Major Incident and Business Continuity Plan

And Local Incident Response Team (LIRT) Guidance

Version:	**7.3**
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Expiry Date:	**30th December 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

Preface - concerning the Trust Policy Management System (PMS)

P1 - Version Control History:
Below notes the current and previous Version details

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V7	30th March 2015	Head of Facilities and Estates	Archived	Superseded
V7.1	8th March 2016	Head of Facilities and Estates	Archived	Superseded
V7.2	25th July 2016	Head of Facilities and Estates	Archived	Superseded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

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.

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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
- **Guidance Template** is a sub-section of the Policy to guide Staff and provide specific details of a particular area. An over-arching Policy can contain several Guidance's which will need to go back to the Approval Group annually.
- **Recovery Care Pathways (RCP)** are documents that describe a clear route from assessment, through intervention to recovery.

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

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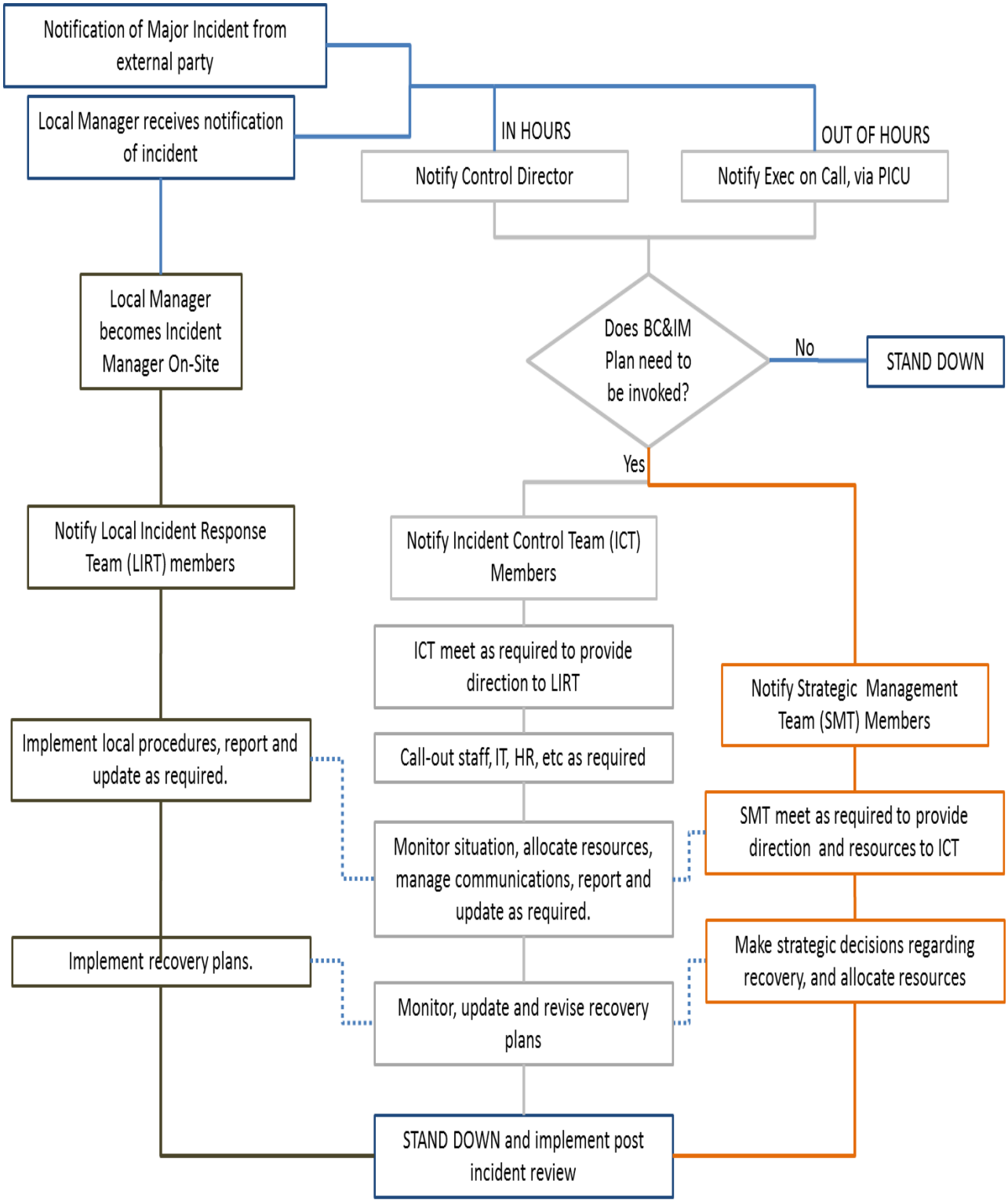
PART 1 – Preliminary Issues:

1. Flow Chart – The following flowchart depicts the invocation process



2. Purpose and Scope

The purpose of this plan is to improve the capacity of Hertfordshire Partnership University NHS Foundation Trust to manage significant disruptions to operations thereby reducing the impact on stakeholders, damage to the reputation of the Trust and financial losses. This is a statutory duty under the Civil Contingencies Act (2004) and has now been reinforced by DH Interim Guidance on Business Continuity Planning (June 2008). 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.'

This plan also includes the procedures for responding to an externally-declared Major Incident as required by NHS Guidance on Emergency Planning 2005. '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, severe weather conditions, flood or national emergencies such as pandemic influenza.'(See Trust Pandemic Flu Plan)

This plan also takes into account the need to lockdown (See Trust Lockdown Plan) a Trust site if the following occurs:-
1) A member of the public comes into an HPFT site as a result of a nearby CBRN/Hazmat incident. (All HPFT sites have the Trust CBRN plan with action cards and are included in their local plans) See LIRT plan at the back of this document (Annex J)
2) A violent service user or terrorist trying to gain entry into an HPFT building – See Annex H (Run, Hide & tell).

For Mass casualties or surge/escalation plans HPFT will first use its decant plan (Annexe A) after which it will invoke collaboration with the Acute Trust in Herts and the HCT

3. Key Services within Scope

The scope of the plan covers all activities at Trust locations in Hertfordshire, North Essex and Norfolk. Local plans have been developed for use at individual sites, and these dovetail into this plan. Annex A of this plan details residential sites decant plans (Dec 2015)

3.1 Assumption and Core Principles

As every type of incident or emergency cannot be planned for, when the Trust faces a major incident, longer term emergency or business continuity challenge, the approach will be based on 'core principles' which support & assist consistent decision making in incident situations. These are:

- Trust Managers and Team leaders will be assisted in preparing & testing local contingency arrangements and a Local Major Incident and Business Continuity Plan (MI & BCP) based on this document;
- Clear determination of any Major Incident and prompt enactment of this plan by Managing Director with the Executive Team and the Emergency Planning Liaison Officer (EPLO);

- Our primary aim is to maintain our essential/critical services. To facilitate the staff flexibility needed, there are 'Terms & Conditions in Severe Disruption' agreed in principle by Human Resources (HR) Policy Group;
- Major Incident Response Team Members will be clear about their responsibilities and the systems to use: guided by this document, the 'Action Sheets', their training & links with the EPLO;
- A co-ordinated approach will be taken as key decisions will be made centrally and communicated to the front line managers to carry out, or to other agencies or the media etc;
- We will make best use of resources/expertise/skills already available in the Trust until particular expertise may be needed when, 'Subject Matter Experts' will be sought; and
- There will be an equally co-ordinated recovery phase – i.e. return to normal working after the Incident when services can also be enabled to reflect on any learning.

NHS Emergency Planning Guidance suggest a minimum requirement of a live exercise to be conducted every 3 years, a table top exercise every 1 year and a communications cascade test every 6 months

4. 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

Notes:

a) Emergency responder agencies' describes all Category one and two responders as defined in the Civil Contingencies Act (2004) and associated guidance;

b) A major incident is beyond the scope of business as usual operations, and is likely to involve serious harm, damage, disruption or risk to human life or welfare, essential services, the environment or national security;

c) A major Incident may involve a single agency response, which may be in the form of multi-agency support to a lead responder;

d) The severity of consequences associated with a major incident are likely to constrain or complicate the ability of responders to resource and manage the incident, although a major incident is unlikely to affect all responders equally;

e) The decision to declare a major incident will always be a judgement made in a specific local and operational context, and there are no precise and universal thresholds or triggers. Where LRF's and responders have explored these criteria in the local context and ahead of time, decision makers will be better informed and more confident in making that judgement.

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).

4.1 Types of Incidents

An external significant incident or emergency -an event meeting the definition within Hertfordshire, or an incident meeting the same criteria elsewhere that nevertheless affects the county.
This 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
. Headline News – public or media alarm about a personal threat
. Deliberate release of chemical, biological or nuclear materials
. Pre-planned major events that require planning-demonstrations, sports
. Cyber Security Incident – "Cyber Security Incident" means any malicious or suspicious event that disrupts, or was an attempt to disrupt, the operation of those programmable electronic devices and communications networks including hardware, software and data that are essential to the Reliable Operation of the organisation's Bulk Power System. All Cyber Security incidents are managed by our IT Service Provider, HBLICT.

5. Duties and Responsibilities

RULE

See section on Incident Management; roles responsibilities and authorities (Section 10)

PART 2 – What needs to be done and who by

6. Major Incident & Business Continuity

The Trust is committed to implementing best practice in Major Incident Response (MIR) and Business Continuity Management (BCM) throughout the Trust in order to minimise the effect of disruptions on service users, staff, members of the public and the reputation of the Trust. Ultimate responsibility for MIR and BCM within the Trust rests with the Chief Executive, but specific responsibilities are delegated to the Emergency Planning Lead. The management of the Major Incident and Business Continuity plans and procedures is maintained in the Management System.

The Trust will take all reasonable steps to ensure that in the event of service interruption essential activities will be maintained and normal services restored as soon as possible. The priority at all time is the safety and well-being of service users, staff and members of the public.

All activities currently undertaken within the Trust are included within the Business Continuity Management framework. Where specific processes are outsourced to third parties; the resilience of these third parties must be considered.
Plans have been developed at various levels within the Trust to facilitate a fully integrated response and recovery mechanism. All plans are to be reviewed and exercised annually to maintain and validate the organisation's capability to respond.

All activities should be supported by a robust communications strategy which identifies responsibilities and systems to inform service users, staff, operational partners, the press and the public with timely and accurate information.

Annex A - HPFT Decant Contingency Plans (Dec 2015)

Annex B - is an action sheet giving guidance to all levels of Management in the event of a Major Incident occurring.
Annex C - is the Trust Daily Situation Report
Annex D - is the Log Sheet to be completed when communications are received or sent.
Annex E -. is the East of England SITREP form to be completed as they request.
Annex F - is a Decision Log to record decisions & actions taken
Annex G - Aide Memoire
Annex H - Run, Hide & Tell – Stay safe firearms weapon attack
Annex I - Lockdown Flowchart
Annex J - Response for self-presenters as a result of a CBRN incident
Annex K – Guidelines for Loggists

7. Major Incident & Business Continuity Strategy

7.1 Major Incident

The Trust will provide support to Hertfordshire County Council for the provision and coordination of the social care response and other humanitarian issues. This may include provision of support for Reception Centres, for example, but any support will be coordinated through the County Council or Health Gold Command, following the arrangements laid out in.

7.2 Business Continuity

The strategy for dealing with generalised disruptions is based upon classifying activities into 3 tiers according to their time-criticality as follows:

TIER 1	TIER 2	TIER 3
CLINICAL		
Must continue	Provide differently	Temporarily close
• Acute Adult Mental Health Inpatient Units/Wards • Mother & Baby unit (2 Bowlers) • CAMHS Inpatient Services (Forest House) • A & E Liaison • Psychiatric Intensive Care • MHSOP Assessment and Continuing Care Services • Inpatient Services for people with Learning Disabilities • Low Secure Services • Medium Secure Specialist Learning Disability Services, (Eric Shepherd Unit & Broadlands Clinic) • CATT Teams • Adolescent Outreach Team	• CMHT • SMHTOP • AOT • Eating Disorder Service • Personality Disorder Service Early Intervention in Psychosis • IOT • IST Specialist Support Teams for CAMHS • Mental Health Helpline • Rehabilitation Services • Bed Management & Placement Team • ECT • Community Learning Disability Teams (North Essex) • IAPT North Essex	• Wellbeing Service • Day Hospital Services for Older People • Day services for adults • Mentally Disordered Offenders Services • Forensic Liaison Team • Prison In Reach Team • Non urgent/Routine Out Patients • Respite Care for Older People • Specialist Healthcare Workers and Therapists

• Acute Day Treatment Unit • Mental Health Act Assts • Single Point of Access		
SUPPORT FUNCTIONS		
• Phones and switchboard; • Various IT services; • HR • Estates and Facilities (emergency/BC functions) • Informatics • Communications Team	• NHS Outpatient Booking • Admissions Booking • Records Management • Medical Secretarial • Executive Team • Finance (eg payment of staff and suppliers) • Informatics (less critical functions)	• F&PI (other functions) • Estates & Facilities (BAU) • **Finance other Functions**

All time-critical functions within the Trust must ensure that they have manual workarounds in place that would enable them to maintain services to patients and gather the data required for subsequent coding and invoicing for up to 24 hours without IT systems.

7.2.1 Tier 1

Tier 1 services are the most time-critical. They are essential services and must continue to be provided, although some could be consolidated onto fewer sites if circumstances and bed usage allows, enabling temporary unit closures to maximise staffing resources.

The aim is to maintain all of these activities during a disruption, either by moving staff and equipment the sites for additional support or, where necessary and possible, consolidating into fewer sites, as required.

7.2.2 Tier 2

Tier 2 services are important but could be reduced or provided differently. These services have a BCP detailing the reductions that are possible. As an example:

- Maintain risk based service for face to face contacts
    - Clozapine clinics
    - Depot injections
    - Urgent prescriptions
    - Safeguarding vulnerable adults procedures

- Non-essential activity to temporarily cease or be provided differently:
    - Provide phone service to low priority cases from fewer bases
    - Other regular but non-urgent visits
    - Attendance at inpatient or other routine case conferences
    - 7 day follow up visits
    - Visits to carers
    - Walk-in services

In preparation for managing staff shortages and service reductions, staff will review their caseloads and flag service users indicating the broad level of risk. The flagging would be:

- Red - High risk

- Amber - Medium risk
- Green - Low risk

Community staff released by these measures can be redeployed into Tier 1 services – skills and competencies permitting. Alternatively, community teams could manage some service users from inpatient units on a short term basis if resources/skills allow.
Tier 2 also consists of some 'back-office' functions.

The aim is to restore these activities within 24 – 48 hours of a disruption by moving staff to an alternative office location. A detailed plan has been prepared to facilitate this.

7.2.3 Tier 3

Tier-3 services can be temporarily suspended or closed (with service users and other stakeholders being informed appropriately) in the event of needing to release resources for high priority/essential services:

A number of back-office functions are also Tier 3 activities, and can be ceased during the initial phase of the incident.

The aim is to restore these activities within a week, as resources allow. It is not possible to plan the precise sequence of restoring these activities in detail but individual departments have prepared outline plans highlighting their resource requirements.

All time-critical functions within the Trust must ensure that they have manual workarounds in place that would enable them to maintain services to patients and gather the data required for subsequent coding and invoicing for up to 24 hours without IT systems.

7.2.4 IT

In the main, service user records can be accessed in the electronic record system - Paris via any networked site by authorised staff, facilitating safe treatment. The Wellbeing Service use PCM is for their electronic patient records and the Child & Adolescent Drug & Alcohol Service use a system called BOMIC. The Clinical Information Filing Policy on TrustSpace explains the contingency measures that should be in place if the EPRs were to be unavailable for any length of time**. It is imperative each team has a contingency in place, please refer to the policy for further information.**

7.2.5 Staff Unavailability

It is one of our 'core principles' that we will always maintain the critical/essential service, whatever the circumstances. Therefore, when something has occurred leading to staff not being available to deliver all our services, we must prioritise where these staff work, focusing on the Tier system listed above.

8. Objectives

The objectives of this Major Incident and Business Continuity plan are:

- To ensure the safety and well-being of staff and service users;
- To enable an effective response to any major incidents impacting the Trust;
- To co-ordinate and provide mental health support to staff, service users and relatives in collaboration with Social Services;
- To outline how, when required, Ministry of Justice approval will be gained for an evacuation;
- To identify locations which service users can be transferred to if there is an incident;

- To support local acute trusts by managing physically unwell inpatients if there is an infectious disease outbreak;
- To ensure the needs of service users involved in a significant incident or emergency are met and that they are discharged home with suitable support;
- To work effectively with partner agencies during an incident;
- To continue to run services as determined by their categorisation;
- To ensure swift and accurate communications with staff, service users and other stakeholders; and
- To enable a swift recovery to service as usual.

9. Invocation

If one or more of the following applies, a Trust response may be required:

- A major incident or emergency has been declared by a partner agency (health and non-health partners)
- An internal Trust incident that cannot be managed within normal resources
- A significant incident that threatens to overwhelm the resources of more than one NHS organisation in the geographic area
- A significant incident that requires coordination of more than one NHS organisation within the Hertfordshire and South Midlands geographic area
- An incident where mutual aid is required (countywide or regional)
- An incident that requires the attendance of the NHS at a Strategic Coordinating Group (SCG)
- A significant internal incident within another NHS organisation adversely affecting the daily running of the organisation and necessitating special arrangements to be instigated
- A significant incident that requires media coordination, particularly with partner organisations
- A significant incident requiring support from the NHS
- An incident affecting large numbers of people or having catastrophic effects on a smaller number of individuals

Examples could include:

- Flood
- Severe weather
- Declaration of a heatwave

- Notification of an External Major Incident by NHS England East and Midlands
- CBRN / Hazardous Materials incidents (members of the public attending HPFT sites in a contaminated condition and the need to lockdown the site.
- Adverse media coverage;
- Loss of electricity, gas, water or medical gases;
- Loss of IT capability;
- Supply chain issues.
- Local disruption at Remote Site which may impact on delivery of Trust services.
- Security/ terrorist incidents (may require a lockdown of the site).

The incident Manager on site who identifies that there has been an incident should follow Action Sheet 1, and report as follows:

<u>In Normal Working Hours</u> – call an Executive Director at The Colonnades -

(01707 800007)

<u>Out of Hours</u> – call Warren Court for the Executive On Call Rota on 01923 682062).

In accordance with UK Emergency Response procedures, the following definitions apply:

Strategic Management Team (SMT): Gold level team

Incident Control Team (ICT): Silver team

Local Incident Response Team (LIRT): Bronze teams

9.1 Methods of invocation

Specific Incident Management actions are invoked as follows:

Action	Authority*	Method
SMT call-out	Director on Call	Mon-Fri 8am -5pm Tel No 01707 800007 Out of hours via the Warren Court on call system 01923 682062
ICT call-out	Director on Call	Via On Call System above
Declaring Major Incident	Director on Call	Phone call to NHS England Midlands and East, followed up with completion of NHS Major Incident Situation Report (SITREP) Annex B
Relocation of staff to	Director on Call / ICT	
Invocation of IT Disaster Recovery	IT Director / ICT	

9.2 Activation criteria and procedure

The immediate steps to take in a disruption must consider:

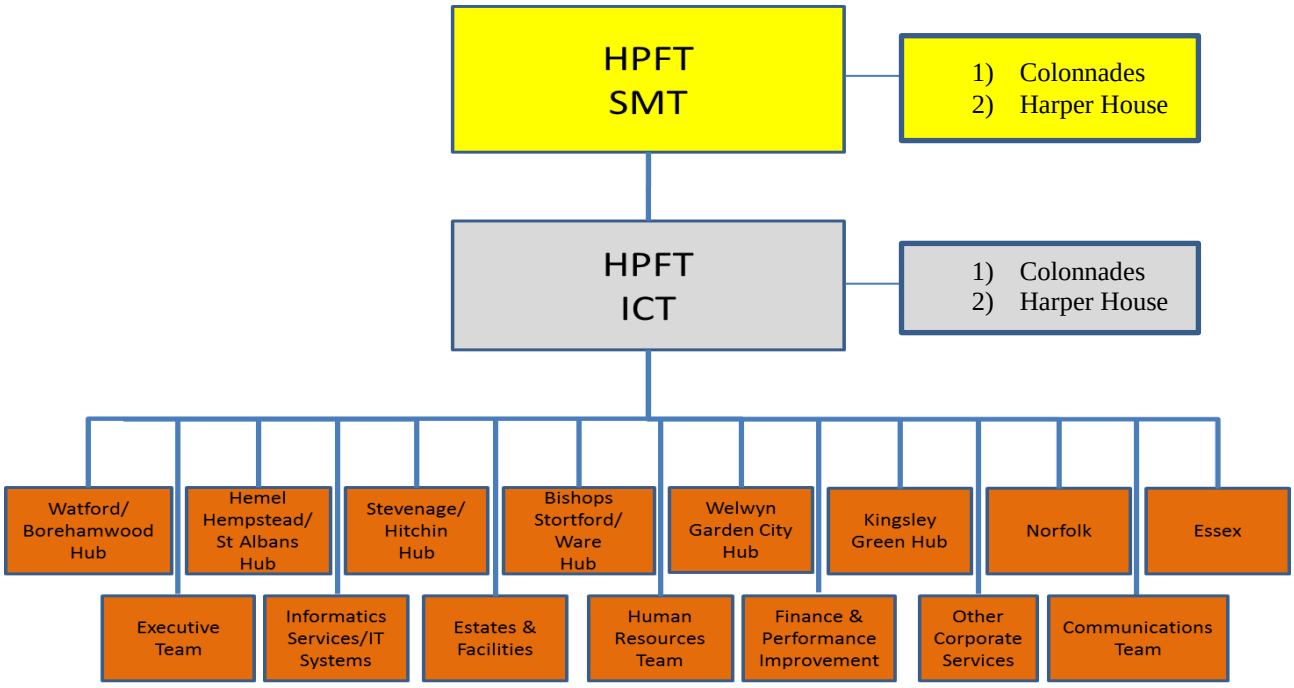
- Due regard to welfare of individuals
- Strategic, tactical and operational options for responding
- Prevention of further loss or unavailability of prioritised activities

It is critical to assess the nature and extent of incident and the potential impact; the Aide Memoire will act as a prompt, and should be followed.

10. Incident Management

10.1 Roles, Responsibilities and Authorities

The following roles and responsibilities apply regardless of whether this is a response to a Major Incident or Significant incident that requires a BCM response. For the latter, additional expertise may be brought into the team as required.



10.1.1 SMT (Gold) (Email address)- HPFT.GoldMI@hpft.nhs.uk
The responsible director will choose one of the following locations as a base for the Gold control dependant on the location of the incident:-

1) The Colonnades Executive Team Floor
2) Harper House Facilities & Estates Planning Department
3) A Hub suitably placed so as not to get too close to the working of the Silver and Bronze teams activities.

The SMT consists of the Chief Executive and other Directors and provides the focus for command and control within the Trust. Specifically they:

- Provide the strategic direction and priorities for the Trust;
- Identify and resolve wider strategic issues;
- Resolve any conflicts or tensions arising between different areas of the Trust that cannot be decided by the Silver Team; and
- Present the outward face of the Trust to the wider NHS, the media and other key stakeholders.

The SMT will nominate a Director to represent the Trust at the CCG and the Hertfordshire and South Midlands Area Team Health Coordinating Group / Health Gold, where necessary.

10.1.2 ICT (Silver) (Email address) - HPFT.SilverMI@hpft.nhs.uk
OUT OF HOURS, THIS TEAM SHOULD BE CHAIRED BY THE ON-CALL DIRECTOR UNTIL A SUITABLE ALTERNATIVE HAS BEEN APPOINTED AND A THOROUGH HAND-OVER COMPLETED.

The ICT controls and coordinates resources and activities across the Trust; specifically they:

- Convert the strategy from the Gold SMT into plans;
- Communicate decisions, actions and plans to the LIRTs and Bronze Teams;
- Establish measurable objectives;
- Review progress against objectives and update the SMT;
- Bring strategic issues to the attention of the SMT, as required;
- Resolve conflicting requirements for resources;
- Coordinate with the Emergency Services, Ministry of Justice, Local Authorities, Other NHS organisations, and other operational partners as required; and
- Liaise with key suppliers.

As an example, the immediate response will be coordinated by the LIRTs, who will have the ability to use their available resources to ensure that the strategy is being followed. However, in the circumstances that the LIRT requires additional support from other LIRTs or from outside the HPFT area, e.g. for bed space or staffing, then this request must be coordinated by the ICT.

The ICT will also coordinate the back-up functions, ensuring that Facilities and IT support, for example, is prioritised, and that all LIRTs have up-to-date information regarding the status of any problems.

10.1.3 LIRT (Bronze)) (Email address)- HPFT.BronzeMI@hpft.nhs.uk
The LIRT carry out the activities required to mitigate the effects of a disruptive challenge, as directed by the Silver Team. This may include, for example:

- Supporting service users and staff members affected by the incident;
- Recovering IT systems; and
- Establishing temporary workspace.

Critically, they must keep the ICT informed of progress on a regular basis.

Thus, the LIRTs will ensure that they manage the services within their local area, redeploying resources to ensure that the Trust Strategy is being followed, and maintaining the provision of Tier 1 activities. Back office functions, such as IT and Facilities, will ensure the recovery of their areas, accordingly to the priorities defined by the ICT and the Business Impact Analyses. Any requests for additional support, eg from other LIRTs, etc, must be coordinated by the ICT.

10.1.4 Gold & Silver Command Contents & Set up for MI & BCP

Entry to the Colonnades;
1. The code for getting into the Colonnades Front door Keypad is 4480
2. Code for entry to Colonnades –
   - 1st Door 2307*
   - 2nd Door 2307 (no star)
3. The Alarm for ground floor is located in reception area and is 0306A
4. The Alarm for first floor is located inside the door and is 348654
5. Entrance fobs are held by Executive Team Members or on reception during working hours.

Gold – Chief Executive Room & Chairman's office plus small meeting rooms on this floor.

Silver – Galileo A & B for this command but breakout rooms available throughout this floor.

Facilities available

- 7 Laptops in the cupboard behind reception
- Spider phone in Chief Executives office and in the cupboard in reception.
- All phones have conference call facility
- Smart boards in Chief Executive office
- Galileo has screen that connects to the laptops.
- Both floors have MFD's

The Trust Conference Call Lines are:

Telephone Number		PIN
01923 633 871	Exec Team only	242424
01923 633 872	Exec Team only	246246
01923 633 873		229229
01923 633 874		123321
01923 633 875		135790
01923 633 876		246810
01923 633 877		369121
01923 633 878		714212
01923 633 879		918273
01923 633 870		102030

There is an emergency cupboard located on each floor of the Colonnades, with an information card which explains where to find the equipment.
The cupboard on the ground floor is located in the furniture cupboard next to reception; this contains a map of Hertfordshire & Essex.
Each Cupboard contains a variety of stationary items and a log book.
The cupboard in reception contains laptops, spider phone and flip chart pens.

10.2 Incident Management Teams

10.2.1 SMT (Gold)

Role	Primary	Alternate	Responsibilities
Chair	Chief Exec	Deputy Chief Exec	Liaising with Board, NHS England Midlands & East, PCT and other Trusts
	Lead SBU Director	Nominated person	Setting clinical priorities
Finance	Finance Director	Deputy Finance Director	Advising on financial implications Invoking emergency expenditure

			approval process Advising on supply chain issues
Log-keepers	Exec team secretaries		01707 800007

10.2.2 ICT (Silver) – Core Roles

The following roles will normally be required to be filled as a matter of urgency in any incident.

Role	Primary	Alternate	On-Call	Responsibilities
Chair	Managing Director SBU	Nominated person	On-Call Director	Liaising with Gold Team
Operations	Service Line Leads	Deputy Service Line Leads		Allocating clinical resources in support of agreed priorities Allocating non-clinical resources in support of agreed priorities Admissions
Estates	Head of Facilities and Maintenance (EPLO)	Director of Estate		Emergency Services Liaison Workspace recovery Telecoms recovery Damage assessment Salvage and Restoration
ICT	Head of ICT	Nominated person		Monitoring availability of IT services Implementation of IT Disaster Recovery plans as required
Communications	Head of Communications	Nominated person		Preparing messages for staff, service users and their carers, and

				the media
Finance	Deputy Director of Finance	SBU Finance manager		Setting up of emergency cost code(s). Procurement Recovery of Finance operations. Logging and reporting of expenditure. Managing insurance claim.
HR	Director of HR			Accounting for staff Staff welfare Staff queries
Log-Keepers	SBU secretaries			

All contact details are listed at Annex A.

10.2.3 LIRT (Bronze)
LIRT details will be defined in the local plans.

Back Office functions will follow the plans described below, and will liaise with the ICT through the relevant ICT member.

10.3 Incident Manager
Specific guidance regarding issues to be considered by the SMT and ICT is detailed within the Aide Memoire.

The ICT will decide the reporting frequency for the receipt of Local Sitreps (Annex B), and all LIRT must ensure that reporting is completed according to the schedule that has been decided.

An effective log of all actions and decisions must be maintained.

10.4 Incident Management Locations

Team	Primary Location	Secondary Location
SMT	Colonnades (meeting rooms) Entrance Code 4480	Facilities & Estate Planning department, Kingsley Green. Key available on Kingfisher Court switchboard
ICT	Colonnades (meeting rooms)	As Above
LIRT	Hub location nearest the incident	Nearest Convenient Hub

Communications	Colonnades	“
Staff Enquiries	HR Offices, Colonnades	“
Switchboard	Colonnades	“

The following ways to contact the SMT/ICT Location will be announced when needed:

- Mobile Numbers
- E mail addresses
- Video Conference Numbers

In the event of a disruption affecting a remote location, the ICT will need to coordinate closely with the LIRT(or equivalent) but will normally remain at THO.

Both SMT and ICT control rooms will require:

- Loggist, with logging books (see **Annex K** for guidelines for Loggists)
- Spider phone
- TV
- Laptop
- Printer
- Fax

11. Major Incident Response

In the event of a Major Incident external to HPFT, any requests for support from partner agencies will be coordinated through the ICT. This may include the provision of staff for Reception Centres.

12. Business Recovery and Continuity

12.1 Operational / HUBS

The operational aspects of the Trust will follow the strategy defined above, with all effort directed at maintaining Tier 1 activities. The details for individual services will be detailed in local Plans, as will the close liaison that will be required between services within each region/area. Hubs will ensure coordination with local partner agencies, such as Social Services, but must coordinate wider requests for assistance, such as Ministry of Justice, through the ICT.

Hubs may also be required to provide staffing to support other agencies and partners, such as for Reception Centres. Any such requests for external assistance must be coordinated and approved by the ICT.

12.2 Support Functions

The support functions for the Trust, such as Finance, Estates, IT and Communications, will follow the procedures laid out in the Waverley Road plan. They will communicate all their updates through the relevant ICT member.

13. Staff

13.1 Staff Details
Staff contact details are managed at a local level, with Service Line Leaders and Team Managers maintaining contact details for all their staff. HR have a list of all Corporate staff who have clinical experience

13.2 Welfare
Enquiries from staff and their families will be handled by the 'Staff Enquiries' team run by the HR Department.

Staff members who have been involved in an incident should be reminded of the services that are available from the Employee Assistance Helpline and the means of accessing these services. Equally, a Critical Incident Debriefing Session can be scheduled. See Annex for contact details.

13.3 Payroll
If there are problems with processing the payroll in the run-up to pay day, the most recent daily backup file can be sent to. They can then process the payroll and transmit the BACS instruction on behalf of the Trust. Any discrepancies will be corrected in the following month's pay.

13.4 Allowances
Staff who are temporarily relocated to another location are entitled to claim allowances Excess Travel if there is any increase in their mileage to the new base.

13.5 Policies and Procedures
For issues relating to home working and lone working which may be of particular relevance in the event of disruption to normal operations. Advice will be given by HR & Service Line Managers.

13.6 Unavailability of Key Staff

Specific plans have been prepared to address unavailability of key staff due to fuel problems, severe weather and Pandemic Flu these would form the basis for responding to other scenarios involving staff unavailability.

14. Communication Requirements and Procedures

14.1 Communication with Staff
All channels for communication with staff will be exploited fully in the event of a Major Incident, particularly Trust Space.

14.2 Communication with Service Users, Carers and the Public
The Head of Communications & the Control Director will assess the impact of the Major Incident and the likely need for information to be available or the likely level enquiries and will decide, depending on the nature of the incident and those affected, what approach to take. Possible approaches are:

- Broadcast messages through the local and if necessary, national media

- Post up to date information on the public website
- Display posters etc of the same information in reception areas of all local units
- Trust Staff make personal contact by letter, telephone or by visiting.
- Identify and publicise a dedicated number for enquiries, where a team of well briefed staff with good communication skills, deal with the calls on a rota. eg.
    - the PALS telephone number or
    - a Trust number arranged for this purpose
    - an external number such as the NHS Direct free phone number

14.3 Communication with the Media and VIP's

It is essential that communications with the media are closely coordinated so staff must not speak to the Press but must direct them to the Communications team on 01727 804557

The Communications Team will therefore:

- Use the agreed co-ordinated approach to Media enquires via the Communications Office & get them on board
- Use the current generic information about the Trust; staff numbers, size etc
- Use media trained Managers for any live interviews
- Ensure that managers do not speculate on the Incident and how it occurred or comment on other agencies
- Use local support arrangements to call on extra help from neighbouring Trusts etc
- Plan for facilities to be available for Press – rooms, telephone lines, refreshments
- Ensure plans are linked into local multi agency press briefing which may be run by the Police or Herts Emergency Services Major Incident Committee (HESMIC)
- Ensure all people directly involved or affected have been informed prior to media
- Document all information given out and who it was given to

15. Recovery

15.1 Recovery Considerations

Longer-term Recovery should be considered even as Incident Management is underway as actions taken at an early stage can significantly influence the long-term outcome for the Trust and its stakeholders. Key issues to address in an effective recovery include:

Issue	Department	Comments
Backlog of work	All	
Reduced availability of staff	HR	
Health problems, fear and anxiety amongst staff	Occupational Health	
Restoration of utilities and essential services	Estates	

Restoration of IT and telecoms	IT, Estates	
Physical reconstruction of facilities	Estates	
Disposal of hazardous waste	Estates	
Replacement of equipment and consumables		
Impact on finances and performance targets	Finance & Performance Improvement	
Rewarding and acknowledging the efforts of Trust staff and others	Exec Team, Communications	

15.2 Recovery Strategies

Various strategies may be appropriate during the recovery phase including:

- Use of temporary facilities;
- Asking part-time staff to increase hours and/or use of temporary staff;
- Increased use of home working;
- Outsourcing of work; and
- Suspending or terminating some activities.

16. Information Flow and Documentation
17.

It is critical throughout the incident that effective log-keeping is maintained to record all instructions received, decisions taken and any subsequent actions.

16.1 Procedure for Stand-down

The SMT will order a stand-down when it judges that normal operations can be resumed. This will be communicated to all staff via the switchboard and to key stakeholders directly by the SMT.

16.2 Post incident review

Post-event learning is an essential aspect of health emergency planning. Because incidents occur on an infrequent basis, it is particularly important to document any lessons identified from managing incidents and to change current procedures and plans and provide reasons for any changes, so that they can be referred to in future incidents. Any necessary organisational changes or amendments to emergency plans will be clearly agreed with the Chief Executive and detailed by the EPLO who will be responsible for ensuring that actions are carried out within a specified time frame. Immediately following an incident it is advisable to conduct a 'hot debrief' in order to capture vital information and sequence of events, a 'full debrief' should be conducted within 14-21 days following the initial incident.

16.3 Trust debriefing guidelines

It is vital that debriefing is carried out in a way that is conducive to promoting organisational learning and encouraging a 'no blame' culture. The group should adhere to the following ground rules when debriefing:

- conduct the debriefing openly and honestly
- pursue personal, group or organisational understanding and learning
- be consistent with professional responsibilities
- respect the rights of individuals
- value equally all those concerned
- All the above should be linked to the Trust Counselling Service

16.4 Key aspects of a trust debrief

Once normal operations have been resumed, or the Trust is close to this situation, it is important to conduct a review in order to:

- Identify the nature and cause of the incident;
- Assess the adequacy of management's response;
- Assess the organization's effectiveness in meeting its recovery time objectives;
- Assess the adequacy of the Business Continuity arrangements in preparing employees for the incident;
- Address organisational issues;
- Look for both strengths and weaknesses and ideas for future learning; and
- Identify improvements to be made to the Business Continuity arrangements.

18. Actions and activities following debriefing

Once debriefing has been completed, a number of activities need to be undertaken including:

- Written Trust report (summarise the sequence of events, identify individuals involved, describe actions of staff involved, provide an accurate timeline);
- Lessons identified from the incident, and dissemination of these; and
- Agreed action plan for the trust.

The checklist below gives a recommended process for an effective post-incident review. Depending on the nature of the disruption, it may also be necessary to follow the SUI procedure.

Task	Comments
Appoint inquiry leader	Ideally a Director who was not personally involved in managing the incident.
Set terms of reference	Set out the exact remit and aim of the inquiry.
Gather information from those involved	Set a specific date for the submission of feedback. Includes external stakeholders (eg NHS England, other Trusts)
Assess impact on staff	Review performance outcome measures from Counselling.

Review data and produce post-incident report	Circulate key findings to all staff.
Update the BCP as required	Inquiry Leader to track agreed actions through to completion.

19. Training/Awareness

STANDARD

- Specific training to be provided on request
- Training linked to regional/local and national exercises

20. 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:
Major Incident Exercises	Head of Facilities and Maintenance	Live Tests	As required	Health Safety and Security Committee

PART 3 – Associated Issues

21. Version Control

STANDARD

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

				major incident from the cabinet office

22. 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.

23. Associated Documents

STANDARD

Trust Policies Relevant to Major Incidents

- Major Incident and Business Continuity Aide Memoire
- Local Incident Response Team Plan
- Emergency Plan for Fuel Shortages
- Extreme Weather Plan (hot and cold weather)
- Business Continuity Plan Summary for IT
- Physical Security Policy
- Business Continuity Plan Pandemic Flu
- Lockdown plan
- Trust CBRNE plan

24. 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

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

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

STANDARD

Example list of people/groups involved in the consultation.

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	

HPFT decant contingency plans December 2015

The purpose of this document is to set out how HPFT would manage the need to fully decant an in-patient area in the event of a major incident. The document is an appendix to the Trust Major Incident and Business Continuity plan. The decant plan is supported by local unit MI and BCP. It is an expectation that staff in each unit is aware of the local plans. All staff will be up to date with fire training and understand the local evacuation procedures. This is particularly important in units where service users are likely to be in beds and chairs and require support to leave a unit.

It is recognised that in the event of a major incident final decisions regarding decant will be managed by the incident control centre and take into consideration the following:

- The unit requiring decant
- The availability of beds across the trust
- The support available to the Trust in the event of a major incident
- The current risk status of service users to be moved

Bed stock to support decant

The trust will have a stock of 18 beds available to support decant. 6 will be in Kingsley Green (6 Forest Lane) and 12 will be at Fairlands Ward, at the Lister Hospital. In addition pressure relieving mattresses will be available at sites across the Trust. The trust transport service can be mobilised to move beds in stock to the decant area as required. Out of hours the transport service can be contacted as required.

MH Act status

In the event of having to move service users subject to the MH Act it is recognised that the immediate safety of the service users would be paramount. All legal issues would be resolved within 1 working day of a unit decant.

Partial decant

All units would be expected to manage short term loss of beds by moving and creating space within communal areas in each unit. The on call manager would be coordinating this and with the unit determine if the scale of damage required a full decant and declaration of an internal major incident.

Full decant

The management of a full decant of a unit would be via the incident control centre. The specifics of each move would be managed at that level and include access to consultant on call to assess the needs of service users to be moved. Beds across the Trust would be utilised and community teams would be mobilised to support discharge where it was considered safe to do so.

Kingfisher Court

The ward specific plans set out below work on the assumption that the risk all the beds at Kingfisher Court require decant is extremely low. The layout of the unit means that the wards affected can be isolated and evacuation of the whole site would only be an extreme action. If the whole of Kingfisher Court was needing to be decanted the Trust would require the support of other providers and services and would declare a full major incident. CCGs and NHS England would be expected to support the Trust in accessing beds to meet the needs of the large number of service users whose beds were unavailable.

Bed management

During working hours the bed management service (currently 9-9 Mon to Fri and 9-5 Saturday and Sunday) would be used to support a decant. They would be able to advise where beds were available in the trust. Outside of working hours clinical leads would support the incident control centre until the bed management service could be operational in the case of a major incident.

Staffing

If a unit is to be decanted staff would be directed to the unit where service users are relocated to. Additional staff needs would be determined by the incident control centre. It is recognised that additional staff may be required. Clinical staff in support services would be redirected to support the relocation of service users and communication with carers and families.

External communication

The on call director would agree communication plans including contact with media in the event of a unit decant. Restrictions on visitors may be put in place during the decant process to effectively manage the process.

Should there be a incident on any of our residential sites and service users beds need to be moved within the site or service users moved to another building contact with the relevant relatives or carers should be made as soon as reasonably practical.

Thus contact should be made by the 1st on call if out of hours or by community leads during normal working hours (assuming staff in the unit are involved in the practicability of moving service users) - The responsible Service Line Lead for the moving service should arrange this.

East and North SBU decant plans

	Partial Damage –	Major Incident – Full Evacuation	Major Incident – Full Evacuation – High Risk S/U
Forest house adolescent unit	Vacate affected part of ward and work with NHS England and C-CATT to facilitate transfer/ supported discharge home	Forest House school	Use of section 136 suit Use of adult beds NHS England to find alternative services
Victoria Court	Vacate affected part of ward and work across all OP wards to create capacity to enable transfer	Full decant to Fairlands, 6 Forest Lane Holding day space lounge space on Elizabeth Court or ADTU at Lister	High risk likely to relate to physical frailty therefore work with HCT/Acute partners to create capacity in extremis
Elizabeth Court	Vacate affected part of ward and work across all OP wards to create capacity to enable transfer	Full decant to Fairlands, 6 Forest Lane Holding day space lounge space on Victoria Court or Lister ADTU	High risk likely to relate to physical frailty therefore work with HCT/Acute partners to create capacity in extremis
The Stewarts	Vacate affected part	Full decant to	High risk likely to

	of ward and work across all OP wards to create capacity to enable transfer	Fairlands, 6 Forest Lane	relate to physical frailty therefore work with HCT/Acute partners to create capacity in extremis
Prospect House	Vacate affected part of ward and work across all OP wards to create capacity to enable transfer	Full decant to Fairlands, 6 Forest Lane. Holding day space in CHESS day hospital	High risk likely to relate to physical frailty therefore work with HCT/Acute partners to create capacity in extremis
The Meadows	Ward layout would enable affected wing to be closed off	Full decant to Fairlands, 6 Forest Lane	High risk likely to relate to physical frailty therefore work with HCT/Acute partners to create capacity in extremis
Logandene	Ward Layout would enable affected area to be closed off	Full decant to Fairlands, 6 Forest Lane Holding day space ADTU on site	High risk likely to relate to physical frailty therefore work with HCT/Acute partners to create capacity in extremis
Edenbrook		Full decant to Fairlands, 6 Forest Lane and Dove would be used if Fairlands was also out of use.	

West SBU decant plans

	Partial Damage –	Major Incident – Full Evacuation	Major Incident – Full Evacuation – High Risk S/U
Thumbswood	Ward Layout would enable affected area to be closed off if damage was to bedrooms only (2 bedrooms not in use). Liaison with NHSE to find alternative resource	Full decant to 6 Forest Lane. Discussions would take place to ask families to take babies home short term where this was possible.	High risk likely to relate to high numbers of Safeguarding children concerns. Partner organisations to be involved and informed of decant plans and alternative plans for babies
Oak	Ward Layout would enable affected area to be closed off if damage was to bedrooms only (5 bedrooms not in use)	Service users would be evacuated to 6 Forest Lane whilst decisions were made on suitable areas to move based on the current needs and risk status of the service user. Spare beds in Dove would	High risk likely to relate to high levels of aggression to others, AWOL risks and self-harm. MHA issues apply which can include Hospital orders and MOJ

		be used to manage those most suitable. 4 Bowlers Green would be used to manage those higher risk service users. Bed management and commissioners would need to support the Trust in accessing external PICU beds.	
Gainsford House	Ward Layout would enable affected area to be closed and use of communal area for short term solution. Consider discharge to community services	Full decant to Fairlands and overspill to 6 Forest Lane	High risk likely to relate to high levels of AWOL, Self-harm, increased access to drug & alcohol substances and detention under MHA
Sovereign	Very limited capacity within unit. Consider admisisonm to other rehab / acute vacancies short term	Full decant to Fairlands and overspill to 6 Forest Lane	High risk likely to relate to high levels of AWOL, Self-harm, increased access to drug & alcohol substances and detention under MHA
The Beacon	Ward Layout would enable affected area to be closed and use of communal area and use of communal space in The Beacon 'House' for short term solution. Consider discharge to community services	Full decant to Fairlands and overspill to 6 Forest Lane	High risk likely to relate to high levels of AWOL, Self-harm increased access to drug & alcohol substances, and detention under MHA
Hampden House	Ward Layout would enable affected area to be closed and use of communal area for short term solution. Consider discharge to community services	Full decant to Fairlands and overspill to 6 Forest Lane	High risk likely to relate to high levels of AWOL, Self-harm increased access to drug & alcohol substances, and detention under MHA
Albany Lodge	Ward Layout would enable affected area to be closed. Other Acute wards to consider capacity. Expedite discharge in conjunction with carers/ CATT/ ADTU	Full decant to Fairlands and overspill to 6 Forest Lane	High risk likely to relate to possible increased risk to others, AWOL risks and self-harm. MHA issues apply
136 Suite	As per major incident	If the 136 on Oak was out if use then the 136 at KC would	High risk likely to relate to possible increased risk to

		be used. If the 136 on KC was out of use the 136 on Oak would be used. If more than 1 136 was required in such circumstances a place of safety would be designated based on risk on site.	others, AWOL risks and self-harm/ neglect. MHA issues apply
ADTU	Unit layout would enable affected area to be closed	Service users would be sent home and supported by community teams.	High risk likely to relate to possible increased risk of self-harm/ neglect
Aston ward	Ward Layout would enable affected area to be closed. Other Acute wards to consider capacity. Expedite discharge in conjunction with carers/ CATT/ ADTU	Full decant to Fairlands, 6 Forest Lane and Dove would be used if Fairlands was also out of use.	High risk likely to relate to possible increased risk to others, AWOL risks and self-harm/ neglect. MHA issues apply

LD and F SBU decant plans

	Partial Damage – Remain within secure perimeter	Major Incident – Full Evacuation	Major Incident – Full Evacuation – High Risk S/U
Warren Court	• Ward Layout would enable affected area to be closed and use of communal area for short term solution. • Move affected s/u to designated house or therapeutic activity area within secure perimeter	• Ensure MOJ aware of transfers • Police Presence as required • Move Beech / 4BG – liaise NHSE re secure placements elsewhere if unable return within an agreed EoE Contingency Plan.	Memorandum with police for high risk s/u temporary use police custody whilst alternative secure accommodation found
Broadland Clinic	• Ward Layout would enable affected area to be closed and use of communal area for short term solution. • Move affected s/u	• Ensure MOJ aware of transfers • Police Presence as required • Willowbank if total evacuation. There is an agreed plan with the Norfolk	Memorandum with police for high risk s/u temporary use police custody whilst alternative secure accommodation found

	to other unit or therapeutic activity area (Wherries) within secure perimeter	Constabulary and emergency services within Contingency Plan 515 • Reciprocal Agreement in place with nearby Norvic Clinic (NSFT) • Liaise NHSE re secure placements elsewhere if required (within an agreed EoE Contingency Plan)	
Astley Court	• Ward Layout would enable affected area to be closed and use of communal area for short term solution.	• Willowbank within Little Plumstead site	Not applicable
Beech Unit	• Ward Layout would enable affected area to be closed and use of communal area for short term solution.	• Ensure MOJ aware of transfers • Police Presence as required • Move Warren Court / 4BG – liaise NHSE re secure placements elsewhere if unable return	n/a
4 Bowlers Green	• Ward Layout would enable affected area to be closed and use of communal area for short term solution.	• Ensure MOJ aware of transfers • Police Presence as required • Move Warren Court / Beech – liaise NHSE re secure placements elsewhere if unable return	n/a
SRS	• Ward Layout would enable affected area to be closed and use of communal area for short term solution.	• Use 6FL / Dove dependent on service user population within affected unit	N/a

Dove	• Ward Layout would enable affected area to be closed and use of communal area for short term solution.	• Use 6FL – deploy beds within SRS if KF Court required to be evacuated	N/a
Lexden	• Ward Layout would enable affected area to be closed and use of communal area for short term solution.	• If Rehab unit – move to A&T unit (additional capacity in mothballed area) • If A&T unit – move to Elizabeth House on Lexden site	N/a

Plan subject to annual review

Annex B

ACTION SHEET 1

INCIDENT MANAGER ON SITE

OBJECTIVE – To report **the Major Incident promptly & clearly to an Executive Director or other appropriately senior person, & to be the *on site manager*, co-ordinating the response/action as needed by the Hub Major Incident & Business Continuity Plan and as planned by the ICT.**

REPORT THE INCIDENT

In Normal Working Hours – call an Executive Director at The Colonnades-01707 800007
Out of Hours – call Warren Court for the Executive On Call Rota on 01923-682062.
Summarise the Incident clearly & succinctly: SBAR is useful

- **Situation (S)-** what has happened (& the severity); where did it happen (exact location); the date and time it happened; & the people & organisations involved and their status give your details: Name, Job Title, Service, location & contact numbers
- **Background (B)**- what led up to it and any other key details
- **Assessment (A)**- is this a Major Internal or a Multi-Agency, Major Incident? And what is the situation now/the outcome & if you need immediate support
- **Recommendation (R)** – what do you advise is the immediate practical action needed

Make a note of the date and time of the call & who you spoke to & the details of your contact point in the Incident Team & keep in touch

NB Make sure the reporting manager at scene of incident completes the Trust Serious Untoward Incident Form and sends the completed form to the Risk Management Department at 99 Waverley Road immediately.

If necessary the Exec Director will call in the **Incident Command Team** via the PICU switchboard (see out of hours number above), to assist with the Out of Hours/On Site management of the Major Incident.

MANAGE THE ON SITE ASPECTS OF THE INCIDENT:

- Manage the immediate situation ensuring relevant safety & security considerations
- Activate the Hub Major Incident Plan/BCP if necessary
- Arrange phone lines + conference call facilities for Incident Communications
- Keep a timed log of all events (see Log Sheet, Annex C)
- Discuss /seek authorisation service closure/adaptation as per the Prioritisation Plans.
- Inform relevant staff of any relevant decisions and action needed by them

ALSO CONSIDER IF NECESSARY:

- Evacuation/working with Bed Management/Estates for alternative accommodation
- Victims/Casualty clearance/ Parking for emergency services
- Preservation of forensic evidence
- Mortuary arrangements & liaison with chaplains, social services and voluntary sector
- Support for staff & for relatives and carers
- Designate Press liaison points

MAJOR INCIDENT REPORT RECORD

ANYONE RECEIVING THE INITIAL CALL REPORTING A MAJOR INCIDENT: must record as much information as possible below				
REPORTING MANAGER	**Name of Informant**			
	Designation			
	Contact No.	**Tel:**	**Fax:**	**E-mail:**
	Call Received	**Date:**	**Time:**	
DETAILS OF MAJOR INCIDENT	**Description of the Incident**			
	Date/time of incident	**Date:**	**Time:**	
	Location of incident (Any access issues?)			
	Multi-Agency Incident or Internal Incident? Delete as appropriate			
	Current Situation (and do you need immediate support?)			
	Potential Complications			
	Casualties	**Estimated Number**	**Severity**	**Type**
	Hospitals/ other health services involved			
	Name of person receiving call			
	Title			
	Signature			
NB: Copy this Form to the Director, EPLO & Risk Mgt – to be recorded on Datix				

Annex C - Daily Situation Report

To be sent to HPFT ICT daily by fax or email:

1.0 Hub

_____

2.0 Staff Rostered to be on duty now

Staff Group	WTE
Consultant staff (or equivalent)	
Medical Staff – please specify	
Nurses	
HCA	
Administrative Staff	

3.0 Staffing Levels Today

Staff Group	WTE	WTE Sick / Absent	Reason for Absence

4.0 Anticipated / Actual Difficulties with Staff

_____

5.0 Anticipated / Actual Loss of Facilities

_____

6.0 Anticipated / Actual Unavailability of Essential Supplies

_____

7.0 Contingency Plans Already in Place

_____

8.0 Anticipated Difficulties with Routine Service Delivery Yes/No

9.0 If “Yes” Anticipated Duration and Numbers of Service Users Affected

_____

Signed: _____ Date: _____

Annex D – HPFT Log Sheet

Team: **Name:** **Contact No:** **Page:** **of**

Date /Time	From	To	Message	Action / Decision	Signature

This log is to be used to record all messages received and sent during an incident. **Once completed, this form must not be destroyed, and should be returned to the EPLO.**

Annex D - NHS ENGLAND MAJOR INCIDENT SITUATION REPORT - SITREP

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

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

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

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

Annex E – Decision Log

Date: …… Time: ……

Team: ……

PROBLEM FACED:	
OPTION 1:	**Agreed to use?**
	Time agreed:
	Agreed by who:
OPTION 2:	**Agreed to use?**
	Time agreed:
	Agreed by who:
OPTION 3:	**Agreed to use?**
	Time agreed:
	Agreed by who:

Name: …… Signed: ……
(Decision maker)

Date: ……Time: ……

Once completed, this form must not be destroyed, and should be returned to the EPLO.

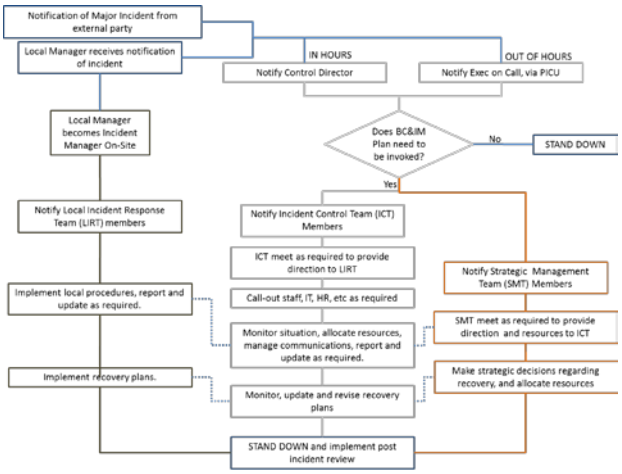
HPFT Incident Management

Location

- The Colonnades Hatfield
- Harper House Facilities & Estates
- Hub nearest the incident

Resources required

- Stationery
- Telephony
- Flip-charts
- White Board
- Web access/Email



Mobilisation

- Have all team members been notified?
- Has the Trust been informed that the ICT/SMT have been mobilised?
- Have relevant contact numbers been circulated?
- Have future meetings been scheduled?
- Have the Incident Meeting Rooms been established?
- Have conference call lines been opened?
- Has a log been commenced?

Background Information

- What is the situation?
- What has occurred?
- Where and when?
- What is the scale of the event?
- Is the event likely to escalate?
- Which facilities/services may be affected?
- What is the current Trust situation?
- What is the current impact on:
  - Staff
  - Service Users
  - Premises
- What is the potential impact?

Service Users

- Are the service users accounted for?
- Have service users/carers been notified of a disruption to services ?
- Are there any transport implications?
- Do we need any additional support/supplies/staff

Facilities

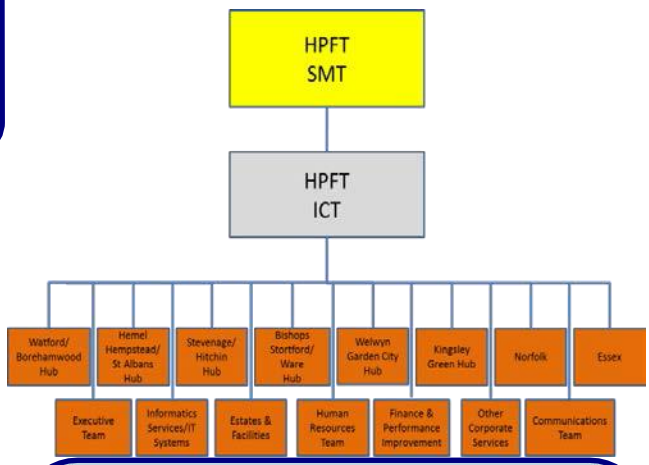
- What facilities have been impacted?
- What functions within the facility are Tier 1l?
- Can those functions be transferred?
- What is the potential impact on the Trust?
- Are there any other likely issues that will have an impact, eg air conditioning, utilities failure?
- What are the H&S implications?

Roles & Responsibilities

- Update staff information line/release updates for staff
- Release press release
- Coordinate business response to incident

IT

- What areas are impacted?
- What is Trust critical?
- What needs to stay running/be switched off?
- Do staff need to avoid usage?
- Are there any manual workarounds?
- What is the potential impact to the Trust?
- What is the potential timescale for return to BAU?



Communications:

Staff

- Are all staff accounted for? ☐
- Do they know the situation? ☐
- Can they be notified/updated? ☐
- Do they know ICT has been activated? ☐
- Has the Staff Helpline been updated? ☐
- Have the staff been reminded the counselling service? ☐

Service Users

- Do Carers need to know? ☐

Media

- Has a press statement been released? ☐

Liaison

- Is there regular coordination with: ☐
  - Emergency services
  - Partner agencies
  - Regulators
  - Neighbours

Return to BAU

- Who will lead on the recovery?
- What reporting/checking structure will be applied?
- What is the long-term impact on:
  - Staff
  - Service Users
  - Facilities
  - Technology
- How frequently will the ICT meet?

HPFT
INCIDENT MANAGEMENT
January 2016

	Mobile	Name	Name
Strategic Management Team			

ICT	Role	Name
Stakeholders		

Data Protection

These telephones numbers have been supplied in confidence, and are to be used for purposes of Incident Management only. The data is collated by the EPLO, and questions regarding management of the data should be forwarded to the EPLO

Crisis Leadership Team Conference Call Facilities

Agenda Items

- **Situation**
  - What has happened?
  - Impact analysis
  - Growth potential
  - Update
- **Objectives**
- **Stakeholders**
- Who needs to know?
  - Service Users/Carers
  - 3rd parties
  - Staff
  - Media
  - etc
  - Allocate responsibility
- **Project Management**
  - Outstanding tasks
  - Specialist advice requirements
  - Need for stand-by resources
- **Other Issues**
  - Legal perspectives
  - Insurance perspectives
  - Other?
- **Shift Management for next Planning Group**
  - Who will do next shift
- **Next meeting**

HPFT
INCIDENT MANAGEMENT
January 2016

NPCC
National Police Chiefs' Council

IN THE RARE EVENT OF
a firearms or weapons attack

RUN HIDE TELL

RUN to a place of safety. This is a far better option than to surrender or negotiate. If there's nowhere to go, then...

HIDE. It's better to hide than to confront. Remember to turn your phone to silent and turn off vibrate. Barricade yourself in if you can. Then finally and only when it is safe to do so...

TELL the police by calling 999.

RUN HIDE TELL

At the moment, the issue of terrorist attacks is regularly in the news. But it's been on our agenda for much longer.

The police and security service have been working constantly to foil terrorist attacks for years, not months.

But we are not complacent about keeping you safe.

Due to events in the UK and abroad, people are understandably concerned about a firearms or weapons attack. These attacks are very rare but in the event of such an attack, it helps to be prepared.

Remember, attacks of this nature are still very rare in the UK.

So Stay Safe, and just remember the words:

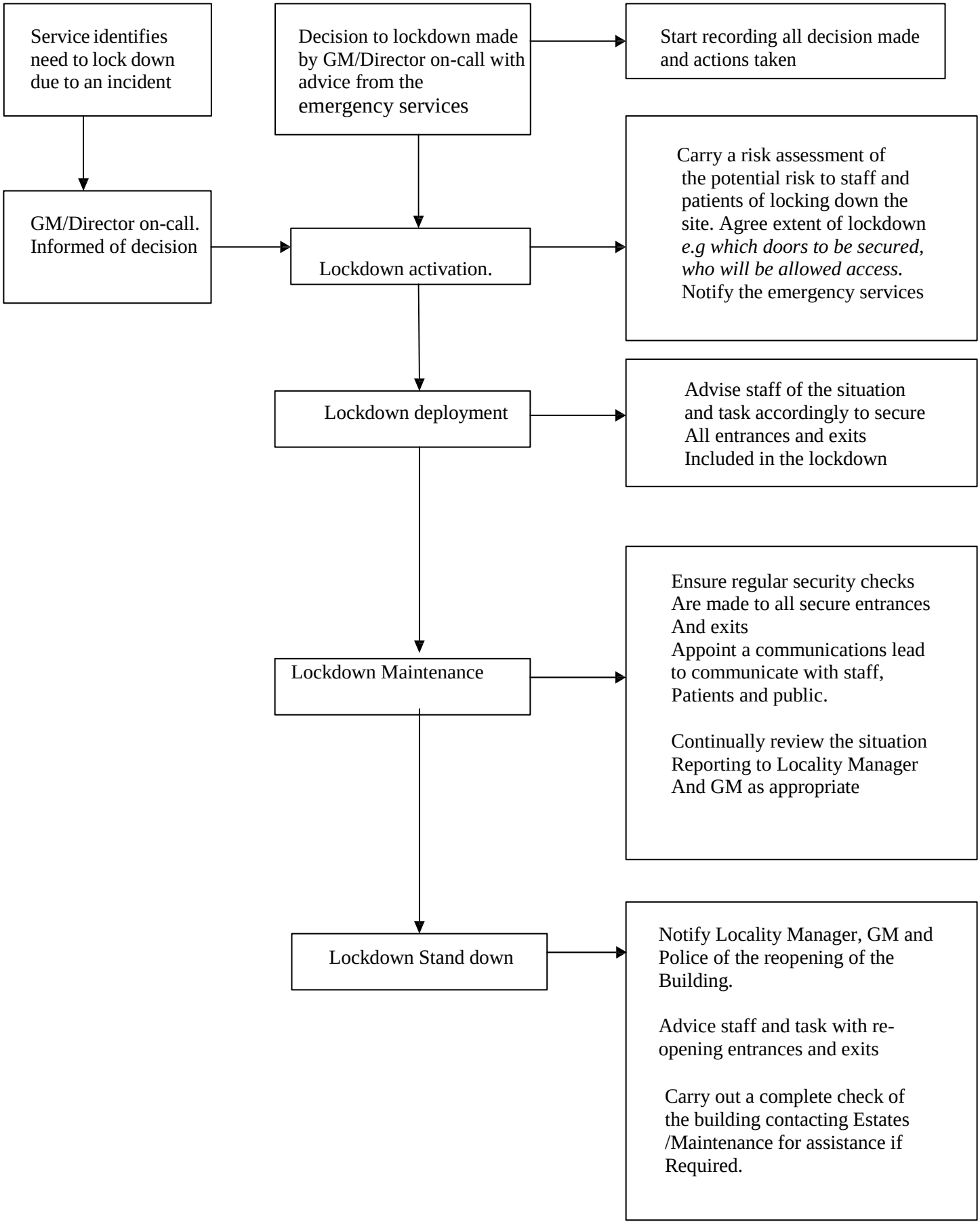
RUN. HIDE. TELL.

To watch the Stay Safe film, visit
www.npcc.police.uk/staysafe

Information is vital. If you see or hear something that could be terrorist related, trust your instincts and call the confidential Anti-Terrorist hotline on 0800 789 321. Our specially trained officers will take it from there. Your call could save lives.

Always in an emergency, call 999.

Annex I


Service identifies need to lock down due to an incident
Decision to lockdown made by GM/Director on-call with advice from the emergency services
Start recording all decision made and actions taken
GM/Director on-call. Informed of decision
Lockdown activation.
Carry a risk assessment of the potential risk to staff and patients of locking down the site. Agree extent of lockdown e.g which doors to be secured, who will be allowed access. Notify the emergency services
Lockdown deployment
Advise staff of the situation and task accordingly to secure All entrances and exits Included in the lockdown
Lockdown Maintenance
Ensure regular security checks Are made to all secure entrances And exits
Appoint a communications lead to communicate with staff, Patients and public.
Continually review the situation Reporting to Locality Manager And GM as appropriate
Lockdown Stand down
Notify Locality Manager, GM and Police of the reopening of the Building.
Advice staff and task with re-opening entrances and exits
Carry out a complete check of the building contacting Estates /Maintenance for assistance if Required.

Response for Self-Presenters contaminated as a result of a Chemical Incident (Guidance for HPFT Staff)

This guidance uses the research and results from a number of projects including the ORCHIDS project and the IOR to Chemical Biological Radiological Nuclear (CBRN), sometimes referred to as CBRNe where the 'e' stands for 'explosive', and Hazardous Materials (HAZMAT) Incidents.
It should be noted that:

- Not all potentially contaminated people will require follow-on treatment or evaluation at a health care facility;
- Some people will leave the incident scene prior to responders arriving;
- Some people, who were not at risk of contamination and do not require any medical assistance, may still present for evaluation and treatment, including requesting decontamination.

Patient disrobe and dry decontamination is an important mitigation process that:

- Is a 'first aid' measure that is proven to reduce exposure
- reduces adverse health effects in the patient;
- permits faster access to medical care;
- protects the health, safety and wellbeing of staff;
- protects the integrity of the health care infrastructure

Improvised Decontamination

Improvised emergency decontamination is the use of an immediately available method of decontamination prior to the use of specialised resources. This should be performed on all disrobed people as a priority.

Dry decontamination, which should be considered the default process for non- caustic chemical incidents, is the use of dry absorbent material such as paper tissue or cloth to blot the exposed skin.

Unless casualties are demonstrating signs or symptoms of exposure to caustic or irritant substances, for example, redness, itching and burning of the eyes or skin, exposed skin surfaces should be blotted and rubbed with any available dry, absorbent material such as paper tissues (e.g. blue roll). All waste material arising from disrobing and decontamination should be double bagged in clinical waste bags (or equivalent) and tied for disposal at a later stage.

Existing local procedures should be followed for processes including re-robing, handling of personal items, and management of hazardous waste.

Wet decontamination – only to be used if there signs and symptoms of caustic chemical substance – is the use of water from any available source such as taps, showers, hose-reels, sprinklers. Paragraph 76 and following below give more detail of wet decontamination.

Emergency decontamination would be performed on all disrobed casualties, unless medical advice is given to the contrary.

Interim Wet Decontamination

Water should not be used for decontamination unless casualty signs and symptoms are consistent with exposure to caustic substances such as acids and alkalis, or the contamination has been identified as biological or radiological in nature. Interim wet decontamination is the use of standard equipment to provide a planned and structured decontamination process prior to the availability of purpose-designed decontamination equipment. There is no national standard for interim decontamination though the option of applying this method could be from any available source of water such as taps, showers, hose reels, sprinklers, etc. When using water, it is important to try and limit the duration of decontamination to between 45 and 90 seconds and ideally, to use a washing aid such as a cloth. This change is indicated by the ORCHIDS research. Existing local processes for the management of contaminated waste should be followed.

Dry decontamination

Use of dry decontaminants is generally safer than wet decontamination.

NB – If a self-Presenter attends a unit – Dail 999. They should be put into a room & isolated. Anyone coming in contact with this person will be potentially contaminated. If Staff come in contact they must stay in the room with the presenter until the ambulance/fire brigade attend.

BEST PRACTICE FOR USING LOG BOOKS

Best practice in record keeping is the 'gold standard' towards which all Logglsts should aim. Judges expect that Loggists will comply with this standard as do enquiry Chairs and Coroners.

A comprehensive record must be kept of all events, Information received, .decisions, reasoning behind those decisions and action taken. Each responsible manager should also keep his/her own records, either personally, or assisted by a Loggist.

It Is Important that a nominated Information manager be made responsible for overseeing the keeping and storage of the records and files created during the response and also for ensuring the retention of those records that existed before the emergency Incident occurred and Immediately afterwards.

This also applies to Emergency Incident Record Books© (EIRB)©) used by on-call managers to record issues, Information received and action taken In an Incident or Emergency Pocket Log Books© **(EPLB©).**

Your entries must be **C IA – Clear Intelligible Accurate.**

Relevant Information should always be recorded in official Log Books.

Write In permanent black Ink. Write legibly. Avoid blue Ink.

Your record must be contemporaneous.

Use a new Log Book for each Incident.

Ensure you note dates, times (use the 24 hour clock) places and people concerned.

Record any non-verbal communication. Do not put your own Interpretation on that non-verbal communication.

Only note down facts. Do not assume anything, give your own comment or give your own opinion.

Entries in the record must be in chronological order.

NO
Erasures
Leaves must be torn out of the Log Book
Blank spaces - rule them through
0verwrltlng
Writlng above or below lined area

Unused space at end of a page must be ruled through with a diagonal line, Initialed by you, dated and timed.

Record all questions and answers in direct speech.

Unused spaces at the end of lines must be ruled out by you with a single line. Mistakes

must be ruled through with a single line and initialed by you.

Any mistake you make which you notice at the time of writing must be ruled through by you with a single line, Initialed and the correct word(s) added after the mistake.

Overwriting or writing above the ruled through error must not be made.

Correction fluid must not be used in any circumstances

If you notice a mistake or an omission in the record later, during the debrief or at any other time, you must tell your senior manager and the mistake must be corrected or the omission made good. Cross reference the mistake (in red ink) to the corrected entry on the next available page using letters from the alphabet, consecutively.

Make clear references to exhibits (such as maps, flip chart pages, etc) and other documents so that It Is clear In the record which particular exhibit Is being referred to.

Each series of entries must be signed off, dated and timed at their close.

Logglsts should sign off their notes at the end of their shift to ensure the Integrity of the record.

Local Incident Response Team (LIRT) Guidance

Version:	**2**
Approved Date:	**26th November 2014**
Approved By:	**Health, Safety and Security Strategy Committee**
Issue Date:	**30th December 2015**
Review Date:	**30th December 2018**

Related Policy: Major Incident and Business Continuity Plan

Target Audience:
This Guidance must be understood by staff working in their specific unit or team

1. Purpose and Scope

The purpose of this plan is to improve the capacity of Hertfordshire Partnership University NHS Foundation Trust to manage significant disruptions to operations thereby reducing the impact on stakeholders, damage to the reputation of the Trust and financial losses. This is a statutory duty under the Civil Contingencies Act (2004) and has now been reinforced by DH Interim Guidance on Business Continuity Planning (June 2008). 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.'

This plan also includes the procedures for responding to an externally-declared Major Incident as required by NHS Guidance on Emergency Planning 2005. '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, severe weather conditions, flood or national emergencies such as pandemic influenza.'(See Trust Pandemic Flu Plan)

This plan also takes into account the need to lockdown (See Trust Lockdown Plan) a Trust site if the following occurs:-
1) A member of the public comes into an HPFT site as a result of a nearby CBRN/Hazmat incident. (All HPFT sites have the Trust CBRN plan with action cards and are included in their local plans)
2) A violent service user or terrorist trying to gain entry into an HPFT building.

For Mass casualties or surge/escalation plans HPFT will first use it's decant plan (Annexe A) after which it will invoke collaboration with the Acute Trust in Herts and the HCT

2. Key Services within Scope

The scope of the plan covers all HPFT activities within enter hub/location. Local plans have been developed for use at individual sites, and these dovetail into this plan.

- Annexe A of this plan details Residential Sites decant Plans (Dec 2015)

2.1 Assumption and Core Principles

As every type of incident or emergency cannot be planned for, when the Trust faces a major incident, longer term emergency or business continuity challenge, the approach will be based on 'core principles' which support & assist consistent decision making in incident situations. These are:

- Trust Managers and Team leaders will be assisted in preparing & testing local contingency arrangements and a Local MI & BC Plan based on this document;
- Clear determination of any Major Incident and prompt enactment of this plan by Managing Director with the Executive Team and the EPLO;

- Our primary aim is to maintain our essential/critical services. To facilitate the staff flexibility needed, there are 'Terms & Conditions in Severe Disruption' agreed in principle by HR Policy Grp;
- Major Incident Response Team Members will be clear about their responsibilities and the systems to use: guided by this document, the 'Action Sheets', their training & links with the EPLO;
- A co-ordinated approach will be taken as key decisions will be made centrally and communicated to the front line managers to carry out, or to other agencies or the media etc;
- We will make best use of resources/expertise/skills already available in the Trust until particular expertise may be needed when, 'Subject Matter Experts' will be sought; and
- There will be an equally co-ordinated recovery phase – i.e. return to normal working after the Incident when services can also be enabled to reflect on any learning.

NHS Emergency Planning Guidance suggest a minimum requirement of a live exercise to be conducted every 3 years, a table top exercise every 1 year and a communications cascade test every 6 months

3. BCM Policy

Hertfordshire Partnership NHS Foundation Trust is committed to implementing best practice in Major Incident Response (MIR) and Business Continuity Management (BCM) throughout the Trust in order to minimise the effect of disruptions on patients, staff, members of the public and the reputation of the Trust. Ultimate responsibility for MIR and BCM within the Trust rests with the Chief Executive, but specific responsibilities are delegated to the Emergency Planning Lead. The management of the Major Incident and Business Continuity plans and procedures is maintained in the Management System.

Hertfordshire Partnership NHS Foundation Trust will take all reasonable steps to ensure that in the event of service interruption essential activities will be maintained and normal services restored as soon as possible. The priority at all time is the safety and well-being of patients, staff and members of the public.

All activities currently undertaken within Hertfordshire Foundation NHS Foundation Trust are included within the Business Continuity Management framework. Where specific processes are outsourced to third parties; the resilience of these third parties must be considered.

Plans have been developed at various levels within the Trust to facilitate a fully integrated response and recovery mechanism. All plans are to be reviewed and exercised annually to maintain and validate the organisation's capability to respond.

All activities should be supported by a robust communications strategy which identifies responsibilities and systems to inform patients, staff, operational partners, the press and the public with timely and accurate information.

4. Major Incident and Business Continuity Strategy

4.1 Major Incident

The Trust will provide support to Herts County Council for the provision and coordination of the social care response and other humanitarian issues. This may include provision of support for Reception Centres, for example, but any support will be coordinated through the ICT and SMT.

4.2 Business Continuity

The strategy for dealing with generalised disruptions is based upon classifying activities into 3 tiers according to their time-criticality as follows:

TIER 1	TIER 2	TIER 3
CLINICAL		
Must continue	Provide differently	Temporarily close
• Acute Adult Mental Health Inpatient Units/Wards • Thumbswood Mother & Baby unit • CAMHS Inpatient Services (Forest House) • A & E Liaison • Psychiatric Intensive Care • MHSOP Assessment and Continuing Care Services • Inpatient Services for people with Learning Disabilities • Low Secure Services • Medium Secure Specialist Learning Disability Services, (Eric Shepherd Unit & Broadlands Clinic) • CATT Teams • Adolescent Outreach Team • Acute Day Treatment Unit • Mental Health Act Assts • Single Point of Access	• CMHT • SMHTOP • AOT • Eating Disorder Service • Personality Disorder Service Early Intervention in Psychosis • Mother and Baby Services • IOT • IST Specialist Support Teams for CAMHS • Mental Health Helpline • Rehabilitation Services • Bed Mgt & Placement Team • ECT • Community Learning Disability teams (North Essex) • IAPT North Essex	• Wellbeing Service • Day Hospital Services for Older People • Day services for adults • Mentally Disordered Offenders Services • Forensic Liaison Team • Prison In Reach Team • Non urgent/Routine Out Patients • Respite Care for Older People • Specialist Healthcare Workers and Therapists
SUPPORT FUNCTIONS		
• Phones and switchboard; • Various IT services; • HR • Estates and Facilities (emergency/BC	• NHS Outpatient Booking • Admissions Booking • Records Management • Medical Secretarial • Executive Team	• F&PI (other functions) • Estates & Facilities (BAU)

functions) • Informatics • Communications Team	• F&PI (eg payment of staff and suppliers) • Informatics (less critical functions)	

All time-critical functions within the Trust must ensure that they have manual workarounds in place that would enable them to maintain services to patients and gather the data required for subsequent coding and invoicing for up to 24 hours without IT systems.

4.2.1 Tier 1

Tier 1 services are the most time-critical. They are essential services and must continue to be provided, although some could be consolidated onto fewer sites if circumstances and bed usage allows, enabling temporary unit closures to maximise staffing resources.

The aim is to maintain all of these activities during a disruption, either by moving staff and equipment the sites for additional support or, where necessary and possible, consolidating into fewer sites, as required.

4.2.2 Tier 2

Tier 2 services are important but could be reduced or provided differently. These services have a BCP detailing the reductions that are possible. As an example:

Maintain risk based service for face to face contacts

- Clozapine clinics
- Depot injections
- Urgent prescriptions
- Safeguarding vulnerable adults procedures

Non essential activity to temporarily cease or be provided differently:

- Provide phone service to low priority cases from fewer bases
- Other regular but non-urgent visits
- Attendance at inpatient or other routine case conferences
- 7 day follow up visits
- Visits to carers
- Walk-in services

In preparation for managing staff shortages & service reductions, staff will review their caseloads and flag service users indicating the broad level of risk. The flagging would be:

- Red - High risk
- Amber - Medium risk
- Green - Low risk

Community staff released by these measures can be redeployed into Level 1 services – skills and competencies permitting. Alternatively, Community teams could manage some service users from inpatient units on a short term basis if resources/skills allow.

Tier 2 also consists of some 'back-office' functions.

The aim is to restore these activities within 24 – 48 hours of a disruption by moving staff to an alternative office location. A detailed plan has been prepared to facilitate this.

4.2.3 Tier 3

Tier-3 services can be temporarily suspended or closed (with Service Users and other stakeholders being informed appropriately) in the event of needing to release resources for high priority/essential services:

A number of back-office functions are also Tier 3 activities, and can be ceased during the initial phase of the incident.

The aim is to restore these activities within a week, as resources allow. It is not possible to plan the precise sequence of restoring these activities in detail but individual departments have prepared outline plans highlighting their resource requirements.

All time-critical functions within the Trust must ensure that they have manual workarounds in place that would enable them to maintain services to patients and gather the data required for subsequent coding and invoicing for up to 24 hours without IT systems.

4.2.4 IT

Paris has been developed as a high-availability system. However, in the event of a loss of Paris, manual records will be maintained.

4.2.5 Staff Unavailability

It is one of our 'core principles' that we will always maintain the critical/essential service, whatever the circumstances. Therefore, when something has occurred leading to staff not being available to deliver all our services, we must prioritise where these staff work, focusing on the Tier system listed above.

5. Objectives

The objectives of this Major Incident and Business Continuity plan are:

- To ensure the safety and well-being of staff and service users;
- To enable an effective response to any major incidents impacting HPFT;
- To co-ordinate and provide mental health support to staff, patients and relatives in collaboration with Social Services;
- To outline how, when required, Ministry of Justice approval will be gained for an evacuation;
- To identify locations which patients can be transferred to if there is an incident;
- support local acute trusts by managing physically unwell inpatients if there is an infectious disease outbreak;
- To ensure the needs of mental health patients involved in a significant incident or emergency are met and that they are discharged home with suitable support;

- To work effectively with partner agencies during an incident;
- To continue to run services as determined by their categorisation;
- To ensure swift and accurate communications with staff, service users and other stakeholders; and
- To enable a swift recovery to service as usual.

6. Invocation

If one or more of the following applies, the incident could require a HPFT response:

- A major incident or emergency has been declared by a partner agency (health and non health partners)
- This is an internal HPFT incident that cannot be managed within normal resources
- This is a significant incident that threatens to overwhelm the resources of more than one NHS organisation in the geographic area
- This is a significant incident that requires coordination of more than one NHS organisation within the Herts and South Midlands geographic area
- This is an incident where mutual aid is required (countywide or regional)
- This is an incident that requires the attendance of the NHS at a Strategic Coordinating Group (SCG)
- This is a significant internal incident within another NHS organisation adversely affecting the daily running of the organisation and necessitating special arrangements to be instigated
- This is a significant incident that requires media coordination, particularly with partner organisations
- This is a significant incident requiring support from the NHS
- This is an incident affecting large numbers of people or having catastrophic effects on a smaller number of individuals

Examples could include:

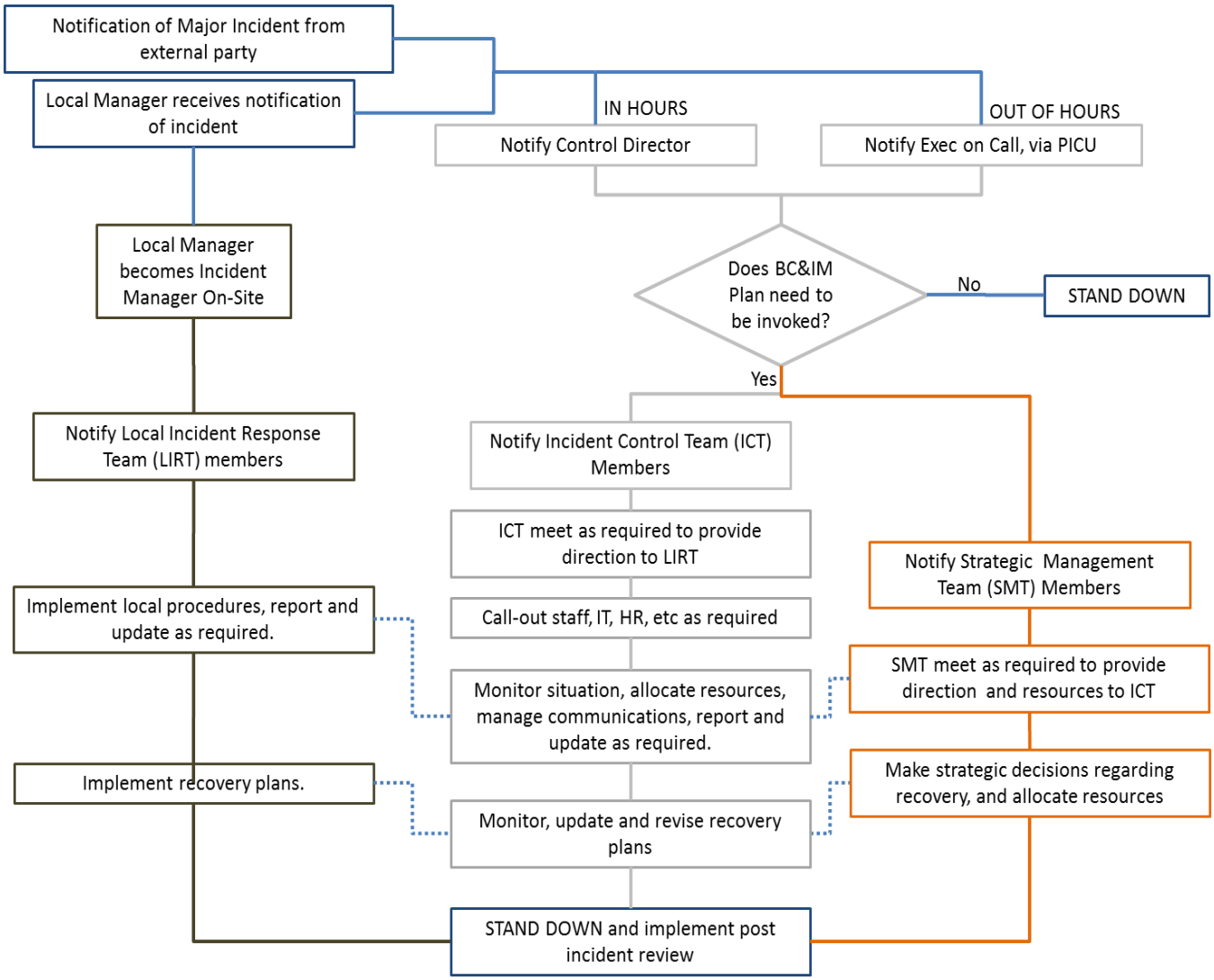
- Flood
- Severe weather
- Declaration of a heatwave
- Notification of an External Major Incident by NHS England East and Midlands
- CBRNE / Hazardous Materials incidents (a member of the public entering an HPFT site in a contaminated condition that would require the site to lockdown.
- Adverse media coverage;
- Loss of electricity, gas, water or medical gases;
- Loss of IT capability;
- Supply chain issues; and
- Local disruption at Remote Site which may impact on delivery of HPFT services.
- Security/terrorist incidents (may require lockdown)

The Incident Manager on site who identifies that there has been an incident should follow Action Sheet 1, and report as follows:

<u>In Normal Working Hours</u> – call an Executive Director at Trust Head Office

<u>Out of Hours</u> – call PICU for the Executive On Call Rota on 01923-633501.

The following flowchart depicts the invocation process:



In accordance with UK Emergency Response procedures, the following definitions apply:

Local Incident Response Team (LIRT): Bronze teams

Incident Control Team (ICT): Silver team

Strategic Management Team (SMT): Gold level team

6.1 Methods of invocation

Specific Incident Management actions are invoked as follows:

Action	Authority*	Method
SMT call-out	Director on Call	Mon-Fri 8am-5pm Tel No 01707 800007 Nights and weekends via

		Warren Court on call system 01923 682062
ICT call-out	Director on Call	On Call System above
Declaring Major Incident	Director on Call	Phone call to NHS England Midlands and East, followed up with completion of NHS Major Incident Situation Report (SITREP) Annex D of the Trust MI&BC Plan
Relocation of staff to	Director on Call / ICT	
Invocation of IT Disaster Recovery	IT Director / ICT	

6.2 Activation criteria and procedures

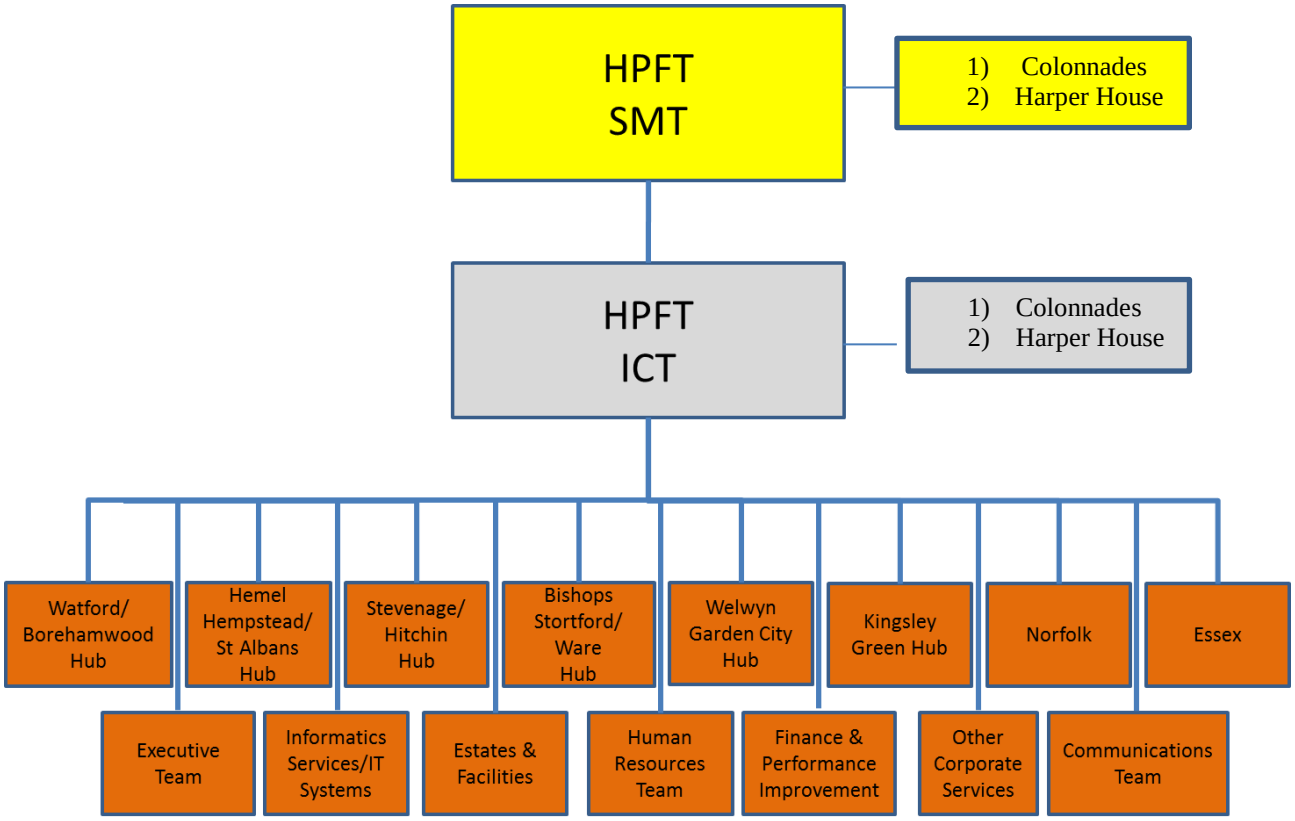
The immediate steps to take in a disruption must consider:

- Due regard to welfare of individuals
- Strategic, tactical and operational options for responding
- Prevention of further loss or unavailability of prioritised activities

It is critical to assess the nature and extent of incident and the potential impact; the Aide Memoire (Ref A) will act as a prompt, and should be followed.**7. Incident Management**

7.1 Roles, Responsibilities and Authorities

The following roles and responsibilities apply regardless of whether this is a response to a Major Incident or Significant incident that requires a BCM response. For the latter, additional expertise may be brought into the team as required.



7.1.1 SMT (Gold)

The SMT consists of the Chief Executive and other Directors and provides the focus for command and control within the Trust. Specifically they:

- Provide the strategic direction and priorities for the Trust;
- Identify and resolve wider strategic issues;
- Resolve any conflicts or tensions arising between different areas of the Trust that cannot be decided by the Silver Team; and
- Present the outward face of the Trust to the wider NHS, the media and other key stakeholders.

7.1.2 ICT (Silver)

OUT OF HOURS, THIS TEAM SHOULD BE CHAIRED BY THE ON-CALL DIRECTOR UNTIL A SUITABLE ALTERNATIVE HAS BEEN APPOINTED AND A THOROUGH HAND-OVER COMPLETED.

The ICT controls and coordinates resources and activities across the Trust; specifically they:

- Convert the strategy from the Gold SMT into plans;
- Communicate decisions, actions and plans to the LIRTs and Bronze Teams;
- Establish measurable objectives;
- Review progress against objectives and update the SMT;
- Bring strategic issues to the attention of the SMT, as required;

- Resolve conflicting requirements for resources;
- Coordinate with the Emergency Services and other operational partners as required; and
- Liaise with key suppliers.

As an example, the immediate response will be coordinated by the LIRTs, who will have the ability to use their available resources to ensure that the strategy is being followed. However, in the circumstances that the LIRT requires additional support from other LIRTs or from outside the HPFT area, eg for bedspace or staffing, then this request must be coordinated by the ICT.

The ICT will also coordinate the back-up functions, ensuring that Facilities and IT support, for example, is prioritised, and that all LIRTs have up-to-date information regarding the status of any problems.

7.1.3 LIRT (Bronze)

The LIRT carry out the activities required to mitigate the effects of a disruptive challenge, as directed by the Silver Team. This may include, for example:

- Supporting patients and staff members affected by the incident;
- Recovering IT systems; and
- Establishing temporary workspace.

Critically, they must keep the ICT informed of progress on a regular basis.

Thus, the LIRTs will ensure that they manage the services within their local area, redeploying resources to ensure that the Trust Strategy is being followed, and maintaining the provision of Tier 1 activities. Back office functions, such as IT and Facilities, will ensure the recovery of their areas, accordingly to the priorities defined by the ICT and the Business Impact Analyses. **Any requests for additional support, eg from other LIRTs, etc, must be coordinated by the ICT.**

7.2 Hub Incident Management Team

The following roles will normally be required as a matter of urgency:

Role	Primary	Alternate	On-Call	Responsibilities
Chair	Hub Manager			Liaising with ICT
Operations				Allocating clinical resources in support of agreed priorities Allocating non-clinical resources in support of agreed priorities Admissions
Estates				Emergency Services Liaison

				Liaison with Estates/Facilities for: • Workspace recovery • Telecoms recovery • Damage assessment • Salvage and Restoration
Log-Keepers	See Annex A			

7.3 Incident Management

Specific guidance regarding issues to be considered by the LIRT is detailed within the Aide Memoire.

The ICT will decide the reporting frequency for the Sitrep at Annex B. This MUST be forwarded to the ICT in a timely fashion.

An effective log of all Actions and Decisions must be maintained.

7.4 Incident Management Locations

The LIRT will be based at the nearest Hub to the incident. Alternate locations could include used, but any change in location will be notified when a suitable location had been identified. The location chosen will need access to:

Telephone, laptop, whiteboard/flipchart, stationery, mobiles, MFD (Printer scanner)

The SMT and ICT locations will be notified when the event has occurred, but their location is likely to be:

The Colonnades, Beaconsfield Close, Hatfield, Herts, AL10 8YE
Curie, Grey Thompson and the Mandela rooms will be used.

(should this not be possible then the training rooms in Kingfisher court will be used)

The following ways to contact the SMT/ICT Location will be announced when needed:

- Mobile Numbers
- E mail addresses
- Video Conference Numbers

In the event of a disruption affecting a remote location, the ICT will need to coordinate closely with the LIRT(or equivalent) but will normally remain at THO.

8. Business Continuity

8.1 Operational/HUBS

The operational aspects of the Trust will follow the strategy defined above, with all effort directed at maintaining Tier 1 activities. The details for individual services will be detailed in local Plans, as will the close liaison that will be required between services within each region/area.

In the event of the hub/location requiring support from other Hubs, this MUST be coordinated through the ICT.

Hubs may also be required to provide staffing to support other agencies and partners, such as for Reception Centres. Any such requests for external assistance MUST be coordinated and approved by the ICT.

8.1.1 Acute

8.1.2 LD & Forensics

8.1.3 Older People

8.1.4 SPA

8.1.5 Community

8.1.6 CAMHS

9. Staff

9.1 Staff Details

Staff contact details are managed at a local level, with Service Line Leaders and Team Managers maintaining contact details for all their staff. HR have a list of all Corporate staff who have clinical experience.

9.2 Welfare

Enquiries from staff and their families will be handled by the 'Staff Enquiries' team run by the HR Department.

Staff members who have been involved in an incident should be reminded of the services that are available from the Employee Assistance Helpline and the means of accessing these services. Equally, a Critical Incident Debriefing Session can be scheduled. See Annex … for contact details.

9.3 Payroll

If there are problems with processing the payroll in the run-up to pay day, the most recent daily backup file can be sent. They can then process the payroll and transmit the BACS instruction on behalf of the Trust. Any discrepancies will be corrected in the following month's pay.

9.4 Allowances

Staff who are temporarily relocated to another location are entitled to excess travel allowances if applicable.

9.5 Policies and Procedures

For issues relating to home working and lone working which may be of particular relevance in the event of disruption to normal operations. Advice will be given by HR and Service Line Leads

9.6 Unavailability of Key Staff

Specific plans have been prepared to address unavailability of key staff due to fuel problems severe weather and Pandemic Flu, these would form the basis for responding to other scenarios involving staff unavailability.

10. Communications Requirements and Procedures

10.1 Communication with Staff

All channels for communication with staff will be exploited fully in the event of a Major Incident, particularly Trust Space.

10.1.4 Gold & Silver Command Contents & Set up for MI & BCP

Entry to the Colonnades; Entrance fobs are held by Executive Team Members or on reception during working hours.

Gold – Chief Executive Room & Chairman's office plus small meeting rooms on this floor.

Silver – Galileo A & B for this command but breakout rooms available throughout this floor.

Facilities available

- 7 Laptops in the cupboard behind reception
- Spider phone in Chief Executives office
- All phones have conference call facility
- Smart boards in Chief Executive office
- Galileo has screen that connects to the laptops.
- Both floors have MFD's

The code for getting into the Colonnades Front door Keypad is 4480
The Alarm for ground floor is located in reception area and is 0306A
The Alarm for first floor is located inside the door and is 0306A

The Trust Conference Call Lines are:

Telephone Number		PIN
01923 633 871	Exec Team only	242424
01923 633 872	Exec Team only	246246
01923 633 873		229229
01923 633 874		123321
01923 633 875		135790
01923 633 876		246810
01923 633 877		369121
01923 633 878		714212
01923 633 879		918273
01923 633 870		102030

10.2 Communication with Service Users, Carers and the Public

The Head of Communications & the ICT will assess the impact of the Major Incident and the likely need for information to be available or the likely level enquiries and will decide, depending on the nature of the incident and those affected, what approach to take. Possible approaches are:

- Broadcast messages through the local and if necessary, national media
- Post up to date information on the public website
- Display posters etc. of the same information in reception areas of all local units
- Trust Staff make personal contact by letter, telephone or by visiting.
- Identify and publicise a dedicated number for enquiries, where a Team of well briefed staff with good communication skills, deal with the calls on a rota. eg.
    - the PALS telephone number or
    - a Trust number arranged for this purpose
    - an external number such as the NHS Direct free phone number

10.3 Communications with the Media

It is essential that communications with the media are closely coordinated so staff must not speak to the Press but must direct them to the Communications Lead on 01727 804557

11. Recovery

11.1 Recovery Considerations

Longer-term Recovery should be considered even as Incident Management is underway as actions taken at an early stage can significantly influence the long-term outcome for the Trust and its stakeholders. Key issues to address in an effective recovery will be managed by the ICT, and will include:

Issue	Department	Comments
Backlog of work	All	
Reduced availability of staff	HR	
Health problems, fear and anxiety amongst staff	Occupational Health	

Restoration of utilities and essential services	Estates	
Restoration of IT and telecoms	IT, Estates	
Physical reconstruction of facilities	Estates	
Disposal of hazardous waste	Estates	
Replacement of equipment and consumables		
Impact on finances and performance targets	Finance & Performance Improvement	
Rewarding and acknowledging the efforts of Trust staff and others	Exec Team, Communications	

11.2 Recovery Strategies

Various strategies may be appropriate during the recovery phase including:

- Use of temporary facilities;
- Asking part-time staff to increase hours and/or use of temporary staff;
- Increased use of home working;
- Outsourcing of work; and
- Suspending or terminating some activities.

12. Information Flow and Documentation

It is critical throughout the incident that effective log-keeping is maintained to record all instructions received, decisions taken and any subsequent actions.

13. Process for Standing Down

13.1 Procedure for Stand-down

The SMT will order a stand-down when it judges that normal operations can be resumed. This will be communicated to all staff via the switchboard and to key stakeholders directly by the SMT.

13.2 Post-incident review

Post-event learning is an essential aspect of health emergency planning. Because incidents occur on an infrequent basis, it is particularly important to document any lessons identified from managing incidents and to change current procedures and plans and provide reasons for any changes, so that they can be referred to in future incidents. Any necessary organisational changes or amendments to emergency plans will be clearly agreed with the Managing Director

and detailed by the EPLO who will be responsible for ensuring that actions are carried out within a specified time frame. Immediately following an incident it is advisable to conduct a 'hot debrief' in order to capture vital information and sequence of events, a 'full debrief' should be conducted within 14-21 days following the initial incident.

13.3 Trust debriefing guidelines

It is vital that debriefing is carried out in a way that is conducive to promoting organisational learning and encouraging a 'no blame' culture. The group should adhere to the following ground rules when debriefing:

- conduct the debriefing openly and honestly
- pursue personal, group or organisational understanding and learning
- be consistent with professional responsibilities
- respect the rights of individuals
- value equally all those concerned

13.4 Key aspects of a trust debrief

Once normal operations have been resumed, or the Trust is close to this situation, it is important to conduct a review in order to:

- Identify the nature and cause of the incident;
- Assess the adequacy of management's response;
- Assess the organization's effectiveness in meeting its recovery time objectives;
- Assess the adequacy of the Business Continuity arrangements in preparing employees for the incident;
- Address organisational issues;
- Look for both strengths and weaknesses and ideas for future learning; and
- Identify improvements to be made to the Business Continuity arrangements.

14. Monitoring of this Guidance

This Guidance will be reviewed **Annually**

Action:	Lead	Method	Frequency	Report to:

15. Related Documents

A. HPFT Major Incident and Business Continuity Aide Memoire
B. HPFT Local Incident Response Team Plan
C. HPFT Exec On Call Major Incident Emergency Guide
D. HPFT Emergency Plan for Fuel Shortages
E. HPFT Emergency Procedure in case of Heating or Water provision Breakdown
F. HPFT Extreme Weather Plan (hot and cold weather)
G. HPFT Business Continuity Plan Summary for IT
H. HPFT Suspect Package and Substance Plan
I. HPFT Business Continuity Plan Pandemic Flu
J. HPFT Response to a Chemical, Biological, Radiological or Nuclear(CBRNE) Incident
K. HPFT Lockdown plan

16. Version Control

Version	Date of Issue	Author	Status	Comment

Annexe A

HPFT decant contingency plans December 2015

The purpose of this document is to set out how HPFT would manage the need to fully decant an in-patient area in the event of a major incident. The document is an appendix to the Trust Major Incident and Business Continuity plan. The decant plan is supported by local unit MI and BCP. It is an expectation that staff in each unit is aware of the local plans. All staff will be up to date with fire training and understand the local evacuation procedures. This is particularly important in units where service users are likely to be in beds and chairs and require support to leave a unit.

It is recognised that in the event of a major incident final decisions regarding decant will be managed by the incident control centre and take into consideration the following:

- The unit requiring decant
- The availability of beds across the trust
- The support available to the Trust in the event of a major incident
- The current risk status of service users to be moved

Bed stock to support decant

The trust will have a stock of 18 beds available to support decant. 6 will be in Kingsley Green (6 Forest Lane) and 12 will be at Fairlands Ward, at the Lister Hospital . In addition pressure relieving mattresses will be available at sites across the Trust. The trust transport service can be mobilised to move beds in stock to the decant area as required. Out of hours the transport service can be contacted as required.

MH Act status

In the event of having to move service users subject to the MH Act it is recognised that the immediate safety of the service users would be paramount. All legal issues would be resolved within 1 working day of a unit decant.

Partial decant

All units would be expected to manage short term loss of beds by moving and creating space within communal areas in each unit. The on call manager would be coordinating this and with the unit determine if the scale of damage required a full decant and declaration of an internal major incident.

Full decant

The management of a full decant of a unit would be via the incident control centre. The specifics of each move would be managed at that level and include access to consultant on call to assess the needs of service users to be moved. Beds across the Trust would be utilised and community teams would be mobilised to support discharge where it was considered safe to do so.

Kingfisher Court

The ward specific plans set out below work on the assumption that the risk all the beds at Kingfisher Court require decant is extremely low. The layout of the unit means that the wards affected can be isolated and evacuation of the whole site would only be an extreme action. If the whole of Kingfisher Court was needing to be decanted the Trust would require the support of other providers and services and would declare a full major incident. CCGs and NHS England would be expected to support the Trust in accessing beds to meet the needs of the large number of service users whose beds were unavailable.

Bed management

During working hours the bed management service (currently 9-9 mon to Fri and 9-5 Saturday and Sunday) would be used to support a decant. They would be able to advise where beds were available in the trust. Outside of working hours clinical leads would support the incident control centre until the bed management service could be operational in the case of a major incident.

Staffing

If a unit is to be decanted staff would be directed to the unit where service users are relocated to. Additional staff needs would be determined by the incident control centre. It is recognised that additional staff may be required. Clinical staff in support services would be redirected to support the relocation of service users and communication with carers and families.

External communication

The on call director would agree communication plans including contact with media in the event of a unit decant. Restrictions on visitors may be put in place during the decant process to effectively manage the process.

Should there be a incident on any of our residential sites and service users beds need to be moved within the site or service users moved to another building contact with the relevant relatives or carers should be made as soon as reasonably practical.

Thus contact should be made by the 1st on call if out of hours or by community leads during normal working hours (assuming staff in the unit are involved in the practicability of moving service users) - The responsible Service Line Lead for the moving service should arrange this.

East and North SBU decant plans

	Partial Damage –	Major Incident – Full Evacuation	Major Incident – Full Evacuation – High Risk S/U
Forest house adolescent unit	Vacate affected part of ward and work with NHS England and C-CATT to facilitate transfer/ supported discharge home	Forest House school	Use of section 136 suit Use of adult beds NHS England to find alternative services
Victoria Court	Vacate affected part of ward and work across all OP wards to create capacity to enable transfer	Full decant to Fairlands, 6 Forest Lane Holding day space lounge space on Elizabeth Court or ADTU at Lister	High risk likely to relate to physical frailty therefore work with HCT/Acute partners to create capacity in extremis
Elizabeth Court	Vacate affected part of ward and work across all OP wards to create capacity to enable transfer	Full decant to Fairlands, 6 Forest Lane Holding day space lounge space on Victoria Court or Lister ADTU	High risk likely to relate to physical frailty therefore work with HCT/Acute partners to create capacity in extremis
The Stewarts	Vacate affected part of ward and work across all OP wards	Full decant to Fairlands, 6 Forest Lane	High risk likely to relate to physical frailty therefore work with HCT/Acute partners to

	to create capacity to enable transfer		create capacity in extremis
Prospect House	Vacate affected part of ward and work across all OP wards to create capacity to enable transfer	Full decant to Fairlands, 6 Forest Lane. Holding day space in CHESS day hospital	High risk likely to relate to physical frailty therefore work with HCT/Acute partners to create capacity in extremis
The Meadows	Ward layout would enable affected wing to be closed off	Full decant to Fairlands, 6 Forest Lane	High risk likely to relate to physical frailty therefore work with HCT/Acute partners to create capacity in extremis
Logandene	Ward Layout would enable affected area to be closed off	Full decant to Fairlands, 6 Forest Lane Holding day space ADTU on site	High risk likely to relate to physical frailty therefore work with HCT/Acute partners to create capacity in extremis
Edenbrook		Full decant to Fairlands, 6 Forest Lane and Dove would be used if Fairlands was also out of use.	

West SBU decant plans

	Partial Damage –	Major Incident – Full Evacuation	Major Incident – Full Evacuation – High Risk S/U
Thumbswood	Ward Layout would enable affected area to be closed off if damage was to bedrooms only (2 bedrooms not in use). Liaison with NHSE to find alternative resource	Full decant to 6 Forest Lane. Discussions would take place to ask families to take babies home short term where this was possible.	High risk likely to relate to high numbers of Safeguarding children concerns. Partner organisations to be involved and informed of decant plans and alternative plans for babies
Oak	Ward Layout would enable affected area to be closed off if damage was to bedrooms only (5 bedrooms not in use)	Service users would be evacuated to 6 Forest Lane whilst decisions were made on suitable areas to move based on the current needs and risk status of the service user. Spare beds in Dove would be used to manage those most suitable. 4 Bowlers Green would be used to manage those higher risk service users. Bed management and commissioners	High risk likely to relate to high levels of aggression to others, AWOL risks and self-harm. MHA issues apply which can include Hospital orders and MOJ

		would need to support the Trust in accessing external PICU beds.	
Gainsford House	Ward Layout would enable affected area to be closed and use of communal area for short term solution. Consider discharge to community services	Full decant to Fairlands and overspill to 6 Forest Lane	High risk likely to relate to high levels of AWOL, Self-harm, increased access to drug & alcohol substances and detention under MHA
Sovereign	Very limited capacity within unit. Consider admisisonm to other rehab / acute vacancies short term	Full decant to Fairlands and overspill to 6 Forest Lane	High risk likely to relate to high levels of AWOL, Self-harm, increased access to drug & alcohol substances and detention under MHA
The Beacon	Ward Layout would enable affected area to be closed and use of communal area and use of communal space in The Beacon 'House' for short term solution. Consider discharge to community services	Full decant to Fairlands and overspill to 6 Forest Lane	High risk likely to relate to high levels of AWOL, Self-harm increased access to drug & alcohol substances, and detention under MHA
Hampden House	Ward Layout would enable affected area to be closed and use of communal area for short term solution. Consider discharge to community services	Full decant to Fairlands and overspill to 6 Forest Lane	High risk likely to relate to high levels of AWOL, Self-harm increased access to drug & alcohol substances, and detention under MHA
Albany Lodge	Ward Layout would enable affected area to be closed. Other Acute wards to consider capacity. Expedite discharge in conjunction with carers/ CATT/ ADTU	Full decant to Fairlands and overspill to 6 Forest Lane	High risk likely to relate to possible increased risk to others, AWOL risks and self-harm. MHA issues apply
136 Suite	As per major incident	If the 136 on Oak was out if use then the 136 at KC would be used. If the 136 on KC was out of use the 136 on Oak would be used. If more than 1 136 was required in such circumstances a place of safety would be designated based on risk on site.	High risk likely to relate to possible increased risk to others, AWOL risks and self-harm/ neglect. MHA issues apply

ADTU	Unit layout would enable affected area to be closed	Service users would be sent home and supported by community teams.	High risk likely to relate to possible increased risk of self-harm/ neglect
Aston ward	Ward Layout would enable affected area to be closed. Other Acute wards to consider capacity. Expedite discharge in conjunction with carers/ CATT/ ADTU	Full decant to Fairlands, 6 Forest Lane and Dove would be used if Fairlands was also out of use.	High risk likely to relate to possible increased risk to others, AWOL risks and self-harm/ neglect. MHA issues apply

LD and F SBU decant plans

	Partial Damage – Remain within secure perimeter	Major Incident – Full Evacuation	Major Incident – Full Evacuation – High Risk S/U
Warren Court	• Ward Layout would enable affected area to be closed and use of communal area for short term solution • Move affected s/u to designated house or therapeutic activity area within secure perimeter	• Ensure MOJ aware of transfers • Police Presence as required • Move Beech / 4BG – liaise NHSE re secure placements elsewhere if unable return within an agreed EoE Contingency Plan	Memorandum with police for high risk s/u temporary use police custody whilst alternative secure accommodation found
Broadland Clinic	• Ward Layout would enable affected area to be closed and use of communal area for short term solution • Move affected s/u to other unit or therapeutic activity area (Wherries) within secure perimeter	• Ensure MOJ aware of transfers • Police Presence as required • Willowbank if total evacuation. There is an agreed plan with the Norfolk Constabulary and emergency services within Contingency Plan 515 • Reciprocal Agreement in place with nearby Norvic Clinic (NSFT) • Liaise NHSW re secure placements elsewhere if required (within an agreed EoE Contingency Plan	Memorandum with police for high risk s/u temporary use police custody whilst alternative secure accommodation found
Astley Court	• Ward Layout would enable affected area to	• Willowbank within Little Plumstead site	Not applicable

	be closed and use of communal area for short term solution		
Beech Unit	• Ward Layout would enable affected area to be closed and use of communal area for short term solution	• Ensure MOJ aware of transfers • Police Presence as required • Move Warren Court / 4BG – liaise NHSE re secure placements elsewhere if unable return	n/a
4 Bowlers Green	• Ward Layout would enable affected area to be closed and use of communal area for short term solution	• Ensure MOJ aware of transfers • Police Presence as required • Move Warren Court / Beech – liaise NHSE re secure placements elsewhere if unable return	n/a
SRS	• Ward Layout would enable affected area to be closed and use of communal area for short term solution	• Use 6FL / Dove dependent on service user population within affected unit	N/a
Dove	• Ward Layout would enable affected area to be closed and use of communal area for short term solution	• Use 6FL – deploy beds within SRS if KF Court required to be evacuated	N/a
Lexden	• N/a Ward Layout would enable affected area to be closed and use of communal area for short term solution	• If Rehab unit – move to A&T unit (additional capacity in mothballed area) • If A&T unit – move to Elizabeth House on Lexden site	N/a

Plan subject to annual review

Our Values

Welcoming Kind Positive Respectful Professional