St Helens Clinical Commissioning Group

NHS ST HELENS CLINICAL COMMISSIONING GROUP BUSINESS CONTINUITY PLAN AND INCIDENT RESPONSE PLAN

VERSION 6

Type of document	Policy
Target audience	All CCG Staff

CCG Lead	The Associate Director – Corporate Governance NHS St Helens CCG
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A. Roles and Responsibilities

Role of NHS England and NHS England Expectations of Clinical Commissioning Groups regarding Emergency Preparedness, Resilience and Response under the 2006 guidance

(as amended in November 2015)

Role of the NHS England Area Team:

When system pressure, an incident or emergency impacts on/or requires the resources of NHS organisations outside local capacity the Area Team will:

- Ensure that each LHRP and LRF has director level representation
- Ensure integration of plans across the region to deliver a unified NHS response to incidents, including ensuring the provision of surge capacity
- Maintain capacity and capability to coordinate the regional NHS response to an incident 24/7
- Work with relevant partners through the LHRP & LRF structures
- Seek assurance through the local LHRP and commissioners that the Core Standards are met and that each local health economy can effectively respond to and recover from incidents
- Discharge the local NHS England EPRR duties as a Category 1 responder under the CCA 2004

Role of the Accountable Emergency Officer (AEO)

The AEO will be responsible for:

- Ensuring that the organisation, 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 organisation is properly prepared and resourced for dealing with an incident
- Ensuring that their organisation, any providers they commission and any sub-contractors have robust business continuity planning arrangements in place

which are aligned to ISO 22301 or subsequent guidance which may supersede this
- Ensuring that the organisation 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 organisation 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 organisation is appropriately represented by director level engagement with, and effectively contributes to any governance meetings, sub-groups or working groups of the LHRP and/or LRF, as appropriate

Role of the Clinical Commissioning Groups

- Ensure contracts with all commissioned provider organisations (including independent and third sector) contain relevant EPRR elements, including business continuity
- Monitor compliance by each commissioned provider organisation with their contractual obligations in respect of EPRR and with applicable Core Standards
- Ensure robust escalation procedures are in place so that if a commissioned provider has an incident the provider can inform the CCG 24/7
- Ensure effective processes are in place for the CCG to properly prepare for and rehearse incident response arrangements with local partners and providers
- Be represented at the LHRP, either on their own behalf or through a nominated lead CCG representative
- Provide a route of escalation for the LHRP in respect of commissioned provider EPRR preparedness
- Support NHS England in discharging its EPRR functions and duties locally, including supporting health economy tactical coordination during incidents (Alert Level 2-4)
- 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).

B. Business Continuity

B1 Executive Summary and Business Continuity Policy Statement

1.1 The Accountable Emergency Officer for NHS St Helens Clinical Commissioning Group has a statutory responsibility for the Emergency Preparedness, Resilience and Response arrangements as a category 2 responder under The Civil Contingencies Act 2004, The Health and Social Care Act 2012, NHS England Emergency Planning Framework and other central government guidance. All staff must be aware of their responsibilities in preparing for and for responding to emergencies

1.2. The CCG is required under the acts and guidance to have in place an Incident Response plan, Business Continuity plan and a robust 24/7 on call system. The plans detailed in this document are in place to ensure that these responsibilities are met. The CCG is part of the Mid Mersey on call system

1.3 Some examples of events that are likely to lead to the declaration of a major incident and require support from the CCG are:

- Major Incidents requiring a multi-agency response – rail, motorway, and air crashes, chemical incidents, terrorist incidents etc.
- Rising tide incident – such as infectious diseases e.g. Pandemic flu, flooding, fuel shortages.
- Headline news report – sparking a health scare.
- Safeguarding emergency closure of residential / nursing homes.
- Incidents requiring the identification of vulnerable people.
- Naturally occurring emergencies i.e. Severe weather, flooding.
- Major Internal Incidents

1.4 All of these may place an immense strain on the resources of the NHS, and the wider community; impact on the vulnerable people in our community and could affect the ability of the CCG to work normally.

1.5 Notification of a Major Incident occurring will normally be cascaded to the CCG from NHS England but could occur as a result of a local incident at a provider organisation or an incident which solely affects the ability of the CCG to undertake its functions requiring a local Business Continuity response

1.6 Events such as these may require the activation of the CCG Incident Response Plan and/or the Business Continuity plan. This decision will be taken by the On Call officer in consultation, if time allows, with the CCG AEO. It is important that all staff are familiar with the plans, and are aware of their responsibilities. Staff should ensure that they are regularly updated to any changes in both the incident response plan and the Business Continuity plan. Both are held on the CCG

intranet. Accurate contact details of all staff are to be maintained, to ensure that people are accessible during an incident.

1.7 Whilst the Incident Response Plan or Business Continuity plan will only rarely be activated, regular training and exercising will occur, as required under the CCA 2004 and NHS Guidance. St Helens Clinical Commissioning Group staff are to become fully involved in both the training and exercises.

1.8 Incidents requiring activation of the plans can occur at any time, day or night, and it is essential that the CCG maintains its preparedness to respond

1.9 Contact details of all managers and staff are held separately and will not form part of any documents placed in the public domain

1.10 Specialist advice and support is available from the Midlands and Lancashire Commissioning Support Unit Resilience Team.

1.11 Both the Incident Response Plan and the Business Continuity plan have been developed against the NHS Core Standards for Business Continuity and Major Incident Response published by NHS England

1.12. A policy statement for business continuity has been prepared on behalf of St Helens Clinical Commissioning Group.

1.13 The Business Continuity Management and Incident Response Plans for the CCG have been developed. Any additional requirements will be overseen by the CSU Resilience Team and reported to the Governing Body.

1.14 The Business Continuity and Incident Response plan together with other relevant documentation will be held electronically in a manner allowing access to all staff

Policy Statement

1.15 Business Continuity Management (BCM) is an important part of NHS St Helens CCG risk management arrangements. The Civil Contingencies Act (CCA) 2004[1] identifies all CCGs as 'Category 2 Responders', and imposes a statutory requirement on each CCG to have robust BCM arrangements in place to manage disruptions to the delivery of services.

1.16 The aim of Business Continuity Management is to prepare for any disruption to the continuity of the business, whether directly - i.e. within the responsibility control or influence of the business, or indirectly - i.e. due to a major incident occurring to a partner, supplier, dependant or third party, or from a natural disaster.

1.17 It is recognised that plans to recover from any disruption must consider the impacts not only to the CCG staff, premises, technology and operations, but that NHS St Helens CCG must also plan to maintain its brand, status, relationships and reputation.

1.18 Business Continuity arrangements should ensure that the CCGs continue to meet their legal, statutory and regulatory obligations to its staff and to its dependent stakeholders.

1.19 The CCG has developed the Business Impact Analysis which has identified the critical functions of the CCG and the potential impacts of the loss of staff, effects to communications, data systems, transport and buildings

1.20 In accordance with the requirements of NHS England, NHS St Helens CCG BCMS will be in accordance with and aligned to the ISO 22301 together with the published NHS Core Standards

1.22 It is the policy of NHS St Helens Clinical Commissioning Group to develop, implement and maintain a Business Continuity Management System (BCMS) in order to ensure the prompt and efficient recovery of the critical activities from any incident or physical disaster affecting the ability of the CCG to operate and deliver its services in support of the NHS economy.

1.23 It is the policy of NHS St Helens CCG to take all reasonable steps to ensure that in the event of a service interruption, the organisation will be able to respond appropriately and continue to deliver their essential functions, and that it is able to respond to the needs of their local populations. A service interruption is defined as:

'Any incident which threatens personnel, buildings or the operational procedures of an organisation and which requires ***special measures*** *to be taken to restore normal functions.'* (www.cabinetoffice.gov.uk/ukresilience)

1.24 The Cabinet Office's "Expectations and Indicators of Good Practice Set for Category 1 and 2 Responders" describes 7 expectations drawn from the Civil Contingencies Act (2004), Regulations (2005) and guidance:

- Duty to assess risk
- Duty to maintain plans – Emergency Plan
- Duty to maintain plans – Business Continuity
- Duty to communicate with the public
- Business Continuity Promotion
- Information sharing
- Cooperation

1.25 Whilst NHS St Helens CCG is a Category 2 Responder under the Civil Contingencies Act it is required by the department of Health to act as if it were a Category 1 responder and to comply with the duties listed above. The organisation is therefore required to have Business Continuity plans and Incident Response Plans in place. These requirements have been achieved in three stages:

1.26 *Stage 1 – A Business Impact Analysis has been undertaken - (the analysis of the functions performed and the impact to NHS St Helens CCG should these functions not be performed.*

1.27 Within NHS St Helens CCG there are a range of functions. The functions within the following CCG areas of work have been assessed.

- Quality Team
- Performance Team
- Contracting Team
- Finance Team
- Medicines Management
- Governance and Corporate Services
- Commissioning Team
- Primary care

1.29 The areas of work listed above, and relevant specific functions within each area, form the basis of the Business Impact analysis. The functions have been prioritised within the Business Continuity plan to show those most critical to the CCG and which need to be resumed first after any disruption

1.30 *Stage 2 - A Business Continuity Plan has been prepared (the measures to be taken internally in the event of business continuity disruption)*

1.31 The Business Continuity Plan comprises the mitigating actions which arise from the Impact Analysis, the key contacts that will instigate the relevant mitigating actions and the contact details of all staff that might have to undertake those actions together with contact details of other organisations that may be required in the event of a Business Continuity disruption. These mitigating actions are outlined in this document.

1.32 *Stage 3 – The incorporation of an Incident Response plan which outlines measures to support Category 1 responders in the event of an 'Emergency'*.

1.33 This plan will outline the response of the CCG to any major Incident and include the responsibilities of staff within that plan

1.34 The Incident Response plan must be read in conjunction with this Business Continuity plan

1.35 It is requested that the Governing Body is recommended to approve the plans and policy statement

B2. The Business Impact Analysis

2.1 The Business Impact Analysis is undertaken by each service head identifying the priorities for their service and contains a recovery time objective, maximum tolerable period of disruption, an impact to the CCG and the likelihood of any threat causing the disruption:

2.2 Business Impact Analyses from NHS St Helens Clinical Commissioning Group were undertaken for the following areas of work:-

- Quality Team
- Performance Team
- Contracting Team
- Finance Team
- Medicines Management
- Governance and Corporate Services
- Commissioning Team
- Primary care

The above functions were all assessed by service heads in terms of the functions they undertook which were priorities for the CCG against all threats

2.3 The full completed Business Impact Analysis assessments for the above are held as separate documents. The Business Impact Analysis Assessments have been scored for each function against impact, time criticality and likelihood The Business Continuity scores for each separate function are listed in these documents. Only functions that scored over 20 out of 50 have been included as priorities

2.4 The following functions are the prioritised functions for NHS St Helens CCG following the BIA process. They are listed in priority order in respect of their Business Continuity score. These are the functions that the CCG should reinstate first in the event of a Business Continuity disruption

Function	BC Score	Recovery Time Objective
Responsiveness to urgent care pressures within the hospital trust.	36	**0-4 hrs**
Ensuring cash payments to providers and other contractors are made.	28	0-4 hrs
NHS England Reporting	28	0-4 hrs
Contract Reporting	27	0-4 hrs
Inability to respond in time to requirements to NHS England.	24	0-4 hrs
External relationship continuity, including GPs	21	0-4 hrs
May be unable to issue contract on time.	21	0-4 hrs
Providing service specification detail	21	0-4 hrs
Feed NHSE with contract details e.g. contract tracker	21	0-4 Hrs
Commissioning Support for HR, Health and Safety and Information Governance	21	0-4 hrs
Ability to Deputise for Clinical Chief Executive and provide relevant cover and direction in an emergency.	21	0-4 Hrs
Responding to FOI requests (incoming) and FOI responses (outgoing) within statutory time.	21	0-4 hrs
Communications and Engagement - Urgent Care and Sensitive Matters	21	0-4 hrs
Urgent medicines management queries from practices.	21	0-4 hrs
As part of co-commissioning advice or support is sometimes required for practices across St Helens.	21	0.4 hrs
Weekly Performance Reporting	21	0-4 hrs
Ensuring statutory safeguarding responsibilities are met.	21	0-4 hrs

Note: The Recovery Time Objectives set above indicate the time in which the CCG should look for the service to be resumed.
The Maximum Tolerable Period of Disruption (MTPD) is defined as the time it would take for any adverse impact which might arise as a result of not providing this service to become unacceptable – For the CCG this has been determined as 1 week

B3. Business Continuity Plan

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3 Introduction

This document is the NHS St Helens Clinical Commissioning Group Strategic Business Continuity plan, which will provide strategic direction, control and coordination in preparing for, responding to and recovering from a business continuity incident; building on existing policies and procedures to reduce risk and restore critical activities.

3.1 Aim

The Strategic Business Continuity Plan will provide a strategic framework for preparedness, response and recovery to a business continuity incident; embedding risk reduction strategies to ensure that the NHS St Helens CCG is prepared and coordinated to respond to a disruption restoring key activities as soon as possible.

3.2 Objectives

The objectives of the Strategic Business Continuity Plan are to;

- To provide a consistent approach to business continuity planning and response ;
- Outline appropriate processes for response and recovery to a business continuity incident;
- Define The NHS St Helens Clinical Commissioning Groups essential service activity
- Outline a strategy for response to specific business continuity risks.

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3.3 Definition of Business Continuity Management System

Business Continuity Management is the process that helps manage any risks to enable the smooth running of the organisation in the delivery of its services, ensuring that essential business can continue in the event of a disruption and can be sustained in the event of an emergency. It is aimed at reducing or eliminating the risks of business interruption and ensuring normal business functions can be resumed as soon as possible.

3.4 Background to Business Continuity

Business Continuity Management establishes a strategic and operational framework to build a greater resilience to disruption. Business Continuity is about anticipating those things that are beginning to go wrong and taking rehearsed steps to protect the organisation and stakeholders.

As a result of business continuity incidents there is an impact on, but not limited to;

- Health & Safety;
- Security of staff, service users and / or visitors;

- Patient care, delivery of patient services, ability to sustain delivery of CCG services affecting patients;
- Possibility of either adverse financial or damage to NHS St Helens CCG or its reputation;
- A requirement to locate alternative working premises or service delivery resources.

3.5 Scope

The Business Continuity Plan covers the whole of the CCG functions. The International Standard for Business Continuity Management , ISO 22301, specifies requirements to plan, establish, implement, operate, monitor, review, maintain and continually improve a documented management system to protect against, reduce the likelihood of occurrence, prepare for, respond to, and recover from disruptive incidents when they arise.
This document will inform all CCG staff, service users and key stakeholders of the co-ordinated approach to a business continuity incident. This plan will support each area of business to effectively respond and recover to a disruption to critical activity. This document assumes that staff will be trained as appropriate.

A response to a business continuity incident should be in line with the CCG business continuity plan.

In response to the business continuity incident the following objectives are to be ensured;

- Protect life (this plan acknowledges existing Health and Safety and Site Evacuation procedures);
- Reduce the impact or harm to members of staff, visitors and contractors ;
- Secure replacement critical infrastructure and facilities;
- Resume normal business operations as quickly as possible;
- Minimise any negative impact arising from either a financial perspective or on the reputation of the CCG or its employees as a result of a business continuity incident.

NHS St Helens CCG commissions services from a range of organisations and it is expected to provide assurances for continuity of service during a business continuity incident affecting the operations of the CCG.

This plan seeks to provide assurance that NHS St Helens CCG has made every effort to maintain essential services and aim to recover critical services within the required recovery time objective.

3.6 Assessment of Risk

This plan complements the CCG risk management process and the business continuity process takes reference from the following risk register

- Local Resilience Forum Risk Register
- Local Health Resilience Partnership risk register
- CCG Risk Register

The owner of the BCP will take responsibility to review the BCP Risk Register on a regular basis, and will communicate to the CCG lead for EPRR once the BCP Risk Register has been reviewed, with their review outcomes.

3.7 Testing and Validation

This plan will be tested and validated through exercises developed as part of the CCG''s annual EPRR training and exercising programme developed for the CCG network by the Midlands and Lancashire Commissioning Support Unit EPRR team.. Testing of the Strategic Business Continuity Plan will be consistent with the scope of the Business Continuity Management System.

The plan will be reviewed and exercised annually

The plan will be reviewed as necessary in light of learning from incidents, exercises and comments received.

3.8 Audit and amendment

The plan will be subject to on-going review and revision by the Business Continuity Lead for NHS St Helens CCG and the Midlands and Lancashire CSU EPRR Team. A formal review of the plan may be required by NHS England . Additional reviews may take place following the activation of the plan during exercises or live incidents and/ or significant organisational changes within NHS St Helens CCG.

All amendments will be audited through the Business Continuity Lead for NHS St Helens CCG and communicated to stakeholders as appropriate. Any amendments to the document will require both approval and ratification by NHS St Helens CCG Senior Management Team.

3.9 Debrief Reports

Following activation of the plan during exercises or live incidents a debrief report will be produced to assess the response to any exercise / or incident; the report will outline lessons identified, recommendations and actions. The debrief report will be compiled by the CCG Lead for Business Continuity in conjunction with the Midlands and Lancashire

CSU EPRR lead. The debrief report will be approved and ratified by the NHS St Helens CCG Senior Management Team. Actions arising from incidents or exercise will be monitored to ensure completion, documented and retained

3.10 Freedom of information

Release of information contained in this document should be considered with regard to Freedom of Information (2000) and Data Protection (1998) legislation

3.11 Definitions from International Standard for Business Continuity

International Standard
The International Standard for business continuity management adopted by the National Health Service ISO 22301 consists of 2 internationally agreed standards
a. International Standard ISO 22301:2012 – Societal Security – Business Continuity Management Systems – Requirements
b. International Standard ISO 22301:2012 – Societal Security – Business Continuity Management Systems – Guidance

Business Continuity;
Capability of the organisation to continue delivery of products or services at acceptable predefined levels following a disruptive incident

Business Continuity Management;
Holistic management process that identifies potential threats to an organisation and the impacts to business operations those threats, if realized, might cause, and which provides a framework for building organisational resilience with the capability of an effective response that safeguards the interests of its key stakeholders, reputation, brand and value-creating activities

Business continuity management system (BCMS)
Part of the overall management system that establishes, implements, operates, monitors, reviews, maintains and improves business continuity
NOTE The management system includes organisational structure, policies, planning activities, responsibilities, procedures, processes and resources.

Business Continuity Plan;
Documented procedures that guide organisations to respond, recover, resume, and restore to a pre-defined level of operation following disruption
NOTE Typically this covers resources, services and activities required to ensure the continuity of critical business functions

Business Impact Analysis;
Process of analysing activities and the effect that a business disruption might have upon them

Recovery Time Objectives (RTO);
Period of time following an incident within which
— service must be resumed, or
— activity must be resumed, or
— resources must be recovered
NOTE For services and activities, the recovery time objective must be less than the time it would take for the adverse impacts that would arise as a result of not providing a product/service or performing an activity to become unacceptable

Maximum Period of Tolerable Disruption;
Time it would take for adverse impacts, which might arise as a result of not providing a product/service or performing an activity, to become unacceptable

Major incident/emergency;
Any occurrence which presents a serious threat to the health of the community, disruption of the services or cause such numbers or types of casualties to require special arrangements to be implemented by hospitals, ambulance trusts or primary care services and health organisation.

3.12 Accountability, Roles and Responsibilities

Accountable Emergency Officer and Senior Management Team are responsible for maintaining the overall service, and for alerting the need to activate Business Continuity Plans if such an event occurs.

Senior management shall demonstrate leadership and commitment with respect to the BCMS by

- ensuring that policies and objectives are established for the business continuity management system and are compatible with the strategic direction of the organisation,
- ensuring the integration of the business continuity management system requirements into the organisation's business processes,
- ensuring that the resources needed for the business continuity management system are available,
- communicating the importance of effective business continuity management and conforming to the BCMS requirements to all staff,
- ensuring that the BCMS achieves its intended outcome(s),
- directing and supporting persons to contribute to the effectiveness of the BCMS,
- promoting continual improvement, and
- supporting other relevant management roles to demonstrate their leadership and commitment as it applies to their areas of responsibility
- conducting internal audits and management reviews of the BCMS
- demonstrating commitment to continual improvement

Senior Management will also decide on the need to inform any other NHS organisations of the incident dependent on its nature and likely disruption. .

The Midlands and Lancashire Commissioning Support Unit EPRR team, will provide specialist guidance during the invocation of any part of the Business Continuity Plans and will assist in coordinating any actions required.

CCG Communications will be responsible for ensuring that staff are informed of the Business Continuity Plan and how to access the plan, informing the public of events where necessary following agreement with the Chief Officer and or designated deputy, and will also keep staff informed of developments as appropriate.

All CCG employed staff are responsible for understanding their role within the Business Continuity Plan and co-operating with the implementation of the Business Continuity Plans as part of their normal duties and responsibilities

3.13 Plan activation

The decision to activate the Business Continuity Plan will be taken by the CCG Senior Management following notification of an incident Out of Hours this may be taken by the Mid Mersey CCG On Call Officer, who, if not an officer from the affected CCG, must inform the relevant chief officers of the affected organisation. The CCG will appoint a senior manager to manage the incident and recovery. Refer to Action card in section D

Activation of this plan may be in response to a decision to declare either a Business Continuity, Critical or Major Incident. The type of incident should be considered by the CCG senior management. If any incident type is called the NHS England Area Team must be informed

Management of any business continuity disruption or other incident will include considerations regarding welfare of staff, strategic, tactical and operation responses for dealing with the incident and preventing further loss or unavailability of services

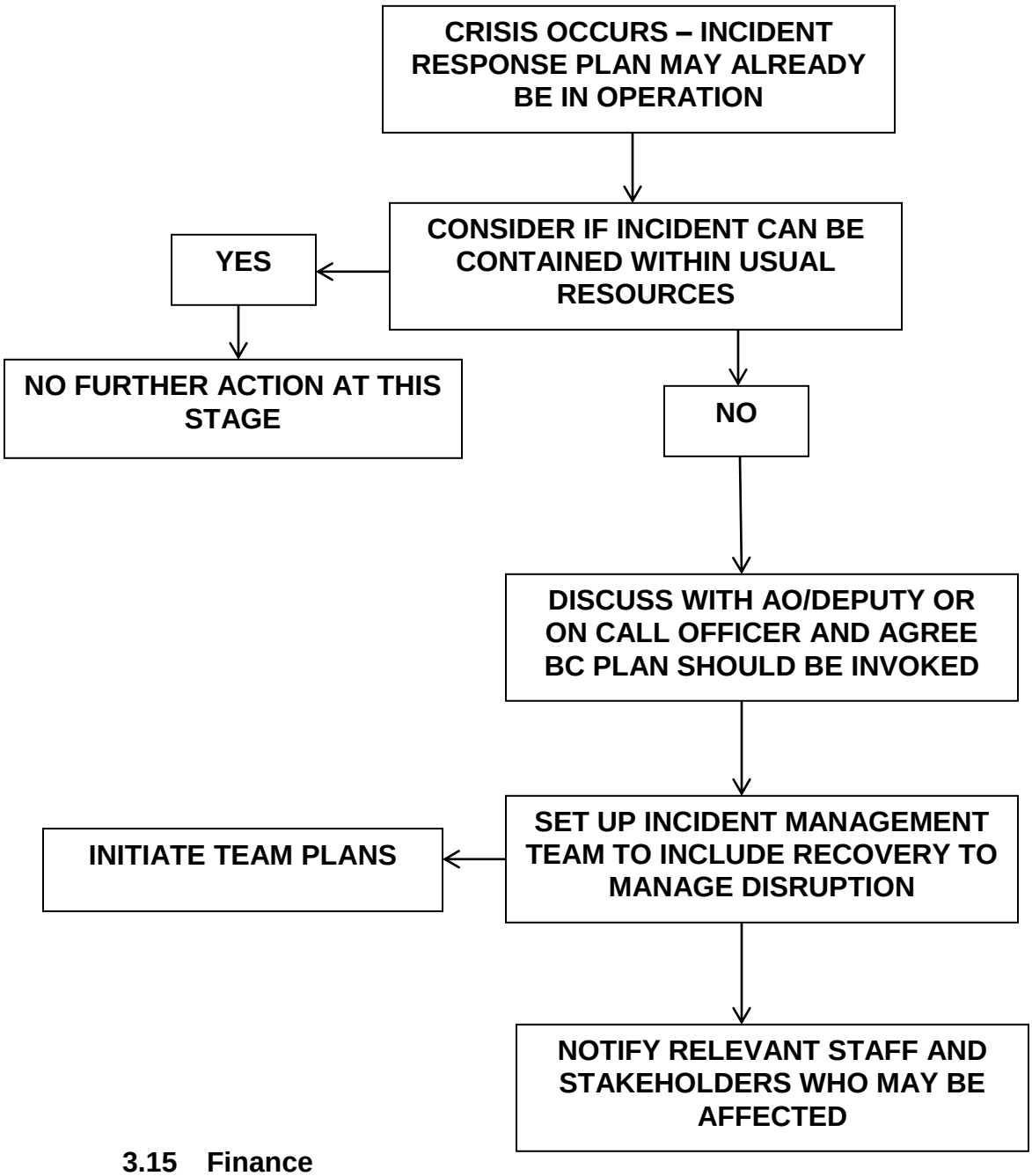
3.14 Business Continuity Management Team (Crisis and Recovery Team)

A team will be convened to oversee the process of ensuring essential services are maintained and that recovery plans are put into place, Membership may include the following:

- Accountable Officer and Senior Management Team
- Lead for Emergency Preparedness, Response & Business Continuity
- Communications Manager
- Any other personnel deemed necessary, i.e. representative of HR, specialist advice

etc. The team will meet initially on a daily basis and will keep notes of the meeting, actions taken and progress made

PROCESS PLAN FOR ACTIVATION



3.15 Finance

The CCG will have a cost code available to senior staff for use in a business continuity incident if required, which will allow for an audit trail of the cost of a response. It will be the responsibility of the Chief Finance Officer for the CCG to put in place the management arrangements of the cost centre and budget codes and how finance in respect of the response, and unexpected costs can be tracked accordingly.

3.16 Business Continuity Risks

NHS St Helens CCG has identified the risks which could threaten the continuity of a service and considered the necessary strategies to mitigate these risks as part of the business continuity planning process.

NHS St Helens CCG should ensure that preventive and corrective actions are recorded within their plans in response to and recovery from a business continuity incident.

Business Continuity Incidents and planning for response and recovery to such incidents have been categorised against all threats which have included;

- Breakdown in communications IT and equipment;
- Staff Absence all reasons;
- Adverse Weather;
- Transport Disruption/ Fuel shortage;
- Access to premises;

The following are non-exhaustive checklists to be considered should the disruption be caused by this type of incident

3.17 Breakdown in Communications- IT and Equipment

Actions to consider

The actions identified below are to be considered in the preparedness and response phase to a loss of ICT business continuity incident where critical degradation, or outright loss of telecommunications services and key computer systems, affecting voice (telephone/fax), or data (email/web browsing/remote access) are lost in and/ or out of hours;

- Identify list of ICT critical functions and prioritise list
- Remote storage of duplicate paper and electronic records
- Policy to back up data and ensure staff are aware.
- Consider use of older equipment where possible as a replacement or spare
- Transfer to alternate site with access to suitable equipment
- Provide staff with remote access
- Relocate to an alternative premises on a different part of the ICT network
- Consider use of hard and electronic copy back up
- Use of alternate communications i.e. no phones use email if available, no email use phones and paper
- UPS electrical systems where appropriate
- Use of Emergency airwave radios from NWAS where appropriate
- Face to face meetings if computer communication unavailable
- Restrict service functions
- Mutual Aid
- Ensure all Staff made aware

- Contact details for ICT and telephony in section D of this plan

3.18 Staff absence

Actions to consider
The actions identified below are to be considered in the preparedness and response phase to a loss of staff business continuity incident where key individuals, or a critical percentage of staff being absent long term, or permanently;

- flexible working practices including deputies for roles
- prioritisation of functions
- sickness policies
- process mapping
- multi skill training
- cross training of skills/ skills databases – especially for single points of failure
- succession planning
- consider re-assignment of specific services to other staff
- decide whether to restructure the teams, or to recruit replacement(s)/take on additional staff via Temporary Staffing
- cancellation of all non-essential staff working e.g. training, meetings
- Request assistance from other agencies- other CCG, CSU

3.19 Adverse Weather

Actions to consider

The actions identified below are to be considered in the preparedness and response phase to an adverse weather situation affecting staff and possibly premises and equipment; The actions considered are in addition to those outlines in para 3.17 and 3.18 where appropriate

- UPS electrical systems where appropriate
- Consideration of alternative methods of assisting staff to get to work
- Mutual aid from other CCG's if possible
- Information to staff regarding predicted adverse weather and suggested arrangements
- Look at arrangements for utility disruption
- Monitor information from met office, environment agency and any Multi Agency command groups
- Ensure where appropriate critical electrical equipment is protected from flooding
- Contacts directory at section D for details of buildings, utilities and other emergency contact numbers

3.20 Transport Disruption/ Fuel Emergency

Actions to consider

The actions identified below are to be considered in the preparedness and response phase to a transport disruption affecting staff. The actions considered are in addition to those outlines in para 3.17, 3.18 and 3.19 where appropriate

- Consideration of requesting mutual aid with staff transport issues from other organisations via the NHS England Area Team and the Local Health Resilience Partnership
- Consideration of alternative methods of staff working
- Provision of alternative transport by NHS St Helens CCG or in conjunction with other CCG's
- Independent provision of additional staff transport (Taxi, mini-bus etc)
- identification of critical staff needed in the workplace
- Identification of alternative fuel supplies for critical staff – local suppliers may offer to assist
- Promote car sharing in the lead in to any shortages
- advise all relevant stakeholders of the Situation
- The National Emergency Plan for fuel is available to Central Government and any decisions to implement will be cascaded via DH and NHS England.

3.21 Access to premises

Different types of incidents or threats may require the implementation of different or multiple workspace options. The correct strategies will take into account size of site affected and spread of activity.
Failure of Utilities – Electricity / Gas / Water Supplies may also affect the access to premises

Actions to consider
The actions identified below are to be considered in the preparedness and response phase to a loss of workspace business continuity incident where workspaces are lost in and/ or out of hours;

- flexible working practices
- remote working/ working from home where possible
- reciprocal agreements with other parts of the organisation
- arrangements with alternative organisations
- Establish expected duration of loss of building
- decide whether to consider an Alternative Accommodation Procedure – companies exist who will provide accommodation at very short notice – Contact NHS property Services
- instruct all office-based staff to go home and return to the Workplace next working day, or another specified date, or to await further instructions as appropriate
- Ensure all staff aware of issues – those already working from home or elsewhere

- divert telephones and fax as appropriate
- re-direct all incoming mail as appropriate
- disable key applications server as required
- ensure all staff are advised of where to report and operate from
- advise all relevant stakeholders of the Situation
- confirm expected date/time to return to Premises
- develop plan to return all Functional Areas affected to Normal Operations
- inform all Staff of planned date to return to Premises
- the relevant utility supplier should be notified
- The effect on the ability of staff to continue working following of loss of heating should be considered in the light of climate and weather conditions and the time of year.
- The effects of failure of water supplies on toilets, drinking water, hygiene should be considered
- Contact details of utilities, building etc at section D

Note ; Initial considerations in the event of a Business Continuity disruption can be found at appendix D

3.22 Recovery

A crucial aspect in the handling and any incident is the management of recovery to normal business operations. Once the initial response has been activated, senior management will need to consider establishing a Recovery Team. This function is contained in the action cards in section D

3.23 Recording of Decisions

It is essential that any decisions taken during a Business Continuity disruption or any Major Incident are recorded.
These should be recorded in a hard back book and in black ink where possible (never pencil)
All options relating to that decision should be recorded together with the reasons one particular option was taken over others
The decisions should be recorded as soon as reasonably practicable, ideally at the time and should be dated and timed
The record of the decisions should be kept in accordance with the retention policy

C - Incident Response Plan

STOP

- IF A MAJOR INCIDENT HAS BEEN DECLARED AND YOU ARE READING THIS PLAN FOR THE FIRST TIME, DO NOT CONTINUE.

GO DIRECTLY TO THE ACTION CARD SECTION

- SEEK OUT YOUR ACTION CARD AND FOLLOW IT
- IF YOU DO NOT HAVE AN ACTION CARD THEN AWAIT FURTHER INSTRUCTIONS FROM YOUR MANAGER
- DO NOT CALL THE SWITCHBOARDS OF THE CCG OR ACUTE HOSPITAL TRUST
- DO NOT LEAVE WORK UNTIL YOU HAVE CONFIRMED THAT IT IS OK TO DO SO WITH YOUR MANAGER
- ENSURE THAT YOUR MANAGER OR WORK COLLEAGUES HAVE A CONTACT NUMBER FOR YOU
- DO NOT GO TO THE CCG INCIDENT CONTROL CENTRE UNLESS YOU ARE REQUIRED TO DO SO

KEEP YOUR ID CARD ON YOU AT ALL TIME

CONTENTS – Incident Response Plan

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1.1 Introduction

NHS St Helens Clinical Commissioning Group (CCG) Incident Response Plan establishes the framework for the response in the event of any major incident regardless of cause, in accordance with the Civil Contingencies Act 2004, and the requirements placed upon the CCG as a Category 2 Responder under this legislation. In addition this plan meets the requirements of the Health and Social Care Act 2012, NHS England Emergency Planning Framework and other central Government Guidance.

1.2 Aim of the Incident Response Plan

The aim of this plan is to establish procedures to ensure that the CCG Is able to respond to emergencies in accordance with NHS Emergency Preparedness Resilience and Response (EPRR) guidelines (as amended) and the Civil Contingencies Act

1.3 Objectives of the Incident Response Plan

The Emergency Plan will:

- Give clear guidance on the EPRR responsibility of the CCG
- Provide clear activation and command and control arrangements during an emergency
- Provide action cards for key staff when responding to an emergency

1.4 Training and Exercising

- All staff will receive training appropriate to their role and responsibility within the plan, and know where to access the plan. All personnel employed by the CCG will have a degree of responsibility within the plan; it is the CCGs' responsibility to ensure that they are familiar with the plans and that they participate in training and exercising where necessary.

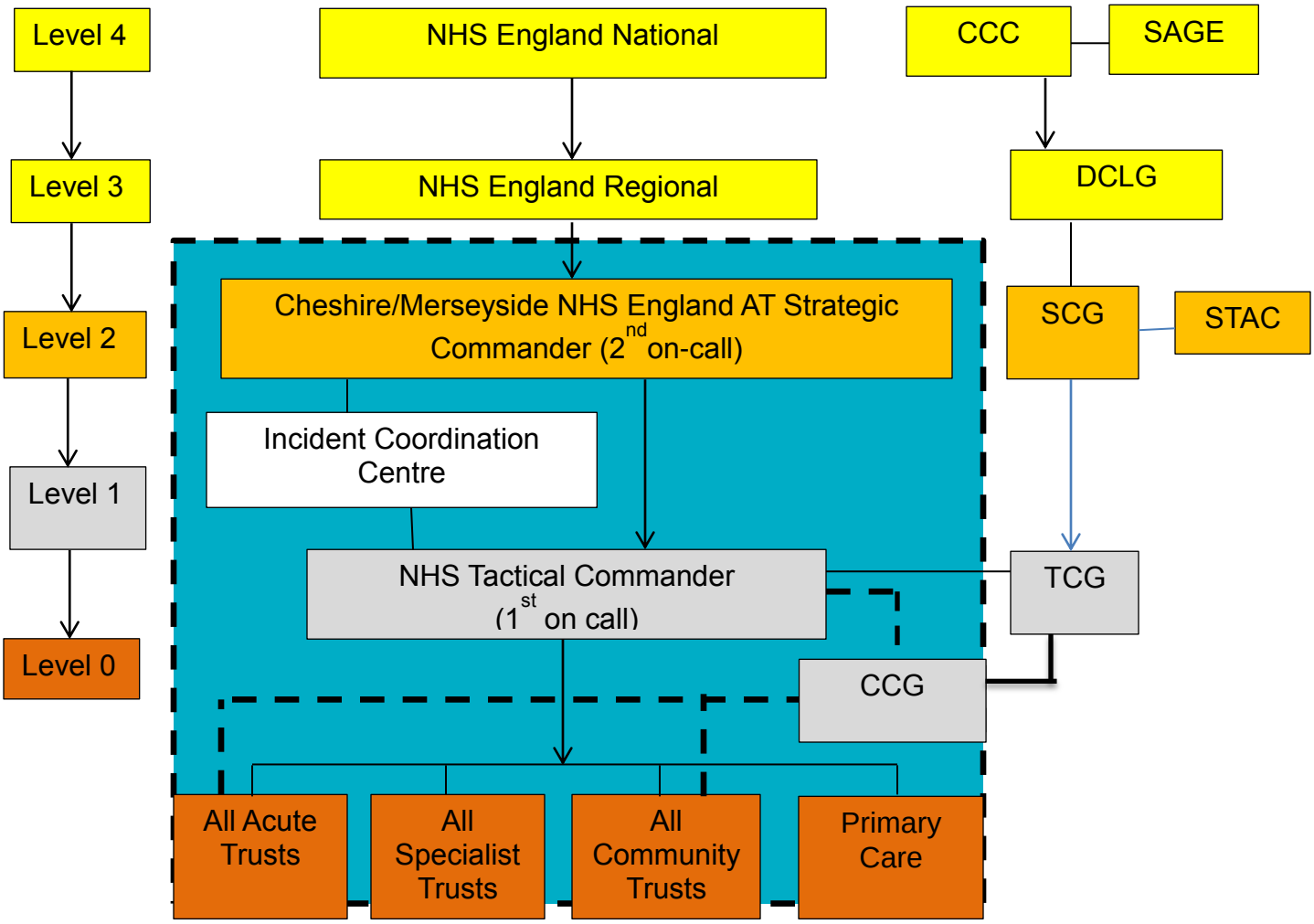
- Exercising of the Incident Response Plan will form part of the exercise programme for the CCG in line with the requirement as set out by the Department of Health as follows and it is considered good practice for exercises to be carried out in a multi-agency environment

    - A communication Exercise to be carried out bi-annually.
    - A table top exercise to be carried out annually.
    - A live exercise to be carried out every 3 years

1.5 CCG Responsibility

The responsibility for Emergency Planning within the CCG is with the Accountable Emergency Officer. The day to day responsibility for Emergency Response now lies with head of Quality and Safety. CCG arrangements include the direct support of a trained and competent Emergency Planning Officer from the Midlands and Lancashire Commissioning Support Unit. The plan will be updated annually or as necessary from any debrief report following any incident or exercise .

1.6 These plans have been written in accordance with the command and control structures laid out in both NHS Command and Control documents, NHS England Area Team arrangements and The Merseyside Local Resilience Forum Command and Control arrangements



1.7 Definition of Emergency – Civil Contingencies Act

Emergency - The Government has defined an emergency in the Civil Contingencies Act 2004 as:

An event or situation which threatens serious damage to;

- ***Human welfare in a place in the UK.***
- ***The environment of a place in the UK.***
- ***The security of the UK or of a place in the UK.***
- **Major incident -** For the purposes of this plan a major incident is defined as:

"Any accident, incident, natural disaster or hostile act which demands special arrangements to cope with casualties or to counter actual or potential effects in the provision of services".

NHS emergency planning embraces all reasonable contingency measures to enhance response capabilities to deal with any accident, natural disaster or hostile act resulting in an abnormal casualty situation or posing any threat to the health of the community or in the provision of services

1.8 The NHS Emergency Preparedness Framework Definitions

For the NHS incidents are classified as either-

- 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.

Business Continuity Incident

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)

Critical Incident

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.

Major Incident

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. For the NHS this will include any event defined as an emergency under the Civil Contingencies Act

A declared incident or emergency to the NHS may not be any of these for other agencies, and equally the reverse is also true. An incident may present as a variety of different scenarios, they may start as a response to a routine emergency call or 999 response situation and as this evolves it may then become a significant incident or be declared as a major incident, examples of these scenarios are:

a. **Big Bang** – a serious transport accident, explosion, or series of smaller incidents;
b. **Rising Tide** – a developing infectious disease epidemic, or a capacity/staffing crisis or industrial action;
c. **Cloud on the Horizon** – a serious threat such as a significant chemical or nuclear release developing elsewhere and needing preparatory action;
d. **Headline news** – public or media alarm about an impending situation;
e. **Internal incidents** – fire, breakdown of utilities, significant equipment failure, hospital acquired infections, violent crime;
f. **CBRN(e)** – Deliberate (criminal intent) release of chemical, biological, radioactive, nuclear materials or explosive device;
g. **HAZMAT** – Incident involving Hazardous Materials; and
h. **Mass casualties.**

1.9 Plan Activation

The decision to activate the Incident Response Plan will be taken by the CCG Senior Management following notification of an incident.

This decision will include consideration of whether to open an incident control room for St Helens CCG.

Out of Hours this may be taken by the Mid Mersey CCG On Call Officer, who, if not an officer from the affected CCG, may inform the relevant chief officers of the affected organisation however each mid Mersey on call officer has delegated authority to respond on behalf of NHS St Helens CCG The incident will be managed by either the on call officer or a senior executive from NHS St Helens CCG. Refer to Action card in section D

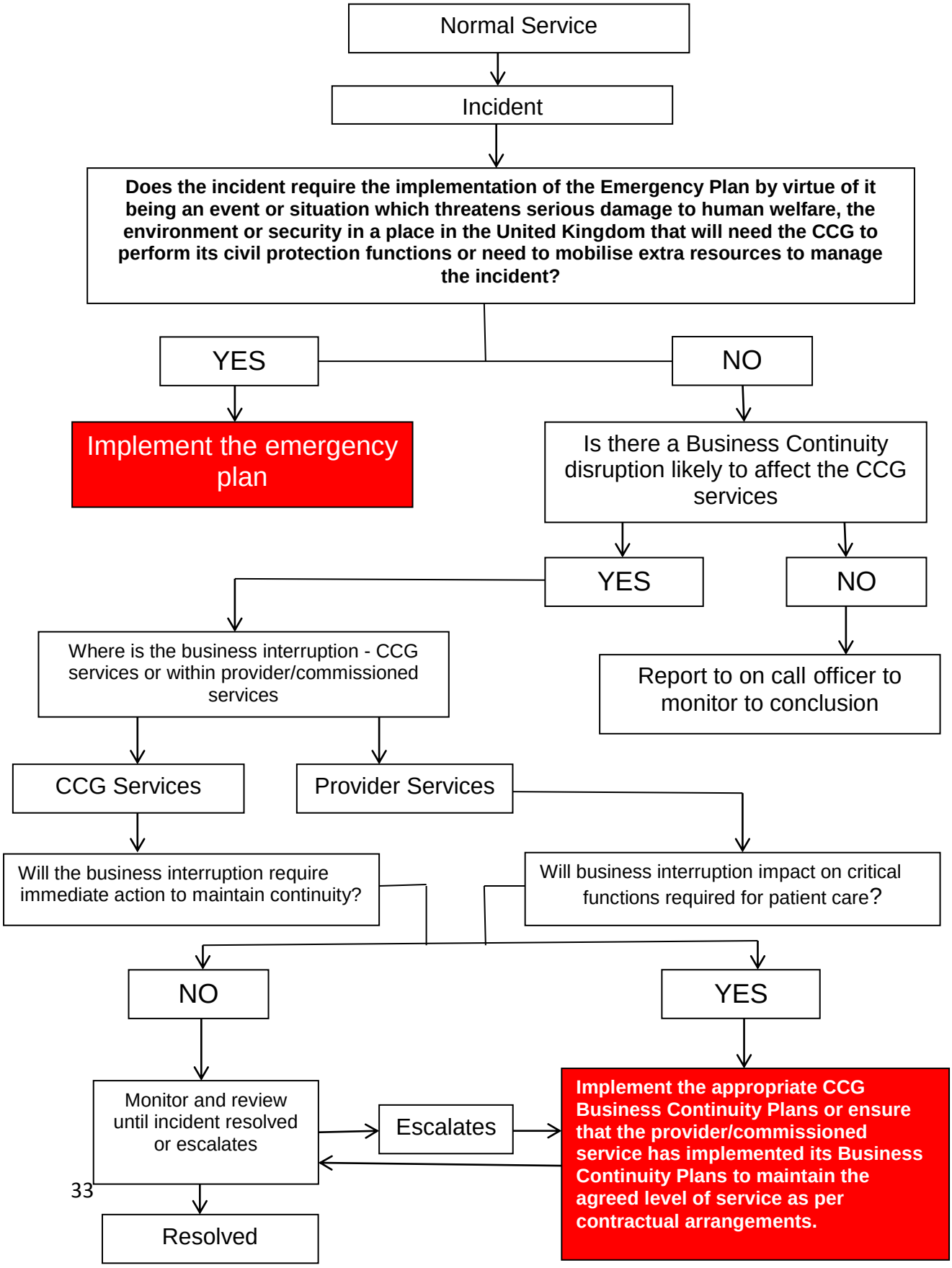
NHS England Area Team must be informed of any declaration of Major Incident if they are not the organisation informing the CCG on call

Management of any incident response will include considerations regarding welfare of staff, tactical and operation responses for dealing with the incident and consideration of any business continuity effect that the incident may cause

On receipt of an alerting message the CCG Senior Manager will:

- **Note all details** in the incident report form at section D concerning the emergency situation, all hospitals and other agencies involved in response, the time of the alerting call and name of caller
- Determine whether to activate the CCG Incident Response plan – see decision process cascade below
- Notify CCG personnel as appropriate
- Identify the need for a communications manager
- Act as the CCG focal point until such time the CCG Incident Control Centre (ICC) is activated. (It may not be necessary to open the ICC for every major incident and the Director/Senior Manager will make this assessment and review as necessary).
- Follow the Incident/Recovery Manager on Call Action Card at section D
- Details of contacts are held at section D

Decision Process Cascade



1.10 Risk

The preparation of emergency plans are informed by the assessment of risks within the National, Regional & Local area; and internal risks within the organisation.

The National Risk Register (NRR) has been produced by the National Security Agency under the UK Government . It is a comprehensive list of all the current threats to the health and security of the population of the UK.

The Merseyside Resilience Forum (MRF) have reviewed all hazards and threats that exist within the respective boundaries and these risk constitute the Community Risk Registers (CRR) for the respective areas Many of the hazards and threats will appear on both the local and the national risk registers. The Risk Registers are available on the local websites.

The CCG is responsible for ensuring that resilience and response is "commissioned in" as part of the standard provider contracts and to reflect the local risks identified through wider multi-agency planning. The CCG will record these risks on their internal risk register.

The purpose of producing these lists of hazards and threats is to ensure that each organisation can focus their emergency planning efforts towards those risks that are likely (or could possibly) occur.

1.11 Finance

The CCG will have a cost code available to senior staff for use in an emergency, which will allow for an audit trail of the cost of a response. It will be the responsibility of the Chief Finance Officer for the CCG to put in place the management arrangements of the cost centre and budget codes and how finance for emergency response and unexpected costs can be tracked accordingly.

1.12 Recovery to normal services

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, environmental, social and economic consequences. Response and recovery are not, however, two discrete activities and the response and recovery phases do not occur sequentially. Recovery should be an integral part of the combined response from the beginning, as actions taken at all times during an emergency can influence the long-term outcomes for communities.

1.13 Debriefing and Staff Support

The CCG will be responsible for debriefing and provision of support to staff where required following an emergency. This will include welfare support as necessary

Review Plans against the incident and actions taken following the debrief. Ensure the records of such debriefs together with the actions arising are recorded and monitored to conclusion and retained

D – Action Cards and Other Information

ACTION CARD 1

Business Continuity Actions to be Considered –

Identify time critical issues for the CCG at that moment – what is needed to resolve them

Reasons for Business Continuity Disruption

- Identify reason for disruption and ascertain if known likely length of disruption
- Ensure NHS England, commissioned services and stakeholders aware of disruption and provide contact details for the CCG either email/main phone or mobile dependent on circumstances - See contacts list in this section for details
- Does the Business Continuity disruption affect any commissioned services
- If so identify if commissioned service has enacted Business Continuity Plan
- Identify any issues from providers that the CCG are able to influence

Loss of IT and Communications

- Identify reason for loss –System crash/virus/ Power failure/ other utility issue
- Identify likely timescale for the disruption
- Laptop access still available/able to work on laptop battery if so for how long
- Telephony still available – main phones/mobile phones
- Identify staff to work from alternative locations as required
- IT provider staff on site to ensure swift recovery

Utilities

- Identify reason for loss utility failure – power/water/telephony
- Identify possible length of disruption
- Power available elsewhere –other CCG premises, CSU premises/ Local Authority premises/staff home then relocate as required

Loss of Premises

- Is there a building infrastructure concern- damage/flood/etc
- Is building suitable for continued occupation – for how long – contact buildings owner/caretaker on contacts list in this section
- Consider alternate options i.e. home working/Working from other NHS premises/working from Local Authority premises

Loss of Staff (all reasons)

- Reduce workloads and redistribute essential work
- Identify Time critical issues for the CCG at the moment and allocate staff to ensure completion
- Obtain assistance from other CCG/CSU short term
- Consider whether temporary staff from agencies
- Do the CCG staff need to be in at all for that day/period of time
- Identify staff able to work from alternative locations

ACTION CARD 2

INCIDENT/RECOVERY MANAGER (DIRECTOR ON CALL UNTIL RELIEVED)

On receipt of a warning message or an alerting call:

1. Using the Incident Report form (later this section) record details of the alert and the organisations already informed. Consult the decision making flow chart on pages 21 and 33
2. Assume the role of Incident Commander.
3. Determine if the incident is a Major incident or a business continuity incident for the CCG itself
4. Is the incident restricted to the CCG itself or does it affect the whole of the building – if the whole of the building refer to action card 6
5. Determine the need for additional staff – message loggist, media spokesperson
6. On Receipt of MAJOR INCIDENT **DECLARED** Immediately contact the Accountable Emergency Officer or in their absence another CCG Executive officer informing them of the incident , requesting further advice to discuss the incident and further actions required from the CCGs.
7. Establish the Incident Control Team as required. Utilise Local Authority premises if available as an alternative if CCG incident control room compromised
8. Allocate specific tasks as necessary
9. **Record all instructions and decisions, actions taken and other information** which may enable the CCG to assess the success of the Emergency Plan and provide evidence to any inquiry which may follow. All entries must be timed, dated, signed and made in ink.
10. Log all expenditure incurred as a result of the incident
11. Continue to coordinate the incident until relieved. Consider the likely longevity of the incident, additional staffing that may be required and prepare hand over documentation if necessary
12. Assess the need for a CCG team to work through recovery issues. Identify staff as required
13. Recover vital assets/equipment to enable delivery of prioritised activities
14. Welfare – Ensure welfare of staff involved in the incident is considered and staff are offered support where they feel a need

ACTION CARD 3

ACTIONS TO BE TAKEN BY THE NOMINATED COMMUNICATIONS MANAGER

On receipt of a warning message or an alerting call the Communications Manager will:

1. Respond as requested by the Incident Manager and report to the nominated Incident Control point.
2. Agree with Incident Manager the most appropriate working location, contact arrangements and procedures for information exchange.
3. Initiate as appropriate, internal and/or 'mutual aid' arrangements to establish the appropriate levels of support.
4. Establish and maintain effective process for ensuring briefing with the latest information on a regular basis.
5. Establish liaison links with those responsible for media liaison at:
    - NHS England
    - Public Health England
    - GP Practices
    - Others dependent on the incident
    - Determine who will lead the media response if required
6. Ensure that pre-release authorisation for all information and statements released to the media is obtained from the Incident Manager.
7. Implement arrangements for the Incident Manager to be provided with all media statements concerning the emergency generated by other agencies, including other NHS organisations.
8. Institute an appropriate process to gather timely and accurate information from all authoritative sources available.
9. Using information gathered and briefing material made available by the DH/NHS, other central Government departments, the Multi-Agency media centre of other authoritative organisations involved in the response. Prepare information and advice that may be used in response to any media and/or public enquiries to the CCG
10. Co-ordinate the provision of health related information to other responding organisations, as appropriate.
11. Prepare for authorisation, appropriate statements for release to the media.
12. Co-ordinate the arrangements and maintain control of any media and VIP visits to any CCG operational areas.
13. Provide the CCG lead for the organisation, co-ordination and management of media interview, briefings and 'feature story' activity.
14. Implement procedures for the regular updating of information and guidance to be used by operators of any 'Helpline' established by the CCG.
15. Brief senior staff as appropriate, particularly where such staff are to participate in media interviews concerning the CCG response.
16. Ensure that the appropriate level of support is maintained throughout the event

ACTION CARD 4

MESSAGE LOGGIST

Aim

1. To manage all logging requirements as directed during the emergency.

Process

2. The Message loggist will be based at the nominated incident control point.
3. On arrival at the incident control point report to the Incident Manager.
4. Compile - either an excel spreadsheet based on the headings given on page 44 or print off sufficient numbers of the form
    - Ensure all entries are timed, recorded sequentially and make clear who has given the information to be recorded.
    - Begin each entry on a new line but ensure there are no complete line gaps between entries. Record the stand down/handover time
    - Ensure printed message logs are filed in time and date order and indexed
    - Ensure all message logs are retained and handed to the Incident manager for final retention
5. Challenge anything about which you are unsure
6. Ensure if handing over to another loggist that they are fully briefed in respect of the situation to date and actions that are incomplete.
7. Do not leave the ICC unless you are properly relieved or instructed to do so by the Incident Manager.

ACTION CARD 5 – POWER FAILURE

If a power failure has occurred, you must do the following:

Have you confirmed that there is a power failure throughout the building?

No

- Check trip switches if possible
- Check for faulty equipment / operator

Yes

- Contact St Helens BC 01744 23044 and establish who will co-ordinate the response on behalf of the building occupiers – see action card 6
- Ask how long the failure is likely to last
- Contact Scottish power if unable to obtain answers from council
- Identify what is critical to the CCG at that time
- Contact providers, GP surgery and WIC for their status and to ensure they are aware of issues
- Check other utilities still working

Does the power failure constitute a health and safety problem to patients or staff?
e.g.

- Are electromagnetic security doors still secure?
- Do alarms still function?
- Is essential equipment still working?

Is power failure likely to last more than 2 hours?

No

Yes

- Contact On Call

Escalate issue to Lead Director so that a major incident can be declared if appropriate

Monitor progress by regular contact with the Maintenance Service Provider and the estates team

If situation changes or is not likely to resolve within timeframe, contact line manager (in hours) or emergency on call (out of hours)

Record all actions, decisions and communications
Forward all records to CCG Emergency Planning Lead

Contact Details

St Helens Borough Council
01744 23044
Scottish Power
0845 272 2424

ACTION CARD 6 – Multi Occupancy Sites

Each organisation is responsible for providing information on the services operated from a building and points of contact / escalation.

SITE AGREED SINGLE POINT OF CONTACT: Use the contact details provided here to inform other tenants to activate their Business Continuity arrangements

Note: It is good practice to hold an alternative / personal contact number of key staff to be contacted in the event of an emergency. Contact details should be stored securely and be used only in the event of an emergency.

Function	Organisation / Name	Numbers
Site Agreed Single Point of Contact (SPOC)		Direct: Mobile:
Key holders		Direct: Mobile:
Site Facilities Manager (may also be Site Agreed SPOC and or key holder)		Direct: Mobile:
Deputy / Alternative		Direct: Mobile:
Tenant 1		Direct: Mobile:
Tenant 2		Direct: Mobile:
Tenant 3		Direct: Mobile:
Tenant 4		Direct: Mobile:
Add rows as required		
Site Security / Alarm Company (In / Out of Hours)		Direct: Mobile:
Building Reception		Direct: Mobile:
Building Owner		Direct:

		Mobile:
Soft FM services (Cleaning, catering, maintenance)		Direct: Mobile:
Hard FM Services		Direct: Mobile:
Add rows as required		

Note: Routine facilities management issues and building management issues are to be reported and managed according to normal locally agreed business as usual procedures.

The Site Agreed Single Point of Contact is responsible for escalating awareness of the incident to all building users, maintenance providers and operational service leads.

Your building and services have been disrupted.

No	Site Agreed Single Point of Contact is responsible for:	tick
1	**Identify the scale of the disruption and the services/activities it is affecting** Alert / Activate all services in the building (via reception / tannoy / email group or other arranged mechanism)	
2	Confirm the safety of patients, staff, contractors and visitors coordinating response with other building users and hard / soft facilities providers	
3	Call Service Managers / Leads of services or any internal/ external persons operating from this site to inform them of incident and to activate their service Business Continuity Arrangements / Plans.	
4	Inform the building owner / head leaseholder (e.g. NHS Property Services, affected Trusts)	
5	Notify upwards: (details per escalation flow chart) 1. Own Organisation: Silver 2. Other building users: Business Continuity leads 3. NHS England Area team	

Sample Message Log Sheet

Log No	Loggist	Date	Time	From	Message Type	Summary	Action Required	To	By When	Open Closed	Comments

CONTACT DETAILS

Mid Mersey CCG On Call 0845 833 5287
North Mersey CCG On Call 0845 124 9802

Providers

Royal Liverpool & Broadgreen	0151 706 2000
Southport & Ormskirk	01704 547471
St Helens & St Helens	0151 426 1600
Warrington & Halton Hospitals	01925 635 911
Aintree University Hospital	0151 525 5980
Liverpool Heart and Chest	0151 600 1616
Liverpool Womens	0151 708 9988
The Walton Centre	0151 525 3611
Alder Hey	0151 228 4811
5 Boroughs Partnership	01925 664000
Mersey Care	0151 473 0303

Community Trusts

Bridgewater Community	07979 554459
Liverpool Community Health	0151 706 2000

Out of Hours

UC 24 supervisors 24 hrs contact	0151 221 5837
UC 24 Health Care Professional	0151 221 5835

Local Authorities

St Helens BC emergency contact number	01744 23044
Halton BC	151 495 2832
Liverpool City Council	**0151 236 2635 NOTE Ex Directory not to be given out for use by cat 1 and Cat2 responders only**
Sefton BC	0151 922 6107
Knowsley BC	0151 443 2804

Public Health

Public Health via Local Authorities on call numbers
Public Health England via NWAS and ask for PHE On Call 0344 225 0562 option 1

Utilities via St Helens Chamber building contacts

NHS Property Services

In Hours - 0151 295 3929
Emergency Number 07766 248043

CCG Staff

Add health and Safety contacts
Fire Warden contacts

ICT Out of Hours

INCIDENT RESPONSE FORM

Call Received By		
Call Received From	**Date/Time:**	
	Name:	
	Organisation:	
	Tel No:	
Incident Details	**Time of incident:**	
	Location:	
	What happened/ Any Further information	

Major Emergency Declared
Exact location
Type of emergency
Hazards present and potential
Access/Egress safe routes
Number, type and severity of casualties
Emergency services present and required

Type of Incident Declared **(NHS or multi-agency?)**	**Incident Type**	**Please Tick**	***Who has declared this Type of Incident***
	NHS Only		
	NHS Escalation		
	Major Incident		
	Major Incident Standby		
	Other		

NHS England Area Team aware/informed	**Name**		**Date / Time**	
Nature of Incident	**Are Chemicals Involved**		**Yes**	No
	Are Radioactive Materials Involved		**Yes**	No
	Name (if known)			

Scope of Casualties **If Known**	**Deaths**			
	Injured			
	Level of Injury	**Burns**	**Critical**	**Serious**

	No to hospital	
Is there a risk	To Routine NHS services	
What is being done to reduce the risk		

Decontamination	Is Decontamination Required On Site	YES	NO
	Is Decontamination Required at the Receiving Hospitals	YES	NO
Are There Any Vulnerable Facilities Nearby	Schools		
	Nursing/ Residential Homes		
	Health Clinics / Centres		
What Support Is Required/being given from	Ambulance Trust		
	Primary Care		
	Acute Trusts		
	Community / Mental Health Trusts		
	Other		

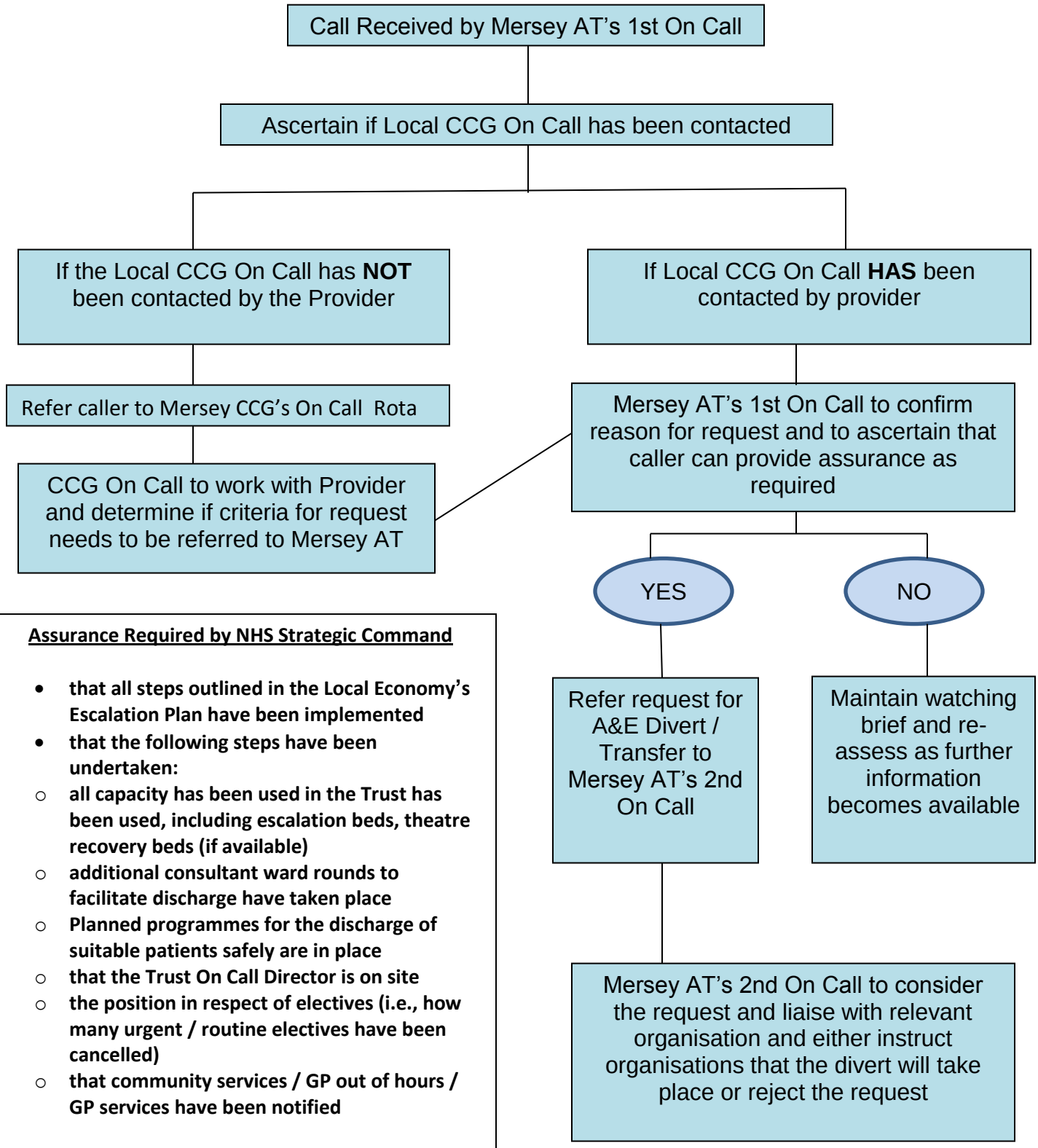
Are Media Involved	YES		NO		
Who Is Dealing With The Media	Name				
	Tel No:				
ACTION FOLLOWING INITIAL BRIEFING					
NHS Response	NHS Major Incident Declared	YES	NO	Time	

	Health Economy only to deal	YES	NO	Time	
Other Comments					

ESCALATION AND ACTIVATION PROCESSES

Area Team Process and CCG involvement

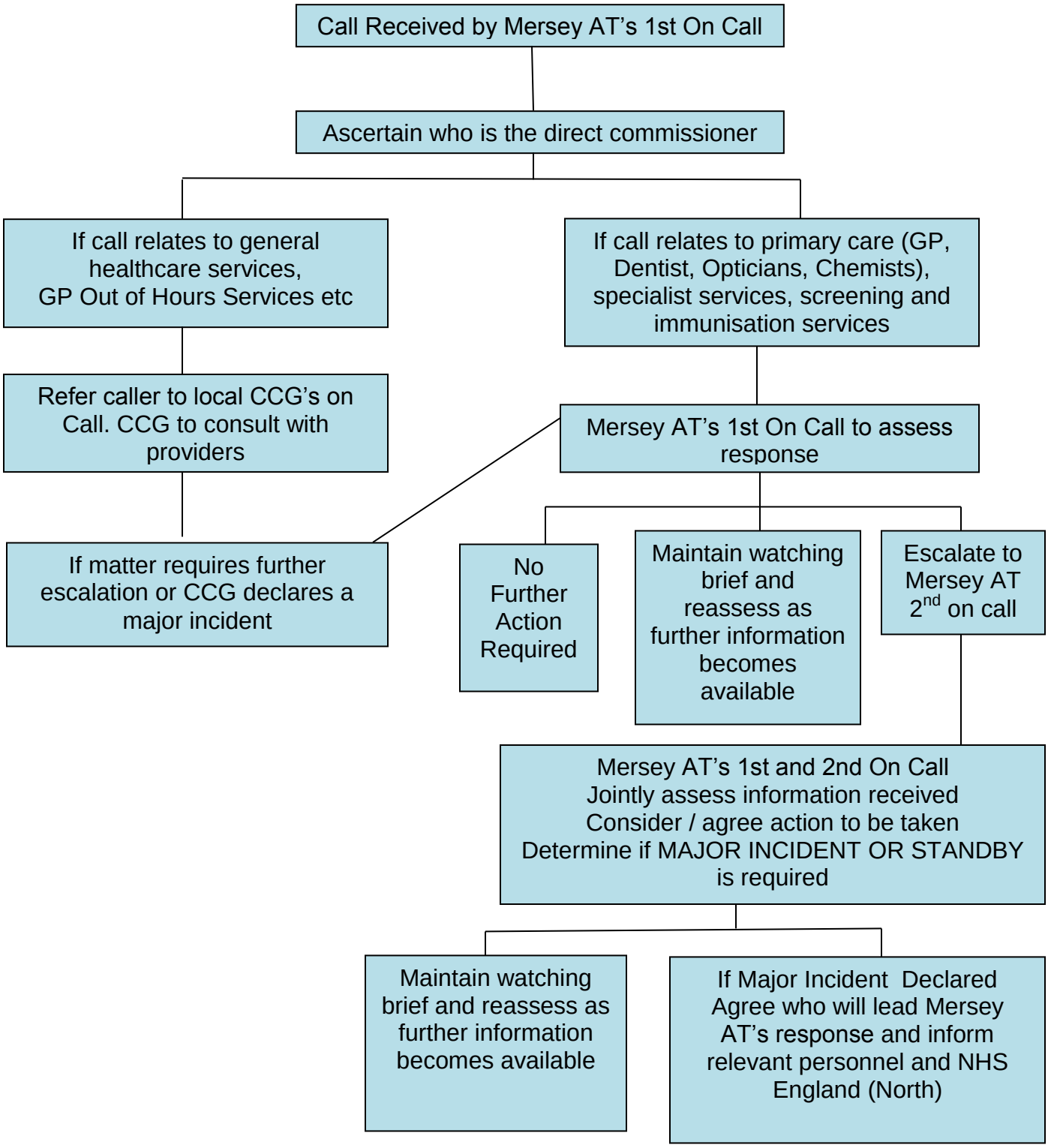
REQUEST FOR A & E DIVERT OR TRANSFER



Assurance Required by NHS Strategic Command

- **that all steps outlined in the Local Economy's Escalation Plan have been implemented**
- **that the following steps have been undertaken:**
  - **all capacity has been used in the Trust has been used, including escalation beds, theatre recovery beds (if available)**
  - **additional consultant ward rounds to facilitate discharge have taken place**
  - **Planned programmes for the discharge of suitable patients safely are in place**
  - **that the Trust On Call Director is on site**
  - **the position in respect of electives (i.e., how many urgent / routine electives have been cancelled)**
  - **that community services / GP out of hours / GP services have been notified**

PROVIDER INCIDENT/PERFORMANCE ISSUE WHICH MAY IMPACT ON REPUTATION OF NHS



MULTI-AGENCY MAJOR INCIDENT

Call Received by Mersey AT's 1st On Call

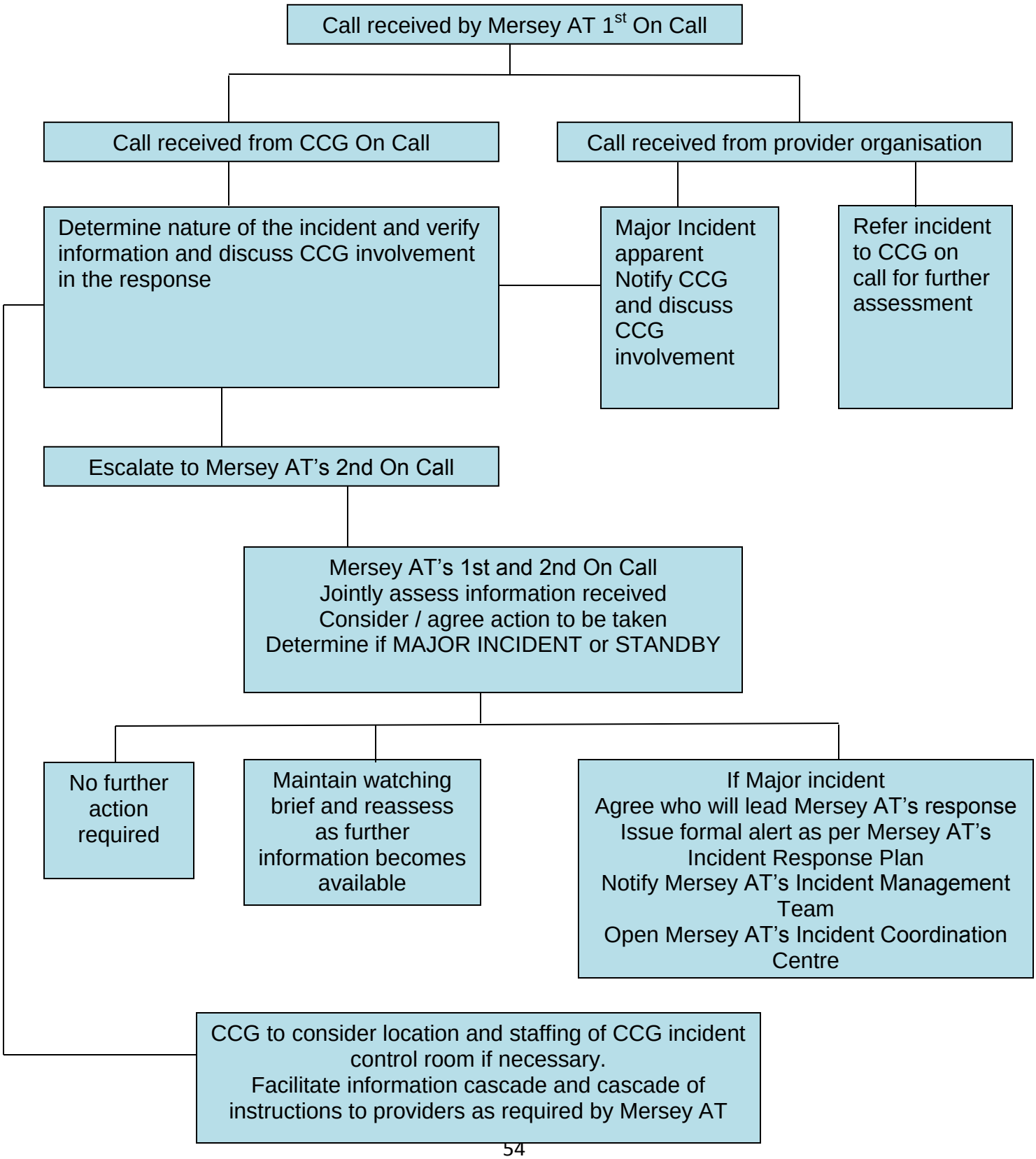
Gather information on type of incident and response required
Major Incident DECLARED OR STANDBY
Gather METHANE information – (Major Emergency declared, Exact location, Type of emergency, Hazards present, Access/egress safe routes, Number, type, severity of casualties Emergency services present & required
Is it an OPERATION PLATO (guns) declaration(relates to a possible terrorist attack (see process at page 58)
Is a JOINT TACTICAL COORDINATION GROUP (JTCG) or a STRATEGIC COORDINATION GROUP (SCG) being established? Where?
Is the CCG on call likely to be required to attend at the TCG

Escalate to Mersey AT's 2nd On Call

Mersey AT's 1st and 2nd On Call Jointly assess information received
Agree who will lead Mersey AT's response -
if JTCG/SCG called agree who should attend
Consider / agree action to be taken
Determine if MAJOR INCIDENT OR STANDBY for whole / part of local NHS is required
Issue appropriate level of alert as per Mersey AT's Incident Response Plan which includes informing relevant CCG's
CCG and area team to discuss and agree CCG level of involvement
Notify Mersey AT's Incident Management Team (as appropriate)
Open Mersey AT's Incident Coordination Centre
Inform NHS England (North)

CCG to consider location and staffing of CCG incident control room if necessary.
Facilitate information cascade and cascade of instructions to providers as required by Mersey AT

NHS ONLY MAJOR INCIDENT



SUPPORT FOR REST CENTRE REQUEST FROM LOCAL AUTHORITY

Call received by Mersey AT 1st On Call

Mersey AT in discussion with CCG to determine level of CCG response.

Mersey AT to contact providers direct
Mersey AT request CCG to contact provider.

CCG to contact –

- Determine level of assistance required from Local Authority for the rest centre. May be a GP requirement - link to Out of Hours provider for assistance, nurse prescriber and other nursing staff dependent on type and scale of incident – community service provider to source
- Determine location of rest centre, access and parking
- Determine likely timescale for assistance and requirement for additional relief personnel
- Request numbers likely to be at rest centre
- Ask to whom the NHS personnel should report to at the rest centre and which entrance
- Ensure providers and attending personnel have details of the incident and the possible health effects from it
- Request confirmation from providers of personnel attending and likely time of arrival
- Inform Mersey AT at TCG or SCG when personnel sourced

OPERATION PLATO RESPONSE

Call received by Mersey AT 1st On Call

Call, prefaced by OPERATION PLATO ACTIVATE, will be either be from NWAS Regional Health Control or NHS England (North)
It will relate to a terrorist attack which may / has resulted in a MASS CASUALTY INCIDENT occurring anywhere in the North of England. Even if the incident is not local, the intention of the NHS response is to potentially deal with thousands of casualties, not just major life threatening injuries nearer the scene, but more minor injuries which the public will be asked to seek treatment for outside the area of the attack (after initial triage / assessment). The NHS will need to maximise capacity to deal with the potential for casualties.
Note - All NHS provider organisations will have a RESTRICTED annex to their Major Incident Plan outlining their response / actions once PLATO is activated

Mersey AT response to activation

Alert Local Health System Response using phrase OPERATION PLATO ACTIVATE

Mersey AT response to activation

Alert local NHS organisations (see right-hand side of slide)
Contact Merseyside Police to notify them of activation / confirm that they are aware - ask where JTCG / SCG to be established
Identify who should attend on behalf of Mersey AT
Activate Incident Response Plan and declare Major Incident / Major Incident Standby (dependent upon where attack has taken place)
Establish and staff AT's Incident Coordination Centre (within ONE hour)
Consider if AT's premises need to be 'locked down' (subject to risk assessment of likelihood of attack)
Inform NHS England (North)'s OCC when AT's ICC open
Collate contact details / SITREPs from NHS Organisations
Ensure all providers update the Capacity Management System every 2 hours re acute activity (login details on Pocket Action Card)
Re Walk-in Centres, Minor Injuries Units . GP OOHs, start to collate SITREP – every 2 hours – see attached SITREP
Ensure Trusts start to initiate steps to facilitate early discharge (liaising with social services / community providers)
Prepare for ongoing actions / briefing requests / request for mutual aid

CCG likely to be asked to co-ordinate information and instruction flow to providers.
CCG to set up incident control and undertake actions from AT
Trusts to Open and staff their control rooms within ONE hour
Instructions from AT regarding requirement to lock down any trusts
Trusts to ensure information is added to Capacity Management System on acute activity every 2 hours
Submit SITREP to AT every 2 hours
Acute - put in steps to maximise NHS capacity by reviewing discharge of patients, with support from social and community care
Community – maximise support to acute to facilitate discharge
GP OOHs / WiC / Minor Injuries – prepare for increase in self presenters from site of incident (ie as they return home)
Prepare to respond to directions through NHS command and control, together with request for additional briefing
Be aware of potential for requests for mutual aid, specifically with more specialist services (eg ICU)

Section 12

NHS SITREP Sample Report Form

		Critical Actions Taken/Required:
Date and Time:		Taken:
Reporting Officer:		Required:
E mail:		
Contact Numbers:		
CURRENT SITUATION / OPERATIONAL REPSONSE		
Main Effort Specified Tasks		
Operational Status Hospitals Primary Care		
Impact on Infrastructure and Service Delivery		

Public Health Advice (Internal/External)	(indicate nil returns)
Warning and Informing: (Internal/External)	(indicate measures taken)
Business Continuity: (include recovery timescales for impacted Trust)	(indicate measures taken)
Emergency Preparedness: **Command Structure** **Plans** **Mutual Aid**	(indicate measures taken)
Other Information Requests Actions	

Commonly Recognised Information Picture

The CRIP form will change depending on the nature of the incident but will contain the following sections

1. Details of how to use form
2. Briefing Content - Signposting of content and main issues
3. Situation overview –[A clear and concise summary of the situation as currently understood
4. Strategic Direction - Strategic aim and objectives
5. Response - What is being done and the issues arising. This should contain issues of potential concern, progress and milestones
6. Recovery – What is being done and issues arising for consideration and action at national level
7. Other issues and implications – to record additional dimensions that are not directly relevant
8. Political/Policy implications – to identify areas that may require political or policy consideration
9. International Issues – anything relevant that may raise international or diplomatic considerations
10. Media handling – details of media and press conferences
11. Decisions to be taken – to explicitly set out decisions that need to be taken now, or deferred to a later time

The forms will be circulated via the Strategic Co-ordinating Group for organisations to complete on their own behalf and submit to the SCG.