in case of an emergency
- Ensures staff are released to attend major incident training and exercises according to their expected roles for responding in a major incident
- Ensures all staff are familiar with this Major Incident Response Plan and Directorate Business Continuity Plans

On Call Managers

- Be available and contactable whilst on call
- Have access to their On Call manual and Trust ID card at all times
- Have key contact numbers programmed into their mobile phone e.g. On Call numbers, the contact numbers of other members of their On Call rota (both in and out of hours), and the contact numbers for their teams (both in and out of hours)
- Ensure they can travel within two hours to the appropriate Incident Co-ordination Centre (ICC). If circumstances prevent travel to the ICC within 2 hours, making arrangements with a colleague to fulfil this function
- Undertake emergency planning training and participate in an exercise at least annually
- Abstain from drinking alcohol during their period on call as it may be necessary to undertake a key role in the management of a major incident or emergency, and drive to the appropriate Trust ICC or other site.

All Staff

- On appointment and periodically thereafter familiarise themselves with the Trust Major Incident Response Plan, associated plans and their service's Business Continuity Plan
- Know what is expected of them in this regard with this responsibility becoming more onerous in line with management seniority and personal responsibilities for actioning and participation in elements of the plan
- Report any changes in home address or telephone number to their line manager
- Report any incident that has the potential to disrupt the provision of services immediately to their department manager or equivalent
- Participate in training as and when required
- Be vigilant to the security of premises and staff
- Cooperate with Trust Command team members during a major incident, undertaking duties within their scope of practice as and where requested, cooperating with redeployment into different roles at different sites, working flexibly to meet the needs of their service, and for fulfilling their contractual duties wherever possible

Trust Health Safety Security and Emergency Preparedness Committee

- Meets on a regular basis to discuss internal emergency planning issues
- Provides scrutiny and assurance that the Trust has planned and prepared an organised and practiced response to all major incidents and emergency situations
- Ensures that the Trust complies with the Civil Contingencies Act 2004 and key NHS emergency planning guidance
- Receives reports from Divisional Health Safety Security and Emergency Preparedness Groups
- Reports directly to the Trust Quality Committee

SECTION 3: MANAGING THE TRUST RESPONSE TO A MAJOR INCIDENT

3.1 Command and Control

During times of severe pressure and when responding to significant incidents and emergencies, NHS organisations need a structure which provides:

- Clear leadership
- Accountable decision making
- Accurate, up to date and far-reaching communication

Types of severe pressure can include winter periods, sustained increase in demand for services (surge and escalation) or an infectious disease outbreak such as pandemic influenza.

This structured approach to incident management under pressure is commonly known as 'command and control'.

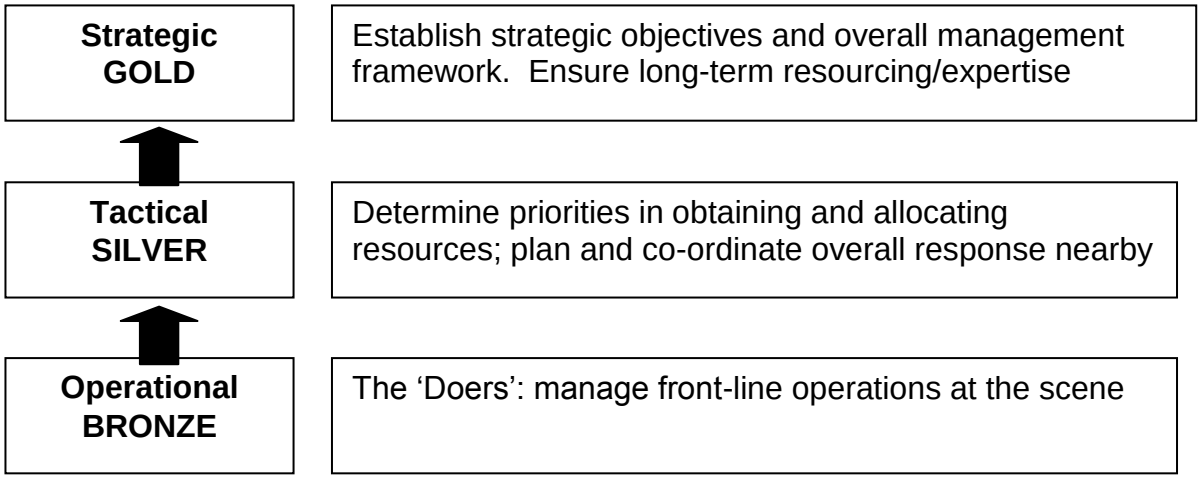
3.2 Command and Control Arrangements within the Trust

The Trust implements a Command and Control Management structure for a combined and co-ordinated response to major incidents. This is divided in to three levels:

- Operational – BRONZE
- Tactical - SILVER
- Strategic - GOLD

Action Cards are available for On Call Managers for each tier of Command.

3.3 Framework of Command Management



At the start of any incident for which there has been no warning, these will be introduced, one after the other, as the needs of the emergency require. Implementation of one or more of these management levels will depend on the nature of the incident; however an Operational level of command will always be established for internal incidents. Each level of command is described in greater detail below.

3.4 BRONZE Command – Operational Level

The Trust BRONZE Team is an operational control and usually refers to people who are actively involved in responding to the incident, such as a ward or unit manager dealing with an incident where it occurred. The command point is always on scene.

The Trust BRONZE Team is responsible for the actual hands-on delivery of the service whether in an administrative or clinical role. In a serious event whilst there will only be one Trust GOLD Team although there can be a number of Trust SILVER and BRONZE Teams.

The Trusts BRONZE (Operational) Commanders will be located at the scene of the incident and their role and responsibilities are to:

- Manage the working elements of the response to an incident
- Lead a team carrying out specific tasks within a service area
- Liaise with and provide regular updates to the SILVER (Tactical) Commander
- Identify resources needed and communicate this to the SILVER Commander
- Implement tactical direction
- Report upwards to the SILVER Commander
- Liaise with all the other agencies at the scene
- Manage the safety of responding staff.

Trust BRONZE Team Leaders will normally be the senior person present or a person nominated by the Trust SILVER Commander to take charge of the relevant team. Members of the Trust BRONZE Team may include, but not be limited to the following:

- Senior Manager
- Ward Manager
- Modern Matron
- Site Manager/Co-ordinator
- Health & Safety Advisor
- Estates and Facilities staff

3.5 SILVER Command - Tactical Level

The Tactical or Trust SILVER Commander will be appointed when an incident cannot be managed within normal day to day arrangements. Usually, this is 2nd on Call Manager. The SILVER Commander will oversee but not be directly involved in providing the operational response to the incident, focusing on determining priorities in allocating resources, obtaining further resources as required, and plan and co-ordinate when tasks will be undertaken. They will also liaise closely with the Trust GOLD Command and provide regular updates as to the status of the response.

The SILVER Commander is responsible for the tactical coordination of resources within their respective Division. They are required to cooperate/consult with the Trust GOLD Commander and any response teams that may be formed, where appropriate.

The Trust SILVER Commander(s) will:

- Assume tactical coordination of their respective Divisions' response
- Conduct an initial assessment
- Escalate to the Trust GOLD Commander, where appropriate
- Request a Major Incident Standby/Declared to the Trust GOLD Commander

- Declare a Major Incident Standby/Declared in the absence of the Trust GOLD Commander
- Activate Divisional emergency and business continuity plans, as appropriate
- Activate/inform Divisional operational locations, as appropriate
- Identify and activate the Divisional Incident Coordination Centre (ICC)
- Agree roles and identify initial tasks.

The Trust SILVER Commander needs to be aware of what is happening at operational level whilst leaving the responsibility for dealing with operations to the Trust BRONZE Commanders. Therefore the command point should be established in the vicinity of the incident although there are several rooms that have been identified and equipped as Incident Command Rooms across the Trust in key sites.

The Trust SILVER Command Team is appointed by the Trust SILVER Commander and is responsible for ensuring that the key areas of the organisation operate effectively during the major incident response.

The Trust SILVER Command Team may consist of:

- Associate Director of Nursing
- Service Director or General Manager
- Associate Director of Facilities or Deputy
- Local Security Management Specialist
- Operational Managers and Service Managers
- Site Managers or Deputies
- Chief Pharmacist or Pharmacist on Call
- Estates and Facilities Managers
- IT Manager
- Health and Safety Advisor
- Infection Control Nurses
- Loggist

Different incidents will require different staff and skills to be deployed in the Trust SILVER Command Team so staff from different disciplines may have to be called in to provide support. GOLD Command may request members of the SILVER Team join them in the GOLD Incident Co-ordination Centre depending on the nature of the incident.

SILVER Command in a multi-agency response is normally led by the Police. The exception to this is during a major incident at Rampton Hospital where Rampton Hospital's SILVER Command will take primacy in any major incidents occurring on the site unless, after discussion with GOLD Command, it has been agreed to formally hand over any affected areas of the Hospital to the Police for the management of the incident

3.6 GOLD Command - Strategic Level

The term Strategic or GOLD refers to the overall Executive command of the Trust response with responsibility for formulating the strategy for responding to the incident. The Trust GOLD Commander has overall command of the resources of the Trust delegating tactical decisions to the Divisional SILVER Commanders.

During a major incident or large scale disruptive event, the Executive Director on-call assumes the role of the Trust GOLD Commander, responsible for strategic control of the Trusts' overall response.

GOLD Command should be seen as standard practice not the exception. It is easy to dismantle if not required and removes the potential for SILVER Commanders to be reluctant to ask for a strategic level of command management.
The GOLD Commander will:

- Assume strategic control of the Trusts' overall response
- Conduct an initial assessment
- Escalate to NHS England and where appropriate Confirm a Major Incident Standby/Declared to NHS England
- Inform the local Clinical Commissioning Group (CCG) or/ and the Specialist Commissioner on call (as appropriate)
- Oversee and co-ordinate the Trust's media response
- Activate any response teams (Crisis/Incident) as appropriate
- Activate/inform the Trust SILVER Commander(s), as appropriate
- Identify and activate the Incident Co-ordination Centre (ICC) or alternative location
- Convene a meeting of the appropriate response team(s), confirming the time of the first meeting
- Agree roles, and identify initial tasks
- The GOLD Commander is also responsible for cooperating/consulting with the NHS Strategic Commander and/or Tactical Commander from NHS England, other NHS providers and Responder agencies.

To assist the Trust GOLD Commander, a team of senior staff will be assigned by the Trust GOLD Commander. This Trust GOLD Command Team will be responsible for the strategic decision making and for liaising with external agencies. It may comprise of the following and anyone the Trust GOLD Commander deems necessary to assist them in their function.

- Executive Director on Call or Accountable Emergency Officer (GOLD Commander)
- Chief Executive Officer
- Executive Medical Director
- Executive Director of Nursing
- Executive Director of Finance
- Director of Business Development and Marketing
- Director of Human Resources or Deputy
- Head of Communications or Deputy
- Head of EPRR
- Head of IT
- Loggist

The Trust GOLD Commander and the GOLD Command Team will normally be based in the **Tony Footitt Meeting Room C, Trust Headquarters, Duncan Macmillan House**. If the GOLD Command is established out of hours, the GOLD Command Room will be established at one of the 24/7 accessible sites such as Millbrook Unit or Highbury Hospital.

3.7 Action Cards for Trust Command and Control Teams

The purpose of an Action Card is to provide, in an accessible form, all of the essential information and instruction needed to perform a specific role in the Trust emergency response. All members of the Trust Command and Control Teams must use them as must staff who provide other key functions within the Trust. It can be tempting during an emergency not to use such aids. However, experience shows that Action Cards help people focus on their role and give useful guidance on key tasks that must be undertaken. They also prevent important tasks being overlooked or delayed. They

should remove the need to continually refer to large or complex plans during an incident and should be a simple aide memoir for anyone who might take on the role, especially someone who may not be particularly familiar with it beforehand.

Action Cards are "role" specific and are not designed for designated individuals. Any Trust staff may be asked to perform a key "role" on behalf of the Trust. Action Cards may only be passed to another person once a full briefing has been given.

Hard copies of Action Cards are available in the SILVER and GOLD Command Manuals as well as in the Major Incident cupboards in each designated Command Room, which also contains copies of the BRONZE Command Team Action Cards.

3.8 Loggists

A number of Trust Admin staff are trained Loggists who provide support to the Commanders during a major incident. Their role is to ensure that key decisions are captured in a log within an emergency/incident situation.

3.9 Command and Control in a Multi-Occupancy Site

The Trust provides a number of facilities which are located on other organisations' sites, such as mental health units located within the perimeter fence of an acute Trust premises. In these locations, in major incidents affecting both Trusts, it is necessary to respect the chain of command of the organisation that owns the site.

During a major incident the Trust's primary Incident Co-ordination Centre (ICC) at Duncan Macmillan House will be convened, but should this be unsuitable or unavailable in the incident, it may be necessary to relocate to the backup ICC. This may require the activation of a second ICC Team to ensure communications can be maintained during the move.

Those involved in the activation processes must consider the following factors:

- communicating with staff, services users and the public during the incident
- the possibility that crucial parts of the infrastructure may be lost at some point in the process, e.g. command suite, power, communications systems
- the role of external agencies
- the need to track patients and staff
- the need to be able to provide command, control and coordination support out of hours as well as when the site is fully staffed
- the ability to embrace the need to provide an internal focus to support the internal response with the need to have an outward facing focus to support multi agency and stakeholder liaison.
- the need to ensure that senior commanders are able to focus entirely on command and control and not be required to available for media interviews. A dedicated person should be identified for the purposes of media liaison who is not involved in incident command and control
- the need to maintain links with other NHS organisations

3.10 Identification Badges

All participants in emergency response activities must wear their staff ID badges at all times. This is because tight security will be enforced in all areas of activity, and there will be no admittance to unauthorised personnel.

3.11 Individual Volunteers

Individual volunteers offering their services on a spontaneous basis may only be used in a general capacity during a major incident. It will be impossible in a crisis to conduct any check of credentials; therefore, such volunteers cannot be used in any capacity that may result in direct contact with patients or confidential information or other situations where their competence or motives could later be called into question.

3.12 Health and Safety

In a major incident, it is very easy to become absorbed by the events unfolding around you and to forget that the usual rules and regulations regarding health and safety still apply.

It is essential that these rules and regulations are observed during a major incident and that the same thought processes with regard to risk assessment and management are adhered to in the same manner as any other task during the working day.

Appropriate personal protective equipment (PPE) and procedures must be used and followed, as must the Trust Policy and Procedures, for issues such as infection control or manual handling. As with any other task, if you are unsure of anything during a major incident seek advice from the nearest appropriate person.

3.13 Predicted and Unexpected Spending/Financial Arrangements during a Critical or Major Incident

In the event of any incident, both predicted and unexpected, costs may be incurred. Predicted spend will be covered through allocated budgets, whilst unpredicted spend would be covered via contingencies, mitigation planning and funding bids to commissioners. Unpredicted spend should be collated against **Cost Code P51345** which is a unique budget code specifically for this purpose.

If required an appropriate member of the Finance Team will join the Trust Gold Command. Decisions on spending will be agreed by the Trust Gold Command and communicated to Silver Commands. Should guidance on Insurance matters be sought during or after a Major Incident the Finance Team will take the lead in providing guidance as necessary and appropriate.

It will be the responsibility of the Executive Director of Finance to establish a procedure for processing, recording and monitoring such expenditure in compliance with the requirements of the Standing Financial Instructions and reporting such expenditure accordingly.

3.14 Stores and Supplies

In-patient areas hold small supplies of linen which is regularly audited and re-stocked. In the event of an emergency, linen will be shared as appropriate.

Whilst in-patient areas have access to no cook/chill meals, Hotel Services have robust contingency plans in the event of loss of kitchens.

Trust Pharmacies have small reserves of essential medications and business continuity plans in place to ensure supplies are maintained.

Depending on the nature of the incident, it is the responsibility of each service area to maintain supplies. It the event of a major incident/prolonged or serious interruption to

business continuity, it is the responsibility of the Divisional Command Teams to consider the issues of supplies by calling on the support of the Head of Procurement. The Procurement Pandemic Plan details access to supplies in an emergency situation. In the event of a catastrophic systems failure, Procurement holds a list of unique order numbers which will be given out for critical orders.

3.15 Legal Advice and Claims

Legal advice can be sought from the Trust Solicitor or via the Trust Board Secretary.

If Trust properties or other assets have been damaged or destroyed as a result on an emergency incident, a Serious Untoward Incident (SUI) Report should be completed according to usual procedures giving as much information as possible.

SECTION 4: ROLE OF PARTNER ORGANISATIONS DURING A MAJOR INCIDENT

4.1 In the event of a major incident it is essential that there is clarity regarding the role of partner agencies. The key roles and responsibilities are as follows:

The information outlined below is accurate at the time of writing. Any re-structuring of the NHS architecture and roles and responsibilities regarding emergency preparedness will be reflected in this policy as soon as practicable.

4.2 Department of Health

- Ensure the co-ordination of the whole system response to high-end risks impacting on public health, the NHS and the wider health care system
- Support the UK central Government response to emergencies including Ministerial support and briefing informed by data and reports provided by NHS Commissioning Board and Public Health England
- Take other action as required on behalf of the Secretary of State for Health to ensure a national emergency is appropriately managed.

4.3 Public Health England

Public Health England (PHE) provide the following specialist health protection services:

- Centre for Infections (CIF)
- Radiation Protection Division (RPD)
- Chemical Hazards and Poisons Division (ChaPD)
- Regional Microbiological Network (RMN)
- Centre for Emergency Preparedness & Response (CEPR) - which has its own Emergency Response Department.

In the event of a major incident involving a chemical, biological, radiological or nuclear hazard staff will:

- Support in managing the local respons
- Participate in any Scientific & Technical Advice Cell (STAC) established by Strategic Co-ordinating Group.

4.4 NHS England

The Key Roles of NHS England in responding to a major incident are:

- Make provision for a 24hr a day emergency response
- Lead mobilisation of NHS response including the national blood service and NHS 111
- Support or lead local Health Economy Tactical Coordination Groups in cooperation with CCGs
- Coordinate with PHE and Local Authorities for health protection response locally
- Represent the Health service providers at Multi Agency Tactical Coordination Groups (TCGs)
- Represent the Health service providers at Multi Agency Strategic Coordination Groups (SCGs) acting as a conduit for information and instruction
- Assess the on-going situation and identify emerging issues
- Liaise with NHS England National Team in order to facilitate provision of resources to support the local effort using mutual aid either regionally, nationally or internationally
- Liaise directly with provider Incident Control Centres (ICCs)
- Act as the coordination point for the Health Media strategy for the NHS

- Act as a Health focal point for liaison with other agencies and organisations

4.5 Clinical Commissioning Groups

CCGs have the following responsibilities:

- Share information and cooperate with other responders
- Provide a 24/7 point of contact should an NHS Provider wish to inform them of a Critical or Major incident
- Have arrangements in place to escalate and mobilise the response of commissioned services to ensure providers can contribute effectively to a wider response
- Support NHS England should any emergency require wider NHS resources to be mobilised. CCGs must have a mechanism in place to effectively mobilise and coordinate all applicable providers that support primary care services should the need arise
- Support NHS England in discharging its EPRR functions and duties locally, including chairing/ supporting as appropriate Health Economy Tactical Coordination Groups during incidents (Alert Level 2-4 of 2015 NHS England EPRR Framework)
- Fulfil the duties of a Category 2 responder under the CCA 2004 and the requirements in respect of emergencies within the NHS Act 2006 (as amended).

4.6 NHS Acute Trusts

Role of Hospitals NHS Emergency Planning Guidance outlines the roles and responsibilities for Acute Trusts during a major incident. The following may be applied:

- Have robust plans in place to respond to an emergency and have the capability to receive, triage and treat appropriately any casualties from an incident
- Be able to provide a 24/7 Command and Control response to many any incident impacting on the organisation
- Provide a safe and secure environment for the assessment and treatment of patients
- Provide a safe and secure environment for staff that will ensure the health, safety and welfare of staff including appropriate arrangements for the professional and personal indemnification of staff
- Provide a clinical response including provision of general support and specific/specialist health care to all casualties, victims and responders
- Liaise with the CCGs, (including GPs, out of hours services, Minor Injuries Units (MIUs), ambulance service, and other primary care providers), other hospitals, independent sector providers, and other agencies e.g. NHS England and PHE in order to manage the impact of the incident
- Ensure that the hospital reviews all its essential functions throughout the incident
- Provide appropriate support to any designated receiving hospital or other neighbouring service that is substantially affected
- Maintain communications with relatives and friends of existing patients, the local community, the media and VIPs.

4.7 Ambulance Service

The Ambulance Service forms part of the National Health Service response to a major incident. It is principally geared to the immediate clinical needs of those directly or indirectly associated with the incident(s) and their subsequent transportation to established treatment centres.

The Ambulance Service is primarily responsible for the alerting, mobilising and coordinating at the scene all primary NHS resources necessary to deal with any incident, unless the incident is an internal health service incident.

The Ambulance Service works to ensure that it is capable of responding to major incidents of any scale in a way that delivers optimum care and assistance to the casualties that minimises the consequential disruption to healthcare services and that brings about a speedy return to normal service provision. This is done by ensuring the Ambulance Services work as part of a multi-agency response across organisational boundaries.

The key strategic responsibilities of the Ambulance Trusts are to:

- Save life in conjunction with the other emergency services
- Instigate a command and control structure
- Protect the health, safety and welfare of all health service personnel on site
- Co-ordinate the NHS communications on site and to alert the main "receiving" hospitals for the receipt of the injured
- Carry out a health service assessment for the incident
- Facilitate a patient triage process when required
- Treat casualties
- Transport casualties to hospital
- Provide clinical decontamination of casualties
- Mobilise the UK national reserve stock, as appropriate to Ambulance Service POD Holding Trusts only
- Maintain adequate emergency cover throughout other parts of the Ambulance Service area
- Reduce to a minimum, the disruption of the normal work of the Service
- Alert and co-ordinate the work of those Voluntary services that link directly to the Ambulance service at the incident
- Make provision for the transport of the Medical Emergency Response Incident Team if this is an agreed function for that Ambulance Service.

4.8 Police

- Protection of life, in conjunction with other emergency services
- Co-ordination of the emergency services, local authorities and other organisations in line with JESIP principles
- Secure, protect and preserve the incident scene, and to control sightseers and traffic through the effective use of cordons
- Investigation of the incident by obtaining and securing of evidence, in conjunction with other investigative bodies where applicable
- Collation and dissemination of casualty information
- Identification of any deceased, on behalf of HM Coroner
- Prevention of crime
- Restoration of normality at the earliest opportunity.

4.9 Fire and Rescue

- Respond to any reported emergency in accordance with the Fire & Rescue Services Act 2004
- Incidents will be dealt with in accordance with current Standard Operating Procedures (SOPs). • Will respond to incidents as a result of an emergency call being received in Fire Control
- Fire Control will deploy the Pre-Determined Attendance (PDA) in accordance with the type of incident which has been reported
- Escalate the attendance and Incident Command structure as determined by the extent of the incident
- Provide support to the incident control point as required

- Work to the principles of JESIP during any multi-agency incident.

4.10 Local Authority

- Setting up and staffing of emergency control centres, rest centres and casualty reception centres
- Public Health and Environmental health services
- Re-housing
- Welfare
- Activation of Multi-agency care and psychological support
- Activation of Assistance centres, where appropriate
- Administration of disaster appeals
- Setting up of help lines/website for general information and advice
- Provision of resources
- Signage and barriers
- Salvage, damage control, environmental control
- Call out and co-ordinate response by voluntary agencies
- Maintaining normal services and leading the recovery phase
- Providing any necessary temporary mortuary facilities
- Assisting Police with evacuations by providing
  - transport
  - rest centres (for temporarily displaced but well people)
  - casualty reception centres (for people requiring primary care assessment / treatment)
  - staff

4.11 Voluntary Sector

Major incidents can over stretch the resources of the emergency services and local authorities. The value of additional support from the voluntary sector has been demonstrated on many occasions.

Requests for assistance to the British Red Cross, St John's Ambulance and WRVS will be initiated by the relevant Local Authority if required.

4.12 Contact with Partner Agencies during a Major Incident

Contact with partner agencies during a major incident will depend on the nature and location of the incident. A Liaison Officer from any of the Emergency Services may co-locate with a Trust Command and Control Team. The use of IT will be paramount in maintaining the flow of necessary information between agencies. Should this fail, 'runners' will be provided to communicate messages and information as appropriate.

4.13 Mutual Aid

A Mutual Aid Agreement is a pre-arranged understanding between two or more entities to render assistance to each other. In certain circumstances, following the declaration of a significant or major incident, it is likely that an organisation may come under pressure due to either an increase in workload or a reduction in capacity due to the loss of staff, infrastructure or supporting systems including, IT, utilities, transport or supplies.

The initial response to these issues will be to activate the relevant part of affected organisations' Business Continuity Plans, which should enable the organisation to 'consume its own smoke'. This means that organisations are expected to manage as

much as possible to absorb the impact of the incident and continue to provide essential services.

Within the health sector, mutual aid arrangements exist between organisations and are regularly updated to ensure they are in line with current service provision.

If the Trust is in a position where it is no longer able to provide safe services, then consideration will be given to requesting mutual aid from a partner organisation.

4.14 Health Economy Tactical Coordination Group

Usually led by the either a senior representative of the CCG for the area affected or by a member of the NHS England Regional Team. This group will coordinate the response of the health economy for a CCG area e.g. Nottingham or Leicester.

NHS England will assist CCGs in implementing command and control mechanisms and the deployment of appropriate NHS resources should the response extend beyond the operational area of a single CCG.

4.15 LRF Tactical Coordination Group (TCG)

Usually led by a Senior Police Officer, this is a multi-agency group responsible for tactical response to an incident following direction given by the SCG. The Trust will be represented on this group by someone delegated by the Health Economy Tactical Coordination Group. However in some circumstances may be asked to provide a representative in addition.

This is introduced to determine priority in allocating resources and to plan and co-ordinate when a task will be undertaken and to obtain resources as required.

4.16 LRF Strategic Coordination Group (SCG)

Each organisation involved in an emergency response to a major incident also operates in a parallel framework, and liaison occurs at each level of command. If the emergency demands the co-ordination of wide area resources and involves a large number of organisations working together, the Strategic Co-ordinating Group (SCG) will be introduced.

The SCG is usually led by the Senior Police Commander, the NHS Gold Commander (the chair of the relevant LHRP) will attend the SCG to represent the NHS.

This is a GOLD multi-agency group with organisational GOLD representatives managing the incident at a County-wide level. Each person must be able to make executive decisions in respect of their organisation's resources without the need to refer back and to have the authority to seek the aid of others in support of their role. A Director from NHS England will represent the Trust for all external incidents. However, in exceptional circumstances, the Chief Executive (or nominated deputy) for this Trust may be asked to attend an SCG. Each organisation retains its own responsibilities but co-ordinated senior level discussions ensure that links between strategic decisions are identified and corporate policies agreed.

The SCG will be based at an appropriate pre-planned location away from the major incident site, usually the Multi Agency Command and Control Centre. For most circumstances, it will be a Police responsibility to establish the SCG and Chair it initially. It must be remembered that co-ordination of a Group does not denote "being in charge of", or in direct command of, other organisations who form the SCG. The SCG does not

meet in permanent session, but comes together periodically to review progress, decide priorities and establish policy within which tactical commanders are required to work.

4.17 Scientific Technical Advisory Committee (STAC)

If the SCG is receiving conflicting advice from the various assembled experts, it may request the establishment of a Scientific and Technical Advice Cell (STAC). The STAC's role is to provide a single point of scientific and technical advice to the SCG. SCG will ask specific questions of the STAC and if an incident requires a multi-agency response, then a Strategic Co-ordinating Group (SCG) made up of the Chief Officers of key organisations is established. Usually, Police will convene and chair the SCG at the appropriate nominated location. The role of the SCG is to agree joint aims and objectives to manage the incident and coordinate the overall strategic response of all organisations involved in the management of the major incident

The roles of STAC are:

- To provide a common source of science and technical advice to the Strategic Coordinating Group
- To monitor and bring together the responding science and technical community to deliver advice to inform the SCG's high-level objectives and immediate priorities
- To agree any divergence from agreed arrangements by providing science and technical input
- To pool available information and arrive, as far as possible, at a common view on the scientific and technical merits of different courses of action
- To provide a common brief to the technical lead from each agency; represented in the committee on the extent of the evidence base available, and how the situation might develop, what this means, and the likely effect of various mitigation strategies
- To identify other agencies / individuals with specialist advice who should be invited to join the committee in order to inform the response
- To liaise with national specialist advisors from agencies represented in the committee and, where warranted, the wider scientific and technical community to ensure the best possible advice is provided
- To liaise between agencies represented in the committee and their national advisors to ensure consistent advice is presented locally and nationally
- To ensure a practical division of effort among the scientific response to avoid duplication and overcome any immediate problems arising
- To maintain a written record of decisions made and the reasons for those decisions.

SECTION 5: ACTIVATION OF THE MAJOR INCIDENT PLAN

5.1 Serious Internal Incident

An assessment of the situation during a serious internal incident will determine what action needs to be taken. It is important, but not necessary, to distinguish between:

- Events that can be dealt with using normal day to day arrangements
- Events that can be dealt with by individual responders using their own emergency plans and protocols.

On-going assessment may be required due to the possibility of the need to upgrade the level of the incident.

5.2 Upgrading to a Major Incident

A serious internal incident may be upgraded to a major incident by the following individuals or in consultation with members of the other services at the scene:

- Chief Executive
- Executive Director
- Executive Director on Call
- Senior member of Trust staff at the site of the incident
- Trust Head of Emergency Preparedness Resilience & Response

The decision to declare an incident a 'Major Incident' involving the Trust can also be made by the Police, Ambulance, Fire and Rescue Services.

5.3 Declaration of a Major Incident

A major incident may be declared by any agency, including the Trust, within the Local Resilience Forum (LRF) that considers any of the criteria outlined in the definition of a major incident have been satisfied. However, although a major incident to one of the agencies may not be so regarded by another, each of the LRF agencies will respond in support of the others as appropriate, which in the initial stages may be in a standby capacity only.

The declaration of a major incident is significant for the following reasons:

- It acts as a trigger to implement alerting procedures
- It enables the activation of this Major Incident Response Plan
- It engages other organisations as part of a co-ordinated response to the incident
- It initiates pre-planning for the incident where advance notice is given

The process for communicating the declaration of a Major Incident in the Trust to external partners can be found at Appendix 4.

5.4 Activation of the Major Incident Response Plan

All incidents/emergencies that require activation of the Major Incident Plan will be due to an incident with one or more of the following features:

- Threatening the health and safety of staff, patients and/or the public
- Threatening the continuity of services

- Requiring resources or services not normally/immediately available
- Causing significant damage to property and/or the environment
- Damaging critical infrastructure, such as power or water supplies to Trust facilities
- Leading to significant media interest
- Requiring external support (maybe multi agency)

Plan activation is the notification to all interested parties that an emergency situation exists and the request to initiate particular plans.

5.5 Internal Alerting Procedure

The response to an incident occurring internally will normally be managed initially by the most senior manager in the area who will inform the 1st on Call Manager. If the incident could potentially affect more than one Directorate's services or staff the 1st on call Manager will alert the 2nd on Call Manager as a matter or priority.

On receipt of an alerting message, the 2nd on Call Manager will contact the Executive Director on Call via Switchboard. The Executive Director on Call will decide on activation of the Command and Control Teams and ensure a cascade call out to key personnel required for the incident takes place.

The Executive Director on Call will respond to the incident during which they may be required to:

- prioritise or cancel some services and re-deploy staff
- approve financial payments to cover immediate needs

Normal management structures and reporting arrangements may be superseded.

5.6 Mobilisation when Alerted

When alerted that a Major Incident Response Plan has been **activated,** it is accepted that all who have a part to play will respond without delay to implement their agreed part of the response.

5.7 Common Terminology/Standard Messages

It is particularly important to use common terminology during alerting to avoid confusion. Individuals and organisations being alerted to an emergency will be told either "**for information only** ", in which case no immediate action is required; or they may be asked to be on "**stand-by**" to act; or they will be told of the "**activation**" of particular incident specific or generic emergency plans. All who have been alerted by one of the above messages should later receive a "**stand down**" call (see Appendix 4).

5.8 Managing a Major Incident

In situations where the major incident affects the operation of the Trust, existing internal policies and procedures will be implemented as appropriate. Where the incident extends beyond the scope of the existing policies and procedures, contingency plans will be introduced as the situation dictates.

5.9 Establishing a Staff Rota for Longer Lasting Major Incidents

A sustained incident will require forward planning. A crucial early task in an emergency will be for the GOLD and SILVER Commanders to decide if the response is likely to be prolonged. If it is, then it will be necessary to establish a staff rota system immediately.

Failure to do so will threaten the health of staff and compromise their abilities to respond effectively to the incident.

In the earliest period of a prolonged response, all Managers will identify deputies who can be sent away immediately to rest. These staff can then return later to take over from the first Manager.

As early as possible, a suitable shift pattern will be introduced. As a minimum this should be based on three, eight-hour periods, and allowing 15-30 minute overlaps at the start and finish of each to facilitate suitable hand-over from one shift to the next.

Loggists should only be expected to log the incident for four hours before they are relieved.

Such incidents could range from several days stoppages of public transport for any reason to an influenza pandemic which could last for several months.

5.10 Lockdown

The definition of a Lockdown is:

"Lockdown is the controlling the movement and access - both entry and exit – of people (NHS staff, patients and visitors) around a Trust site or other specific Trust building/area in response to an identified risk, threat or hazard that might impact upon the security of patients, staff and assets or, indeed, the capacity of that facility to continue to operate. A lockdown is achieved through a combination of physical security measures and the deployment of security personnel".

In certain incidents it may be necessary to implement a partial or full lockdown as per the definition above. To that end, each Trust site has prepared a Lockdown Plan in compliance with the **Trust Lockdown Policy 2.12**.

5.11 Chemical, Biological, Radiological or Nuclear Incidents (CBRN)

In the event of a CBRN incident, the Trust will activate its own Major Incident Response Plan but will be advised by the Emergency Services who will be utilising the Nottinghamshire CBRN Incident Plan and National Guidance.

SECTION 6: TRUST RESPONSE TO AN EXTERNAL MAJOR INCIDENT

6.1 Every major incident has casualties and the NHS needs to make sure that they all receive the care and support they require. The role of the ambulance services and hospitals with major Emergency Departments is clear; they must ensure that any person needing hospital treatment receives it. However, not all casualties need hospital treatment and those who do may also need other support to aid their recovery with such support possibly being required over the short, medium or long term.

In addition to the dead and physically injured, those affected by the incident could also include families and friends, uninjured survivors, people who may have been evacuated from the area and anyone involved in responding to the incident. This is where this Trust may have an essential role to play.

6.2 Notification of an External Major Incident

The notification of an external (or potential) major incident will be to the Executive Director on Call via the Trust 24 Hour Switchboard.

An alert of a potential major or significant incident would usually be received by the Trust from the Local Health Resilience Partnership representative from NHS England. However, the alert could be sent from a number of sources including but not limited to:

- Emergency services such as fire and rescue, police or ambulance
- Other NHS organisations in particular on shared sites
- CCGs
- Local Authorities
- Local Resilience Forum members
- Communications teams of the above organisations
- Unusually, local or national media

If appropriate, a Command Team will be established in order to coordinate a Trust response to an external incident

6.3 Provision of Mutual Aid/Assistance

In the event of a major incident occurring outside of the Trust, a mutual aid response maybe required from the Health Community. The Trust has a duty to offer staffing resources, short term accommodation and managerial assistance, for example. Clearly, the support and services the Trust can offer will be limited by the need to maintain the safety of its own services.

The response to any requests for logistical support, usually via the Lead NHS England regional team, will be determined by the Executive Director on Call.

Community and District Nurses who provide care in a variety of settings including patients' own homes, care homes and clinics may be called upon to provide assistance in a major incident where a large number of casualties are involved as follows:

- Support for Acute Trusts where practical
- Treatment of minor casualties
- Providing care and advice to evacuees, survivors and relatives including replacement medication at Rest Centres or other local authority established centres
- Supporting the administration of prophylaxis, vaccines and counter measures as required

The Trust has agreed to provide the following support and resources in the event of a major incident to assist other agencies as part of the Nottingham and Nottinghamshire Resilience Forum mutual aid arrangements:

- **Provision of transport**: The Trust owns and operates a number of light commercial vehicles and vans, which could be deployed to assist other organisations. It also has a large pool of staff who are insured to drive for the Trust and whose driving records have been vetted
- **Provision of Staffing**: The Trust has staff across a number of disciplines, some of whom could be loaned to other Trusts during the response period as part of a resource to provide increased staffing levels or to cover for staff deployed elsewhere. Staff will not be expected to fulfil roles that they are not qualified in or competent to undertake
- **Assistance with Medical Staffing**: The Trust has a number of doctors in training at any time, most of whom would have been on rotation in recent times through acute trusts including Emergency Departments. These staff could potentially be deployed to assist other medical staff with casualties or to back fill for other qualified medical staff deployed elsewhere
- **Emergency Clinics**: Where a large throughput of vaccinations might be required, the Trust may be asked to help set up and operate vaccination centres or teams using our own nursing or medical staff
- **Psychological Support**: The Trust has a number of staff who are suitably trained to provide psychological support and has structures in place to deliver it through existing clinical teams in conjunction with the Local Authority, Social Care and Crisis Support Teams
- **Catering**: Several of the Trust's properties have catering facilities which could be called upon to provide food or beverages during prolonged incidents
- **Accommodation**: The Trust owns or operates a number of properties throughout Nottinghamshire. These properties could potentially be used for the relocation of services, rest centres, or to hold emergency control centres, depending on the suitability of the accommodation
- **Communications**: The Trust operates a network of telephone systems throughout its main properties and might be asked to set up a small call centre or help line service to assist other organisations in handling calls
- **Humanitarian Assistance**: As part of the major incident response arrangements under the Cabinet Office Guidance "Humanitarian Assistance in Emergencies", in the event of a major incident, a centre should be set up to act as a focal point for information and assistance to all those directly affected by or involved in the emergency. The trust may be called upon to assist in the provision of such as centre, including the supply of a group of staff to receive people presenting to the centre, and to provide information or assistance to those people.
- **Carer Support**: In a similar way to stress management debriefing, the Trust may be asked to offer support to distressed carers and relatives. This could be on a face-to-face basis or via telephone
- **Survivor Reception Centres:** The Trust will also contribute to the welfare of the community during a major incident by mobilising community health care resources to support Acute Trusts, and individuals who require support in Survivor Reception Centres
- **HMPs:** Offender Health staff located within the prison estate may called on to provide healthcare support depending on the impact of a major incident occurring in a prison establishment.

6.4 Care of Uninjured Survivors

Those who have survived a major emergency with no physical injuries (or with only minor injuries) may, nevertheless, be traumatised and suffering from shock, intense anxiety and grief. The Trust will ensure that psychological welfare is provided.

Having ensured delivery of its essential services, the Trust will, if required:

- Provide support to Local Authority Rest Centres if established
- Provide at scene nursing and support
- Provide additional nursing and support at Acute Hospitals
- Support accelerated discharge to:
    - ❖ Patients' Homes
    - ❖ Residential Care Homes
    - ❖ Intermediate Care
- Provide information on vulnerable individuals in the community in response to a community based emergency.

6.5 Evacuation

In some circumstances it may be necessary for the evacuation (or part evacuation) of a Trust premise or a facility that the Trust shares with other agencies. Such circumstances include risks to life or health from:

- Release or threatened release of radioactive materials
- Release or threatened release of other hazardous substances
- Spread of fire
- Threat of explosion
- Damage caused by severe storms
- Threat from serious flooding
- Threat of environmental contamination.

It is normally the Police who recommend whether or not to evacuate and define the area to be evacuated. Their recommendation will take account of advice from other agencies. The Police will, as far as is practicable, take steps to ensure the security of property left after evacuation.

In deciding whether to evacuate or not, it is necessary to assess whether bringing people outdoors may put them at greater risk than leaving them where they are to shelter indoors. This is particularly important in the case of the release of hazardous substances, or where terrorist devices may be present.

All Trust sites have prepared contingency plans in the event of full or partial evacuation as per **Trust Evacuation & Shelter Policy 2.05**.

NB: The decision to evacuate Rampton Hospital will be made at Ministerial level.

6.6 Children

If children are involved in, or affected by, the incident this can raise specific issues. The emotional effects on children are not always immediately obvious. At times children may find it difficult to confide their distress to adults. Relatives and professionals who deal with children need to be aware of the range of symptoms children may show after a major trauma. There are a number of key issues to consider:

a) The relay of accurate age appropriate information to children as well as adults is vital.
b) The families of children caught up in a tragedy need full and accurate information as quickly as possible.
c) Formal debriefing meetings for both children and adults are a very important part of the rehabilitation process.

The specialist skills of Health Visitors, Schools Nurses and colleagues working in Child and Adolescent Mental Health Services (CAMHS), Children's Centres and SureStart Centres may also be utilised in communicating effectively with and dealing with the potential complex needs of children involved in, or affected by, a major incident.

6.7 Accelerated Discharge Scheme

In incidents involving large numbers of casualties, it may be necessary for the Trust to activate its accelerated Discharge Plan at Lings Bar Hospital to accommodate patients transferred from Acute Trusts who have to accommodate large numbers of casualties from the incident. Examples of major incidents which may trigger accelerated discharge plans are Pandemic Flu or other serious infectious diseases of epidemic proportions.

6.8 Language and Translation

It may be necessary to arrange translators, or to speak with people in various languages. It may also be necessary to translate specific messages of health related advice into various languages and dialects. Details of these services can be found on the Interpreting Services section of the Connect.

6.9 Police Casualty Bureau

In many emergencies, establishing the identity and whereabouts of people will be a critical issue. The purpose of a Police Casualty Bureau is to provide a central contact and information point for gathering and distributing information about individuals who have been, or are believed to have been, involved in an incident. For the purpose of the bureau, a 'casualty' may be defined as "any person who is directly involved in or affected by the incident". This will include survivors, evacuees and the deceased.

6.10 Dealing with Fatalities

The Police overall Incident Commander will appoint a Senior Identification Manager (SIM) to manage and co-ordinate all aspects concerning the recovery and identification of victims.

6.11 Temporary Mortuary Facilities

The provision of temporary mortuary facilities is primarily a matter for the Coroner and the Police. However, the City/County Councils may be requested to assist in locating available premises.

6.12 Staff Health, Safety and Welfare

Major incidents place enormous demands on all involved in the response. Pressure of work may sometimes be sustained over long periods. There is a need to look after the physical and psychological welfare of staff of the Trust.

Health and Safety Legislation (Health & Safety at Work Act etc 1974 and the Management of Health & Safety at Work Regulations 1999) requires all employers and employees to follow safe working practices as far as reasonably practicable.

Senior Managers will ensure the provision of the following during the course of a major incident:

- Appropriate resources including Personal Protective Equipment (PPE)
- Refreshments, especially to provide warmth or prevent dehydration
- Facilities for taking meals away from the "front line"
- Washing and changing facilities are available where possible
- Medical and first aid facilities
- Telephones and transport so that staff can keep home informed and to get home as quickly as practical
- Shifts of reasonable length and rotas that ensure proper rest should the incident be prolonged

With regard to psychological welfare, the Trust will ensure the provision of:

- Proper briefings to ensure all staff know what is happening and what their contribution will be
- A quiet space to prepare, unwind or think
- Someone to discuss experiences with, both at the time and afterwards
- Information on sources of help and support
- Information about what constitutes a normal reaction
- Similar support and information should be available for family or partners

It will be enough for some staff to talk through issues with their colleagues or peers; some will require skilled professional help. Access to this should be provided in a way that ensures confidentiality and overcomes any cultural resistance.

6.13 Spiritual, Religious and Cultural Needs

There are a variety of occasions when members of the Trust's Chaplaincy and Spiritual Care Team, which is available to all patients, carers and staff, can be of help:

- During or after a critical incident – assist with the comfort and support of distressed patients, relatives, friends and staff
- Breaking bad news - the presence of a Chaplain or Spirituality Practitioner may be deemed helpful, indeed desirable
- Death and dying – many people feel the need to talk about their experiences, their fears, doubts etc or 'set things in order' in preparation for death. Some feel the need for prayer and counselling
- Bereavement – Chaplains are often called on to support and provide counselling skills for bereaved clients, patients, families and staff
- Making contact with faith communities – The Chaplaincy and Spiritual Care Team can help find appropriate faith leaders and help patients to make contact with their local faith community
- Ethical issues – Members of the Chaplaincy and Spiritual Care Team already engage in ethical discussions and offer support in difficult situations
- Staff and support – Members of the Spiritual and Pastoral Care Team are available when staff feel the need to reflect, debrief and talk about their experiences.

The context in which the Chaplaincy and Spiritual Care Team operates is not limited to those holding religious beliefs and values. We recognise that most people seek

meaning, purpose and a sense of identity – this is sometimes referred to as 'spirituality'. For some spirituality is manifested through religious belief and practice but for many meaning is found in other ways. Certainly at times of crisis our core values and beliefs can be severely challenged and the Spiritual and Pastoral Care Team are equipped to respond in appropriate ways to everyone regardless of whether their spirituality finds expression through religious belief and practice or in other ways. The decision to call upon the services of the Chaplaincy and Spiritual Care Team should NOT be based simply upon an individual's beliefs but upon their emotional and pastoral need. Shock, fear, anger, grief, doubt, worry and doubts, are natural responses at a time of crisis and the Chaplaincy and Spiritual Care Team is available to help patients cope with such feelings and emotions as well as specific religious needs.

The Chaplaincy and Spiritual Care Team endeavours to support and encourage people of all faiths with great respect, compassion and understanding. There are a number of contacts from the different faith and cultural communities with whom the team can consult and call upon as required.

6.14 Memorial Service/Service of Remembrance

The Chaplaincy and Spiritual Care Team will provide opportunities for those affected by a major incident to share their grief with others through rituals, ceremonies and religious services and on a one to one basis. Planning for such an occasion, should the need arise, will involve the Trust, relevant faith communities, representatives of the bereaved, dignitaries and those who provided different aspects of the response.

6.15 Longer Term Support

Much research in recent years has demonstrated the need to offer the right kind of professional support to victims of major incidents. GPs and other non-mental health clinicians need to understand the difference between normal and abnormal reactions to such traumatic events. Full-blown psychotherapeutic responses and long-term counselling are usually not appropriate.

The Trust is an active member of Nottinghamshire LRF Crisis Support Team to ensure support is provided appropriately. Likewise, the Trust is fully engaged with the planning for the establishment of Humanitarian Assistance Centres (HACs) in response to a major incident resulting in large numbers of fatalities and casualties and will provide staff as appropriate.

6.16 Anniversaries

Victims, relatives and staff who were involved in major incidents may all experience grief or distress on the anniversaries of the events, which may be highlighted by the media. The Chaplaincy and Spiritual Care Team will always help mark such anniversaries in appropriate ways.

SECTION 7: SURGE MANAGEMENT RESPONSE

7.1 Surge Management Response

Acute NHS Trusts usually experience a spike in demand on their services during the winter and other periods of severe weather. This may also happen following a significant incident, or as a result of staffing shortages which may be due to associated factors, such as staff being affected by the weather or infectious diseases.

If these events were to combine this may result in a surge in demand for hospital beds. While the Trust does not traditionally experience the same spikes because the demographic of the people served is different, the Trust must act as a member of the Local Health Economy and proactively support the provision of health services during times of increased pressure. Within the NHS these are managed by the Local Surge Management Plan.

7.2 Objectives of Surge Planning and Management

Objectives of surge planning and management are to:

- Identify potential risks to the delivery of (safe) health services during periods of increased seasonal pressure.
- Mitigate those risks (as far as practically possible) through the planning, documenting, monitoring and exercising of appropriate actions and escalation processes.

7.3 Activation of Plans

Surge management plans are normally activated on a regional basis; although due to abnormal circumstances they may be activated by a specific hospital if its pre-identified trigger points are breached.

Surge management activities are normally focused on the activities and performance of the Acute and Community Care service providers. As such, the Trust needs to be aware of the issues involved in order to detect early signs of pressure, and to be prepared to support NHS partners.

7.4 Warning Signs

Factors affecting increased demand include:

Severe Weather: Prolonged periods of cold weather may see a rise in people requiring aid appearing on the radar of the various social services or voluntary organisations involved. A number of these people may be known to Trust services, or may have newly arising mental health problems.

Staffing: Actual or predicted staff sickness, absenteeism or vacancy levels may reach a point at which the provision of safe and effective care is compromised.

Decreased supply: The Trust could experience reduced bed capacity related to various factors such as reduced staffing levels or the need to close areas due to utility failures.

Waiting times: Due to a number of factors, there is the possibility for waiting times for services or appointments to increase.

7.5 Mass Counter Measures

In the event of an incident requiring the distribution of countermeasures in the community (eg mass prophylaxis, mass vaccination), the Trust will provide staff and the use of premises to support the work, as necessary. The need to undertake this action will be communicated to the Trust by NHS England, Public Health England and the CCG.

SECTION 8: MANAGEMENT OF MEDIA AND COMMUNICATIONS

8.1 Media Management

Major Incident Planning can be seen as having a planned set of responses to a particular event that generates negative media interest in such a way as to minimise the damage to the Trust's reputation and finances.

A serious incident may escalate to such an extent, or arouse such adverse press interest' that defending the Trust's interests through media management and public relations becomes necessary.

At some point in the development of a serious or major incident, a decision may be made to commence media management. Whilst each incident is different, there are a number of characteristics that might be helpful:

- Whether the incident is a "hot issue" in the media
- Involves trauma or death
- Results in intensive Police involvement

In addition, there are specific incidents which may generate adverse media interest in such cases as siege or hostage situations.

8.2 Media Response from the Trust

A Major Incident, particularly where there are casualties or a human interest story, is likely to attract newspaper, radio and television media. This situation must be accepted in a free society, but the sudden arrival of a large number of reporters, with photographers and film crews can be an unwelcome burden. However, it must be remembered that the media also offers the Trust opportunities as well as challenges. They can be used to communicate specific messages to the public, issue public health advice, demonstrate the actions being taken by the Trust and help to convey a reassuring, professional and competent response by the Trust. The challenges can be alleviated if the requirements of the media are taken into account and effective procedures are implemented for liaison and the provision of information.

Trust Policy and Procedure, **Dealing with the Media 2.10** will be followed.

The Media Spokesperson will normally be the Chief Executive or a member of the Executive Leadership Team. The Media Spokesperson will be supported a member of the Trust Communications Team whose main duties will be:

- To advise and support the media spokesperson
- To field and deal with initial press enquires
- To organise press releases and other public statements
- To organise media briefings where appropriate
- To monitor and update the Media Spokesperson on information reported in the public domain
- To liaise with Communications staff from the Emergency Services and other agencies involved in responding to the Major Incident

There is always a need to balance the right of the public to be kept informed against professional ethics and the need to protect the privacy of individuals. Secrecy is sometimes necessary during covert threats or responses. This is for both Police and Security Service reasons, but also because fear can often be more dangerous than

actual threat posed by such events. Staff should be extremely careful if contacted by the media about an incident and must NOT confirm that an incident has occurred but refer all enquiries to the Trust Communications Team. The Communications Officer will consult with the GOLD Commander to determine the extent and detail of information to be released.

It is important that media training with relevant refresher training is provided to all members of the Trust who may have to represent the voice of the Trust publicly both during and after a major incident.

As a general principle, information will not be withheld unreasonably, especially if its release could help to prevent rumour or errors arising. It is generally accepted that authorities and organisations responding to an Emergency/Major Incident may provide information concerning their own functional role and the response by members of their own staff.

8.3 Multi Agency Media Response

The Trust has agreed to observe the Nottingham and Nottinghamshire LRF Communicating with the Pubic Plan which will be invoked during a major incident and indicates the protocols to be observed to ensure that:

- Timely and accurate information is passed to the media by each agency and organisation
- The flow of information is co-ordinated between agencies
- Facilities are provided by the media, ensuring that they do not hamper the operational effectiveness of the agencies

All agencies and organisations are expected to issue their own press statements dealing with matters within their remit. Statements will be factually accurate and restricted to confirmed information. Copies of releases will be shared with other agencies.

In some situations information available may be considered as "classified" and care will be observed on providing contentious statements.

The Police Press Officer will co-ordinate the media response and release of information and the Trust will consult with the Police Press Officer on the timing and detail of press releases.

The Trust, in consultation with the appropriate Police Force, will identify a Media News Reception Centre at which teams will be directed if the incident is on a Trust occupied site. A Police Press Officer will co-ordinate the flow of information to the Media.

A record of all news releases must be maintained to facilitate a thorough debrief and evaluation of the media management process at the conclusion of the incident.

8.4 Visits by VIPs

A major incident may provoke a significant public interest in the way it is managed and the consequences of the event in terms of the casualties and their welfare and the effects upon the local economy. This may result in a number of important persons visiting the locations involved in order to provide support to those involved including; the casualties; the responders and the local population. It is also possible that a celebrity may be involved in the event as a casualty.

This may involve personalities from the following groups:

- Media Celebrities
- High Profile Criminals
- Senior members of Faith Communities
- Local Government, County or Borough Councillors, Mayor or Lord Mayor(s)
- Regional Government
- Head of the Regional Executive and other members of the Regional Executive
- National Government, e.g. Members of Parliament, Members of the Shadow Cabinet
- Cabinet Ministers
- Prime Minister
- Senior members of Foreign Governments and Heads of State
- Members of the Royal Family

Visits by VIPs, which will usually be co-ordinated by the Police, can lift the morale of those affected by the major incident as well as those who are involved with the response.

Visits to the scene of the incident need to take account of the local situation and the immediate effects on patients, staff and the local community. It may be inappropriate for VIP visitors to go to an incident site whilst rescue operations are on-going, particularly if casualties are still trapped. VIP visits must not interrupt rescue and lifesaving work. The Police must be consulted about the timing of the visit.

All VIP visits will be authorised by the Chief Executive or a member of the Executive Leadership Team. The detailed arrangements for the visit will be signed off by the Chief Executive or a member of the Executive Leadership Team. The Trust Communications Team will arrange the visit routes in advance with designated members of staff from each area/department identified to receive the VIP into their area.

VIP visits will inevitably cause some disruption, and visitors will want this to be kept to a minimum. The additional need for security may also cause a problem. However, there are dividends to be gained from such visits, as they may boost the morale of all those involved, including the injured and the Emergency Services, and give an opportunity to place on record public gratitude for what has been done. Every effort must be made to ensure that the visit does not in any way interfere with patient care, unduly inconvenience staff or patients, or breach patient confidentiality.

It may be necessary to restrict media coverage of VIP visits. Trust staff must never comment on the presence of VIPs within Trust facilities and must also ensure that the normal rules and protocols regarding patient confidentiality apply at all times.

The **Managing External Inspections, Visits, Accreditations, Reports and Feedback Policy 15.07** will be followed.

8.5 Telecommunications

Experience shows that in emergency situations communications facilities come under extreme pressure and are liable to failure. This may be because the infrastructure has been damaged by the cause of the emergency, because of the weight of traffic or because systems have not been maintained in an adequate manner (flat batteries in mobile telephones, obsolete connections). Low tech solutions for support and back up should be considered such as the use of runners and couriers.

8.6 Communicating with Staff

The Trust **Emergency Communications Policy 2.08** will be followed to ensure appropriate communications are provided for all staff in relation to the major incident.

8.7 Information Technology (IT)

The dependency on information technology is increasingly important. Service continuity plans must ensure procedures are in place to recover quickly from a failure and form a central part of the IT response.

SECTION 9: INCIDENT STAND-DOWN AND RECOVERY

9.1 Incident Stand-Down

It may be that the major incident does not 'finish' at the same time for all the organisations involved in responding to it.

The Trust GOLD Command Team will determine the time for the decision of the Trust "stand-down" from emergency procedures.

This decision will not necessarily coincide with receipt of notification of "stand-down" by other agencies. All staff who will have been asked to stand-by awaiting further instructions will be informed that the incident is over.

The GOLD/SILVER Commander will stand down from the incident and deactivate the plan once they have assessed the whole situation and after performing a full assessment of the continuing impact of the incident on the Trust sites. This assessment will take into consideration the impact of the incident on the whole Trust.

The GOLD/SILVER Commander will hand over control of the continued recovery of the incident to the operational teams. The last actions for the GOLD/SILVER Commander before handing over will be to:

- Inform Communications Team of the situation and ensure all Stakeholders (including Trust staff) are aware of the Trust position
- Assess the need for, and organise if necessary, a hot debrief
- Ensure all actions are documented and all documentation and/or evidence is labelled handed to the AEO
- Complete a serious incident report

9.2 Post Incident Debriefings

At the conclusion of a Critical or Major Incident, the GOLD/SILVER Commander will make arrangements for staff to be debriefed and may request other health organisations that have worked alongside Trust in response to take part.

Hot debrief

Within 24 hours of a Major Incident STAND DOWN a series of 'hot debriefs' will be held. The Strategic/Gold Commander will have the responsibility for debriefing all director level and Gold Command staff and the appropriate Tactical/Silver Commanders will debrief all staff involved in the response.

- A process for learning lessons from the incident
- A forum for staff to express up to two immediate issues which may concern them
- An opportunity to thank staff.

A hot debrief may help the Trust identify staff who may need further support but should NOT:

- be allowed to become over-emotional or confrontational
- be used to criticise individuals
- be overly detailed
- be used to provide any form of post incident psychological support.

The hot debriefs should be minuted and last no more than an hour. Once the hot debriefs have been conducted the resilience manager will organise a series of 'Cold' structured debriefs.

Cold Debrief

The key aspects of a cold debrief are:

It should be held within 2 weeks of the incident
It should include key players within the Trust who were involved in the response to the incident
It should address organisational issues, not personal or psychological issues
It should look for both strengths and weaknesses and ideas for future learning
It provides an opportunity to thank staff and provide positive feedback.

Multi-Agency Debrief

If a multiagency debrief is convened, the key aspects are as follows:

- It should be held within 4 weeks of the incident
- It should address organisational issues, not personal or psychological issues
- It should look for both strengths and weaknesses and ideas for future learning
- It provides an opportunity to thank staff and provide positive feedback.

9.3 Post Incident

Post Incident the following action will be undertaken:

- The Trust's post incident report will be completed within 6 weeks of the incident
- Lessons identified from the incident will be developed into an action plan
- Lessons identified will be shared with our partners
- The GOLD/SILVER Commanders will be responsible for collating all the records, logs and reports associated with the incident.
- The Trust's Health Safety Security & Emergency Preparedness Committee will meet to consider the implications of how the debrief and plan should be reconsidered in light of the lessons identified

9.4 Post Incident Report

The post incident report will be collated by the appropriate senior manager and approved by the Health Safety Security & Emergency Preparedness Committee before being submitted to the relevant Divisional Management Team and the Executive Leadership Team.

The report will be sent to NHS England, commissioners and/or partners as appropriate and will:

- Summarise the sequence of events
- Identify the individuals involved
- Describe the actions of staff
- Provide an accurate timeline

9.5 Post Incident Recovery

In contrast to the response to an emergency, the recovery may take months or even years to complete as it seeks to address the enduring human, physical and psychological effects, and environmental, social and economic consequences.

At the onset of a significant or major incident, the Trust GOLD Commander will assign a senior officer to be the lead for recovery actions on a short term basis. In those cases when a more significant event has occurred then the Trust Gold Commander will formally activate an Internal Recovery Working Group led by a Director and supported by a multi-disciplinary team, tasked with recovery to support the reestablishment of routine business and consider what should be put in place to enable the Trust resume business as usual as quickly as possible.

This recovery working group will be separate from the Command and Control Teams, although close links between the groups will be essential. Depending on the type of incident, recovery may involve a wide group of disciplines and departments.

Depending on the nature and scale of the incident, things to be addressed may include:

- Occupational health and welfare of all staff and their families
- Bereavement affecting or involving Trust staff
- Mid to long-term community support and medical services
- Physical reconstruction of facilities
- Reviewing key priorities for service provision and restoration
- Long-term public health and mental health issues
- Financial implications, remuneration and commissioning agreements
- Staffing and resources to address the new environment
- Socio economic effect of the incident on staff and the public
- VIP visits
- Funerals, memorials and anniversary
- Staffing levels and resilience
- Ongoing need for assistance from and to NHS partners and other agencies
- Equipment and supplies
- Rewarding, acknowledging and thanking staff for their efforts
- Trust business continuity

9.6 Contemporaneous Records

All major incidents will be subject to some form of investigation. This may be in the form of a Criminal, Judicial or Coroners enquiry. It is essential that all staff bear in mind the absolute need for ALL paperwork, patients' property and clothing to be preserved. It is also essential that any Dry wipe boards used are preserved until they can be recorded using cameras for submission to the relevant investigating agencies

A comprehensive record should be kept of all events, decisions, the reasoning behind key decisions and actions taken by the Incident Command Teams. Under no circumstances must any document which relates or may in any way relate (however slightly) to the incident be destroyed, amended, held back or mislaid.

For this purpose, "documents" means not only pieces of paper but also photographs, audio information held on a mobile phone, word processed information/records held on a computer. It also includes internal or external electronic mail. It is essential that any dry

wipe boards used are preserved until they can be recorded using cameras for submission to the relevant investigating agencies.

It is important that someone is responsible for overseeing the keeping and storage of the records and files created during the response (e.g. the Trust Head of EPRR). These records should be retained for 10 years. Any document destruction under routine housekeeping arrangements will be suspended.

This will enable the Trust, if necessary, to provide evidence to any enquiry that may follow, and to assess the success of the emergency response.

9.7 Subsequent Enquiries

Types of enquiry that may follow a major incident include:

- **Internal Enquiry**: This will be a Trust Review to analyse the events leading up to the occurrence of the major incident and to elicit the success of and lessons that can be learned from the major incident response.
- **Independent Enquiry**: This will follow a decision by the Trust/NHS England/Health & Safety Executive to hold an investigation.
- **Statutory Enquiry**: This will be ordered by the Secretary of State.

It will be necessary to review existing plans in all organisations and implement any changes in management methods or training needs identified.

The process of investigating the effectiveness of the response to such incidents is not intended to criticise individuals but to ensure lessons are learned and best practices implemented. It is important that, as far as possible, a no-blame culture is fostered throughout the post incident processes.

9.8 Working with the Police

A major incident, no matter what the cause, requiring the attendance of the Police is considered to be a crime until proven otherwise. As such, the Police will undertake an investigation into the incident and may request the preservation of forensic evidence. Trust staff must take all reasonable steps to co-operate with the Police whilst maintaining patient welfare as their first priority. A separate internal Trust investigation into the major incident will also be conducted

9.9 Post Incident Psychological Support

Whole communities and populations are affected either directly or indirectly by a major traumatic event. People affected may become distressed in the short-term but in most cases, distress is transient. However, for a small number of patients, relatives or staff this distress might become temporarily disabling, last for a longer time, or cause substantial mental health problems. Therefore, facilities for appropriate psychological support will be made available by the Trust to support communities affected by the major incident.

During and after a major incident, the Trust will proactively offer evidence-based psychological support and treatment to the individuals and relatives affected, whether these are members of the public or Trust staff.

The Trust will take a pro-active stepped approach to psychological support that initially relies on the provision of web-based and printed information to community sites on

'normal reactions' following a major incident, how to recognise more lasting trauma reactions, and how to seek appropriate help.

A single phone number for each affected area will be initiated through the local IAPT services, offering information about normal trauma reactions, self-care advice, and signposting to later treatment options. This line should be open to individuals of all ages, including children. Those accessing this helpline, and those known by other means to have been directly affected will be actively followed up and screened for PTSD at the appropriate time point after the incident (normally 6-8 weeks).

The minimum objectives that are required of the Trust's public health response to a major incident are:

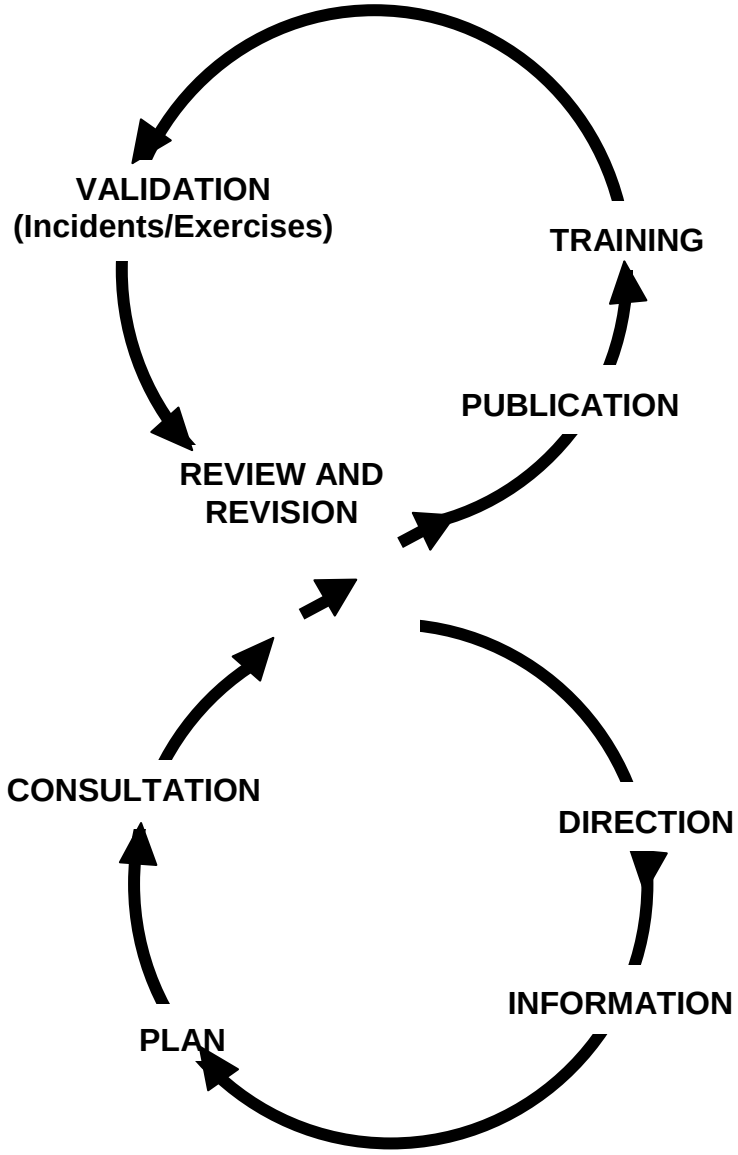
- Supporting and empowering communities to seek support and advice
- Assessing impact on existing service users by staff already providing their care
- Providing a joined up IAPT service accessed through in hours telephone lines
- Proactively contacting and screening those directly affected for PTSD and other trauma reactions after the incident as indicated by best evidence
- Integrated IAPT responses to ensure the needs of children and adolescents are appropriately assessed
- Appointing a psychology and psychological therapies lead to GOLD Command to lead on the public health response by the Trust during the response and recovery phases

SECTION 10: EPRR GOVERNANCE

10.1 Review of Emergency Management Documentation

A Major Incident Response Plan is never finished in the sense that it can be put away and forgotten about. Each plan will be validated to ensure that it will be effective in meeting its objectives and that the planned response will work. Validation is an ongoing process therefore there needs to be a continuous process of review and validation to ensure that the Plan remains accurate in its assumptions, objectives and content and reflects organisational and/or personnel changes and new Guidance and legislation.

The Emergency Planning / Risk Management Cycle



The Trust Head of EPRR will be responsible for undertaking reviews not less than annually, following organisational change, and after any activation or exercise of the Plan.

10.2 Legal Implications

Significant failure by the Trust to plan for or respond to a major incident or emergency could lead to a breach of the law, either civil or criminal. It would also prove difficult to avoid adverse publicity and criticism at an Inquest or Public Enquiry. Therefore, anyone with responsibility for emergency planning must be aware of the potential legal implications. It must be clearly understood by those leading any response to an emergency that normal health and safety and risk management procedures must be maintained at all times.

The main function of this plan is to positively respond to an emergency situation. It is, nonetheless, possible that the actual response by the Trust may result in legal action from the individuals who have sustained personal injuries or be subject to an enquiry by such as the Health & Safety Executive or other statutory organisation.

10.3 Risk Assessment

This plan is designed as an all risks generic plan to manage the operational responsibilities of the Trust and manage the delivery of health care during a major incident.

10.4 Risk Management

Risk Management is defined as "a process of identifying risks, evaluating their potential consequences and determining the most effective methods of controlling them and/or responding to them". The aim is to reduce the frequency of risk events occurring (wherever this is possible) and minimise the severity of their consequences if they do occur. Even when the likelihood of an event occurring cannot be controlled, steps can be taken to minimise the occurrence. Risks within the Trust can arise from a wide range of areas including the buildings that the Trust owns or occupies; the equipment, chemicals or other hazardous substances used in the operation of its business; employees, visitors and patients; or the management systems of the Trust.

The Trust has a duty to assess the various risks and hazards that are likely to cause activation of the Trust emergency response. These risks form part of the Trust Risk Register. The Trust has a Risk Management Strategy which outlines a systems approach to risk management; it recognises that human error cannot be completely eliminated but that adequate defences and barriers can be created between risk and the ensuing losses or injuries. These defences can take the form of policies, procedures, plans, training and Trust systems. Emergency Management should be considered in conjunction with the Risk Management Strategy.

10.5 Risk Registers

This plan should be considered as part of the overall Trust Risk Management strategy of the Trust and should be read in conjunction with the various policies, procedures, protocols and plans in place to support that strategy.

Forensic Services Division and Local Partnerships Division have internal Risk Registers. Emergency planning and business continuity risks are scored and monitored with risks being managed by the individual Divisions and reviewed on a regular basis.

10.6 Training and Exercising

The Civil Contingencies Act (2004) and NHS England Emergency Preparedness Resilience and Response Framework 2015 state that all staff who have a role in planning for and responding to a major incident must be trained in their roles and responsibilities.

The Trust undertakes to provide all necessary training and updates to staff involved in Major Incidents to ensure that they have the right skills and knowledge to undertake the roles expected of them in a major incident. All staff will receive local training with regard to internal incidents via existing arrangements. These include:

- Trust Induction
- Local Induction
- Directorate Induction

Each Line Manager will introduce specific contingency plans related to their Department at the Directorate Induction and subsequently ensure that staff are alerted to any amendments as they occur.

All staff designated as potential members of the GOLD, SILVER and BRONZE Command Teams and Loggists will receive training appropriate to their responsibilities. This training provided is in line with the National Occupational Standards for Civil Contingencies. It will extend to staff that are designated as "cover" for duty staff in the event of their absence.

In line with best practice, EPRR and business continuity plans will be tested and exercised internally and in partnership with the Trust's multi agency partners in a variety of ways:

- **Seminar Exercises:** These are generally low-cost activities and are designed to inform participants about the organisation and the procedures that would be used to respond to an incident. The emphasis of these types of exercise is on problem identification and solution finding rather than decision making.
- **Table top Exercises:** These are short and cost effective and efficient method of testing plans, procedures and people. They have a very small element of reality and therefore are not a robust test of plans.
- **Live Exercises:** These exercises range from a small-scale test of one component of the response, like evacuation, through to full-scale test of the whole organisation to an incident. Live exercises provide the only means for fully testing elements of plans but they are expensive and can introduce risk if not carefully controlled.
- **Control Post Exercises:** In these exercises, the team leaders from each participating organisation are positioned at the control posts they would use during an actual incident or live exercise. This tests communication arrangements and information flow between remotely positioned team leaders. By not involving the front line staff, these exercises are cost effective and efficient in testing plans, procedures and key people.

As a minimum:

- A communications exercise will be held every six months
- A table top exercise every year
- A "live" exercise every three years

Review of equipment and deployment/staffing arrangements will be assessed on average every 12 months, with a full test (either table-top or real-time exercise) as a minimum within three years. The Trust Head of EPRR will identify rolling timetables for testing plans and agree this as an action with internal senior management, and external partner agencies, where appropriate. Further to this, at the beginning of the financial year adequate financial resources will be ring-fenced as part of a commitment to emergency planning, to enable staff to participate in exercises and training courses.

A suitable audit method will be established where any lessons learnt from exercises or actual incidents can be recorded and amendments, where necessary, can be made to plans. In the interest of developing best practice, certain lessons learnt will be shared with other organisations.

It is the responsibility of all Executive Directors, General Managers, Heads of Departments, Service Managers, Team Leaders and Ward Managers to ensure that their staff are able to be released for the purpose of exercising, testing and training of the Major Incident Plan.

If the Trust has to respond to an actual event requiring the activation of this plan then this will also count as an exercise for auditing purposes.

10.7 Performance Management

A bi annual Emergency Preparedness Resilience & Response is submitted to the Trust Board of Directors' meeting.

The Trust Health Safety Security and Emergency Preparedness Committee, which reports directly to the Trust Quality Committee, provides scrutiny and assurance that the Trust has planned and prepared an organised and practiced response to all major incidents and emergency situations in compliance with the Civil Contingencies Act 2004 and key NHS emergency planning guidance.

Emergency resilience, preparedness and response planning is undertaken within the context of the Care Quality Commission Regulations and guidance.

Performance Management is undertaken annually through by Department of Health via the NHS England EPRR Core Standards Assurance process.

10.8 Responding to Requests for Protected Data

Under the Civil Contingencies Act 2004, Category 1 and 2 responders have a duty to share information with other Category 1 and 2 responders. This is required by those responders to fulfil their duties under the CCA. Information sharing is also encouraged as being good practice.

The release of some information, and of information to some audiences, may need to be controlled in order to maintain confidentiality, privacy and dignity. The Trust deals with many people who may under some circumstances be vulnerable or in need of specialist assistance during an emergency. Other responders may require information about these individuals and their needs in an incident. This information may well be protected information under Data Protection principles within the Data Protection Act 2018, General Data Protection Regulation (GDPR), Access to Records Act 1990 and other legislation such as the European Convention on Human Rights (ECHR) Article 8; and the common law of confidentiality.

Responders may request information such as:

- Names
- Addresses
- Conditions & severity
- Medications required
- Specialists care regimes

Data protection legislation lays down what and how information is to be protected; it also provides a framework for how and when information can be shared.

In EPRR scenarios the test is not, ”Is the request for the information compatible with the Act?” but “Is the provision of the request incompatible with the Act?”. Organisations should balance the potential damage to the individual against the public interest in not sharing the information. During emergencies the public interest consideration will be more significant than during day to day business.

During an incident multi-agency ‘Request for Protected Data’ should come in via the Trust GOLD Commander or the Incident Co-ordination Centre.

10.9 Consultation

The plan has been reviewed after consultation with the Trust Health Safety Security and Emergency Preparedness Committee and the Leadership Council.

10.10 Equality Impact Assessment

This policy has been assessed using the Trust Equality Impact Assessment Screening Tool. The assessment concluded that the procedure has no adverse impact on, or result in the positive discrimination of any of the protected characteristics (Equality Act 2010). This includes social inclusion, community cohesion and human rights. A key consideration of the policy is to ensure that effective and appropriate communication is maintained with all relevant individuals using interpreters, translators, and mini-com facilities to aid accessibility as required.

The Trust will ensure that all staff embrace these values when working with service users and help make a difference to their lives. The Trust is committed to treating every individual fairly and will not discriminate against any individuals or groups of people because of their race, gender, disability, age, religion or belief, sexual orientation, gender identity, marriage/civil partnership status or pregnancy and maternity status.

10.11 Target Audience

The target audience for the Major Incident Response Plan is all Trust staff.

10.12 Legislation Compliance

- Civil Contingencies Act 2004
- Health & Safety at Work etc Act 1974

10.13 Monitoring Compliance

The effectiveness of the plan will be assessed at the Trust Quality Committee on reviewing the consequences for the Trust of a major incident. All Post Exercise Reports

will be reviewed by the Trust Health Safety Security and Emergency Preparedness Committee

10.14 Champion and Expert Writer

The Champion of this plan is the Executive Director of Nursing. The Expert Writer is the Trust Head of Emergency Preparedness Resilience & Response.

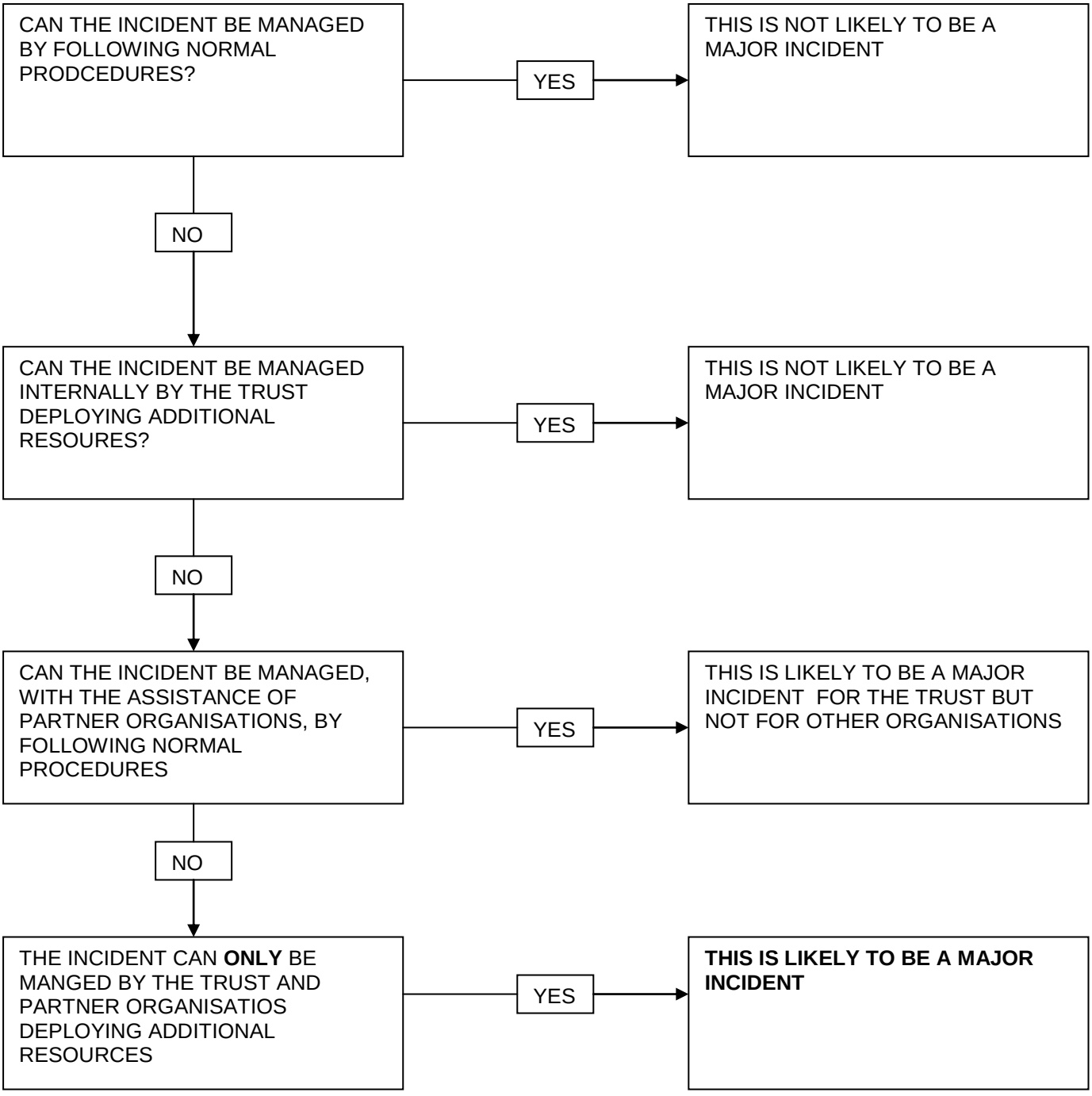
10.15 Plan Review

This plan will be reviewed in 2021 and following any major incident, exercise or on receipt of new guidance.

SECTION 11: APPENDICES

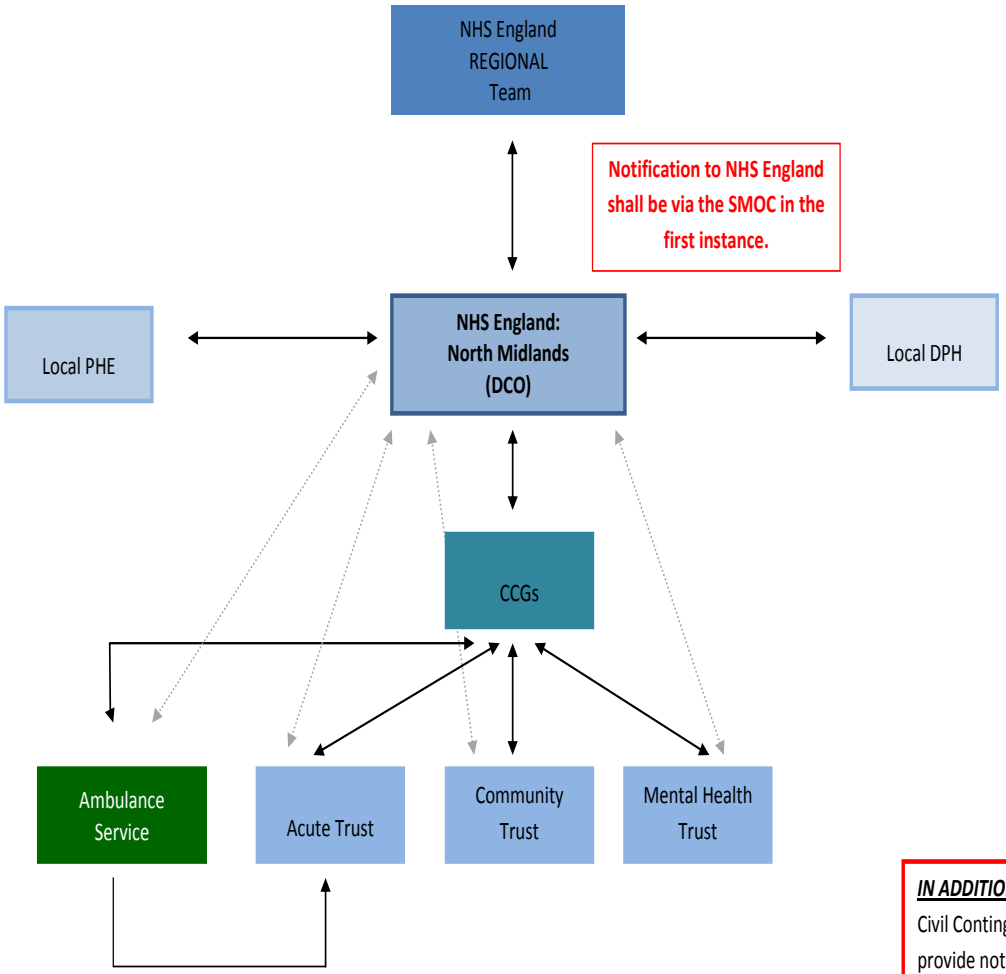
APPENDIX 1

IDENTIFYING A MAJOR INDCIDENT



APPENDIX 2

MAJOR INCIDENT NHS COMMUNICATIONS CASCADE

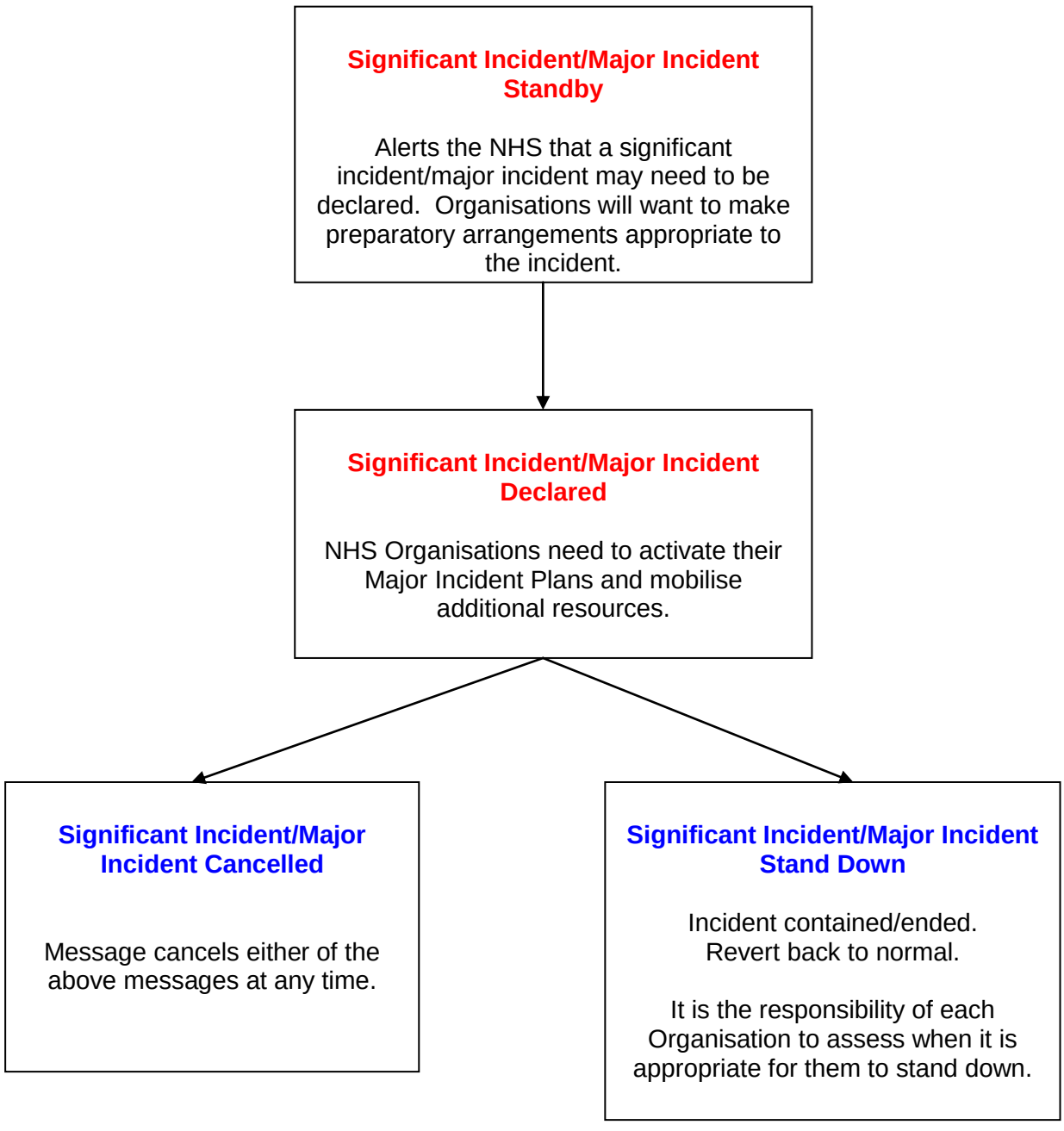


IN ADDITION, for Staffordshire: The Civil Contingencies Unit (CCU) may also provide notification that an incident is occurring. The receipt of notification must be made directly to the SMOC at NHS England: North Midlands.

APPENDIX 3

STANDARD MESSAGES FOR DECLARING A MAJOR INCIDENT

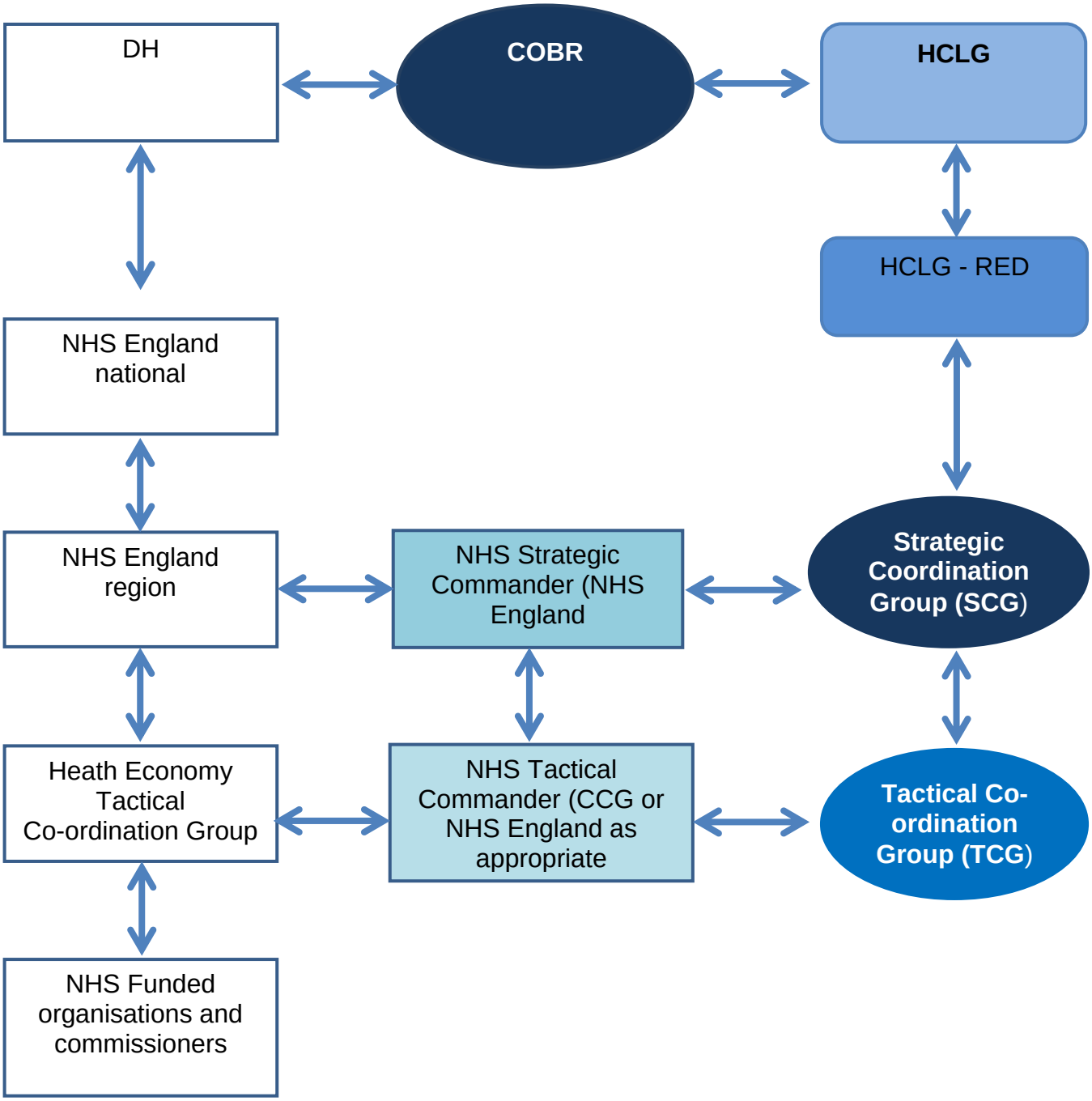
The NHS has standard messages to be used for declaring a Major Incident:



APPENDIX 4

EPRR Operating Model – Response

The response structure for the NHS in England and it interaction with key partner organisations



APPENDIX 5

GLOSSARY OF TERMS AND ACRONYMS USED DURING A MAJOR INCIDENT

AIC	Ambulance Incident Commander
Ambulance Incident Officer (AIO)	Ambulance service officer with overall responsibility for the work of the ambulance service at the scene of a major incident. Works in close liaison with the Medical Incident Officer (MIO) to ensure effective use of the medical and ambulance resources at the scene
Ambulance Liaison Officer (ALO)	At the receiving hospital, the ambulance officer responsible for the provision of mobile radio communications between the hospital and the ambulance service. Also responsible for liaison and supervision of ambulance activity at the receiving hospital
Battle Rhythm	The scheduling of command/multi agency meetings as appropriate
Body Holding Area	An area close to the scene of an emergency where the dead can be held temporarily before transfer to the temporary mortuary or mortuary
BRONZE	Operational Commander
BRONZE Operational Command	Operational level of command at incidents. Usually command room is based on site at the incident and will feed back up to SILVER and GOLD Command
Business Continuity	The process of ensuring organisational resilience to interruptions of service delivery
Cascade System	System whereby one person or organisation calls out others who in turn initiate further call-outs as necessary
Casualty Bureau	Police central contact and information point for all records and data relating to casualties, evacuees and others affected by the incident
Casualty Clearing Officer	The ambulance officer who in liaison with the Medical Incident Officer ensures an efficient patient throughput at the Casualty Clearing Station
CBRN	Refers to a major incident caused by the deliberate activation of a Chemical, Biological, Radiological or Nuclear device
CCA	Civil Contingencies Act 2004
CCC	Civil Contingencies Committee
CCG	Clinical Commissioning Group
CCS	Civil Contingencies Secretariat
CCDC	Consultant in Communicable Disease Control (PHE)
Chemet	A scheme administered by the Meteorological Office, providing information on weather conditions as they affect an incident involving hazardous chemicals
Cloudburst	Code name for a major chemical release. Declaration of Cloudburst leads to responses by the Emergency Services at the accident scene and to the rapid establishment of Emergency Centres
CNI	Critical National Infrastructure
COBR	Cabinet Office Briefing Room. Is the Cabinet Committee charged with the responsibility for assessing and monitoring risks to national security. It meets frequently

	(daily when there is a high state of alert) and is chaired by a Minister
COMAH	Control of Major Accident Hazards
Combined Response	Occasions when a number of agencies respond, manage and deliver resources to an incident
Command/Control	The authority for an agency to direct the actions of its own resources (both personnel and equipment)
Command Room	Specific area identified where managers meet to discuss the incident strategy and delivery of resources
Communications Team	Concerned with all aspects of communications, including media relations and public information
Control/Command	The authority to direct strategic and tactical operations in order to complete an assigned function and includes the ability to direct the activities of other agencies engaged in the completion of that function
Controlled Area	The area contained by an outer cordon; the area may be divided into geographical sectors
Cordon – Inner	Surrounds and provides security for the immediate site of the major incident
Cordon – Outer	Seals off a controlled area around an incident to which unauthorised persons are not allowed access
CRIP	Common Recognised Information Picture
DCLG	Department for Communities and Local Government
DEFRA	Department of Environment, Food and Rural Affairs
DIM Team	F&RS CBRN/HAZMAT Detection, Identification and Monitoring Team
DIPC	Director of Infection Prevention and Control
CT	Counter Terrorism
DOH/DH	Department of Health
DPH	Director of Public Health
EA	Environment Agency
EHO	Environmental Health Officer
EMAS	East Midlands Ambulance Service
Emergency Incident	An event or situation which threatens serious damage to human welfare ina 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
Epidemic	Disease in a population which gives rise to a higher than expected number of cases of that disease or which is clustered in space or time
EPO	Emergency Planning Officer
ETA	Estimated Time of Arrival
Evacuation or Rest Centre	Building designated by the Local Authority as temporary centre for accommodation of people evacuated from their homes
F&RS	Fire and Rescue Service
FLO	Family Liaison Officer (Police)
FOI	Freedom of Information

Forward Control Point	Each service's command and control facility nearest the scene of the incident – responsible for immediate direction, deployment and security
Friends and Relatives Reception Centre	Secure area set aside for use and interview of friends and relatives arriving at the scene (or location associated with an incident, such as at an airport or port). Established by the police in consultation with the Local Authority
GLO	Government Liaison Officer
GOLD	Strategic Commander
GOLD "Strategic" Group	Level of control that leads the overall, multi-agency response to any major emergency
HAC	Humanitarian Assistance Centre
HART	Hazardous Area Response Team (Ambulance Service)
HAZMAT	Hazardous Materials (and items)
Hospital Documentation Team	Team of Police officers responsible for completing police casualty record cards in hospitals
HPA	Health Protection Agency
HPU	Health Protection Unit
HSE	Health & Safety Executive
Humanitarian Assistance Centre	"One Stop Shop" for survivors, relatives, friends and those affected by the major incident to access a range of services and advice
ICC	Incident Co-ordination Centre
Incident Officer	An officer at the scene who commands the tactical response of his / her respective service
Incident Control Point / Post	The point from which each of the emergency services tactical managers can control their services' response to a land-based incident. Together, the incident control points form the focal point for co-ordinating all activities on site. Also referred to as 'SILVER control' and 'SILVER Command'
Inner Cordon	Surrounds and protects the immediate scene of an incident
JESIP	Joint Emergency Services Interoperability Programme
LA	Local Authority eg District Council
LAEPO	Local Authority Emergency Planning Officer
LGD	Lead Government Department
LRF	Local Resilience Forum
LHRP	Local Health Resilience Partnership
Marshalling Areas	Area to which resources and personnel not immediately required at the scene or being held for further use can be directed to standby
MCC	Multi-Agency Co-ordination Centre
MOU	Memorandum of Understanding
NHSBT	National Health Services Blood and Transplant Service
NHS GOLD	Strategic NHS Commander available to attend the Local Strategic Co-ordination Group and commit NHS resources to support the emergency response
NRA	National Risk Assessment
Operational Level (BRONZE)	The operational level of management reflects the normal day-to-day arrangements for responding to smaller scale emergencies. It is the level at which the management of 'hands-on' work is undertaken at the

	incident site(s) or associated areas
Outbreak	An epidemic
Outer Cordon	Seals off a controlled area around an incident to which unauthorised persons are not allowed access
Overall Incident Commander (GOLD)	The designated senior officer in charge of the police response who normally co-ordinates the strategic roles of all the emergency services and other organisations involved
Pandemic	An epidemic occurring over a very large area
Personal Protective Equipment (PPE)	Protective clothing and protective equipment provided by the employer
PHE	Public Health England
PPE	Personal Protective Equipment
RAYNET	Radio Amateurs Emergency Network
RCCC	Regional Civil Contingencies Committee
RDPH	Regional Director of Public Health
Receiving Hospital(s)	Any hospital selected by the ambulance service from those designated by health authorities to receive casualties in the event of a major incident
Reception Centre	Any building used by the Emergency Services to shelter evacuees in the initial stages of an evacuation
Rendezvous Point (RVP)	Point to which all resources arriving at the outer cordon are directed for logging, briefing, equipment issue and deployment. In protracted large-scale incidents there may be a need for more than one rendezvous point.
Resilience Direct	An online repository for sharing information during an incident. Nottinghamshire Local Resilience Forum will use this during the response phase of an incident.
Rest Centre	See Evacuation (or Rest) Centre
SCG	Strategic Co-ordinating Group
Senior Investigating Officer (SIO)	The senior detective officer appointed by the senior police officer to assume responsibility for all aspects of the police investigation
SILVER	Tactical Commander
SILVER "Tactical" Command	The level of command that provides the tactics necessary to deliver the strategy of the GOLD group sits between GOLD and BRONZE
SRC	Survivor Reception Centre
SITREP	Situation Report
STAC	Scientific and Technical Advice Cell - providing scientific and public health advice to SCGs
Strategic Co-ordinating Group (SCG)	A group comprising senior officers of appropriate organisations which aims to achieve effective inter-agency co-ordination at strategic level. This group should normally be located away from the immediate scene
Strategic Level (GOLD)	A strategic level of management establishes a policy and overall management framework within which tactical managers will work. It establishes strategic objectives and aims to ensure long-term resourcing / expertise
Survivor Reception Centre	Centre set up by the Local Authority or Police where people not requiring acute hospital treatment can be taken for shelter, first aid, interview and documentation

Tactical Level (SILVER)	A tactical level of management provides overall management of the response to an emergency. Tactical managers determine priorities in allocating resources, obtain further resources as required and plan and co-ordinate when tasks will be undertaken
TCG	Tactical Coordinating Group
VIP	Very Important Person
Voluntary Aid Societies (VAS)	St John Ambulance, St Andrew's Ambulance and British Red Cross Society
WHO	World Health Organisation

APPENDIX 6

PHONETIC ALPHABET

ALFA	NOVEMBER
BRAVO	OSCAR
CHARLIE	PAPA
DELTA	QUEBEC
ECHO	ROMEO
FOXTROT	SIERRA
GOLF	TANGO
HOTEL	UNIFORM
INDIA	VICTOR
JULIET	WHISKEY
KILO	X-RAY
LIMA	YANKEE
MIKE	ZULU

APPENDIX 7

DAMAGE ASSESSMENT AND SALVAGE

If a fire, flood, explosion or impact has occurred, a damage assessment should be carried out to determine the extent of the problem and the corrective action needed, including salvage.

Damage Assessment of Premises

When access to premises has been declared safe, the BRONZE Commander at the premises should:

- Obtain as full details as possible of the extent of the damage from Emergency Services personnel on site
- Make sure the managers or deputies of the affected departments are available
- Prevent anyone from entering the premises until their reason for doing so is clear and understood. For example, to assess the damage, assess the level of assistance required or retrieve critical information
- Ensure that findings are recorded
- Wear protective clothing, for example, hard hats, coveralls, gloves, boots, high visibility jackets or tabards
- Only enter the premises when accompanied, or after telling someone outside they are going in and when they are coming out again
- Examine affected key areas(s) in relation to service delivery requirements
- Accompany the relevant departmental manager to assess the damage in a particular area
- Identify and protect any evidence of deliberate damage
- Ensure that water, gas and electricity supplies are shut off
- Ensure the premies are secure

Reclamation Process

The following issues should be taken into consideration and the time required for reinstatement assessed. Depending on the severity of the incident, professional advice will probably be required.

- If an **explosion** has occurred, checks should be made for contamination, dust, debris, glass shards and an unstable working environment and structure. Consideration should be made to the disposal of medicines and confidential records that cannot be reclaimed

- If a **fire** has occurred, checks should be made for the need for dehumidification, smoke contamination, need for deodorisation, an unstable working environment and structure. The Fire Service will give advice on when the premiss can be re-entered. Smoke or water damaged equipment and resoures may be able to be reclaimed. The premises should be made secure to prevent any further damage. Extra security may be needed whilst the property is open to the elements

- If a **flood** has occurred, checks should be made for the need for dehumidification or drying, contamination such as sewage, need for deodorisation, safety of electrical installations. In the event of any flood that has been dealt with by staff on an informal basis, suitable professionals should make a check of all eletctrical items. Care should be taken if ‘drying out’ equipment and resources to ensure that no fire hazards have been created

Salvage Considerations

A salvage operation is likely to require more time and staff than anticipated. It may not be worth the effort to salvage many of them items and documents.

Departments should decide exactly what it is to be retrieved and priority lists for retrieval should then be prepared.

During the salvage operation quick on-the-spot decison are likely to be needed.

APPENDIX 8

POST INCIDENT RECOVERY GUIDANCE AND TEMPLATE

1. Introduction

Planning for the post incident recovery will start at the outset of the incident and follow the principles of post incident planning. The aim is to maintain or restore the essential services and core functions as quickly as possible, thereby minimising disruption to Trust services.

2. What is Recovery?

Recovery can be characterised as the process of rebuilding, restoring and rehabilitating the whole Trust (or part of it) following an emergency. It is an integral part of the combined response from the very beginning, as decisions and actions taken at all times can influence the longer term recovery outcomes. Both response and recovery must be fully integrated and co-ordinated from the start of an emergency.

3. How long does Recovery Take?

Although the objective is to return to pre-incident levels of functioning as soon as possible, expectations of what might be considered 'normality', and how quickly it will be possible to achieve, should be moderated.

The Trust, as well as all organisations and the wider community, will potentially have to recover from the health, social and economic impacts of the incident. The nature of these impacts – and whether and at what level action needs to be taken – will depend on the scale and severity of the incident.

The pace of recovery will depend on the residual impact of the incident, on-going demands, backlogs, staff and organisational fatigue and continuing supply difficulties in most organisations.

Recovery may be incremental and may also be short. It should be recognised that recovery in the first instance may give a false sense of security and it will be important to take stock during any remission period to allow staff to recover and not to expect services to return to normal immediately.

As the impact of the incident subsides and it is considered that there is no further threat occurring, the Trust will be able to move more confidently from reconstitution towards full recovery.

It is important that recovery plans must recognise the potential need to prioritise the restoration of services and to phase the return to 'normal' in a managed and sustained way.

4. Managing the Recovery Process

A senior manager will be nominated to coordinate post incident recovery. The keys aims will be to oversee communications (internal and external), debriefing, redeployment, reporting, ensure staff and patient support provision and restoring core functions.

5. The Post Incident Recovery Plan

Details for the restoration of essential services, recovery of core functions, recovery resources redeployment of personnel and resettlement of patients will follow the recovery plan format shown at the end of this Guidance.

6. Lessons Learned

Once normal operations have been resumed, or the Trust is close to this situation, it is important not to lose the opportunity for learning from the experience. A Trustwide forum to discuss these matters with the brief to identify ways of improving the Trustwide business continuity planning procedures will be established. The value of this forum will be to disseminate lessons learned to a wider audience.

7. Post Incident Inquiry

Ultimately, there may be the requirement for a formal post incident inquiry. The recovery plan and post incident management process is designed to facilitate this process.

POST INCIDENT RECOVERY PLAN

1. Restoration of Essential Services

The critical dependencies of all essential services should be listed here and responsibility for recovery assigned. It may also be possible to allocate priorities in advance as well as post incident. Attach detailed recovery plans as annexes.

What is to be recovered	*Who is tasked with the recovery*	*What external help is required*	*How is progress reported and to whom*	*Remarks*

2. Recovery of Core Functions

The critical dependencies of any core functions that reached a high impact should be listed here and responsibility for recovery assigned. Attach detailed recovery plans as annexes.

What is to be recovered	*Who is tasked with the recovery*	*What external help is required*	*How is progress reported and to whom*	*Remarks*

3. Recovery Resources

Resources (external and internal) for recovering the Essential Services and Core Functions listed above should be allocated here. Much of this allocation of resource should be able to be performed in advance thereby requiring only review and minor alterations post incident.

Personnel / Company	*Equipment*	*Contacts*	*Remarks*

4. Redeployment of Personnel

Finally, the personnel who provide critical support to the Essential Services and Core Functions may be relocated temporarily. It may be impractical to assign specific work space to individuals in advance but prior liaison needs to be undertaken with potential alternate service/teams to ensure smooth transfer of staff. Additional care needs to be taken in maintaining effective links with staff who have relocated or been sent home.

Name	***Old location***	***New location (include staff who have been/currently are absent from work)***	***Remarks (e.g. anticipated / maximum duration)***

5. Resettlement of Patients

Plans need to be coordinated for the resettlement of patients displaced during the incident period

Name	**Pre-incident Location**	**Current Location**	**Agreed Post Incident Plan for resettlement**

APPENDIX 9

REFERENCES

Civil Contingencies Act 2004

Civil Contingencies Act 2004 Emergency Preparedness
https://www.gov.uk/government/publications/emergency-preparedness

Civil Contingencies Act 2004 Emergency Response and Recovery
https://www.gov.uk/guidance/emergency-response-and-recovery

Health & Safety at Work Act 1974

Health and Social Care Act 2012

NHS England Emergency Preparedness Resilience and Response Framework 2015
https://www.england.nhs.uk/wp-content/uploads/2015/11/eprr-framework.pdf

APPENDIX 10

EQUALITY IMPACT ASSESSMENT (EIA) SCREENING TOOL
(Towards an Equality and Recovery Focused Organisation)

A. Name of policy/procedure/strategy/plan/function etc. being assessed:	Major Incident Response Plan
B. Brief description of policy/procedure/strategy/ plan/function etc. and reason for EIA:	The Civil Contingencies Act 2004 and the NHS England Emergency Preparedness, Resilience & Response Framework 2015 set out the legal and NHS responsibilities that the Trust has a duty to meet. This plan, therefore, provides a framework for Nottinghamshire Healthcare NHS Foundation Trust's response in the event of a major internal incident and outlines the Trust's response to an external major incident.
C. Names and designations of EIA group members:	Caroline Brookes, Head of Emergency Preparedness, Resilience & Response (EPRR) Catherine Conchar, Associate Director of Equality & Diversity Julie Gardner, Associate Director for Safeguarding and Social Care
D. List of key groups/organisations consulted:	Trust Leadership Council Equality and Diversity Subcommittee
E. Data, Intelligence and Evidence used to conduct the screening exercise:	Civil Contingencies Act 2004 NHS England Emergency Preparedness Resilience and Response Framework 2015 Lessons Learned from previous major incidents

F. Equality Strand	Does the proposed policy/procedure/ strategy/ plan/ function etc. have a positive or negative (adverse) impact on people from these key equality groups? Please describe	Are there any changes which could be made to the proposals which would minimise any adverse impact identified? What changes can be made to the proposals to ensure that a positive impact is achieved? Please describe	Have any mitigating circumstances been identified? Please describe	Areas for Review/Actions Taken (with timescales and name of responsible officer)
Race	Although this plan is bound by Statute in both its content and application, consideration has been given to individual needs which will be considered where relevant and appropriate	N/A	N/A	Caroline Brookes September
Gender **Inclu. Transgender and Pregnancy & Maternity**	As Race	As above	As above	As above
Disability	As Race	As above	As above	As above
Religion/Belief	As Race	As above	As above	As above
Sexual Orientation **Incl. Marriage & Civil Partnership**	As Race	As above	As above	As above
Age	As Race	As above	As above	As above
Social Inclusion*[1]	As Race	As above	As above	As above
Community Cohesion*[2]	As Race	As above	As above	As above
Human Rights*[3]	As Race	As above	As above	As above

*[1] for **Social Inclusion** please consider any issues which contribute to or act as barriers, resulting in people being excluded from society e.g. homelessness, unemployment, poor educational outcomes, health inequalities, poverty etc.

*[2] **Community Cohesion** essentially means ensuring that people from different groups and communities interact with each other and do not exclusively live parallel lives. Actions which you may consider, where appropriate, could include ensuring that people with disabilities and non-disabled people interact, or that people from different areas of the City or County have the chance to meet, discuss issues and are given the opportunity to learn from and understand each other.

***[3] **The Human Rights Act 1998** prevents discrimination in the enjoyment of a set of fundamental human rights including: The Right to a Fair Trial; Freedom of Thought, Conscience and Religion; Freedom of Expression; Freedom of Assembly and Association; and the Right to Education.

G. Conclusions and Further Action (including whether a full EIA is deemed necessary and agreed date for completion)	This policy has been assessed using the Trust Equality Impact Assessment Screening Tool. The assessment concluded that the procedure has no adverse impact on, or result in the positive discrimination of any of the protected characteristics (Equality Act 2010). This includes social inclusion, community cohesion and human rights. The Trust is committed to treating every individual fairly and will not discriminate against any individuals or groups of people because of their race, gender, disability, age, religion or belief, sexual orientation, gender identity, marriage/civil partnership status or pregnancy and maternity status
H. Screening Tool Consultation End Date	5:00pm on Tuesday 19 September 2017
I. Name and Contact Details of Person Responsible for EIA (tel. e-mail, postal)	Caroline Brookes Head of Emergency Preparedness, Resilience & Response caroline.brookes@nottshc.nhs.uk
J. Name of Group Approving EIA (i.e. Directorate E&D Group; Divisional Workforce, Equality & Diversity Group; Trustwide E&D Subcommittee; or Divisional Policy & Procedures Group)	Equality and Diversity Subcommittee of the Board of Directors

APPENDIX 11

Plan for: **Major Incident Response**

Issue: **06**

Status: **APPROVED**

Author Name and Title: **Caroline Brookes – Head of Emergency Preparedness Resilience & Response**

Issue Date: **SEPTEMBER 2018**

Review Date: **AUGUST 2021**

Approved by: **EXECUTIVE LEADERSHIP TEAM**

Distribution/Access: **Normal**

RECORD OF CHANGES

DATE	AUTHOR	PLAN	DETAILS OF CHANGE
February 2010	Caroline Brookes	Major Incident	Full review of plan with minor changes to content and changes in titles and document references
September 2011	Caroline Brookes	Major Incident	Full review of plan to reflect changes within Trust and externally
September 2013	Caroline Brookes	Major Incident	Minor amendments to reflect changes in NHS roles and inclusion of EPRR Operating Model Response
August 2017	Caroline Brookes	Major Incident	Full review and major amendments made throughout.
September 2018	Caroline Brookes	Major Incident	Full review, major amendments and re-ordering made throughout.