



Major Incident & Business Continuity Management System

And Roles and Responsibilities Guidance

Version:	7.3
Executive Lead:	Executive Director Quality & Safety
Lead Author:	Head of Facilities and Maintenance
Approved Date:	26th November 2014
Approved By:	Health, Safety and Security Strategy Committee
Ratified Date:	10th March 2015
Ratified By:	Policy Panel
Issue Date:	30 th March 2015
Review Date:	30 th March 2018

Target Audience:
This Policy must be understood by

Senior Managers and all staff who are involved in the preparation and enactment of major incident plans and business continuity.

IF PRINTING – PRINT IN COLOUR

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Emergency Planning Liaison Officer (EPLO)

P1 - Version Control History:

Version	Date of Issue	Author	Status	Comment
V7	30 th March 2015	Head of Facilities and Estates	Archived	Superseded
V7.1	8 th March 2016	Head of Facilities and Estates	Archived	Superseded
V7.2	25 th July 2016	Head of Facilities and Estates	Archived	Superseded
V7.3	16 th August 2016	Head of Facilities and Estates	Current	Updated with revised definition of a major incident from the cabinet office.

The EPLO is also responsible for ensuring the Version Control is applied, and that the most recent plan is accessible, whilst previous versions have been destroyed. An audit trail of amendments and alterations will be maintained by the EPLO, according to Trust Policy.

The Major Incident and Business Continuity plan is published on the website, and the EPLO will ensure that this is the most recent version.

P2 - Relevant Standards:

Equality and RESPECT: The Trust operates a policy of fairness and RESPECT in relation to the treatment and care of service users and carers; and support for staff.

P3 - The 2012 Policy Management System and the Policy Format:

The PMS requires all Policy documents to follow the relevant Template

- **Policy Template** is the essential format for most Policies. It contains all that staff need to know to carry out their duties in the area covered by the Policy.
- **Operational Policies Template** provides the format to describe our services ,how they work and who can access them

Symbols used in Policies:

RULE =internally agreed, that this is a rule and must be done the way described

STANDARD = a national standard which we must comply with, so must be followed

Managers must bring all relevant policies to the attention of their staff, where possible, viewing and discussing the contents so that the team is aware of what they need to do.

Individual staff/students/learners are responsible for implementing the requirements appropriate to their role, through reading the Policy and demonstrating to their manager that they understand the key points.

All Trust Policies will change to these formats as Policies are reviewed every 3 years, or when national Policy or legislation or other change prompts a review. All expired & superseded documents are retained and archived and are accessible through the Compliance and Risk Facilitator Policies@hpft.nhs.uk

All current Policies can be found on the Trust Policy Website via the Green Button or <http://trustspace/InformationCentre/TrustPolicies/default.aspx>

Contents Page

PART:		Page:
Preface	Preface concerning the Trust Policy Management System: P1 - Version Control History P2 - Relevant Standards P3 - The 2012 Policy Management System and Document Formats	2
PART 1	Preliminary Issues:	
	1. Summary and Purpose	4
	2. Definitions	4
	3. Duties and Responsibilities	4
PART 2	What needs to be done and who by:	
	4. Exercise and Testing	5
	5. Business Impact Analysis	6
	6. Business Continuity	9
	7. MI and BC Procedures	11
	8. Training /Awareness	12
	9. Equality and RESPECT	12
	10. Process for monitoring compliance with this document	12
PART 3	Associated Issues	
	11. Version Control 12. Archiving Arrangements 13. Associated Documents 14. Supporting References 15. Comments and Feedback	13-14
	Appendices List Annex A Business Impact Analysis Annex B Risk Control Annex C Exercise Proforma Annex D Business Impact Analysis	15 16 17 19

1. Summary and Purpose

This document is the Incident and Business Continuity Management System. It describes the processes and procedures for maintaining the Business continuity programme within HPFT.

The Management System and related documentation is signed off by the Deputy Chief Executive, and is presented to the Board annually.

2. Definitions

STANDARD

A Major Incident (MI) is an event or situation, with a range of serious consequences, which requires special arrangements to be implemented by one or more emergency responder agencies.

Further notes can be found in the Trust Major Incident and Business Continuity Plan in section 4 (Definitions)

A significant incident or emergency is any event that cannot be managed within routine service arrangements. It requires the implementation of special procedures and involves one or more of the emergency services, the NHS or a local authority.

The term 'emergency' is used as defined in the Civil Contingencies Act 2004:

'To describe an event or situation that threatens serious damage to human welfare in a place in the UK or to the environment of a place in the UK, or war or terrorism which threatens serious damage to the security of the UK. The term "major incident" is commonly used to describe such emergencies. These may include multiple casualty incidents, terrorism or national emergencies such as pandemic influenza.'

For the NHS, a significant incident or emergency is defined as: 'Any occurrence that presents serious threat to the health of the community, disruption to the service or causes (or is likely to cause) such numbers or types of casualties as to require special arrangements to be implemented by hospitals, ambulance trusts or other acute or community provider organisations.'

Business continuity is defined as the "capability of the organisation to continue delivery of products or services at acceptable predefined levels following a disruptive incident." NHS England

3. Duties and Responsibilities

RULE

All NHS organisations must nominate an accountable Emergency Officer who will be responsible for EPRR and Business Continuity Management.

Accountable Emergency Officer (AEO)

The AEO is ultimately accountable to the Chief Executive and Board for the implementation and maintenance of this Management System and the response under any of the procedures described in this and associated documents, such as the Major Incident and Business Continuity Plan.

The AEO is the Director of Quality and Risk. The nominated AEO will undertake regular Executive training within HPFT and will also participate in any training arranged in conjunction with the LHRP. The AEO should attend relevant training, such as SLC, witness familiarisation, etc.

The AEO will ensure that there is a suitable budget for the maintenance of the Major Incident and Business Continuity capability. This will include provision for training, exercising, mitigation and consultancy.

Emergency Planning Liaison Officer (EPLO)

The EPLO is responsible for the implementation and maintenance of this Management System and all related procedures, plans and processes. The EPLO function will be included within the job description and will be a formally recognised role.

The EPLO is responsible for ensuring that the plan is updated, distributed and regularly tested.

Working with Partners

HPFT participate actively in the annual NHS Safe System process, and respond to all enquiries from these authorities.

HPFT are active members of the LHRP and LRF, and attend all meetings as required. Additionally, HPFT attends all training exercises set up by the LHRP and NHS England.

HPFT has an MOU with Herts Health and HCC, and may be requested to provide support or may request support from those agencies. Additionally, formal plans are in place for the provision of Reception Centres, and trained HPFT may be requested to assist in the provision of such centres.

4. Exercise and Testing

A formal exercise programme will be maintained that is signed off by top management and this will ensure that all BC arrangements are validated over a 2 year cycle. This time period has been chosen to reflect an assessment of the risks to the operation, the capability and time required to deliver such exercises and the variety of exercises/tests that will be required. The programme will also highlight where other interested parties should be involved, such as partners and clients. Exercises will also be held following significant changes to the business and the subsequent BCMS review. All senior management will attend minimum of one exercise each year.

Exercises and tests will be used to ensure that the plans and procedures are consistent with BC objectives, and will be developed within the scope of the BCMS. Scenarios will be selected that are appropriate to the needs and risk appetite of the business, and will have clear aims and objectives. The exercises must minimise the risk of disruption to operations.

A formal post exercise report will be prepared following each exercise using the template at Annex C and this will note whether aims and objectives have been met, and will identify outcomes, recommendations and actions to implement improvements. The post exercise reports will be reviewed in the context of promoting continual improvement and as part of the management review process.

The Exec Board are always briefed after any exercises or training, and the post-exercise report circulated to any relevant staff. The EPLO has the responsibility to ensure that all Actions listed in the Post-Exercise Report are carried out in a timely fashion, and will report should there be any delays. The post-exercise reports are also used as part of the on-going risk management process

5. Business Impact Analysis and Risk Assessment

The process for Business Impact Analysis (BIA) and Risk Assessment is shown at Annex A. Top management have defined the criteria for accepting risks and the acceptable levels of risk, and this will be noted throughout the process.

5.1 Business Impact Analysis (BIA)

The BIA is a tool for service line leaders to consider the potential significance of different business continuity challenges which may occur. It may be conducted via a series of facilitated workshops and interviews with relevant members of staff. The form at Annex D records the outcome to enable the services LIRT BCP to be based on potential high impact areas.

5.1.1 Identification Of Priority Service Areas

Tier 1 – High priority/essential services which must continue to be provided

Tier 2 – Essential services which could be provided differently or temporarily reduced to release resources

Tier 3 – Services which could temporarily close to release resources

5.1.2 Impact Assessment

The next step is to assess and quantify the level of service disruption potentially caused to the services by a major incident or emergency resulting in the loss of particular essential amenities.

RATING	Indicators
RED	<ul style="list-style-type: none">Level 1 Services significantly impacted potentially for several daysLevel 1 Services - so seriously affected that need to move elsewhere/evacuate.Trust could incur significant legal claims/costs for lack of service.
AMBER	<ul style="list-style-type: none">Service significantly impacted > two days loss of service (Level 2)Health and safety of staff and clients/customers put at riskSome impact on services to the service users (Level 2)Some embarrassment for service non delivery to the public
GREEN	<ul style="list-style-type: none">Service can continue to operate with contingenciesNot significant - one day or so loss of level 3 serviceTrust electronic communications short term failure.

5.1.3 Record, Monitor & Review

The impact rating initially recorded is a prediction. A "reality check" should be undertaken, especially for Red Ratings, at the first opportunity. The record should be reviewed regularly as the LIRT BCP is developed & tested.

Risk Assessment

Key risks have been identified and assessed, using the following scoring matrix. Mitigation that is already in place has been noted, and additional measures that should be considered were listed.

Score	Impact	Likelihood
	Insignificant	Negligible
2	Low	Rare
3	Medium	Unlikely
4	High	Possible
5	Awful	Probable

Impact	5	5	10	15	20	25
	4	4	8	12	16	20
	3	3	6	9	12	15
	2	2	4	6	8	10
	1	1	2	3	4	5
		1	2	3	4	5
		Likelihood				

Key documents that will be used to inform the risk register will be the local Community Risk Register and the National Risk Assessment (References 21 and 22). The scores are roughly based on the scores used within the local Community Risk Register (Ref F and G), but it is noted that there is a degree of subjectivity and judgement used in scoring. The scores are also considering a worst-case scenario. The likelihoods where possible are obtained from sources such as the Community Risk Register or through discussions with the risk owner and impacts are agreed through a discussion with operational staff. The scores recorded on the Risk Register are post mitigation scores, taking into account any current mitigation measures.

Risk treatments are identified within the Risk Register which demonstrates how risks can be mitigated by way of reducing the likelihood of an incident, shortening the period of disruption or limiting the impact on key services. This is linked into the data gathered in the BIA to assist in the development of Business Continuity Strategies.

On completion of the risk assessment and BIA, the results are checked through by the EPLO to ensure a degree of objectivity, and to standardise any scoring across the organisation. The final documents are then signed off by the AEO and EPLO. The register will be updated on a regular basis to ensure that the risks are reappraised in the light of any changes that have been made and to ensure that the steps taken are in accordance with the level of risk acceptance within the business.

The Risk Register is then considered for any possible mitigation measures; taking into consideration the risk appetite of the business, the time taken to recover from any disruption due to that risk, the cost associated with mitigating and treating the risk and the potential cost should the risk occur. Where sensible and cost effective, risk control measures will be implemented as shown in Annex B, and this will form the basis of a work plan for EPRR.

The BIA and Risk Register (Ref C) will be updated on an annual basis, or following significant changes to the business.

6. Business Continuity Strategy

The determination and selection of strategy is based on the outputs from the BIA and RA, and ensures the protection of prioritised activities, enabling the stabilisation and continuation of these activities, facilitating the resumption and recovery of activities where necessary. The strategy enables the mitigation and response to impacts, and will note the RTOs agreed in the BIA.

6.1 Outline Response Strategy

All services have been allocated into three tiers. Tier 1 are services that must be maintained, Tier 2 include those services that can be delivered differently and Tier 3 are those services that can be temporarily suspended. Resources from Tier 3 and Tier 2 services may be deployed, where necessary, to support those services in Tier 1.

6.2 Resources

Particular resources will be made available to enable planning and recovery. Whilst some may be identified at the time of the incident, specifics may include:

	Resources (planning)	Resources (invocation)
People	Use of staff from Tier 2 and 3 services	Use of Agency staff
Information & Data	Largely paper-free environment, with little critical paperwork	Increased UPS availability Off-site storage and back-up for data
Buildings, work environment & utilities		Availability of alternate premises Ability to transfer staff between sites Emergency generator provision
Facilities, equipment and consumables	Duplication of key equipment	Use of alternate premises Ability to procure other supplies quickly
ICT	Regular routine of testing and documentation	Back-up and recovery plans Remote access
Transportation		
Finance		Ability to work from alternate premises Capital monies available in the event of an incident Re-run previous pay

		run
Partners and Suppliers	Building close and collaborative partnerships Understanding suppliers' BC arrangements	

6.3 Protection and Mitigation

The measures for risk treatments, having noted the risk appetite, are included within the risk register (Ref C), and the process is shown at Annex B. These measures should reduce the likelihood of a risk occurring, shorten the period of impact or limit the impact of a hazard. Where significant mitigation steps are required, the progress of this work will be treated as normal business projects, ensuring updates are reported to management review.

7. Major Incident and Business Continuity Procedures

The Major Incident and Business Continuity procedures are detailed in the Major Incident and Business Continuity Plan (Ref A). This document includes information regarding incident response structures, warning and communications and recovery, and links to procedures for surge, fuel and bad weather. It enables HPFT to respond to and recover from disruptions, significant incidents and emergencies, and covers all parts of HPFT, both operational and support.

The plans make reference to the relevant national and local guidance, and include reporting formats, where relevant.

7.1 Incident Response Structure

The plan defines an incident response framework with a Gold, Silver and Bronze team structure. The plan takes an all-hazard approach, focusing on the impacts rather than the cause, and should therefore be utilised for all business continuity responses. It has been based on the analysis of the BIA and risk register, and the subsequent derivation of the BC strategy, and should ensure a response that will minimise the risk of a situation escalating, and provide a framework for an effective response and recovery.

Incident response personnel with necessary responsibility, authority and competence are identified, with specific responsibilities to:

- confirm nature/extent of incident;
- invoke and trigger an appropriate BC response;
- have plans, procedures for the activation, operation, co-ordination and communication of the response;
- have resources to support the plans, processes and procedures; and
- communicate with stakeholders.

The Incident Response structure is within the Business Continuity and Incident Management Plan; this is supported by aide memoires. The plan defines call-out procedures, authorities and team membership, as well as defining the roles and responsibilities for the team. The

plan also defines the escalation procedure and the protocols for liaising with other bodies, such as NHS England and the LRF.

The Trust plan is supported by Local Incident Response Team plans (LIRT) and a Waverley Road plan; these detail the response at a local level and for each service.

Throughout the response to an incident, the first priority is always life safety .

7.2 Recovery

Once the immediate danger has passed, the focus will be in the longer term recovery, considering aspects such as communications with suppliers and clients, any requirements for relocation and/or finance, and any opportunities that may have been identified following the incident and recovery process. The details are listed in BC&IM Plan.

7.3 Stand-Down

The process for Stand Down and the return to Business As Usual is detailed in the Major Incident and Business Continuity Plan, as is the procedure for a Post-Incident Review.

8. Training/Awareness – STANDARD

All personnel allocated roles within his Management System must have their competency for the role assessed against the National Occupational Standards. This will be recorded in individual training records and, where training needs have been identified, the appropriate training will be provided.

All personnel allocated roles within this Management System and the associated documents must have the relevant training to be able to understand the responsibilities associated with their roles, and to be able to implement the procedures necessary. Training will be conducted when staff are allocated to roles, and this will identify any additional training requirements which can then be provided, either internally or through the use of an external provider.

Senior staff training is held every two years, and local plans are reviewed annually. The annual training programme is maintained with the exercise programme (see para 5). Training Needs Analysis is done to ensure that all Directors on-call meet the required competencies.

A register will also be stored centrally detailing all staff who attend any training or exercising events.

To ensure that all staff are aware of the role that they must play in the Major Incident and Business continuity response, and awareness programme is held throughout the Trust which publicises the Major Incident and Business Continuity plan, and highlights where staff will be able to find the plan.

9. Embedding a culture of Equality & RESPECT STANDARD

The Trust promotes fairness and RESPECT in relation to the treatment, care and support of service users, carers and staff.

RESPECT means ensuring that the particular needs of 'protected groups' are upheld at all times and individually assessed on entry to the service. This includes the needs of people based on their age, disability, ethnicity, gender, gender reassignment status, relationship status, religion or belief, sexual orientation and in some instances, pregnancy and maternity.

Working in this way builds a culture where service users can flourish and be fully involved in their care and where staff and carers receive appropriate support. Where discrimination, inappropriate behaviour or some other barrier occurs, the Trust expects the full cooperation of staff in addressing and recording these issues through appropriate Trust processes.

RULE: Access to and provision of services must therefore take full account of needs relating to all protected groups listed above and care and support for service users, carers and staff should be planned that takes into account individual needs. Where staff need further information regarding these groups, they should speak to their manager or a member of the Trust Inclusion & Engagement team.

Where service users and carers experience barriers to accessing services, the Trust is required to take appropriate remedial action.

Promoting and considering individual wellbeing

Under the Care Act 2014, Section 1, the Trust has a duty to promote wellbeing when carrying out any of their care and support functions in respect of a person. Wellbeing is a broad concept and is described as relating to the following areas in particular:

- Personal dignity (including treatment of the individual with respect);
- Physical and mental health and emotional wellbeing;
- Protection from abuse and neglect;
- Control by the individual over day to day life including over the care and support provided and the way in which it is provided;
- Participation in work, training, education, or recreation;
- Social and economic wellbeing;
- Domestic, family and personal;
- Suitability of living accommodation;
- The individual's contribution to society.

There is no hierarchy and all should be considered of equal importance when considering an individual's wellbeing. How an individual's wellbeing is considered will depend on their individual circumstances including their needs, goals, wishes and personal choices and how these impact on their wellbeing.

In addition to the general principle of promoting wellbeing there are a number of other key principles and standards which the Trust must have regard to when carrying out activities or functions:

- The importance of beginning with the assumption that the individual is best placed to judge their wellbeing;
- The individual's views, wishes, feelings and beliefs;
- The importance of preventing or delaying the development of needs for care and support and the importance of reducing needs that already exist;
- The need to ensure that decisions are made having regard to all the individual's circumstances;
- The importance of the individual participating as fully as possible;

- The importance of achieving a balance between the individuals wellbeing and that of any carers or relatives who are involved with the individual;
- The need to protect people from abuse or neglect;
- The need to ensure that any restriction on the individuals rights or freedom of action that is involved in the exercise of the function is kept to the minimum necessary.

Process for monitoring compliance with this document

RULE: This section should identify how the organisation plans to monitor compliance with the process/system being described, presented in a table.

Action:	Lead	Method	Frequency	Report to:
Exercise Cycle	Andrew Wellings	Exercise	2 year Cycle	Health, Safety, Security Committee

10. Version Control**STANDARD**

Version	Date of Issue	Author	Status	Comment
V7	30 th March 2015	Head of Facilities and Estates	Archived	Superseded
V7.1	8 th March 2016	Head of Facilities and Estates	Archived	Superseded
V7.2	25 th July 2016	Head of Facilities and Estates	Archived	Superseded
V7.3	16 th August 2016	Head of Facilities and Estates	Current	Updated with revised definition of a major incident from the cabinet office.

11. Archiving Arrangements

STANDARD: All policy documents when no longer in use must be retained for a period of 10 years from the date the document is superseded as set out in the Trust Business and Corporate (Non-Health) Records Retention Schedule available on the Trust Intranet

A database of archived policies is kept as an electronic archive administered by the Compliance and Risk Facilitator. This archive is held on a central server and copies of these archived documents can be obtained from the Compliance and Risk Facilitator on request.

12. Associated Documents**STANDARD**

- Major Incident and Business Continuity Aide Memoire
- Local Incident Response Team Plan
- Emergency Plan for Fuel Shortages
- Extreme Weather Plan
- Business Continuity Plan Summary for IT
- Physical Security Policy
- Business Continuity Plan Pandemic Flu
- Heatwave Plan
- HPFT Lockdown Procedure

13. Supporting References**STANDARD**

Local Health Economy Documents

- NHS England Hertfordshire and South Midlands Area Team Command, Control & Coordination (C³) Framework
- HPFT Flu Pandemic Communications Plan
- Interserve MI & BCP
- HCC Health & Community Services Incident Response Plan
- Herts Primary Care Trusts Emergency Plan
- Memorandum of Understanding Herts PCTs and Trusts in Hertfordshire
- NHS Herts Response to a Chemical, Biological, Radiological or Nuclear Incident
- Hertfordshire Influenza Pandemic Phased Response Workforce & Organisational Plan
- Herts Informatics Services BCP Risk Assessment Management Summary
- Herts PCTs ICT Business Continuity Plan
- Hertfordshire County Council Incident Response Plan
- Hertfordshire Resilience Multi Agency Emergency Response Plan
- Hertfordshire Resilience Multi-Agency Fuel Plan V1.21
- Major Accident Hazard Pipeline Plan V3.0
- Hertfordshire Resilience Care of People Plan – Humanitarian Assistance Arrangements & Documentation Pack
- North Herts District Council Response to an Emergency
- East of England Pandemic Influenza Forum Data User Name and Password
- East of England Mass Casualty Plan
- East of England Mutual Aid Agreement for Emergency Planning
- Community Risk Registers (Norfolk, Hertfordshire and Essex)
- National Risk Assessment

National Guidance Documents (Also available)

- NHS Security Management Service – Lockdown Guidance
- DoH NHS Emergency Planning Guidance (evacuation & shelter)
- DoH NHS Emergency Planning Guidance (advanced medical care)
- DoH NHS Resilience & Business Continuity Management Guidance
- DoH NHS Recovery Information Pack
- DoH Pandemic Influenza Guidance on Preparing Mental Health Services
- DoH Pandemic Flu Communications Plan
- DoH Pandemic Flu: A Summary of Guidance for Infection Control in Healthcare Settings
- DoH– The use of Face Masks During an Influenza Pandemic
- NHS Pandemic Flu: Guidance for the Hospitality Industry
- DoH Pandemic Influenza: Guidance for Primary Care Trusts and Primary Care Professionals on the Provision of Healthcare in a Community Setting in England

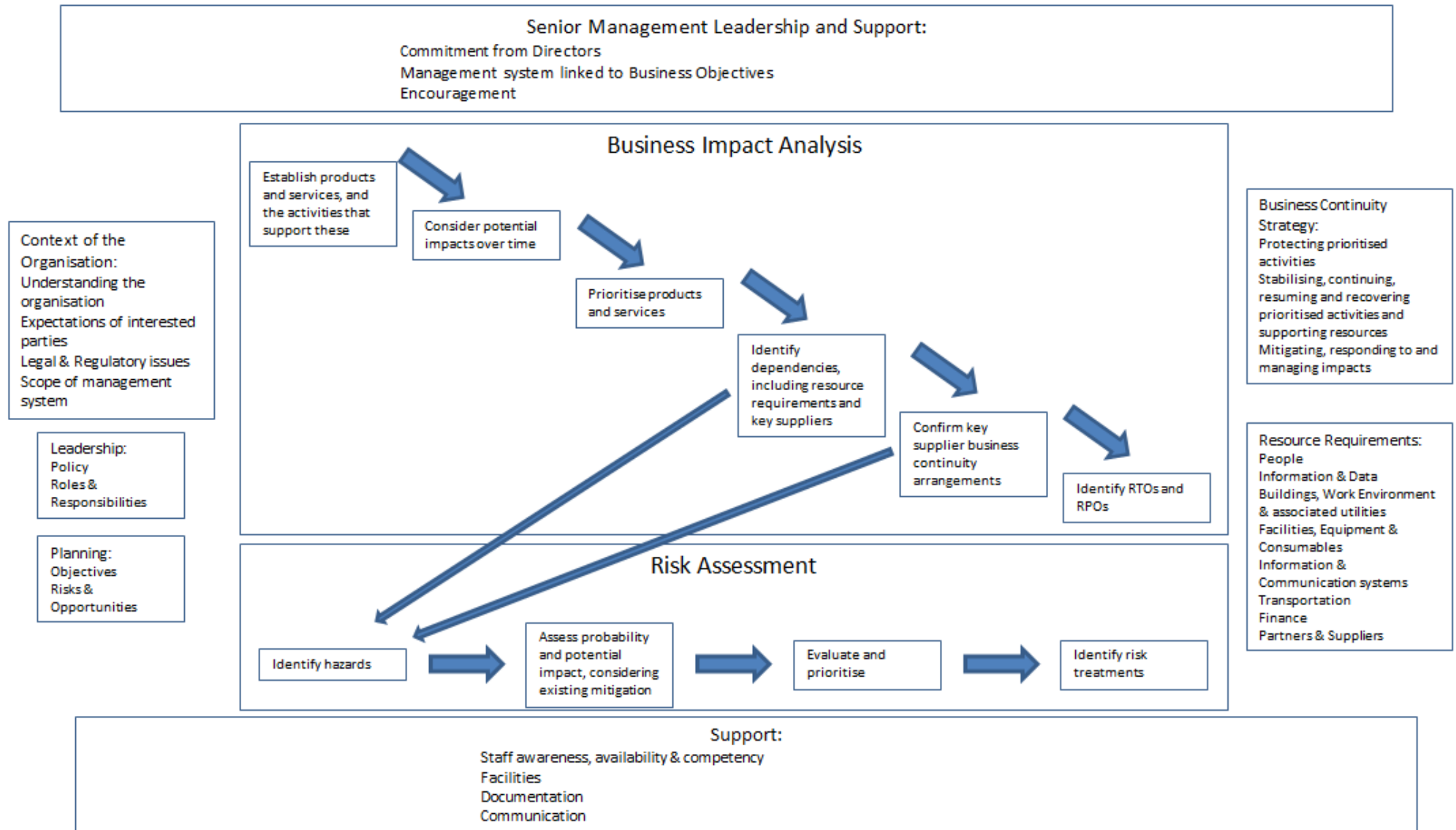
14. Comments and Feedback – List people/ groups involved in developing the Policy.

STANDARD

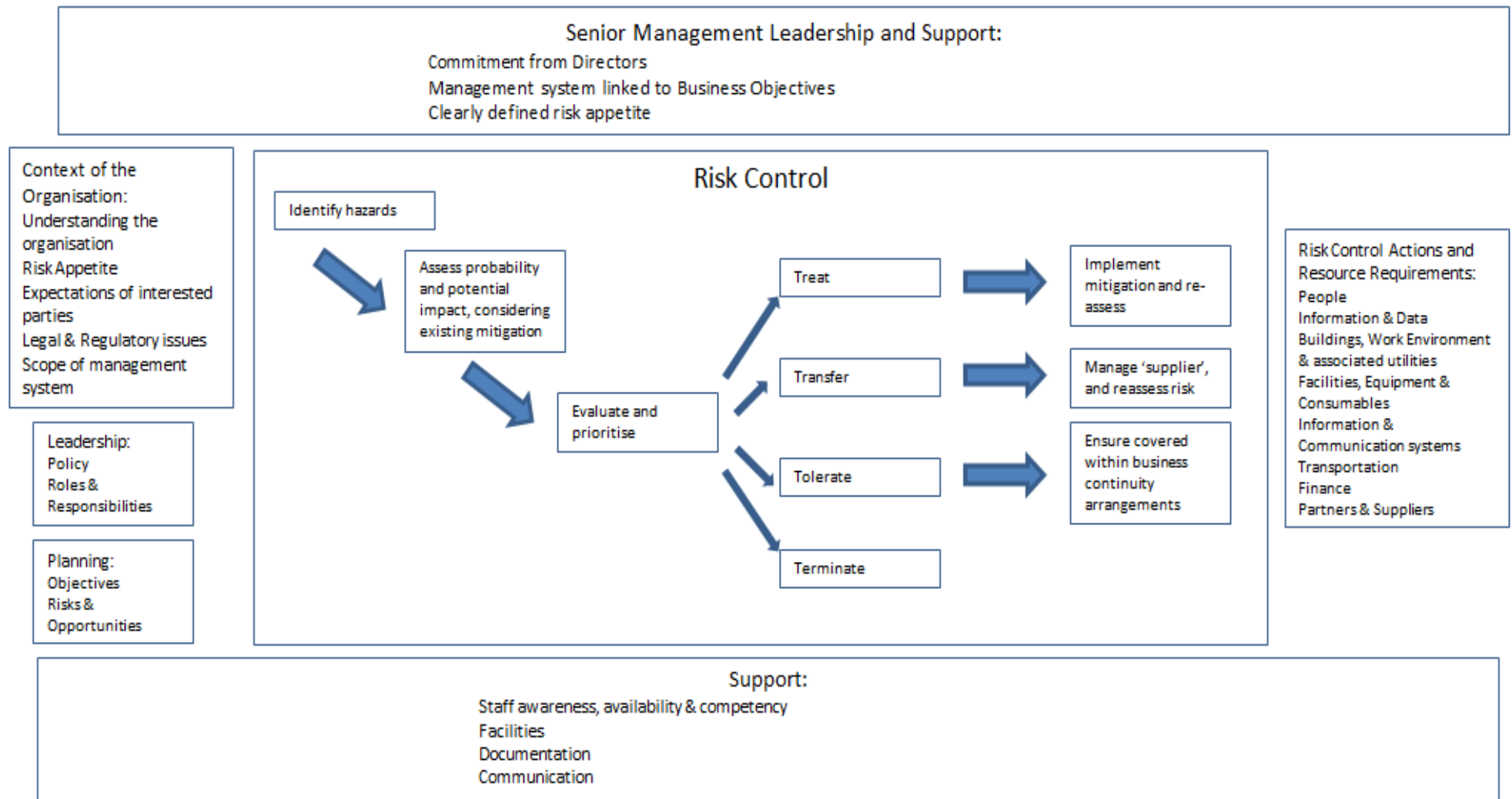
Executive Director Quality & Safety	RCN representative
Health Safety and Security Manager	Director of Operations
Risk and Compliance Manager	

Delegated Health, Safety and Security Officers for SBUs	
Specialist Fire Prevention Officer	

Annex A Business Impact Analysis and Risk Assessment



Annex B Risk Control



ANNEX C - EXERCISE PROFORMA

Title & Date

Exercise Briefing

- 1 Exercise Aim and Objectives
- 2 Locations and Timings
- 3 Exercise Participants
- 4 Exercise Staff
- 5 Exercise Format
- 6 Plans

Post-Exercise Review

1. Outline
 - 1.1 Participants
 - 1.2 Format
 - 1.3 Objectives
2. Outcomes

2.1 General

2.2 Specific

3 Recommendations and Actions

	Recommendation	Action	'Owner'	Target Date	Comments
1					
2					
3					
4					
5					
6					
7					

4 Conclusion

ANNEX D - BUSINESS IMPACT ANALYSIS

	Service		Key							
			NI	No Impact						
	Site			Red						
				Amber						
	SBU			Green						
	Prioritisation Level	Impact Assessment								
		A	B	C	D	E	F			
	Disruptions/Losses	first 24 hrs after disruption	24-48 hrs after disruption	up to 1 week after disruption	1-2 weeks after disruption	2-4 weeks after disruption	> 1 month after disruption	Comments/assumptions	Legal impact (y/n)	Financial impact (y/n)
1	Loss of access to the building (where service is run)									
2	Loss of water supply									
3	Loss of Electricity									
4	Loss of Heating/Hot Water									
5	Loss of telecoms									
6	Loss of all IT systems									
7	Loss of departmental IT systems									
8	Loss of Fuel									
9	Loss of vehicles									
10	Loss of paper based documents and records									
11	Loss of 25% of staff									
12	Loss of 50% staff									

Name of Manager (BLOCK CAPITALS)

Manager's Signature..... Date Completed



Roles and Responsibilities with the National and Local Resilience Framework Guidance

Version:	1
Approved Date:	26th November 2014
Approved By:	Health, Safety and Security Committee Group
Issue Date:	30th March 2015
Review Date:	30th March 2018

Related Policy:

Target Audience:

This Guidance must be understood by

Senior Managers and all staff who are involved in the preparation and enactment of major incident plans and business continuity.

	CONTENTS	PAGE:
PART 1		
	1. Introduction	22
	2. NHS Guidance	22
	3. Definitions	23
	4. NHS Standard Contracts	24
	5. Risk Assessments	25
	6. Requirements of Health and Social Care Act	25
	7. Core Standards	26
	8. Business Continuity	26
	9. Local Cooperation	26
	10. Mutual Aid	26
	11. Networks	26
	12. Information Sharing	26
	13. Organisational Roles and Responsibilities	26
	14. Command and Control Structures	29
	15. HPFT Major Incident Plan	32
	16. Monitoring	32
	17. Related Documents	32
	18. Version Control	33
	Appendix 1 Initial Risk Assessment	34
	Appendix 2 Situation Report	35
	Appendix 3 Planning and response structures	37
	Appendix 4 Abbreviations	38

1. Introduction

The NHS carries out emergency planning to ensure it is able to respond appropriately and effectively to major incidents. The major incident plan for Hertfordshire Partnership University NHS Foundation Trust (HPFT) is built on the principles of risk assessment, cooperation with partners, emergency planning, communicating with the public, and information sharing.

This plan is sufficiently flexible to deal with a range of situations and comprises of two parts. The first part is the overarching Incident & Business Continuity Management System and explains how this role fits with those of other NHS organisations and the emergency services. This is the strategic part of the HPFT plan and is designed to be read by all staff, especially those on call.

The second part is the Major Incident & Business Continuity Plan. This is designed to be used during a major incident. It summarises the practical steps that need to be taken in the event of a major emergency.

This Guidance will be published on HPFT website and on the intranet, all senior managers who have on call responsibilities will have this plan included in their on call packs.

2. NHS Guidance

The HPFT Major Incident Plan is based on a set of general principles that guide all NHS organisations in developing their ability to respond to major incidents, significant incidents and other emergencies and to manage recovery locally within the context of the requirements of the Civil Contingencies Act 2004 (CCA 2004).

3. Definition of a Major Incident, Significant Incident or Emergency

This section describes various definitions of major incidents, significant incidents and emergencies as they may apply to NHS organisations and providers of NHS funded care and the varying scale of these incidents.

There may be times of severe pressure such as during winter periods, or where there is an increase in demand for service (surges) or an infectious disease outbreak. These should be managed through normal process and business continuity plans.

A significant incident or emergency is any event that cannot be managed within routine service arrangements. It requires the implementation of special procedures and may involve one or more of the emergency services, the NHS or a local authority. Within local NHS organisations these emergencies are often referred to as Major Incidents.

The term 'emergency' is used as defined in the Civil Contingencies Act 2004:

'To describe an event or situation that threatens serious damage to human welfare in a place in the UK or to the environment of a place in the UK, or war or terrorism which

threatens serious damage to the security of the UK. The term “major incident” is commonly used to describe such emergencies. These may include multiple casualty incidents, terrorism or national emergencies such as pandemic influenza.’

For the NHS, a significant incident is defined as:

‘Any occurrence that presents serious threat to the health of the community, disruption to the service or causes (or is likely to cause) such numbers or types of casualties as to require special arrangements to be implemented by hospitals, ambulance trusts or other acute or community provider organisations.’

Individual NHS organisations can self-declare a significant incident when their own facilities and/or resources, or those of its neighbours, are overwhelmed. What is a significant incident or emergency to the NHS may not be a significant incident or emergency for other local agencies and the reverse is also true.

A major incident, significant incident or emergency may arise in a variety of ways:

- big bang: a serious transport accident, explosion, or series of smaller incidents
- rising tide: a developing infectious disease epidemic, or a capacity/staffing crisis
- cloud on the horizon: a serious threat such as a major chemical or nuclear release developing elsewhere and needing preparatory action, dangerous epidemics, armed conflict
- headline news: wave of public or media alarm over health issue or perceived threat
- internal incidents: fire, breakdown of utilities, equipment failure, hospital acquired infections, violent crime
- deliberate release of chemical, biological, nuclear or explosive materials
- mass casualties
- pre-planned major events that require planning such as demonstrations, sports fixtures, air shows.

There are a number of incidents which may need to be dealt with under the Major Incident Plan, some of which will not necessarily be either affecting other organisations or which will have a different impact on other organisations. These will include industrial action (IA) which will be dealt with by the Trust Business Continuity Plan.

Incidents such as wide spread flooding or other weather related incidents will be dealt with in line with the HPFT’s Incident and Business Continuity Management System or via the HPFT Major Incident and Business Continuity Plan.

4. NHS Standard Contracts and NHS England Emergency Preparedness Framework 2013

The Civil Contingencies Act 2004 outlines a single framework for civil protection in the United Kingdom. Part 1 of the Act establishes a clear set of roles and responsibilities for those involved in emergency preparation and response at local level.

The Act divides local responders into two categories, imposing a different set of duties on each. Category one responders are those organisations at the core of the response to most emergencies. This category includes all Acute Trusts and Ambulance NHS Trusts, NHS England and Public Health England. They are subject to the following civil protection duties:-

- assess the risk of emergencies occurring and use this to inform contingency planning;

- put in place emergency plans;
- put in place business continuity management arrangements;
- put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency;
- share information with other local responders to enhance co-ordination;
- co-operate with other local responders to enhance co-ordination and efficiency.

Primary care, community providers, mental health and other NHS organisations (NHS Blood and Transplant, NHS Logistics and NHS Protect) are not listed in the Civil Contingencies Act 2004. However, Department of Health (DH) and NHS England guidance expects them to plan for and respond to incidents in the same way as category one responders.

Category two responders are required to cooperate and share relevant information with other Category one and two responders. Category two responders, such as **Mental Health Trust** are seen as 'co-operating bodies'. They are less likely to be involved in the heart of the planning, but they will be heavily involved in incidents that affect their sector. It is vital that they share relevant information with other responders (both category one and two) if Emergency Preparedness, Resilience and Response (EPRR) arrangements are to succeed.

Category one and two responders come together to form **local resilience fora** based on police areas. These forums help to co-ordinate activities and foster co-operation between local responders. For HPFT the strategic forum for joint planning for emergencies is the **Hertfordshire Local Health Resilience Partnership (LHRP)**. They provide the health sector's contribution to multi-agency planning through Hertfordshire Local Resilience Fora (LRFs). Hertfordshire LHRP will coordinate health input and support the NHS England (Hertfordshire and South Midlands), Local Authorities and Public Health England (PHE) in ensuring that member organisations develop and maintain effective planning arrangements for major incidents, significant incidents and emergencies. There are two Hertfordshire Accountable Emergency Officers representing East and North Hertfordshire and Herts Valleys CCGs on the LHRP. The Director of Commissioning is the Accountable Emergency Officer for ENHCCG and attends the LHRP.

5. Risk Assessments

The Civil Contingencies Act 2004 places a risk assessment duty on all category one responders to ensure that planning is proportionate to each risk. A Community Risk Register is compiled by the Hertfordshire Local Resilience Forum and consists of a table of hazards summarising hazard information, outcome descriptions, risk rating and mitigation plans). <http://www.hertsdirect.org/emergency>

The top five risks currently identified on the Hertfordshire Resilience Community Risk register Risk are:

- major industrial accidents
- influenza-type disease (pandemic):
- severe weather
- cyber security
- animal disease.

The national and community risk registers have informed local health and multi-agency planning and the Hertfordshire Local Health Resilience Partnership Three Year Strategy and work Programme, 2013 reflects this.

The HPFT has its own Risk Register which is maintained and will hold information specific to EPRR risks which are identified within the HPFT. The EPRR issues will be reviewed, amended and update at the HPFT Major Incident Planning Meetings. These meetings will feed into the Governance Integrated Committee.

6. Requirements applicable within the Health and Social Care Act 2012

The Health and Social Care (2012) Act embeds the requirement of NHS services to respond effectively to incidents and emergencies. The key elements are:-

- NHS England and each CCG must take appropriate steps for ensuring that it is properly prepared for dealing with a relevant emergency.
- NHS England must take steps as it considers appropriate for securing that each relevant service provider is properly prepared for dealing with a relevant emergency.

7. Core Standards

The minimum core standards, which NHS organisations and providers of NHS funded care must meet, are set out in the NHS England Core Standards for EPRR. These standards are in accordance with the Civil Contingencies Act 2004, the Health and Social Care Act 2012, the NHS England planning framework (*'Everyone Counts: Planning for Patients'*) and the NHS standard contract.

NHS organisations and providers of NHS funded care must:

- nominate an accountable emergency officer who will be responsible for EPRR;
- contribute to area planning for EPRR through local health resilience partnerships;
- contribute to an annual NHS England (Hertfordshire and South Midlands) report on the health sector's EPRR capability and capacity in responding to national, regional and LRF incidents.
- Reports must include control and assurance processes, information-sharing, training and exercise programmes and national capabilities surveys. They must be made through the organisation's formal reporting structures;
- have suitable, up to date incident response plans which set out how they plan for, respond to and recover from significant incidents and emergencies. The plans should fulfill the testing schedule as detailed in the CCA 2004;
- have suitably trained, competent staff and the right facilities (incident coordination centres) available round the clock to effectively manage a major incident or emergency;
- share their resources as required to respond to a major incident or emergency.

8. Business Continuity (service resilience) planning

The CCA 2004 places a statutory duty on organisations to develop a comprehensive approach to business continuity.

This framework follows the principles of ISO 22301 and PAS 2015. Some elements of ISO 22301 must be done in partnership with other health organisations and this will be led by the Hertfordshire Local Health Resilience Partnership and Hertfordshire Local Resilience Forum.

The NHS England Business Continuity Framework 2013 can be found at:

<http://www.England.nhs.uk/ourwork/gov/epr>

The HPFT Major Incident & Business Continuity Plan can be found on the Trust Intranet site

9. Local Cooperation

At the local level, it is important that planning for major incidents, significant incidents and emergencies is co-ordinated within individual NHS organisations, between NHS funded organisations and at a multi-agency level with emergency services, local authorities, voluntary agencies, the independent health and social care sector and other partner organisations.

Training, exercising and testing of all EPRR plans within HPFT, between NHS funded organisations and with multi-agency partners will be an important part of emergency preparedness and will be documented as part of the annual work programme.

NHS England (Hertfordshire and South Midlands) is responsible for maintaining a mechanism that will enable NHS organisations to plan and cooperate appropriately and to performance manage these organisations for this aspect of their responsibilities. This will be supported by the Hertfordshire LHRP, the annual memorandum of understanding and national assurance process.

10. Mutual Aid

Mutual Aid can be defined as an arrangement between Category one and two responders, other organisations not covered by the CCA 2004, within the same sector or across sectors and across boundaries, to provide assistance with additional resource during any incident that may overwhelm the resources of a single organisation. The NHS England (Hertfordshire and South Midlands) will be responsible for the co-ordination and implementation of mutual aid requests during a major incident, significant incident or emergency. HPFT will respond to any requests received to provide mutual aid in this situation

11. Networks (Critical Care, Trauma, Burns)

The Operational Delivery Network co-ordinates specialist areas of care, including critical care trauma and burns and ensures that patients can access the optimum care for their condition. The Operational Delivery Network that covers East of England including Hertfordshire is hosted by Cambridge University Hospitals Foundation Trust which effectively ensures mutual aid arrangements when needed.

12. Information Sharing

Under the CCA 2004 local responders have a duty to share information and this is seen as a crucial element of civil protection work, underpinning all forms of co-operation.

The sharing of information will include, if required for the response, details of vulnerable people. The general definition of a vulnerable person is a person:

“present or resident within an area known to local responders who, because of dependency or disability, need particular attention during incidents”

13. Organisational Roles and Responsibilities

13.1 Hertfordshire Partnership NHS Foundation Trust (HPFT)

HPFT will have a senior manager on call available at all times through a mobile phone system should a provider of NHS funded care have a problem that needs escalating either in or out of normal hours. The senior manager will be available to providers or NHS England (Hertfordshire and South Midlands).

HPFT will use the NHS England – Hertfordshire and Midlands Framework (as detailed in appendix 2) to determine how and when issues should be escalated.

As category two responders under the CCA 2004, CCGs must respond to reasonable requests to assist and cooperate during an emergency. NHS England-Hertfordshire and South Midlands may decide to include CCG members in the formal command and control structure and to assist in any response to a major incident. CCG's may assist and support NHS England (Hertfordshire and South Midlands) undertake the following tasks:

- Mobilising resources from locally commissioned services
- Providing local NHS leadership if required liaise with relevant partner organisations
- Cascading information to relevant service level providers
- Inform and maintain dialogue with neighbouring CCGs when appropriate support is required
- CCG commissioned organisations with any local demand, capacity and systems resilience issues

13.2 Providers of NHS funded care

Providers of NHS funded care will fulfill relevant legal and contractual EPRR requirement, including the Civil Contingencies Act 2004 (CCA), and ensure a robust and sustainable 24/7 response to emergencies and:

- provide the resilience to manage incidents and emergencies that affect only them, with escalation where necessary;
- provide an Accountable Emergency Officer to take executive responsibility and leadership for EPRR at service level;
- collaborate with local multi-agency partners to facilitate inclusive planning and response;
- ensure preparedness to maintain critical services in periods of disruption;
- facilitate NHS EPRR assurance, including business continuity.

13.3 NHS England (Hertfordshire and South Midlands)

NHS England (Hertfordshire and South Midlands) will provide leadership across Hertfordshire. If an incident requires a wider NHS or multi-agency response, this co-

ordination and leadership is provided by a NHS England (Hertfordshire and South Midlands) Director. The NHS England (Hertfordshire and South Midlands) Director has overall responsibility for ensuring that NHS England (Hertfordshire and South Midlands) and the local health economy are able to respond to a major incident, significant incident or emergency.

The NHS England (Hertfordshire and South Midlands) on-call director may take command and control of the situation if several NHS and partner organisations need to be involved and the need for a coordinating role arises.

If there is a Strategic Coordination Group, 'health' will be represented by NHS England (Hertfordshire and South Midlands) on-call director (NHS Gold). If necessary, Public Health England, local authority directors and the East of England Ambulance Service will also attend.

NHS England (Hertfordshire and South Midlands) may be required to respond actively by:

- escalating the use of GP surgeries as necessary, to see patients that, but for the major incident, significant incident or emergency, would normally be at or would go to the local acute hospital e.g. patients with less serious problems that, because of the incident, cannot be readily seen in the emergency department.
- mobilising support from GPs to help at a local acute hospital receiving the casualties and/or by referring other patients to other hospitals.
- mobilise assistance from GPs to support at a rest centre. A rest centre is managed by the Local Authority and is for people evacuated from a scene of a major incident.
- Co-ordinating and managing NHS response to the public and media.

13.4 NHS England- Midlands and East (Regional team)

If an incident affects two or more areas, the NHS response will normally be led by the NHS England Team (Hertfordshire and South Midlands) first affected and responding to it. If the NHS England Midlands and East has to take command of all NHS resources across the region, the Regional team's on-call director will if necessary provide leadership and direction across the region. Actions for local organisations will be actioned through the NHS England Area Teams.

13.5 NHS England (National team)

In extreme situations such as pandemic influenza, a national fuel shortage or extreme weather, the NHS England national team may take command of all NHS resources across England. In this situation, direction from the national team will be actioned through the regional teams. Where this occurs the resources from East and North Herts CCG will be put at NHS England's disposal for appropriate use.

13.6 Public Health England

Public Health England (PHE) provides expert advice to the DH, Regional Directors of Public Health and the NHS on health protection policies and programmes. It also provides specialist emergency planning advice to NHS organisations to:

- ensure that PHE has plans for emergencies in place across the local area. Where appropriate, these will be joint emergency plans with the NHS and local authorities,
- through the LHRP;
- discharge the local PHE EPRR functions and duties;

- have the capability to lead the PHE response to an emergency at a local level. ensure a 24/7 on-call rota for emergency response in the local area;
- ensure that staff have the appropriate competencies and authority to coordinate the health protection response to an emergency.

13.7 PHE Regional Offices

The Regional Office provides strategic EPRR advice and support to PHE Centres and maintains PHE's capacity and capability to coordinate regional public health responses to emergencies 24/7

13.8 PHE National Level

At a national level they provide leadership and co-ordination of PHE and national information on behalf of the PHE during periods of national emergencies. They support the response to incidents that affect two or more PHE regions and will act as the national link on EPRR matters between PHE, DH and NHS England.

13.9 Local Authorities

Through the Director of Public Health (DPH), the local authorities within Hertfordshire will take steps to ensure that plans are in place to protect the health of their populations and escalate any concerns or issues to the relevant organisation or to the LHRP as appropriate. The DPH will co-chair the LHRP alongside the Director of Operations and Delivery for the NHS England (Hertfordshire and South Midlands).

CCG's have a Memorandum of Understanding in place with Hertfordshire Public Health Team.

Each DPH will provide initial leadership with PHE for the response to public health incidents and emergencies within their local authority area. The DPH will maintain oversight of population health and ensure effective communication with local communities. PHE will deliver and manage the specialist health protection services

In addition they fulfill the responsibilities of a Category one responder under the CCA 2004

13.10 Department of Health

The Department of Health (DH) Emergency Preparedness Division advises Ministers on the development of policy and promulgates agreed policy. It oversees and ensures planning and preparedness in the NHS and coordinates the overall NHS response to major incidents where necessary. The division also supports the Central Government response through the Cabinet Office Briefing Room (COBR).

The structures of Emergency Preparedness, Response and Recovery are shown in Appendix 3

14 Command and Control Structure

This section describes how the NHS will respond when a major incident, significant incident or emergency has been formally declared and the NHS has been asked to activate its major incident plans. It is important that all health services respond to each incident in a coordinated and consistent manner.

14.1 The NHS response to an incident needs to be:

- Proportionate: Different approaches are necessary both to the varying size of incidents and also to the health implications of an incident.

- Flexible: The implications of incidents can change rapidly during their course. The NHS needs to have flexible systems which ensure that it has a response appropriate to the incident at any time.
- Clear: In particular, it must be clear at any time both to NHS organisations and to partner organisations which part of the NHS has taken overall command and control in a particular geographical area. The taking of command and control does not preclude other organisations from establishing their incident operations centres for their own organisations.

14.2 At all times during the course of an incident, it is the responsibility of the NHS England to ensure that there is clarity about which organisation is leading the NHS response.

14.3 Escalation

Table 1 describes the three broad levels of escalation and provides broad parameters for decision making. It is the responsibility of the senior manager leading the NHS response at any particular time to decide, in conjunction with colleagues, what level of command is appropriate for the local NHS.

Table 1 NHS England incident alert and response levels

Alert	Activity	Action	NHS England Incident levels	
Alert	Dynamic Risk Assessment	Declaration of Incident level	1	A health related incident that can be responded to and managed by a local health provider that
			2	A health related incident that requires the response of a number of health provider organisations across NHS England (Hertfordshire and South Midlands) and will require NHS England (Hertfordshire and South Midlands) to co-ordinate the NHS local support
			3	A health related incident, that requires the response of a number of health provider organisations across the NHS England – Midlands and East and requires NHS England regional co-ordination to meet the demands of the incident the incident
			4	A health related incident, that require NHS England National co-ordination to support the NHS and NHS England response

*Adapted from NHS England incident alert and response levels

14.4 The establishment of a Strategic Coordinating Group (SCG) has been excluded from Table 1, as this is at the discretion of the Chief Constable of Hertfordshire Police and the NHS follows these arrangements. NHS England (Hertfordshire and South Midlands) will provide NHS input to the SCG if required.

14.5 Incident Level 1 – East and north Hertfordshire CCGGREEN

The response will initially be led by the ENHCCG senior manager on call. If required the senior manager on call responding to the major incident may convene an Incident Management team with relevant expertise from within the CCG and externally (as necessary). The Incident Management team will manage the incident. Where the incident is

managed from the ENHCCG Incident Co-ordination Centre (ICC) there will be sufficient supplies / stores present to ensure logging and other administration tasks can be completed. It is likely that the East and North Hertfordshire Clinical Commissioning Group Escalation Framework will be triggered, but at level 1 the incident would normally be managed by the CCG with escalation to NHS England (Hertfordshire and South Midlands). See East and North Hertfordshire Clinical Commissioning Group Escalation Framework.

The CCG Senior Manager On Call is available at all times on 07909 913275. The On call rota is manned by the Chief Executive, Directors, Associate and Assistant Directors. The on call shift runs from 10am Tuesday morning to 9.59am Tuesday morning of the following week. The on call rota is manned on a daily basis over Christmas, New Year and Easter. The phone is switched over by a member of the CCG administrative team and a text confirming the switch is sent to the out going and in coming manager.

Each Senior Manager On Call has their own on call folder which includes the contact details of CCG staff.

The rota is produced and communicated on a six monthly basis by the lead manager for EPRR.

HPFT may establish an Incident co-ordinating centre (ICC) from which the incident can be managed. The incident co-ordinating centre for HPFT is based at 99 Waverley Road. St Albans. AL3 5TL in the Committee Rooms

The role of the Incident co-ordinating centre is to:

- manage the operational response to the incident
- Co-ordinate response across the local health economy report to the NHS England (Hertfordshire and South Midlands)
- handle media issues/enquiries
- coordinate with district councils
- manage the return to normality ensure liaison with other key partners as required

The Incident Co-ordination Centre has its own ICC Plan which details how it should be established, run and resourced.

14.6 Incident Level 2 – NHS England (Hertfordshire and South Midlands) YELLOW

The NHS England (Hertfordshire and South Midlands) on-call director may convene an incident management team with relevant expertise from within and external to the NHS England (Hertfordshire and South Midlands) to direct and coordinate the management of the major incident. The team will take executive decisions in the light of best available information and obtain input from all relevant sources of expertise and agencies and convene quickly.

An NHS England (Hertfordshire and south Midlands) Incident Co-ordination Centre (ICC) may be set up at the headquarters of NHS England (Hertfordshire and South Midlands).

The Incident Co-ordination Centre will have direct contact with all responding NHS providers. Its role is to remain informed of their current status and provide relevant information to the SCG Health Gold representative.

14.7 Incident level 3 - NHS England- Hertfordshire and Midlands Command AMBER

An NHS England-Midlands and East ICC will normally be based at the offices in Cambridge. The role of the ICC will be:

- strategic management of the incident and return to normality;
- reporting to the NHS England National team; downwards links with NHS England (Hertfordshire and South Midlands) Incident Co-ordinating Centres; communications and media management.

14.8 Incident level 4 - NHS England – National Command RED

An NHS England – National ICC could be established, where appropriate, feeding into either local or regional ICCs to ensure a consistent management approach across the incident area

14.9 Multi-agency Command and Control

There are three commonly accepted levels within emergency management command and control (Table 2) and adherence to these by all organisations ensures a coordinated response to a major incident.

Table 2: Levels within command and control structures

Level	Role	Colour
Strategic	Establish strategic objectives and overall management framework. Ensure long-term resourcing/expertise.	Gold
Tactical	Determine priorities in obtaining and allocating resources. Plan and co-ordinate overall response.	Silver
Operational	Manage front line operations.	Bronze

The multi-agency response to a major incident, significant incident or emergency is described below:

- The DH will be the source of information regarding the NHS for the Cabinet Office Briefing Room at national level;
- NHS England – Midlands and East will represent the NHS at regional level;
- NHS England (Hertfordshire and South Midlands) will attend the Strategic Coordinating Group led by Hertfordshire Police.
- Public Health England Centre will provide the Public Health Consultant to attend and chair the Scientific and Technical Advice Cell (STAC);
- NHS England (Hertfordshire and South Midlands) may attend multi-agency silver and interact at a bronze level;
- Local CCGs may attend county wide silver and interact at a local bronze level.

14.10 Science and Technical Advice Cell (STAC)

The Scientific and Technical Advice Cell (STAC) provides technical advice to the Strategic Coordinating Group. The STAC would be expected to advise on issues such as the impact on the health of the population, public safety, environmental protection, and sampling and monitoring of any contaminants.

In the event of a major incident the STAC is activated by the Police Gold Commander through the cell lead or relevant duty officer. However, a senior public health professional (i.e. Director of Public Health or the PHE Director) may recommend to the Gold Commander that a STAC needs to be established due to the potential impact on the health of

15. HPFT's response to a major incident is detailed in the Trusts Major Incident & Business Continuity Plan

16. Monitoring of this Guidance

This Guidance will be reviewed **Annually**

Action:	Lead	Method	Frequency	Report to:
Review	Head of Facilities and Maintenance	Paper review	Annually	Health Safety and Security Committee

17. Related Documents

This document should be read in conjunction with:

- NHS England Business Continuity Management Framework (Service Resilience) (2013)
- NHS England Emergency Preparedness Framework (2013)
- NHS England Core Standards for Emergency Preparation, Resilience and Response (2013)
- NHS England Command and Control Framework 2013
- Hertfordshire Resilience Forum Multi Agency Response Plan
- Public Health England Centre (PHEC) major incident frameworks and incident response plans.
- East and North Hertfordshire Clinical Commissioning Group Escalation Framework
- Hertfordshire LRF Mass Casualties Plan
- Hertfordshire Infectious Disease Plan
- East and North Hertfordshire Clinical Commissioning Group Business Continuity Plan
- Surge Capacity Plan

18. Version Control

Version	Date of Issue	Author	Status	Comment
V1	March 2015	Head of Facilities and Estates	Ratified	Current Policy

Appendix 1

ACTION: Initial risk assessment

The following need to be considered by the Senior Manager On Call

An assessment of the situation will determine what action needs to be taken. Using the information at hand and taking account of a worst case scenario where knowledge is limited, consider the following and record all relevant information.

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

NHS MAJOR INCIDENT SITUATION REPORT - SITREP

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

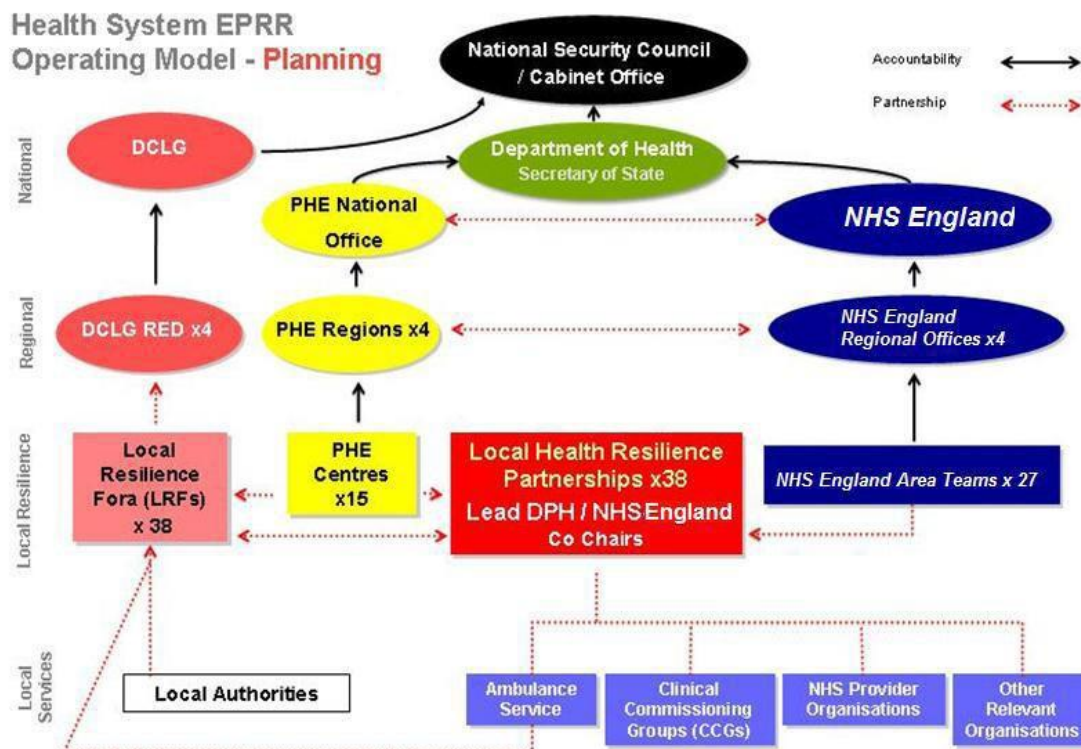
Organisation:		Date:	
Name (completed by):		Time:	
Telephone number:			
Email address:			
Authorised for release by (name & title):			

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

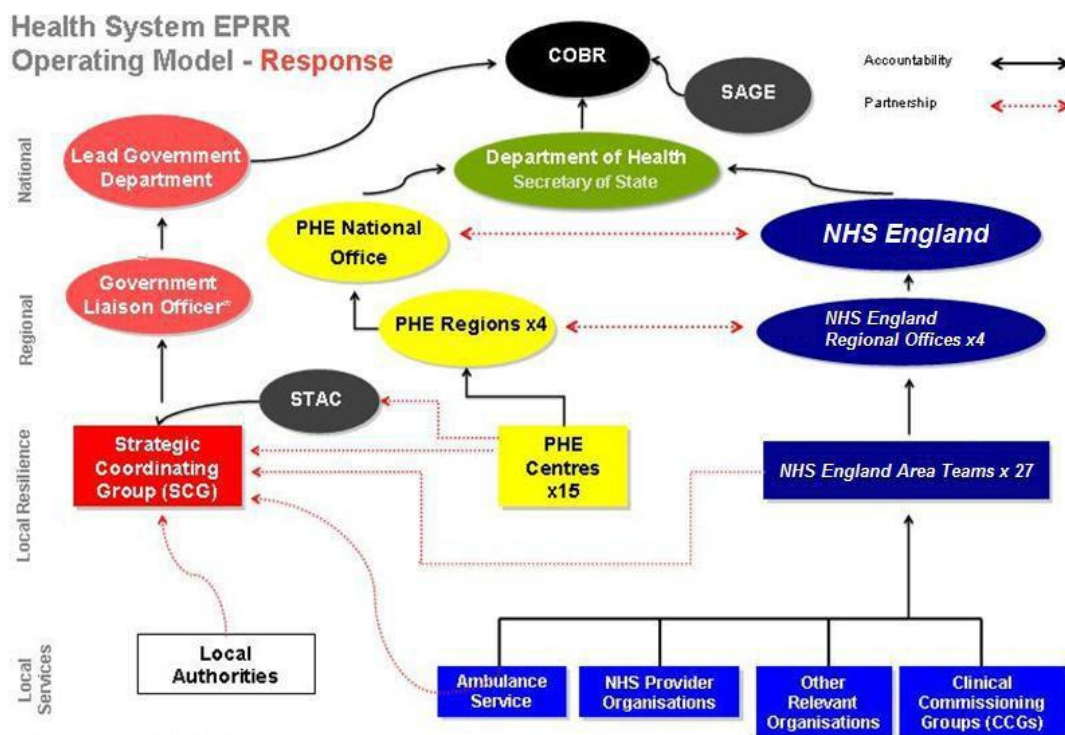
Media interest expected/received	
Mutual Aid Request Made (Y/N) and agreed with?	
Additional comments	
Other issues	
NHS CB Regional Incident Coordination Centre contact details: Name: Telephone number: Email:	

Appendix 3

Planning Structure



Response structure



*Normally led by DCLG RED. But can vary depending on the type of emergency

Appendix 4

Abbreviations

CCA	Civil Contingencies Act
CCG	Clinical Commissioning Group
DCLG	Department for communities and Local government
DH	Department of Health
EPRR	Emergency Preparedness, Resilience and Response
ICC	Incident Co-ordinating Centre
ISO	International Standards Organisation
LHRP	Local Health Resilience Partnership
LRF	Local Resilience Forum
ENHCCG	East and North Hertfordshire Clinical Commissioning Group
PALS	Patient Advice and Liaison Service
PAS	Publicly Available Specification
PHE	Public Health England
PHEC	Public Health England Centre
SAGE	Scientific Advisory Group for Emergencies
SCG	Strategic co-ordinating Group
STAC	Science and Technical Advice Cell
MOU	Memorandum of Understanding

	<i>we are...</i>	<i>you feel...</i>
Our Values	Welcoming	✔ Valued as an individual
	Kind	✔ Cared for
	Positive	✔ Supported and included
	Respectful	✔ Listened to and heard
	Professional	✔ Safe and confident

