NHS Surrey Heartlands CCGs' Incident Management Plan

Working together as the Surrey Heartlands Clinical Commissioning Groups
Guildford and Waverley CCG | North West Surrey CCG | Surrey Downs CCG

Document Control

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Purpose

To set out how NHS Surrey Heartlands CCGs will respond to business continuity, critical or major incidents, in line with current guidance and legislation and the requirements of the NHS England Core Standards for emergency preparedness, resilience and response.

Significant change summary since last version

Fourth edition

Combining the plans from all 3 Surrey Heartlands' CCGs

Distribution and Accessibility

This document will be made available to all staff via the Intranet and Resilience Direct.

The document and any revisions will additionally be emailed to all on-call staff. Executive Directors should ensure that relevant staff are aware of the plan and the procedures.

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INVOCATION OF THIS PLAN

The On-Call Manager and/or the On-Call Director will be responsible for the invocation of this plan.

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1. Background

1.1. The NHS needs to be able 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 infectious disease outbreak or a major transport accident. Under the Civil Contingencies Act (2004), NHS organisations and providers of NHS funded care, must demonstrate that they can deal with such incidents, whilst also maintaining services to patients. This work is referred to in the health service as 'emergency preparedness resilience and response' (EPRR).

1.2. 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; and
- Accurate, up to date and far-reaching communication.

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

1.3. NHS Surrey Heartlands' CCGs are category two responders under the Civil Contingencies Act 2004. Under this legislation the CCGs have a duty to co-operate and information share with other responders including NHS England, Public Health England, Acute Trusts and Foundation Trusts, which are category one responders. The Surrey Local Resilience Forum Major Incident Protocol explains how category one and two responders across the forum will respond and recover from incidents at a local level and how these arrangements link into the National Concept of Operations including the relationship, should it be activated, with the Cabinet Office Briefing Room (COBR).

1.4. This plan will align to the expectations of NHS England as laid out in the NHS England Emergency Preparedness, Resilience and Response Framework 2015 and the NHS England Core Standards for Emergency Preparedness, Resilience and Response.

2. Objectives

2.1. This plan is specifically designed to provide a framework for Surrey Heartlands' CCGs to offer support to the local health economy in the event of an incident. It details:

a) The arrangements for Surrey Heartlands CCGs in the event of being called upon to participate in the health service response to a major incident, including defining the incident alert levels, and detailing how the CCGs plan to respond at each level.

b) The action to be taken in the event of a potential or actual internal or external emergency threatening the CCGs' critical activities or those of their commissioned services, including how the CCGs will respond to and recover from an incident or emergency.

c) How Surrey Heartlands CCGs planning assumptions link to local, regional and national risk registers to support the continuity or resumption of key services when faced with disruption.

d) The alignment of the CCGs arrangements to the ISO 22301 standard and, where practicable, the principles of the Joint Emergency Services Interoperability Principles (JESIP), as required by the NHS England Core Standards for Emergency Preparedness, Resilience and Response.

3. Scope

3.1. This plan covers the staff and activities of NHS Guildford and Waverley CCG, NHS Surrey Downs CCG, and NHS North West Surrey CCG. The plan is complementary and should be read in conjunction with the NHS Surrey Heartlands CCGs Emergency Preparedness, Resilience and Response (EPRR) Policy and Emergency Response Directory, and the Surrey Local Resilience Forum Major Incident Protocol (SMIP).

3.2. This plan and the associated processes may be used to address other situations as necessary so that the CCGs can discharge its duties as required.

4. Planning Assumptions

4.1. This plan makes the following assumptions:

4.2. That the On-Call manager will take the lead in the initial stages of a response. Details and expectation of this role are set out in the On-Call Protocol.

4.3. Other staff may be called upon to support the response should the extent, scale, nature or duration of a given situation be above and beyond the capability of the On-Call manager to coordinate the situation.

4.4. If the incident duration passes 72 hours, business as usual resources will take over the running and management of an incident and be directed by the Joint Executive Team (JET) or a suitably appointed lead. JET, or a nominated Executive Director, will assess the situation at this point and allocate resources going forward to manage the incident if not resolved within 72hrs.

4.5. That reasonable assumptions of community risk in the decision making are based on the **Surrey Community Risk Register**. In 2018/19 the very high risks identified for Surrey included major fluvial flooding, localised flooding of rivers and streams, a pandemic of infectious disease and failure of national electricity infrastructure. The Community Risk Register is maintained by the Surrey Local Resilience Forum and is updated on an annual basis.

4.6. CCG staff, including those on-call, will be notified by the EPRR team on behalf of the Accountable Emergency Officer, of any change in the UK Threat level for which support between local resilience partners maybe required on a dynamic basis, either in preparedness or response. The **current threat level** and actions are available on the Security Service website.

5. Definitions

5.1. The NHS England Emergency Preparedness Framework 2015 defines three types of incident: Business Continuity Incident; Critical Incident, and Major Incident. Each will impact upon service delivery within the NHS, requiring contingency plans to be implemented, and potentially undermining public confidence.

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. [1]

5.2. **Emergency**
Under Section 1 of the CCA 2004 an 'emergency' is defined as:
"(a) *an event or situation which threatens serious damage to human welfare in a place in the United Kingdom;*
(b) an event or situation which threatens serious damage to the environment of a place in the United Kingdom;
(c) war, or terrorism, which threatens serious damage to the security of the United Kingdom".

5.3. **Business continuity incidents**
Fire, breakdown of utilities, significant equipment failure, hospital acquired infections, violent crime

5.4. **Big bang**
A serious transport accident, explosion, or series of smaller incidents

5.5. **Rising tide**
A developing infectious disease epidemic, or a capacity/staffing crisis or industrial action

[1] NHS England Emergency Preparedness, Resilience and Response Framework 2015

5.6. **Cloud on the horizon**
A serious threat such as a significant chemical or nuclear release developing elsewhere and needing preparatory action

5.7. **Headline news**
Public or media alarm about an impending situation, reputation management issues

5.8. **Chemical, biological, radiological, nuclear and explosives (CBRNe)**
CBRNE terrorism is the actual or threatened dispersal of CBRN material (either on their own or in combination with each other or with explosives), with deliberate criminal, malicious or murderous intent

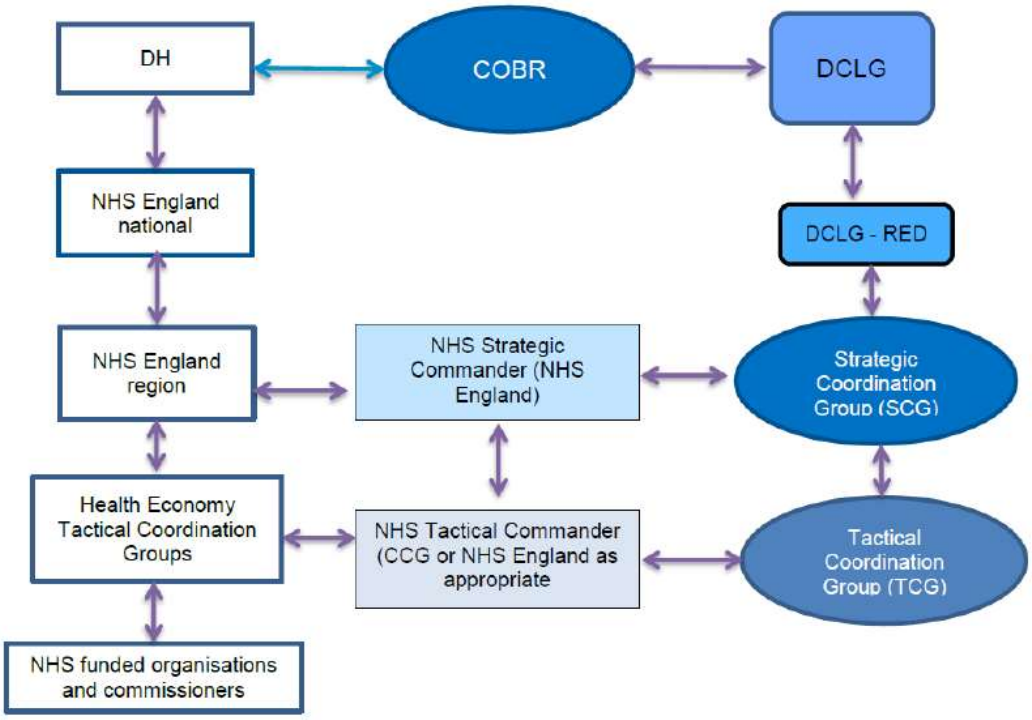
5.9. **Hazardous materials (HAZMAT)**
Accidental incident involving hazardous materials

5.10. **Cyber attacks**
Attacks on systems which cause disruption, reputational, and financial damage. Attacks may be on infrastructure or data confidentiality

5.11. **Mass casualty**
Typically events with casualties in the hundreds where the normal major incident response must be augmented with extraordinary measures

6. NHS Incident Response Structure

6.1. In order for the NHS to be able to respond to a wide range of incidents and emergencies that could affect health or patient care, an appropriate alerting processes needs to be in place to inform those responsible for coordinating the response. The diagram below shows the NHS England EPRR response structure and its interaction with key partner organisations.



Source: NHS England Emergency Preparedness, Resilience and Response Incident Response Plan (National) 2017

7. The Command Framework

7.1. Strategic Command (Gold)

- Strategic (Gold) command has overall command of the organisation's resources. They are responsible for liaising with partners to develop strategies and policies, and allocate funding for the management of the incident.
- They are also responsible for maintaining the organisation's normal services at an appropriate level during the incident
- They must consider the incident in its wider context and establish the longer term effects
- They delegate tactical decisions to their Tactical Commander, so they are not involved in the direct management of the tactical or operational detail.
- The Accountable Officer remains accountable for the business delivery of their organisation throughout all situations. For major incidents and emergencies this duty will usually be discharged through an On-Call Executive Director.
- If an incident in Surrey involves several NHS organisations, NHS England will take responsibility for strategic command over the others.

7.2. Tactical Command (Silver)

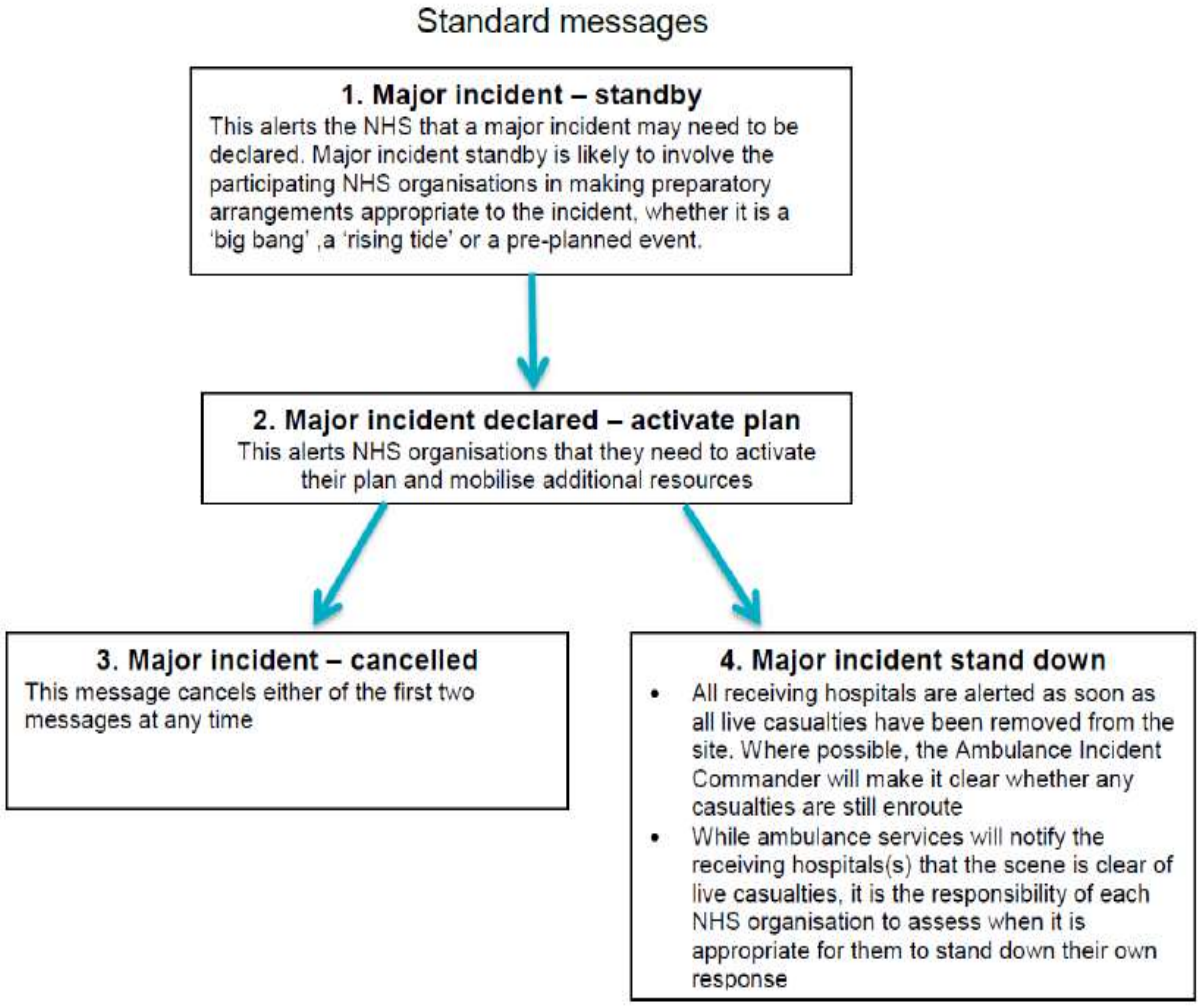
- Tactical (Silver) command is responsible for directly managing the organisation's response to an incident.
- They develop a tactical plan in order to achieve the objectives set by Strategic Command.
- They ensure Operational Command provides a clear and coordinated response, which is as effective and efficient as possible.
- They set response priorities in line with Strategic Command, allocate resources and coordinate tasks
- Tactical Command should oversee and support, but not be directly involved in the operational response to an incident. If an organisation has more than one key site providing an operational response, there may be a Tactical Commander for each site

7.3. Operational Command (Bronze)

- Operational (Bronze) Command refers to those responsible for managing the main working elements of the incident response.
- They will lead teams carrying out specific tasks within a service area, geographical, or functional area. This may include a hospital; ward, area of a community response or aspect of a big bang type incident
- They will act on Tactical Command's instructions and provide them with regular situation reports.
- Individual organisations remain in command of their staff and resources, but each must liaise and coordinate with the other agencies involved in the incident response.

8. NHS Standard Alerting Messages

Standard messages used by NHS organisations



9. Decision making and information gathering

9.1. Joint Decision Making Model

9.1.1. The Joint Emergency Services Interoperability Principles (JESIP) doctrine promotes the use of the joint decision making model, depicted below. This model is supported by the NHS England Emergency Preparedness, Resilience and Response Framework 2015, and the College of Policing Multi-Agency Gold Incident Commander's (MAGIC) course, which is delivered locally for Surrey's Local Resilience Forum.

9.1.2. The model should be used as a framework for decision making throughout the course of an incident. The model is cyclical and each step logically follows the last. The model allows for continued reassessment of the situation or incident, and previous steps may be revisited and updated as required.

9.2. **M/ETHANE**

To aid a joined up incident response, a single information sharing model has been developed as part of the Joint Emergency Services Principles (JESIP). This is now in common use throughout the blue light services and other responding agencies. Of note is the adaptation to add or exclude the M – Major Incident as part of the information update, dependent on the scale of the response required or declared.

M	MAJOR INCIDENT	Has a major incident or standby been declared? (Yes / No - if no, then complete ETHANE message)	*Include the date and time of any declaration.*
E	EXACT LOCATION	What is the exact location or geographical area of the incident?	*Be as precise as possible, using a system that will be understood by all responders.*
T	TYPE OF INCIDENT	What kind of incident is it?	*For example, flooding, fire, utility failure or disease outbreak.*
H	HAZARDS	What hazards or potential hazards can be identified?	*Consider the likelihood of a hazard and the potential severity of any impact.*
A	ACCESS	What are the best routes for access and egress?	*Include information on inaccessible routes and rendezvous points (RVPs). Remember that services need to be able to leave the scene as well as access it.*
N	NUMBER OF CASUALTIES	How many casualties are there, and what condition are they in?	*Use an agreed classification system such as 'P1', 'P2', 'P3' and 'dead'.*
E	EMERGENCY SERVICES	Which, and how many, emergency responder assets and personnel are required or are already on-scene?	*Consider whether the assets of wider emergency responders, such as local authorities or the voluntary sector, may be required.*

10. Actions

10.1. Upon being informed of an incident, the on-call manager should record the following:

- Name and contact details of the informant
- Time and date of receiving the information
- Details of the incident – if the incident is still unfolding full details may not be known at that point
- Expectations of the CCG.

The on-call manager should repeat this information back to the informant to ensure the details and expectations of the CCGs have been recorded accurately.

10.2. The on-call manager should then, based on the information received, assign an alert level (as per the guidance in the NHS England EPRR Framework 2015).

Incident level	
Level 1 Provider with CCG	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.
Level 2 CCGs with NHSE	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.
Level 3 NHSE Regional Team	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.
Level 4 NHSE National Team	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.

10.3. Based on the information received and the alert level designated, the On-Call manager will notify the Executive Director On-Call, providers, and other relevant stakeholders as required. See list below in section 10.2.

10.4. The On-Call manager will maintain a log of those notified, the time and date of notification, and any delay or messages needing to be left.

10.5. The CCGs will be expected to lead the response to level 1 incidents if required, including the setting up and chairing of a system call if appropriate.

10.6. The Emergency Response Directory contains both in and out of hours contact numbers for providers and stakeholders. These should be used to activate the required agencies in the event of an incident. All agencies, regardless of time of day, should always be activated through their official on-call point of contact.

10.7. **Acute Trusts**

10.7.1. The following Acute hospital Trusts are commissioned from within Surrey Heartlands CCGs:

- Ashford and St Peters Hospitals NHS Foundation Trust (lead commissioner North West Surrey CCG)
- Royal Surrey County Hospital NHS Foundation Trust (lead commissioner Guildford and Waverley CCG)

10.8. **Community and Mental Health Providers**

10.8.1. NHS Surrey Heartlands CCGs has 2 community providers, Central Surrey Health and the Royal Surrey County Hospital.

10.8.2. NHS Surrey Heartlands CCGs has one mental health provider, Surrey and Borders Partnership NHS Foundation Trust (SABP).

10.8.3. Unless directed to do otherwise, for level 1 incidents, the providers should keep the CCG updated on key significant events or updates. Where the NHS England Area Team has become involved, updates maybe directed to NHS England for the purposes of ensuring information is passed to those in command and control of an incident in a timely and effective way.

10.9. **Primary Care**

10.9.1. Surrey Heartlands CCGs have delegated commissioning status with regards to the provision of Primary Care.

10.10. **Out of Hours Primary Care**

10.10.1. The Surrey Heartlands CCGs' out of hours primary care service is provided by Care UK.

10.11. **NHS England South East Area Team**

10.11.1. The NHS England Area Team is the first escalation point for emergencies and incidents. The Area Team provides leadership for the NHS during an incident and will normally attend any Strategic Co-ordinating Group (SCG) (Gold) meeting if required.

10.11.2. During an incident it is important to keep the Area Team updated on anything of significance. The Area Team will act as the conduit to other parts of the command structure as dictated by the needs of an incident.

10.11.3. Where the incident is of a nature that demands a greater level of coordination, the Area Team may set up an Incident Coordination Centre (ICC), at York House, 18-20 Massetts Road, Horley, Surrey, RH6 7DE. CCG presence may be required, either here or at a partnership Tactical Coordination Group (TCG), and the On-Call manager should consider who best to send if required. Consideration should be given to the duration of the expected presence, and consideration should be given to establishing a rota to meet this requirement from the outset.

10.11.4. In addition, the Area Team may require support at SCG meetings, particularly for longer running incidents.

10.12. **Surrey County Council**

10.12.1. Surrey County Council operates a Duty Officer, Duty Manager and Duty Director system for emergencies and incidents. All requests for information and services out of hours will be directed through the County Emergency Management Duty Officer.

10.13. **Public Health England – Kent, Surrey and Sussex Centre**

10.13.1. The Public Health England Centre has an on-call system which can be accessed through their on-call manager and the CCG should activate this in conjunction with NHS England as required.

10.14. **Surrey Strategic Co-ordinating Group (SCG)**

10.14.1. The Surrey SCG, when convened, will normally be at the Surrey Police Headquarters at Mount Browne, Sandy Lane, Guildford GU3 1HG

10.14.2. If the CCG On-Call manager is asked to attend, consideration should be given to taking a loggist or other manager in support Further details around loggists can be found in the Incident Coordination Centre Plan.

11. Mutual Aid Requests

11.1 Mutual Aid requests during times of response will be decided at Executive level, utilising the LHRP mutual aid agreement, which can be found on Resilience Direct.

12. Incident Coordination Centres

12.1 If the nature and/or scale of the incident warrant, the on-call manager may be required to setup an Incident Coordination Centre (ICC). The purpose of the ICC is to provide a central point for incident coordination, policy making, operations, information gathering, and dispersing public information. The location of the primary Surrey Heartlands ICC is as follows:

- Guildford & Waverley CCG HQ, Dominion House, Guildford, GU1 4PU. The Contracts Office on the 2nd Floor has been nominated for this purpose and has computers, screens, phone lines, whiteboards and an incident board as well as space for additional support, with staff members using laptops.
- Dominion House has been selected as the primary ICC location because of its proximity to Surrey Police HQ, as this will be the location for TCGs/SCGs in the majority of incidents.

12.2 Surrey Heartlands also has two identified fall back ICC locations:

- **Surrey Downs CCG**, Cedar Court, Leatherhead, KT22 9AE. The Hazel Room has the capability to support an ICC. The control room box is located in the cupboards next to the Deputy Head of EPRR's desk, adjacent to Reception.
- **North West Surrey CCG**, 58 Church St, Weybridge KT13 8DP. Meeting room 1 will be used in the event that an ICC is required. The control room box is located in the in the middle cupboard by the Facilities Team desks.

12.3 Detailed instructions for setting up the control rooms at each site can be found in the Incident Coordination Centre Protocol.

13. Incident Response Group

13.1. Group Composition

13.1.1. The Incident Response Group (IRG) may be activated for CCG business continuity incidents or incidents that would benefit from wider coordination, in support of the On-Call team. The group will be based in the ICC and will normally be comprised of a core membership, with additional members co-opted as required. Heads of Department are responsible for the following:

a) Maintaining an up to date list of their staff's contact details.
b) Ensuring that this list is accessible at all times.
c) Calling out staff if directed to do so by a member of the Incident Response Team

13.1.2. The Incident Response Group is responsible for ensuring clear communications throughout the incident (via the ICC), between the CCGs, providers, and other agencies. They are also responsible for coordinating available resources to respond to the incident. The Core membership of the Incident Response Group, or a suitable representative from their business group, is as follows:

- One Member of the Joint Executive Team (unless already the designated on-call Director). This may also be the local Managing Director
- On-Call Manager
- Head of EPRR, Facilities Management and Business Support (unless already the designated on-call manager) and/or 1 of the Senior Resilience Managers
- Local Site Manager and/or representative
- Head of Communications
- Associate Director of Strategic Commissioning
- Associate Director of Medicines Management
- Associate Director of Urgent and Integrated Care
- Associate Director of Primary Care Commissioning
- IT Programme Director
- Loggist and Admin support

13.1.3. The Chair of the Group will normally be an Executive Director, with the Head of EPRR or a Senior Resilience Manager in attendance. Where core members are not needed, they will be stood down.

13.1.4. If the incident is protracted, arrangements will be made for staff relief. If required a rota will be produced to ensure adequate Incident Response Group cover to support the response for its duration.

13.2. **Recording and actions**

13.2.1. All meetings and actions of the Incident Response Group will be recorded by a trained loggist.

13.2.2. A generic meeting agenda should be used, a template for which can be found at Appendix B.

14. Logging and recording

14.1. Incidents of all natures will need to be logged in order to maintain an accurate record of events. Where appropriate, a loggist should be used to ensure all information is captured including details of decisions made and actions taken by the Incident Response Group. Green Emergency Log Books are located in the Incident Coordination Centres for this purpose. The log will become the definitive, legal, record of the individual and organisational response and will need to be kept for a minimum of 25 years post incident. It may be used in internal or external investigations after the incident, and will be used by the CCGs when writing the post incident report into the incident response.

14.1.1. All other records, emails, call logs, minutes, notes, post it notes, other papers or audiotapes should be kept for analysis after the event. All emails sent or received should be printed out to ensure that a complete hard copy record exists. Printing all emails will prevent loss or alteration of information.

14.1.2. Once completed, all incident documentation should be returned to the EPRR team.

14.2. **Situation Reporting (SitReps)**

14.2.1. For level 2-4 incidents, or other types of incidents coordinated by the Local Resilience Forum, there may be a requirement for further reporting. This may be on a daily basis or more frequently if required. The frequency and format of reporting will be agreed or mandated at the time of the incident. Incidents during which the Cabinet Office Briefing Room (COBR) is in operation will require the completion of a Common Recognised Information Picture (CRIP). CRIP reports often require information at short notice, and may require data and information from providers that the CCG will need to collate. All SitReps will require sign off by an Executive Director prior to submission.

15. Communications

15.1. Incidents may attract media interest and the interest of other stakeholders. Most communications to stakeholders will be handled by the CCGs' on-call director. Where media enquiries are involved, the Head of Communications should be advised and will facilitate/co-ordinate liaison with the media and other stakeholders.

15.2. It is likely that incidents involving significant media interest will be classed as level 2 incidents. In this case the NHS England Area Team Communications lead will take primary ownership of the incident.

16. Information Governance

16.1. Civil Contingencies Act 2004 and agreements in place with NHS England provide an official authority for the CCGs to undertake EPRR related activity as detailed in this policy. The CCGs therefore have a lawful basis to process personal data for this activity under applicable Data Protection related legislation (e.g. the Data Protection Act 2018 and the General Data Protection Regulation).

16.2. In addition, all CCGs are signatories to the Surrey Multi Agency Information Sharing Protocol, which provides an overarching framework for the sharing of data with other relevant organisations during emergency conditions.

16.3. The CCGs' Information Governance related policies and procedures should be adhered to ensuring that the sharing of data is secure and complies with applicable data protection related legislation.

17. Specific risks and linked documents for mitigation and response

All Local Resilience plans are accessible through Resilience Direct.

Specific Risk	Arrangements in place	Action to consider
Severe Weather	• **SLRF Severe Weather Plan**	✓ **Actions to be agreed with NHS England**
Heatwave Plan	• Public Health England Heatwave Plan for England • SLRF Heatwave Plan • SHCCGs' Surge Plan • Met Office alerts shared with CCG On-Call teams •	✓ Liaise with NHS England around specific actions
Pandemic Influenza	• SHCCGs' Pandemic Influenza Plan • SLRF Pandemic Influenza Plan • LHRP Pandemic Influenza Plan	✓ Activate SHCCGs' Pandemic Influenza Plan ✓ Refer to SLRF Plan ✓ Refer to NHS England for dynamic advice at time of incident
Fuel Disruption	• SHCCGs' Incident Management Plan – • SLRF Fuel Plan	✓ Activate SHCCGs' Incident Management Plan and convene the Incident Response Group
Surge and Escalation Management	• SHCCGs' Surge Plan	✓ Activate SHCCGs' Incident Management Plan and convene the Incident Response Group
Infectious Disease Outbreak	• Surrey LHRP Outbreak MoU	✓ Liaise with NHS England around specific actions
Evacuation	• SLRF Mass Evacuation	✓ Liaise with NHS England around specific actions
Lockdown	• CCG has a security Policy and lockdown covered within this plan •	✓ Liaise with NHS England around specific actions
Utilities, IT and Telecommunications Failure	• SHCCGs' Incident Management Plan • SHCCGs' Business Continuity Plans • Emergency Response Directory • SLRF Telecommunications	✓ Liaise with NHS England around specific actions

	Plan	
Excess Deaths/ Mass Fatalities	• SLRF Excess Deaths Plan • SLRF Mass Fatalities Plan • SCC Temporary Mortuary Plan • RSCH Business Continuity Plan • SHCCGS Incident Management Plan	✓ Liaise with NHS England around specific actions

18. Very Important Persons (VIPs)

18.1. During an incident it is possible that VIPs may visit aspects of the response, potentially including the scene of an incident or the coordination centre. On notification of any visits, the Incident Response Group Chair and the Joint Accountable Officer should be made aware. NHS England should also be advised if not already aware.

19. Stand-down, recovery and debrief

19.1. Stand-down for incidents only involving the CCG will be determined by the On-Call Director. During incidents in which the NHS England Area Team are involved, the Area Team will agree an appropriate stand-down point, in consultation with other partners.

19.2. From the outset of an incident, consideration should be given to the recovery phase. Partners who may be required to assist in this phase should be notified at the earliest opportunity so that arrangements can be prepared, and recovery should be considered as an input to Strategic and Tactical Coordinating Groups.

19.3. The following debriefs and reports should be carried out post incident within the timeframes set out below:

19.3.1. Hot Debrief

Takes place immediately after the incident (or period of duty if the incident is protracted).

19.3.2. Organisational (Cold) Debrief

A structured internal debrief which should take place within two weeks post incident.

19.3.3. Multi-Agency Debrief

Should take place within one month of the incident (only if there has been multi-agency involvement).

19.3.4. Post Incident Reports

The post incident report should be written within 6 weeks of the incident. The report will be supported by action plans and recommendations in order to update any relevant plans with achievable timeframes as agreed by the

AEO. In addition, if the incident warrants, a full investigation of the incident will be conducted as per the CCG's relevant policies.

19.4 Outcomes and highlights from debriefs will form part of a report to the Governing Body.

20. Plan Review and Publication

20.1. This plan will be reviewed annually by the EPRR Team against the NHS England EPRR Core Standards, or more frequently if required in light of procedural changes or new guidance or legislation.

20.2. The plan will be published on all the CCGs Intranet and Websites.

21. Training and validation

21.1. All on-call staff will be trained on the plan as part of their induction, and the plan will be made available to all staff via the intranet. Any updates to the plan will be advertised accordingly.

21.2. This Incident Management Plan will be used in all exercises to ensure validity and to inform updates and reviews.

22. Acknowledgements

22.1. NHS Surrey Heartlands CCGs would like to acknowledge the support of the Surrey County Council Emergency Management Team in helping provide materials in the interests of sharing best practice.

Appendix A – Glossary of Acronyms

AEO	Accountable Emergency Officer
AT	Area Team (NHS England)
BCP	Business Continuity Plan
BRF	Borough Resilience Forum
C3	Command, Communication and Coordination
C4	Command, Control, Communication and Coordination
CBRN	Chemical, Biological, Radiological and Nuclear
CCA	Civil Contingencies Act (2004)
CCG	Clinical Commissioning Group
COBR	Cabinet Office Briefing Room
COMAH	Control of Major Accident Hazards
CONOPs	Concept of Operations
COO	Chief Operating Officer
CPX	Command Post Exercise
CQC	Care Quality Commission
CRIP	Common Recognised Information Picture
CT	Counter Terrorism
DA	Devolved Administration
DH	Department of Health and Social Care
DPH/DsPH	Director of Public Health/Directors of Public Health
ECOSA	Emergency Coordination of Scientific Advice
EPRR	Emergency Preparedness, Resilience and Response
EPL	Emergency Preparedness/Planning Lead
EPO	Emergency Planning Officer
EP	Emergency preparedness/Emergency planning
HPT	Health Protection Team
HWB	Health and Wellbeing Board
ICC	Incident Coordination Centre
IMP	Incident Management Plan
JESIP	Joint Emergency Services Interoperability Programme
JET	Joint Executive Team
JRLO	Joint Regional Liaison Officer (Military)
LA	Local Authority
LGA	Local Government Association
LHRP	Local Health Resilience Partnership
LMC	Local Medical Committee
SLRF	Surrey Local Resilience Forum
LRG	London Resilience Group
MACA	Military Aid to the Civil Authorities
MAGIC	Multi Agency Gold Incident Command
MD	Medical Director
MHCLG	Ministry of Housing, Communities and Local Government
MOU	Memorandum of Understanding
NHSD	NHS Digital
NHSE	National Health Service England (formally the NHS Commissioning Board)
NHSI	NHS Improvement
NHSBT	NHS Blood and Transplant
NIRP	National Incident Response Plan
NRA	National Risk Assessment

NRPA	National Risk Planning Assumptions
PHE	Public Health England
SAGE	Scientific Advice to Government in Emergencies
SCC	Surrey County Council
SCG	Strategic Coordinating Group (Gold Command)
SHCCGs	Surrey Heartlands CCGs
SMIP	Surrey Major Incident Protocol
SITREP	Situation Report
SOP	Standard Operating Procedure
SofS	Secretary of State
SRO	Senior Responsible Officer
STAC	Scientific and Technical Advisory Cell
TCG	Tactical Coordinating Group (Silver Command)

Appendix B - Incident Response Group Meeting Template

To be chaired by an Executive Director / Director On-Call.

A loggist and a separate minute taker should be assigned as required.

Agenda / Actions

1. Introduction of attendees, roles and responsibilities
2. Confirm the nature and extent of an incident

Key Questions:

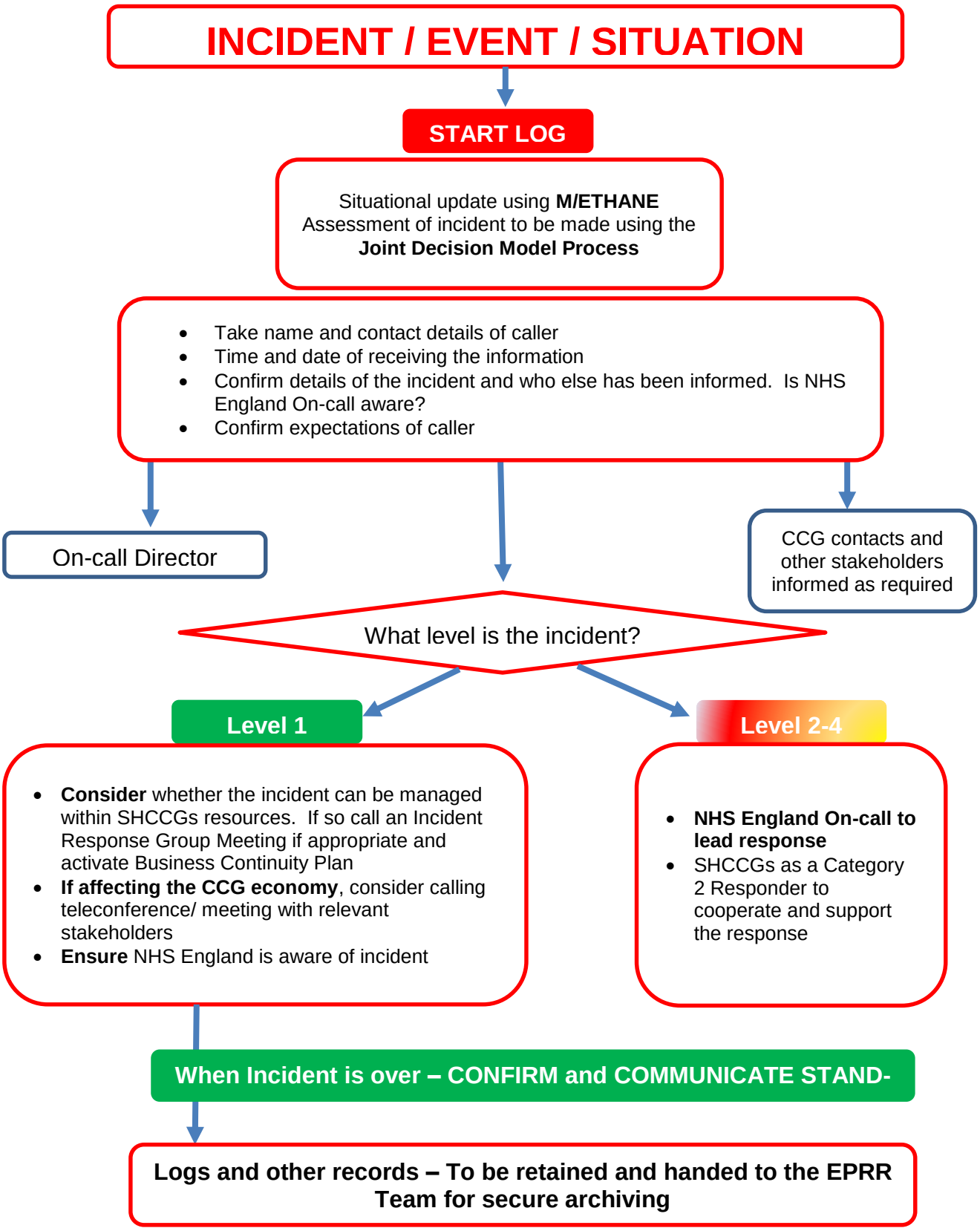
- Have people been affected in any way? (Consideration to the health and safety of staff, contractors, members of the public, and patients)
- Have there been any loss of facilities? (Resources, access to buildings etc.)
- What is the impact if any resources have been affected?
- Are any other services impacted?
- Do any other plans need to be activated?
- Who else should be informed and involved?

3. Allocate an incident alert level and review as appropriate at subsequent meetings
4. Urgent actions and decisions required
5. Confirm actions agreed
6. Confirm resources required to facilitate an effective response
7. Ensure regular communication with those involved in the incident and relevant stakeholders
8. Ensure welfare of all staff at all times
9. Confirm time and date of next meeting
10. Confirm and communicate a ‘stand-down’ where appropriate
11. Commission a de-brief where appropriate

If holding meeting by teleconference, consider:

- Punctuality. Participants should dial in 5 minutes before meeting starts to avoid disruption
- All participants should engage their mute button when not talking to avoid background noise
- Follow ABC – Be Accurate, Brief and Concise
- Reminder this is not a normal conference call and the call should last 15-20 mins at the most.

Appendix C – Invocation Flowchart



Appendix D - Suspicious Packages/Bomb Threat Procedure

Likely Impact:

- Serious and urgent risk to patients, service users and staff.
- Disruption to the delivery of services.

Contact Details	Office Hours	Out of Hours
Surrey Downs CCG		
North West Surrey CCG		
Guildford & Waverley CCG		
Police		

ACTIONS	
1	Refer to specific Bomb Threat and Terrorist Attack Guidance on the next page.

COMMUNICATION CONSIDERATIONS	
1	If necessary Inform key partners departments of any disruption to service provision **(DO NOT make any reference to the cause).**
2	If disruption to the building is likely to be prolonged and it is important that system partners are aware of the disruption. Contact Surrey Heartlands communication team and request that an all staff e-mail is circulated.
3	In the event of media interest – refer them to the communications team on (insert new numbers?)

Guidance for Responding to Bomb Threat & Terrorist Attack

ACTIONS TO FOLLOW FOR BOMB THREAT BY TELEPHONE
• **TELL THE CALLER WHICH ORGANISATION YOU ARE ANSWERING FROM.** • **RECORD THE WORDING OF THREAT AS BEST YOU CAN IN BOX BELOW, DO NOT INTERRUPT AND STAY CALM.** • **IF CALLER PERMITS ASK EACH QUESTION ON THE CHECKLIST BELOW.** • **SWITCH ON ANY RECORDING EQUIPMENT YOU MAY HAVE I.E. ANSWER PHONE.**

Wording of the Threat:

Questions to ask:-

Where exactly is the Bomb? _____

When is it going to explode? _____

What does it look like? _____

What will cause it to explode? _____

Did you place the Bomb? _____

Why? _____

What is your name? _____

What is your address? _____

Date and time of call _____

Time call completed _____

Automatic number reveal equipment?
record number shown: _____

What is your telephone number? _____

Threat

Well-spoken	Irrational	Taped	Foul	Incoherent

Message read by the threat:

ACTION FOLLOWING CALL

1 **Call the Police (9) 999 DO NOT USE A MOBILE PHONE. Follow their advice.**

2 **Inform the most Senior Manager in the building. DO NOT USE A MOBILE PHONE.**

3 **Person who took the call must complete the following questions about the caller.**

Characteristics of caller

Is it a man, woman or child?
Is the caller intoxicated, rambling or irrational?
Does the caller have a distinctive accent?
Does the caller have a speech impediment?

Callers voice:

Calm	Crying	Clearing Throat	Angry
Nasal	Slurred	Excited	Stutter
Disguised	Slow	Lisp	Deep

Laughter

Familiar (if familiar, who did it sound like?)

Accent (What accent?)

Background noise

Street noises	House noises	Animal noises	Crockery
Motor	Voices	Static	PA system
Booth	Music	Office machinery	Factory machinery
Clear			
Other: please specify			

Name _____ Date _____

ACTIONS TO FOLLOW FOR FACE TO FACE THREAT

1. **Stay calm, try to ask where, what & when questions about the device.**
2. **Call the Police 9(999) <u>DO NOT USE A MOBILE PHONE.</u> Follow their advice.**
3. **Inform the most Senior Manager on duty / Manager on Call. <u>DO NOT USE A MOBILE PHONE.</u>**
4. **Write down the information that was given to you by the suspect and what you said to the police.**
5. **Try and remember what the person looks like, including height, build, hair, eye and skin colour, posture, gait, and any identifying features like tattoos, scars, birthmarks, piercings etc. and write this down.**
6. **If safe to do so check information given.**

ACTIONS TO FOLLOW OF RECEIPT OF A LETTER, E-MAIL OR FAX CONTAINING A BOMB THREAT

1. **Call the Police 9(999) <u>DO NOT USE A MOBILE PHONE.</u>**
2. **Inform the most Senior Manager on duty. <u>DO NOT USE A MOBILE PHONE.</u>**

FURTHER ACTIONS FOLLOWING BOMB THREAT

FOLLOW THE ADVICE OF THE POLICE. THIS MAY INCLUDE A SEARCH OF THE PREMISES OR EVACUATION.

MOST SENIOR MANAGER / CLINICIAN ON DUTY TO LIAISE WITH THE OTHER EMERGENCY SERVICES ON THEIR ARRIVAL AT THE SCENE.

<u>Building Actions</u>

If safe to do so, turn off the following:

- Gas & Fuel supplies.
- Air Conditioning systems.
- Ventilation Plants.

<u>Evacuation – SILENT CASCADE</u>

If Police request evacuation. **DO NOT SOUND ALARM.**
Use the same principles as a fire i.e. Fire Wardens to don high visibility jackets, signing in sheets and roll call to be acted upon once all have vacated the building, and follow the guidelines below:

1. If whereabouts of device established evacuate staff away from these areas.
2. Contact Fire Wardens to verbally inform all building occupants of alert and perform silent, controlled evacuation of staff using closest escape routes avoiding affected area.
3. Assemble at safest location (at least 200 metres distance away) or as advised at the time of evacuation by the Police or Fire service.

In the event that an external evacuation is not advised, it may be necessary to move all occupants to a place of safety within the building and prevent further access/exit – To be assessed at the time of emergency.

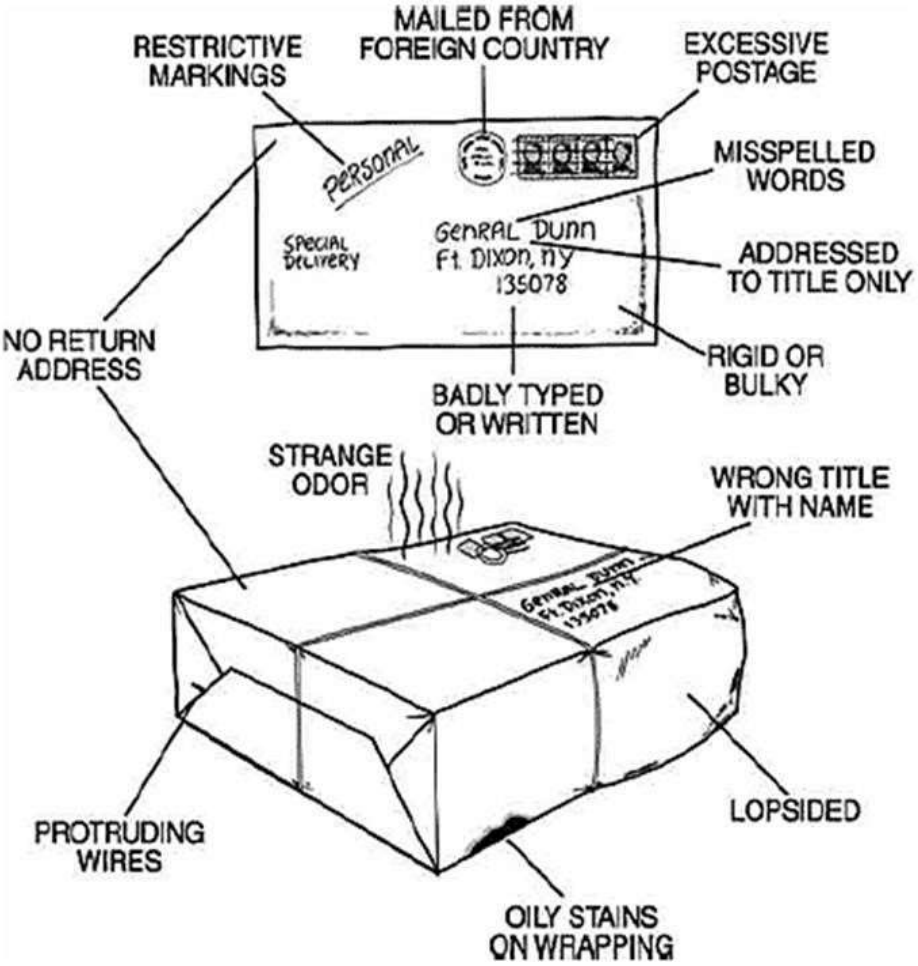
Lock down:

If a Lock Down is required to secure the building from an external hazard:

1. Lock all entrances and exits to the building.
2. Contact Fire Wardens and start silent cascade.
3. Fire wardens and/or delegated personnel to perform controlled move of all occupants to a structurally sound area, away from glazing and furthest away from bomb location.
4. Close all doors and windows.
5. Switch off all systems that may draw air into the building.

ACTIONS FOLLOWING RECEIPT OF A SUSPICIOUS PACKAGE WHICH HAS NOT BEEN NOT OPENED

23. SUSPICIOUS PACKAGES: THINGS TO LOOK OUT FOR



IF YOU SUSPECT A PACKAGE & IT IS UNOPENED
1. <u>DO NOT TOUCH!</u> **2. <u>DO NOT USE MOBILE PHONES</u>** 3. Leave a distinctive marker near device. 4. **Evacuate** the room and floor, corridors and adjacent rooms along and up to the upper level above and lower level below site. **5. If suspect package contaminated** by a suspicious substance (e.g. chemical or a powder), isolate affected personnel away from other people in a safe area. **Reassure them that help is on its way.** **6. Call Police on (9)999** by **landline <u>not</u> by mobile phone. Follow their advice.** 7. Inform the most senior manager on duty / On-call Manager. **8. If staff in contact with package start to display symptoms** (runny nose, streaming eyes, cough, skin irritation) ensure the **Police** are told this. If necessary call **(9)999 and ask for Ambulance**. Tell the **Ambulance Service** what has happened. **Follow their advice**

9. Most senior manager on site to liaise with the emergency services on their arrival at the scene.

ACTIONS FOLLOWING RECEIPT OF SUSPICIOUS PACKAGES WHICH HAS BEEN OPENED

FOR OPENED PACKAGES WHICH CONTAIN SUSPICIOUS MATERIALS

1. **Call the Police on (9) 999** by **LANDLINE <u>NOT</u> BY MOBILE PHONE. Follow their advice.**
2. **Inform** the appropriate Site Manager or another Senior Manager if the Site Manager is unavailable. The Site Manager will ensure that a member of the executive team is informed.
3. **Do not** try to **Clean up** the substance.
4. **Cover** the spilled contents immediately with anything (e.g. clothing, paper, bin) and do not remove this cover.
5. Anyone exposed to / or contaminated by the suspicious should move away from the package / material. **<u>But Must Not</u>** leave the area and must remain isolated from other people. **Reassure them that help is on its way.**
6. **They should not** brush their clothes down.
7. **Instruct** those exposed to remove their outer clothing.
8. If available, they should wipe themselves over with paper towels and or wet wipes.
9. Evacuate all other people from the area and **Close** any door, or section off the area to prevent others from entering.
10. Switch off air conditioning / air handling systems.
11. **If staff in contact with package / substances start to display symptoms** (runny nose, streaming eyes, cough, skin irritation) **ensure the Police** are told this. **If necessary call (9)999** by **landline <u>not</u> by mobile** and ask for **Ambulance**. Tell the Ambulance Service what has happened. Follow their advice.
12. Most senior manager / clinician on duty to liaise with the Ambulance Service and other emergency services on their arrival at the scene.