Somerset Partnership NHS
NHS Foundation Trust

INCIDENT RESPONSE PLAN

Version:	7
Date issued:	**August 2017**
Review date:	**July 2020**
Relevant Staff Groups:	All staff of Somerset Partnership NHS Foundation Trust, Somerset CCG, LHRP partners and other agencies as identified.

This document is available in other formats, including easy read summary versions and other languages upon request. Should you require this please contact the Equality and Diversity Lead Manager on 01278 432000

IMMEDIATE ACTION

IF YOU ARE REQUIRED TO TAKE IMMEDIATE ACTION ON THIS PLAN AND YOU HAVE NOT READ IT BEFORE

FIND THE RELEVANT ACTION CARD

AND FOLLOW INSTRUCTIONS

CONTENTS

VERSION CONTROL

Reference	Version	Status	Author(s)
	7	Final	Head of Corporate Business

Amendments

Revised to reflect new NHS England arrangements and building on lessons learnt from real incidents and exercises. Some changes to grammar and formatting made.

Document objectives: This Incident Response Plan will enable the Trust to identify the procedures and resources to deal with a major incident or emergency which threatens the health of the community or the delivery of Trust services.

Approving Body and date	Executive Management Team	Date: April 2017
Formal Impact Assessment	Impact Part 1	Date: June 2017
Ratification Body and date	Trust Board	Date: July 2017
Date of issue	**August 2017**	
Review date	**July 2020**	
Contact for review	Head of Corporate Business	
Lead Director	Director of Strategy and Corporate Development	

CONTRIBUTION LIST Key individuals involved in developing the document

Designation or Group
Head of Corporate Business
Director of Strategy and Corporate Development
Executive Management Team
Senior Management Team
Health, Safety, Security Management and Estates Group

1. INTRODUCTION

1.1 Somerset Partnership NHS Foundation Trust needs to plan for, and respond to, a wide range of incidents and emergencies which could impact on health or patient care. These could be anything from extreme weather conditions, to an outbreak of an infectious disease, major casualties incident or a serious transport accident.

1.2 The plan enables the Trust to identify the procedures and the provision of its services and resources to deal with an incident or major emergency that threatens the health of its patients and staff or the delivery of its services to the communities in Somerset and beyond.

1.3 Emergency Preparedness, Resilience and Response (EPRR) across the NHS remains a core function of the NHS, required in line with the Civil Contingencies Act 2004.

1.4 During times of severe pressure and when responding to significant incidents and emergencies, this plan provides the Trust with a structure to ensure clear leadership, accountable decision making and accurate, up to date communication. This structured approach to leadership under pressure is commonly known as 'command and control'.

2. PURPOSE AND SCOPE

2.1 The purpose of the Incident Response Plan is to:

- provide an explanation of the local, regional and national major incident arrangements, including statutory and non-statutory drivers;
- outline clear channels of communications for alerts and procedures for notifying partner organisations and the public;
- define levels of escalation and signposting which events would require the involvement of the Trust;
- detail the Trust's roles and responsibilities during an emergency response, including those of key managers and staff;
- establish arrangements to co-ordinate the Trust response to such incidents;
- provide a flexible framework for activating response arrangements as a result of either a slow onset ('rising tide') or immediate onset ('big bang') incident;
- establish command and control facilities and structures commensurate with the incident, including internal departments and the wider resilience community;
- support the Trust's business continuity planning to ensure the continued provision of critical services and to mitigate against any public health effects of the incident on the community and staff.

2.2 The plan is supported by action cards located within this document.

2.3 This document constitutes a generic emergency plan with regard to the Cabinet Office statutory guidance for the Civil Contingencies Act 2004[1].

2.4 This policy applies to those members of staff who are directly employed by the Trust and for whom the Trust has legal responsibility. For those staff covered by a letter of authority/honorary contract or work experience the organisation's policies are also applicable whilst undertaking duties for or on behalf of the Trust. Further, this policy applies to all third parties and others authorised to undertake work on behalf of the Trust.

3. EXPLANATION OF TERMS USED

3.1 The Civil Contingencies Act 2004 defines an **emergency** as "*an event or situation that threatens serious damage to human welfare in a place in the UK or to the environment of a place in the UK, or war or terrorism which threatens serious damage to the security of the UK. The term "major incident" is commonly used to describe such emergencies. These may include multiple casualty incidents, terrorism or national emergencies such as pandemic influenza".*

3.2 The NHS Emergency Planning Guidance 2005 defines a **major incident** 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".'*

3.3 A **critical incident** is defined as "*any crisis event or situation which may constitute an emergency (as defined by the Civil Contingencies Act 2004) but which does not meet the criteria for a major incident declaration or standby notification".*

3.4 Within the Trust, these emergencies are referred to as **major incidents.**

3.5 The following terms have been included as they are commonly used throughout all EPRR documents.

Bronze	Operational level command
C&C	Command and control
CCA	Civil Contingencies Act (2004)
CCG	Clinical commissioning group
COBR	Cabinet Office Briefing Rooms
EPRR	Emergency Preparation, Resilience and Response
Gold	Strategic level command
ICC	Incident Coordination Centre
LHRP	Local Health Resilience Partnership
LRF	Local Resilience Forum

[1] http://www.legislation.gov.uk/ukpga/2004/36

NHS CB	NHS Commissioning Board
PHE	Public Health England
SAGE	Scientific Advisory Group for Emergencies
SCG	Strategic Coordination Group
SCC	Strategic Coordination Centre
STAC	Scientific Technical Advice Cell
Silver	Tactical level command
TCG	Tactical Coordination Group

4. TRUST COMMAND AND CONTROL

4.1 The following specific duties and responsibilities apply within the Trust.

4.2 The **Chief Executive** has overall responsibility for the management of the Trust, including ensuring the Trust has in place robust emergency planning arrangements. The **Chief Operating Officer** will deputise in the event of the **Chief Executive's** absence. The **Chief Executive** will oversee the Trust's strategic response to the major incident and will convene and chair the **Strategic (Gold) Team,** when required, to oversee the Trust response.

4.3 The **Accountable Officer for Emergency Planning (Director of Strategy and Corporate Affairs)** is responsible for ensuring emergency planning arrangements are managed in accordance with Department of Health and NHS England requirements. Specifically, the Trust is:

- compliant with the EPRR requirements as set out in the Civil Contingencies Act (2004); the NHS planning framework and the NHS standard contract as applicable;
- properly prepared and resourced for dealing with a major incident;
- resilient with robust business continuity planning arrangements in place which reflect standards set out in the Framework for Health Services Resilience (PAS 2015) and ISO 22301;
- resilient with a robust surge capacity plan that provides an integrated organisational response and that it has been tested with other providers;

The Accountable Officer represents the Trust at Local Health Resilience Partnership (LHRP) Strategy Board Meetings.

4.4 The **Chief Operating Officer** will oversee the Trust's operational services' response to the incident and will attend the **Strategic (Gold) Team.** The **Chief Operating Officer** will deputise for the Chief Executive during his absence and will act as the chair of the **Strategic (Gold) Team** in these circumstances. The **Chief Operating Officer** may be asked to represent the Trust at multi-agency command and control during the incident and

will lead the Trust's operational recovery after the incident has been declared over.

4.5 The **Emergency Planning Lead (Head of Corporate Business)** is responsible for ensuring amendments to this plan are made in a timely manner and reported to the Executive Management Team if deemed necessary. The lead ensures emergency planning documentation is distributed to all Executive Directors and Senior Managers with appropriate supporting information and liaises with the Accountable Officer to plan table top and live exercises. The Lead is responsible for the maintenance of the Incident Co-ordination Centre (ICC) and represents the Trust at the LHRP Tactical Planning Group. A nominated senior manager will deputise for the Lead should this person be unavailable.

4.6 The **On Call Executive Director** will declare a Trust internal major incident and will take the first notification call from Somerset CCG of a declaration of external major incidents through the agreed EPRR information cascade. The Director will make the decision to establish the Trust ICC, lead its **Tactical (Silver) Team** and manage the tactical response to the incident. The Director will complete, and regularly review, the Risk Assessment and Methane Report attached to the Action Card appended to this plan. The On Call Executive Director will liaise closely with the **Strategic (Gold) Team**.

4.7 The **Strategic (Gold) Team**, where convened, will determine the Trust strategy in response to the major incident. The team will be chaired by the **Chief Executive** and in whose absence by the Chief Operating Officer. The Team has overall command of the Trust's resources. It is responsible for:

- liaising with partners to develop the strategy and policies and allocate the funding which will deal with the incident;
- maintaining the Trust's normal services at an appropriate level during the incident;
- considering the incident in its wider context to establish its longer term and wider effects;
- delegating tactical decisions to the **On Call Executive Director** but <u>are not involved</u> in directly managing the tactical or operational detail.

If an incident involves several NHS organisations, one of them may take responsibility for strategic command over the others.

4.8 The **Tactical (Silver) Team** will be convened in the ICC to lead the tactical response and will liaise closely with the **Strategic (Gold) Team**. The Team will be chaired by the **On Call Executive Director.** The Team is responsible for:

- directly managing the Trust's response to an incident;
- developing a Tactical plan to achieve the objectives set by the **Strategic (Gold) Team;**

- providing a clear and coordinated response which is as effective and efficient as it can be;
- setting response priorities, allocate resources and coordinate tasks;
- overseeing and supporting, but not be directly involved in, the operational response to an incident.

4.9 The **Operational (Bronze) Team** refers to those responsible for managing the main working elements of the response to an incident. It will carry out specific tasks within a service area, geographical area or functional area. This may include a hospital ward, area of a community response, or aspect of a scene at a 'big bang' type incident.

4.10 The **Executive Directors and Senior Managers** will liaise with the **Emergency Planning Lead** to ensure EPRR planning is cascaded to staff and emergency planning information and training is provided to staff.

4.11 The **Director of Nursing and Patient Safety** will oversee the Trust's nursing, infection control and patient safety response to the incident and will attend the **Strategic (Gold) Team.**

4.12 The **Director of Finance and Business Development** is responsible for ensuring the recording of additional expenditure by the Trust arising during a major incident and for ensuring compensation arrangements for the Trust, including insurance, are sought at the earliest opportunity and will attend the **Strategic (Gold) Team**.

4.13 The **Medical Director** will lead the Trust's medical response to the major incident and will attend the **Strategic (Gold) Team**.

4.14 The **Director of Workforce and Organisational Development** will lead the Human Resources response to the incident and will attend the **Strategic (Gold) Team.**

4.15 The **Head of Communications** will have responsibility for ensuring media contacts at the Somerset **CCG** and NHS England are alerted and briefed and will work alongside the **Tactical (Silver) Team**. The Head will handle all media communications on behalf of the Trust, coordinate arrangements to deal with localised communications (including media liaison and information to the public) in discussion with the relevant partner agencies and provide hands-on assistance at the location affected, if sufficiently serious and required. The Head will set up helpline arrangements should they be needed in cooperation with NHS 111 and other providers.

4.16 **Trust Managers** must ensure they are fully aware of the Trust EPRR plans and must keep their staff updated on these arrangements.

4.17 **All Trust staff and other staff working at Trust premises** must ensure they know the contents of this plan, ensure they are familiar with their individual roles within it and attend training when arranged

5. NHS COMMAND AND CONTROL

5.1 Incidents can take many forms; therefore the responses need to match individual situations. Most incidents will be dealt with by individual NHS organisations at operational/tactical level without the need for others to be involved. However, some incidents may require a wider NHS or multi-agency response.

Somerset Clinical Commissioning Group (CCG)

5.2 The CCG ensures contracts with provider organisations contain relevant emergency preparedness, resilience (including business continuity) and response elements. It supports **NHS England** in discharging its EPRR functions and duties locally and provides a route of escalation for the LHRP should a provider fail to maintain necessary EPRR capacity and capability. The **CCG** fulfils the responsibilities as a Category 2 responder under the CCA.

5.3 The **CCG On Call Director** will notify the **Trust On Call Executive Director** when an external major incident has been declared.

5.4 As Category 2 responders under the Civil Contingencies Act 2004, the **CCG** must respond to reasonable requests to assist and co-operate during an emergency. If a provider of NHS funded care has a problem either in or out of normal business hours, they will escalate the matter through the **CCG**. The **CCG** has an on–call rota for this purpose.

NHS England

5.5 NHS England provides leadership across the region. If an incident requires a wider NHS or multi-agency response, this coordination and leadership is provided by an NHS England Director.

5.6 Most incidents and emergencies can be managed at local or organisational level, so there is no need for NHS England to take any action. However, local organisations must inform their commissioners and NHS England Director on-call about any internal incidents, responses to local emergencies or cases of extreme pressure so that the team has a detailed understanding of local NHS demand and capacity.

5.7 In some cases, several NHS and partner organisations may be involved and the need for a coordinating role may arise. In these cases, the NHS England on-call director may take command and control of the situation. The **AT** has the authority to commit NHS and Trust resources, including funding, to ensure the successful resolution of an incident

5.8 If there is a **Strategic Coordinating Group (SCG)**, 'health' will be represented by the NHS England on-call director (NHS Gold). If necessary, **Public Health England**, local authority directors and the Ambulance Service will also attend.

5.9 The NHS England strategic commander will be supported by an emergency preparedness, resilience and response (EPRR) adviser taken from local on-call EPRR personnel. This adviser will be based in the area team **Incident Coordination Centre** to draw together information about

the operational/tactical response and make sure there is effective coordination at all levels.

5.10 In both cases, the NHS will be represented at the **SCG** by the NHS England on-call director.

Somerset County Council (SCC)

5.11 Through the Director of Public Health DPH provides initial leadership with **Public Health England** for the response to public health incidents and emergencies within their local authority area. The DPH will maintain oversight of population health and ensure effective communication with local communities.

Public Health England (PHE)

5.12 PHE is responsible for leading the mobilisation of PHE in the event of an emergency or incident. Works with the NHS at all levels and where appropriate develop joint response plans. PHE delivers public health services including, but not limited to, surveillance, intelligence gathering, risk assessment, scientific and technical advice, and microbiology services to emergency responders, Government and the public during emergencies, at all levels.

6. MULTI-AGENCY COMMAND AND CONTROL

Strategic Coordinating Group (SCG)

6.1 If a significant incident or emergency is large or widespread, it may be necessary to coordinate the response of several organisations. This may be at tactical level or at both tactical and strategic level. Multi-agency strategic coordination is undertaken through an **SCG**. Any organisation that feels a strategic multi-agency approach is necessary can request that an **SCG** convened (e.g. pandemic influenza). The geographical responsibility of an **SCG** follows that of the Avon and Somerset Local Resilience Forum (LRF) boundary.

6.2 The NHS is represented at the **SCG** by NHS England and Ambulance Service senior manager. The **SCG** is a fast moving information-sharing and strategic decision-making group. Its role is to allow organisations responding to the incident to share information and coordinate their response options. The SCG is usually chaired by a Police Incident Commander and meets at a Strategic Coordination Centre (SCC) which is identified in local multi-agency emergency plans.

Tactical Coordinating Group (TCG)

6.3 If multi-agency coordination is required at tactical level, a multiagency **TCG** will be set up. This is a group of tactical commanders that meet and manage an incident, either as an independent tactical unit or in line with strategic objectives if there is an **SCG**. The **TCG** will be chaired by the lead responsible organisation, which is determined by the priorities of the incident.

Additional Groups

6.4 A **Recovery Co-ordination Group (RCG)** may be convened to consider the restoration of the area and return to normality for the community.

6.5 A **Scientific and Technical Advice Cell (STAC)** may be established to consider the health implications both in the immediate and long-term. STAC will consist of representatives from agencies such as the Environment Agency, Health Protection Agency, CCG, Local Authority, and relevant emergency services, Met Office, HSE, Food Standards Agency, and Government Decontamination Service. STAC will report to the SCG in terms of scientific and health implications of the incident.

6.6 A **Media Cell** will be established to consider the media information required and public warning and informing issued. The composition of this team is likely to include Emergency Services Press Officers, Local Authority, Health Protection Agency, CCG and Environment Agency.

7. TRUST KEY ROLES AND RESPONSIBILITIES

7.1 This list is for guidance only, as other issues may become apparent during an incident requiring a different response. In summary the response may include one or more of the following:

- minimising requirements for emergency admissions to acute hospitals by accelerating hospital discharges from community hospitals;
- supporting accelerating discharges from acute hospitals to either community hospitals or community services;
- ensuring continuity of services during a major incident;
- for mass casualty incidents, provide resources at Rest Centres (both basic first aid and welfare support), Evacuation Centres and Emergency Treatment Centres;
- coordinating medical or nursing staff to provide mass prophylaxis at designated centres;
- providing a secondary mental health care response to a major incident involving evacuation/sheltering of vulnerable people;
- ensuring continuity of Mental Health Act responsibilities and mental health inpatient wards for the most vulnerable;
- coordinating and directly providing psychological and mental health support to staff, patients and relatives in conjunction with partner agencies;
- ensuring vulnerable patients caught up in the incident have appropriate support in the community.

7.2 The Trust will ensure arrangements are in place to respond adequately to major incidents of any scale in a way which:

- delivers optimum care and assistance to patients;

- minimises the consequential disruption to Trust services;
- brings about a speedy return to normal levels of functioning.

8. MAJOR INCIDENTS

8.1 A major incident can arise in more than one way, examples of which are set out below:

Type of Incident	Example
Big Bang	Serious transport accident, explosion, or series of smaller incidents including critical IT infrastructure failure.
Rising Tide	A developing infectious disease epidemic, or a capacity or 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 or IT systems' failure following a cyberattack.
Internal Incidents	Fire, breakdown of utilities, major equipment failure, hospital acquired infections, violent crime, serious untoward incidents.
Deliberate	Release of chemical, biological or nuclear materials; cyberattack on NHS IT resources.
Mass Casualties	Incidents resulting in many casualties into the hundreds, not to be confused with Mass Fatalities.
Pre-planned Major Events	Demonstrations, sports fixtures, air shows, typically where advanced notice enables a pre-planned response to be made.

Phases of a Major Incident

8.2 Most major incidents are considered to have four phases, initial response, consolidation, recovery and restoration; the major incident response will usually follow these phases:

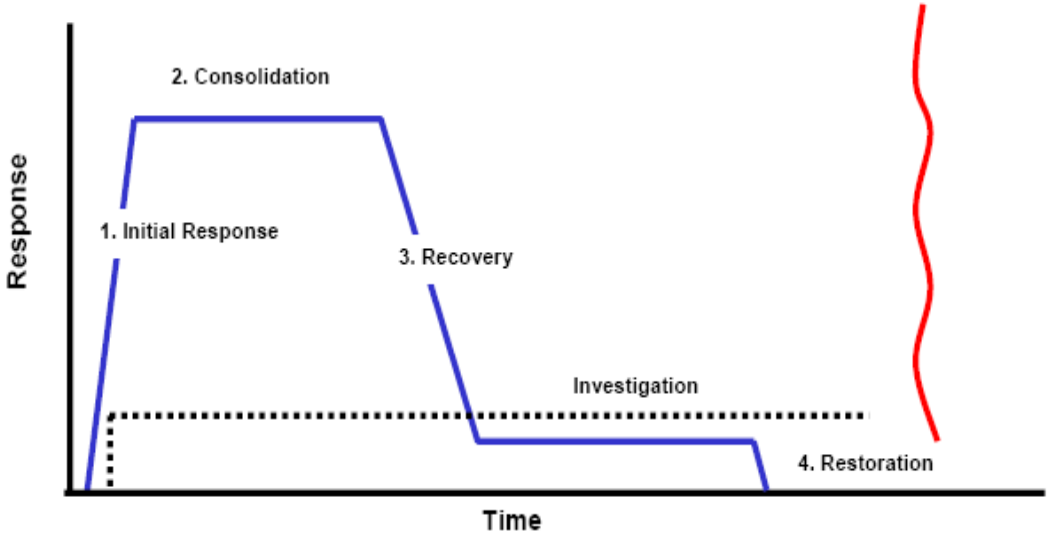
I. **The Initial Response:** the initial response will correspond with the time when action is being taken by the emergency services and may occur very rapidly. Once a major incident has been declared, it is essential that liaison quickly occurs with other agencies involved.

This is particularly important for the external agencies that may be expected to provide support.

II. **Consolidation:** the consolidation phase involves on-going action by to support the Health Community and other agencies as required. During this phase, the Trust Silver (Tactical) Team will need to decide an appropriate management approach to what may become a prolonged incident.

III. **Recovery:** the recovery phase can occur when lifesaving is complete and the caring for those involved or affected less seriously can then begin. In terms of the NHS response, this phase will encompass the instigation of further investigations, on-going communication with the other agencies, health professionals, press and the public. The Trust may need to provide support to health service providers with these issues.

IV. **Return to Normality:** this involves action by all concerned to restore normal conditions. Investigate the causes/circumstances of the incident, evaluate the costs incurred and recommend ways to reduce risk and improved response in the future to enable restoration to normal conditions. The Trust will support the Heath Community return to normality and will work closely with Public Health regarding any long-term health issues resulting from the incident.



9. DECLARATION OF A MAJOR INCIDENT

9.1 An underlying principle for the declaration of a major incident is it must be open for a wide range of services to declare a major incident. This is to prevent a potential major incident being overlooked and not acted upon appropriately.

9.2 Whatever the underlying cause or type of major incident, it is essential such events are clearly and formally declared for the following reasons to:

- act as a trigger to implement alerting procedures;
- commence the activation of the Incident Response Plan;
- engage other organisations as part of a co-ordinated response to the incident.

9.3 The implication of this is that within the NHS, whilst it is usual for the ambulance services in their frontline response role to identify and then declare a major incident, it could also be declared by any other NHS Trust, Somerset CCG or any other agency responding to the incident.

9.4 A multi-agency major incident could also be declared by the Police or emergency services, which will then be treated by all responding organisations as a major incident. In these circumstances, the level of resources committed will be commensurate with the nature and extent of the incident and response to ensure timely and effective incident management and response arrangements.

Internal Major Incidents

9.5 In normal circumstances, a major incident within the Trust will be declared by the **On Call Executive Director**. However, this responsibility may be assumed by any Executive Director or senior manager depending on the nature and location of the incident.

9.6 When an internal major incident has been declared, the On Call Executive Director must contact the **Somerset CCG On Call Director**.

External Major Incidents

9.7 Major incident alerts will normally be received by South Western Ambulance Service NHS Trust (SWAST) at their Emergency Operations Centre (EOC). SWAST is responsible for assessing the likely impact of an incident on the NHS.

9.8 **Once received, SWAST will cascade the alert to:**

- SWAST internal cascade;
- receiving Acute Hospital(s);
- Health Protection Unit;
- Somerset CCG;
- NHS England Area Team.

9.9 The Trust will normally be notified in the event of an external major incident being declared through the Somerset CCG On Call Director who

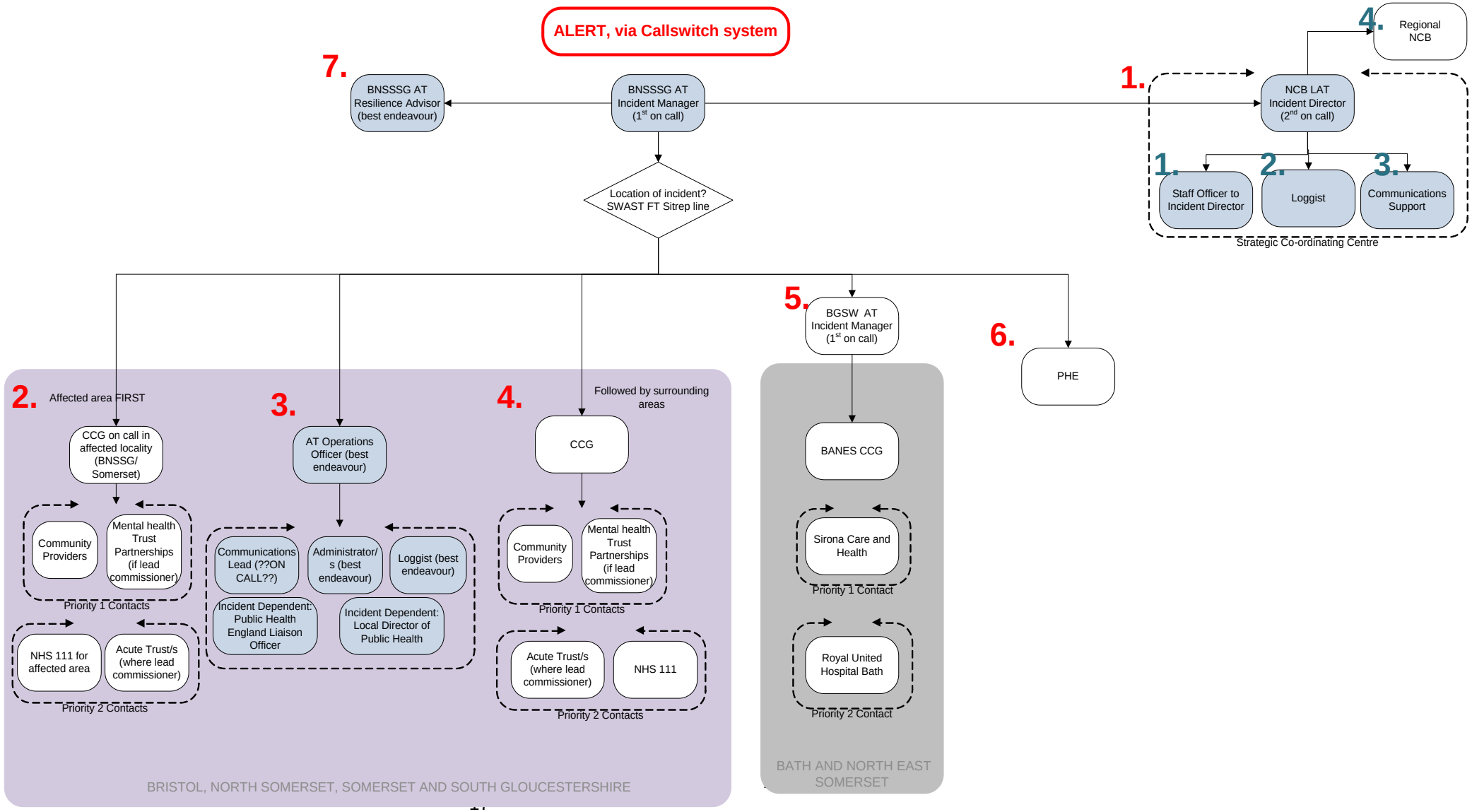
will contact the Trust On Call Executive Director who acts as the **24 hour single point of contact (SPOC)**.

9.10 The On Call Executive Director will then activate Trust internal incident response arrangements as necessary, including activating or placing on standby the Tactical (Silver) Team.

9.11 Emergency alerts and major incident declarations which are received by any Trust manager or staff member, other than the On Call Executive, Director should immediately be referred On Call Executive Director.

9.12 The process for NHS major incident declaration is shown below.

COMMAND AND CONTROL SYSTEM FOR THE BRISTOL, NORTH SOMERSET, SOMERSET AND SOUTH GLOUCESTERSHIRE (BNSSSG) AREA



Standard Alert Messages

9.13 The NHS has standard messages to be used in connection with the declaration of a major incident which is set out below.

NHS Standard Message	Application
Major Incident Standby	Alerts the NHS that a major incident may need to be declared. Organisations will want to make preparatory arrangements appropriate to the incident.
Major Incident Declared	Organisations need to activate their Major Incident Plan and mobilise additional resources.
Major Incident Cancelled	Message cancels either of the above messages at any time.
Major Incident Stand Down	Most relevant to receiving hospitals after all casualties cleared from the scene and none are still en route. It is the responsibility of each organisation to assess when it is appropriate for them to stand down.

9.14 In some pre-emergency situations, it may be clear the circumstances of the event do not warrant a major incident declaration or standby notification but require enhanced management arrangements to assess the risks posed by the situation and determine an appropriate and proportionate response. Such an event may be referred to as a critical incident.

Recording Initial Information

9.15 It is essential the initial information relayed as part of the major incident declaration is recorded accurately. An emergency log should be commenced as soon as possible following the initial receipt of an emergency alert. The log should detail communications, decisions and actions undertaken. A set of simple log sheets is provided in the on-call handbook. Additional information regarding log keeping and records management is included in this plan and the Incident Co-ordination Centre (ICC) Standing Operating Procedures.

9.16 Initial information should include:

- date and time of communication;
- name and contact details of caller;
- summary of message;
- initial actions to be taken;

- message taken by.

9.17 In the event the initial alert message does not contain sufficient information to enable effective risk assessment and decision making, every effort should be made to ensure this information is made available as a priority within a subsequent report.

9.18 The mnemonic **METHANE** provides a prompt for recording additional information, either during the initial communication or from subsequent messages:

M ajor incident declared

E xact location

T ype of incident, e.g. explosion and fire, release of gas

H azards - present and potential

A ccess - routes that are safe to use

N umber, type, severity of casualties

E mergency services now present and those required

9.19 A pro-forma for recording information in the **METHANE** format is provided in the On Call Director's action card and handbook.

10. PLAN ACTIVATION

10.1 The On Call Executive Director will determine the immediate course of action to be taken following a major incident declaration, whether this plan is to be activated, and what level of response is appropriate to the situation. This will include completion of the Risk Attachment attached to their Action Card. The level of response will be determined by a judgement of the nature, impact, scale and further implications of the event using the best information available.

10.2 There are no set criteria for activating emergency arrangements. However decisive factors could include:

- emergency services declare a major incident;
- rescue and transportation of a large number of casualties;
- involvement either directly or indirectly of a large number of people;
- handling of a large number of enquiries generated by the public and the news media;
- mobilisation and organisation of resources to cater for the threat of death, serious injury or homelessness to a large number of people;
- an incident requiring co-ordination of health resources;
- a declared or suspected terrorist incident;
- an incident involving a specialist response such as a potential chemical, biological, radiological, nuclear or explosives incident (CBRN);

10.3 A risk assessment, based on the LHRP Health Response document, will be made to define what risks the incident presents to the Trust and its resilience. The assessment will be carried out by the On Call Executive Director, which is attached to their Action Card, and undertaken at regular intervals to gauge requirements for escalation (i.e. from Tactical (Silver) to Strategic (Gold). This must be documented to provide an audit trail for any subsequent judicial process.

10.4 The decision by the On Call Director to implement the Incident Response Plan will require the opening of the Trust Incident Co-ordination Centre (ICC).

11. ACTIVATING THE TACTICAL (SILVER) TEAM AND ICC

11.1 The membership of the Tactical (Silver) Team is:

Tactical (Silver) Team	Role
On Call Executive Director (ONE PERSON)	Coordinate and lead the Trust's tactical response to a major incident.
Log Keeper (TWO PEOPLE working in shifts)	Contribute to the efficient running of the Room by accurately recording and logging information.
Emergency Planning Lead (ONE PERSON)	Set up the major incident room and ensure the effective management of the log keeping, administration and communication functions of the ICC in support of the On Call Executive Director.
Head of Division/Deputy Head of Division (ONE PERSON	Assess and respond to the needs of operational services in relation to the major incident.

HR Business Partner (when required) ONE PERSON	Maintain resilient levels of skilled resources to sustain an effective response to a prolonged major incident through the development and management of a robust resource plan.
Administration Support (TWO PEOPLE)	Provide administration, clerical and secretarial support to the Team.

11.2 The Tactical (Silver) Team is activated via the contact details in the On Call Director's handbook.

11.3 The ICC is normally located at **Mallard Court, Bridgwater.** If Mallard Court is not accessible, alternative arrangements to locate at another health service site will be made. The first alternative site to be considered is at the Large Meeting Room, South Petherton Community Hospital.

11.4 The Trust Strategic (Gold) Team, when convened by the Trust Chief Executive, will normally meet at the most convenient location for the meeting – it does not have a defined meeting place.**.**

11.5 Standard Operating Procedures for opening and staffing the ICC are located in the room cupboard.

11.6 Detailed Action Cards are attached at to this plan.

Protracted Incidents

11.7 Some major incidents may become protracted, extending over long periods of time until an incident stand down can occur. Working in an ICC can be a stressful environment and it is essential staff are given breaks whenever possible. When the ICC is set up it must be assumed that a change of ICC staff will be needed after 5-6 hours and each **On Call Executive Director**, with HR support, must ensure the required personnel are identified and able to take over at the agreed next shift change time. Loggists should be logging for more than 90 minutes without a break. Shift changes should be staggered, with handover between staff occurring one at a time, to ensure continuity of ICC functioning.

11.8 Some staff may be unable to get home during or after a major incident or if they are required as part of the incident response. Wherever possible, the Trust will seek to accommodate these staff within its own facilities or, if necessary, within hotel accommodation in the vicinity if available.

12. SITUATION REPORTS

External Situation Reporting

12.1 In a major incident, effective and regular situation updates will be required from the Trust to Somerset CCG and NHS England.

Internal Situation Reporting

12.2 The Tactical (Silver) Team must receive regular situation reports from Trust inpatient wards, community hospitals community teams, services and to inform its tactical decisions.

12.3 Patient information for reports will be obtained through the Trust RiO, other electronic and paper-based patient records systems. In the event of an IT system failure, alternative arrangements, such as fax and telephone messaging, will be used to provide regular reporting.

12.4 As a minimum, situation reports will include:

- staff availability;
- numbers of patients admitted/discharged;
- relevant caseload demographics;
- relevant risk or triaging information;
- bed state and capacity;
- deaths;
- buildings/facilities status;
- supplies/consumables information;
- utilities;
- any other key information needing to be reported.

13. COMMUNICATIONS

13.1 Good communications are essential to the effective management of any incident. Saturation of telephone systems and internal mechanisms are a common occurrence. Within a very short period of time following a report of an incident, the media will focus in large numbers on the scene and on the organisations involved.

13.2 The media response is likely to have three distinct phases and can be described as the 'Three M's':

I. **MAYHEM**: With a 'breaking' incident, the media will be drawn to the scene. Early coverage will typically involve pictures and reporting to capture the nature of the incident. Live material from the scene will be the priority for the media. Newsgathering can be rapid, intense, competitive and in considerable numbers.

II. **MASTERMIND**: The Media will have access to 'experts' with specialist knowledge and/or experience relevant to the event. Depending upon access to the scene of the incident and the length of time it continues with material to 'fuel' the ongoing coverage during the 'mayhem' period, the nature of the reporting will move swiftly onto to consider cause and consequences using interviews from the experts or these 'masterminds'.

III. **MANHUNT**: The Media coverage may turn to ask 'who / what is responsible?' If the agencies' response to an incident is slow or not as effective, the 'manhunt' or finger of blame may focus on those agencies. As part of the SCG, a media cell may be established which will be responsible for providing the media with regularly-updated, timely information on the emergency. If established all information will be co-ordinated by the Media Cell or SCG. If the incident has health implications for the community, STAC or NHS organisations will take a lead in information provision.

13.3 Incidents may involve a number of organisations working together to deliver an effective media response. Key stakeholder should be consulted, where appropriate, prior to media releases.

13.4 On being alerted to the incident, the Trust On Call Director will be responsible for contacting the Head of Communications or their nominated deputy.

13.5 The Trust must channel all upward communication through the Somerset CCG and NHS England who will then ensure all health media releases are co-ordinated.

13.6 Communicating with Trust members of staff, patients, carers and Trust contractors will remain the responsibility of the Trust.

13.7 Communication will be made using plain language in a variety of formats, both electronic and paper based, and languages to meet the recipients' needs and this will take place regularly to ensure a high level of awareness of the issues and current situation.

13.8 Further reference should be made to the **Trust's Major Incident Communications Plan**.

14. STAFF WELFARE

14.1 Trust staff who become involved with the implementation of this plan during a major incident may be exposed to the sights and sounds that may cause distress at the scene of the incident. However, even if working remotely from the incident scene, some staff may be affected by the nature of the incident and may see or hear of details which cause them distress.

14.2 Managers need to be aware major incidents can affect some people more than others, and if it becomes apparent a member of staff has been affected, they should ensure the member of staff is supported and

referred to the Trust Staff Occupational Health Services or their general practitioner, or other appropriate support, as required.

14.3 During an incident, irrespective of duration, staff welfare will be a prime concern. The ICC Manager should ensure:

- staff take appropriate rest breaks;
- shift patterns, including length of shifts are managed;
- refreshments including hot meals are available.

Psychosocial Support for Staff

14.4 Staff involved in the response to a major incident, including those deployed to the scene, rest centres and within control rooms, may experience adverse psychological symptoms due to characteristics of the incident. The provision of support may come from a number of statutory or voluntary organisations; they will have a role to play in the provision practical, emotional, psychological and spiritual support:

- Trust Chaplaincy services;
- staff occupational health services;
- National Health Service;
- voluntary organisations;
- faith communities.

Managerial Responsibility

14.5 All Directors / Managers must be aware Trust staff involved in the response to a major incident may be vulnerable to Post Traumatic Stress Disorder:

- a record of staff who have been involved in the response should be maintained for future reference and follow up;
- Post Traumatic Stress Disorder should be discussed as part of the 'structured' debrief and avenues for counselling be made available to responding staff;
- avenues for accessing further counselling services and psychological support should be made clear for all staff.

15. VULNERABLE PATIENTS AND CHILDREN/YOUNG PEOPLE

15.1 Some patients are considered to be vulnerable and are managed through the Vulnerable Adults and Safeguarding Children processes. Both these processes would be considered to be critical services during a major incident. This vulnerability may be increased both during and after the major incident.

15.2 The Trust will identify any vulnerable patients and will undertake a reassessment of their needs and presenting risks to determine the most appropriate means to manage them following a major incident. This may

necessarily entail other patients receiving a reduced or no service from the Trust during the incident.

15.3 The role of carers in helping to manage vulnerable patients during a major incident will be a critical and the Trust Carers' Support Service will liaise closely with carers and will review their support plans after the major incident during the recovery phase.

15.4 Older people in particular may become more vulnerable during a major incident and the Trust will work closely with partner organisations, and in particular Somerset County Council, and carers to prioritise those patients who are most vulnerable.

15.5 Learning disabled patients will continue to be managed through the joint Trust and Somerset County Council Learning Disability Service who will advise the Trust of any appropriate measures which need to be taken.

15.6 The Trust Safeguarding Children arrangements follow the guidelines set out by the South West England Safeguarding Children Board. The Trust recognises the need for continued vigilance in this regard and will prioritise safeguarding arrangements during a major incident.

16. VISITS BY VIPS

16.1 Any VIPs who are affected by an incident and consequently receive treatment from the Trust, will receive the same, high standard of care as other patients and their privacy, dignity and confidentiality will be respected at all times. Where possible, they may be offered a side room.

16.2 During the response to an incident or during the recovery stage, visits by VIPs can be anticipated. A Government minister may make an early visit to the scene or areas affected to mark public concern and to report to Parliament on the current situation. Depending upon the scale of the incident, visits by members of the Royal Family and Prime Minister may take place.

16.3 Local VIP visitors may include religious leaders, local MPs, mayors and local authority leaders. If foreign nationals are involved, their country's Ambassador, High Commissioner or other dignitaries may visit.

16.4 Any VIP or requested visits will be co-ordinated by the Communications Team in line with normal Trust procedures. Visiting ministers and other VIPs will require comprehensive briefing before the visit and will require briefing before any meetings with the media. VIPs are likely to want to meet patients who are well enough and prepared to see them. This will be dependent upon medical advice and respect for the wishes of individual patients and their relatives.

16.5 In the case of such visits to hospitals it is common for VIP interviews to take place at the hospital or ward entrance to cover how patients and medical staff are coping.

16.6 Avon and Somerset Constabulary are experienced in handling VIP visits and are likely to be involved and would be the main contact point so far as the arrangements are concerned.

17. SETTING UP A HELPLINE

17.1 The Trust is required to have plans in place to respond to major or disruptive incidents where there is likely to be considerable public interest or concern. In most cases, this won't be necessary:

- survivors/victims'/relatives information will be handled through Police HQ;
- public health matters are dealt with by Public Health England e.g. contamination/outbreak.

Helpline Arrangements

17.2 Each situation would be assessed individually, to decide how best to handle patient/public enquiries, depending on numbers affected, how easily defined those people would be and what was being offered to anyone affected. The options for dealing with multiple queries could include:

- individual letters of reassurance, with a contact number;
- individual appointments;
- general assurance through the NHS 111 service for which the Trust will have general agreements in place;
- using the Primary Link Service as a point of contact for patients and services;
- providing a voicemail message of reassurance on a special number, and options for further concerns
- establishing a helpline.

17.3 Once a decision to establish a helpline has been made and **a co-ordinator has been identified**, the **procedure to establish** a helpline is as follows:

17.4 The Head of Communications, deputised by the Head of Corporate Business, will:

- liaise with the Executive Management Team;
- establish the helpline;
- identify the most appropriate staff to answer telephone queries and the co-ordinator will organise a rota;
- establish a database/list of patients affected;
- set up the telephones if not already in place;
- develop a basic script which will be written to be given to the call handlers along with log sheets;
- prepare the relevant documentation, maintaining contemporaneous records of all decisions made;

- ensure records are made of all received calls and advice given. Mechanisms will be in place to maintain contemporaneous records of all calls and advice/information given;
- develop IT and postal arrangements - systems must be put in place to support the enquiries – including post collection, delivery and IT support;
- brief Call handlers before starting each shift.

17.5 The Head of Communications will liaise with Somerset CCG, NHS England, NHS 111 Service, the press and media regarding the establishment of the helpline.

17.6 On standing down from the incident there will be a review of the effectiveness of the helpline process by the Senior Management Team.

18. EQUALITY AND DIVERSITY

18.1 The Trust recognises and acknowledges the diverse nature of its workforce and of its patients and their carers.

18.2 The Trust will ensure all information and guidance sent to members of staff, patients and carers will be in a language and format which they can easily understand. The Trust recognises patients and carers who have English as a second language may experience language difficulties due to the added stress of a major incident. The Trust will endeavour to support them by ensure language support is available.

18.3 Existing Trust language and translation support services may be under great strain during a major incident and may become unavailable. The Trust will liaise with community groups to secure other language support when appropriate.

18.4 The Trust recognises the nine protected characteristics as defined by the Equality Act 2010 and the different effects these may have on its workforce, patients and carers during a major incident. It will ensure these are taken fully into account as far as is possible during a major incident.

18.5 A major incident is a very difficult time and need for increased spiritual and religious support is likely particularly during the recovery phase. Particularly due to possible deaths of members of staff and patients. Members of the Trust Chaplaincy service will provide this support in cooperation with members of the Somerset faith communities. Rooms will be set aside in all Trust premises for staff, patients and carers to use for reflection and prayer.

19. INCIDENT STAND DOWN

19.1 Following an incident declaration, Trust staff involved in the emergency response will commence recording accurate, contemporaneous notes or personal logs.

19.2 All decisions made by the On Call Executive Director or Tactical (Silver) Team will be recorded in a single incident log throughout the response.

19.3 At the conclusion of the incident, the Emergency Planning Lead will ensure all on-call pack proforma; incident log sheets and any other documentation produced during the incident are collated, filed and kept securely for a minimum period of twenty five years.

19.4 Following a major incident, the Trust may be invited or required to provide evidence to an appropriate enforcement agency (such as the Health and Safety Executive), a judicial inquiry, an HM Coroner's inquest, the Police or a civil court hearing compensation claims. In the course of any or each of these, the Trust may be obliged or advised to give access to documents produced prior to, during and as a result of the incident.

19.5 Under no circumstances must any document in any way relating to the incident be destroyed, amended, deleted or mislaid.

19.6 For these purposes 'documents' means paper, photographs, audio and video tapes, and information held on word processor or other computers. It also includes electronic mail, documents and images.

19.7 The need to preserve and protect all documentation must be understood in advance of a major incident, but also needs to be spread very quickly during an incident to reach those who might quite unknowingly hold significant documents.

19.8 All documents relating to the incident must be kept for 25 years.

20. TRUST DEBRIEFING PROCESS

20.1 The objectives and aims of debriefing are to:

- identify any lessons to be learnt from any significant incident which affected, or had the potential to affect, the business continuity of the Trust;
- mitigate the adverse effect of a disruptive incident on staff;
- create a safe environment where Trust staff have an opportunity to identify the lessons learnt;
- use the lessons learnt to reduce the risk of further incidents or to minimise the impact of future incidents on the Trust.

Hot Debriefs

20.2 Hot debriefs will be held within an hour of incident stand down and will be led by local managers. Only persons involved in the incident should attend. Each person attending should be asked to make a maximum of

two points, which are their main comments, but all staff should be told that they will be given the opportunity to feed back in detail as part of the full debrief process. Hot de-Briefs should not be allowed to become over-emotional, individualised or confrontational. Information should be recorded in standard format and forwarded to the Head of Corporate Business (Emergency Planning Lead)for future use in determining the outcomes from the incident.

Critical Incident Structured De-briefing

20.3 Structured debriefing is a flexible process for learning, through reflection, by sharing experiences, gathering information and developing ideas for the future. It aims to identify the lessons to be learnt from an incident so that issues which have been identified can be addressed in order to prevent recurrence or to significantly reduce the impact should a similar incident occur again.

20.4 The process should be conducted by someone who is qualified to conduct the structured debriefing process. Any member of staff, contractor or visitor may be invited who may have a contribution towards identifying the lessons to be learnt. All attendees have an equal standing within the process.

20.5 The process must:

- be conducted openly and honestly;
- pursue group or organisational understanding and learning;
- be consistent with professional responsibilities;
- respect the rights of individuals;
- value equally all of those involved;
- emphasise the opportunity for development as opposed to seeking to apportion blame on any individual or group.

Procedure

20.6 The Director of Strategy and Corporate Affairs will identify the incidents where a structured debrief should take place. The Director will ask the Head of Corporate Business within five working days of the incident to commence the process. Independent advice will be considered in all cases.

20.7 When such a request is made the Head of Corporate Business will identify a time, date and place within 10 working days for the structured de-brief to take place.

20.8 All persons who can make a contribution to the process should be invited to attend. Those unable to attend will be asked to contribute comments/feedback to inform the de-briefing.

20.9 At the conclusion of the process and after the preparation of the debrief report the Director will ensure the lessons identified are managed. A report on the debriefing and lessons learnt will be submitted to the Executive Team.

20.10 The Head of Corporate Business will circulate the lessons identified to all interested parties, together with a list of actions for completion. Each action will identify the person (by name) who will be responsible for completing that action.

20.11 Each action that requires an individual to identify, change or develop procedures or processes will be completed within a time scale identified by the Head of Corporate Business, in discussion with the nominated person.

20.12 At the completion of all the lessons identified the Head of Corporate Business will circulate all parties details of any new response processes or procedures.

20.13 At the conclusion of the process the Head of Corporate Business will report on the outcomes to the Director of Strategy and Corporate Development

Managing the Lessons Identified

20.14 Issues arising from an incident can and will be scrutinised by a number of external agencies and organisations. There may be one or more of the following:

- HM Coroner's Inquest;
- criminal proceedings;
- Judicial Review;
- Public Inquiry;
- civil proceedings.

20.15 All documents pre, during and post the incident are 'discoverable' and will be used at any of these inquiries. Having identified an issue it cannot be left without action being taken or a note made of why that issue has or will not be progressed. If this notation is not made those who investigate the incident will deem apathy to be the leading factor and this will be construed as the Trust's attitude to an incident.

Psychological Debriefing

20.16 The above process does not include the psychological debriefing or support given to staff following a traumatic incident. Additional information relating to staff support can be obtained from the Well@Work service.

Briefing and Debriefing

20.17 In a prolonged incident, where there are regular changes in staff, briefing before starting a shift and a debriefing at the end of the shift can be very useful by helping to ensure issues have been dealt with. Those issues and tasks which remain outstanding can also be passed on to others for the work to be completed. In this way, incoming staff are fully aware of the situation with the incident and will understand their role within it.

21. FINANCIAL MANAGEMENT

21.1 When the Trust is involved in managing the response to an emergency situation it is important costs relating to incident management are appropriately recorded for review and audit purposes.

21.2 To facilitate cost recovery, Directorates, Departments, wards or teams sections involved in the disruptive incident should contact Trust Management Accounts Department (Finance) and advise a major incident has occurred and request a new cost centre for recording additional expenditure related to the incident.

21.3 The Management Accounts Department will set up a new cost centre per unit, and re-link these to existing accounts. All expenditure will need to be charged to these codes.

21.4 Where physical losses of equipment or other plant have occurred, teams will need to review their Inventory lists. Details of losses should be sent to the Finance Department.

21.5 The Finance Department will maintain records of additional costs incurred during the incident. The Department will contact the NHS Litigation Authority who currently insure the trust and ensure all additional requirements for reimbursement is communicated and maintained.

22. LEGAL CONSIDERATIONS

22.1 All NHS organisations are required to maintain preparedness to respond safely and effectively to a full spectrum of significant incidents and emergencies that could impact upon health or patient care, such as pandemic influenza, mass casualty, potential terrorist incidents, severe weather, chemical, biological, radiological and nuclear incidents, and public health incidents. Trusts must also be resilient to maintain continuity of key services in the face of disruption from identified local risks such as adverse weather, fuel supply shortages and industrial action.

22.2 From April 2013, all NHS organisations were required to contribute to the coordinated planning for both emergency preparedness and service resilience through their local health resilience partnerships. These partnerships will form the basis for all strategic joint work in this area, with Public Health England and with all our local partners. It is important that the NHS engages proactively at all levels as these new ways of working will form the basis for future decision-making.

22.3 The Trust will take all reasonable steps to protect both staff and public and to insulate itself from legal challenge by:

- assessing the foreseeable risks to staff and public arising from the work of the Trust whilst responding to a major incident;
- having adequate written procedures and plans in place for dealing with major incidents;
- preparing staff for major incidents or emergencies through training and exercising;

- ensuring as far as possible employees of the Trust not qualified to perform particular tasks are not placed in positions where they have to perform these tasks;
- managing post incident issues (including the provision of de-briefing and counselling services).

22.4 The law recognises people who work in the emergency services should be more prepared than ordinary members of the public for seeing and dealing with distressing scenes. However, trusts must not fall into a culture of complacency regarding their staff. Employers owe a duty to their staff to keep them, as far as possible, safe. As such, the Trust will take steps to help limit its employees' exposure to the adverse effects of distressing situations.

23. BUSINESS CONTINUITY AND SERVICE RECOVERY

23.1 In addition to planning for major incidents, the Trust has business continuity management planning arrangements for responding to incidents which may disrupt service delivery.

23.2 In responding to a major incident consideration should be given to the priorities as set out in the Business Continuity Plans. This is particularly pertinent in a prolonged response as the Trust resources will be depleted due to ongoing resourcing requirements.

23.3 Business continuity plans have been developed by each Trust service area as set out in the Business Continuity Management Policy.

23.4 The Trust will liaise closely with Somerset CCG to keep it informed about its recovery efforts. As the major incident ends, the Trust will enter a transition phase in which the key priorities will be:-

- staff rest and recuperation; annual leave; restocking of supplies and public communication;
- building on lessons learned during the incident in case it happens again;
- preparing to re-introduce suspended services according to priority.

23.5 Trust services will be returned to pre-incident levels in order of priority as determined by the Strategic (Gold) Team and will be phased in as appropriate staff are able to return to work. The return to normal services will depend on the availability of key resources and skills of which staffing will be the most important.

23.6 As a result of the incident, some Trust premises and wards, together with their physical assets, may need to be decontaminated to make them fit for purpose once more. The Trust will be guided in this by its Infection Prevention and Control Team and will, if necessary and available, employ external contractors to complete this decontamination.

23.7 Unfortunately, some Trust staff may die as a result of the major incident. The Trust will seek to replace those staff who have died in a sensitive manner, which accounts for the effects this may have on their colleagues.

The Trust will review these job vacancies to maximise the potential to recruit new staff at a time when there will be a national and international shortage of staff. The Trust may need to replace professionally qualified posts with unqualified staff. Further information can be sought in the Human Resources guidance attached to this plan.

Longer Term Consequence Management

23.8 Large scale incidents have the potential to cause long lasting impacts on the health and wellbeing of communities. Local arrangements for managing the recovery of the community following an emergency event are led by the Somerset County Council through the formation of a Recovery Working Group (RWG). The Trust will support the recovery process and may be involved in establishing and/or chairing a local working group on health and wellbeing.

23.9 Best practice requires RWGs are established from the onset of the incident response to ensure issues relating to subsequent recovery can be considered early and recovery issues are considered during the response phase. The Trust will work with its commissioners to assess long-term impacts on the population health and oversee the commissioning of additional services where required.

Psycho-social Support for Staff

23.10 Staff are the most important element during an organisations recovery from a disruptive challenge. As part of recovery from a major incident, the Trust will establish an internal system for staff support, including provisions to facilitate:

- a series of inter-departmental welfare checks;
- established referral lines so staff who require specialist support can receive it;
- return to work procedure;
- internal debriefing mechanisms.

23.11 The effects of trauma can sometimes be experienced long after the traumatic event and the Trust will remain vigilant and will continue to offer support when it is needed. The Trust will work with partner agencies to ensure the long-term healthcare needs of both staff and patients resulting from the incident continue to be met.

24. TRAINING AND EXERCISING

24.1 Training takes place within the context of a training needs analysis undertaken by the Emergency Planning Lead. A training strategy has been put in place to ensure staff are confident in their roles. The strategy includes the mechanism to identify, select and train staff to participate in a major incident ensuring those staff:

- understand the role they are to fulfil in the event of an incident;
- have the necessary competences to fulfil that role;

- have received training to fulfil these competencies.

24.2 In addition to the role specific training and as a minimum requirement, the Trust will also undertake a live exercise every three years; a table top exercise every year and a test of communications cascades every six months.

25. MONITORING COMPLIANCE AND EFFECTIVENESS

25.1 Process for Monitoring Compliance

Overall monitoring will be by the Health, Safety, Security Management and Estates Group.

25.2 Responsibilities for conducting the monitoring

The Emergency Planning Lead will be responsible for monitoring the effectiveness of the policy and for reporting concerns or issues to Executive Management Team.

25.3 Methodology to be used for monitoring

- incident reporting and monitoring;
- risk assessment and emergency planning risk register.

25.4 Frequency of monitoring

The Health, Safety, Security Management and Estates Group.will receive quarterly reports on business continuity preparedness or more frequently when required.

25.5 Process for reviewing results and ensuring improvements in performance occur.

Issues and concerns will be presented to the Executive Management Team as appropriate for consideration, identifying good practice, any shortfalls, action points and lessons learnt. These will be responsible for ensuring improvements, where necessary, are implemented.

A brief of the any lessons learnt will be provided to staff to raise awareness through the SPICE newsletter.

26. REFERENCES, ACKNOWLEDGEMENTS AND ASSOCIATED DOCUMENTS

Local Documents

26.1 This plan should be read in conjunction with;

- LHRP Health Response Plan;
- LHRP Severe Weather Plan;
- LHRP Operational Action Cards;
- Somerset CCG Major Incident Plan
- Taunton and Somerset NHS Foundation Trust Major Incident Plan

- Yeovil Hospital NHS Foundation Trust Major Incident Plan
- NHS in Somerset Mass Casualties Response Plan
- NHS in Somerset Flood Plan
- NHS in Somerset Road Fuel Contingency Plan
- NHS in Somerset Winter Plan
- NHS in Somerset Cold Weather Plan

26.2 This Plan should also be cross referenced with the following Trust documents:

- Business Continuity Management (BCM) Policy and associated plans;
- Major Incident Communications Strategy;
- Evacuation and Shelter Plan;
- CBRN Plan;
- Pandemic Contingency Plan;
- Lockdown Policy;
- Severe Weather Policy;
- Infection Prevention and Control policies.

26.3 Copies of these documents are available in hard copy and electronic formats within the Trust Incident Co-ordination Centre and by the Trust Emergency Planning Lead.

26.4 **National Documents**

- The Civil Contingencies Act 2004: http://www.legislation.gov.uk/ukpga/2004/36/contents
- The Cabinet Office website**:** http://www.cabinetoffice.gov.uk/ukresilience
- The Health and Social Care Act 2012**:** http://www.legislation.gov.uk/ukpga/2012/7/enacted
- NHS Commissioning Board EPRR documents and supporting materials**:** www.commissioningboard.nhs.uk/eprr/ including:
- NHS CB Emergency Planning Framework (2013);
- NHS Commissioning Board Command and Control Framework for the NHS during significant incidents and emergencies (2013);
- NHS Commissioning Board Core Standards for Emergency Preparedness, Resilience and Response (EPRR)
- National Occupational Standards (NOS) for Civil Contingencies – Skills for Justice**:** http://www.skillsforjustice-nosfinder.com/epc/aboutnos.php

- BSI PAS 2015 - Framework for Health Services Resilience: http://shop.bsigroup.com/en/ProductDetail/?pid=000000000030201297
- HM Government (2005) *Emergency Preparedness – guidance on Part 1 of the Civil Contingencies Act 2004 its associated regulations and non-statutory arrangements.* www.ukresilience.info/ccbill/index.htm
- *NHS Resilience and Business Continuity Management Guidance - September 2008*

STRATEGIC
(GOLD) TEAM
ACTION CARDS

- **Chief Executive**
- **Loggist**
- **Chief Operating Officer**
- **Head of Communications**
- **Director of Strategy and Corporate Affairs**
- **Director Nursing and Patient Safety**
- **Medical Director**
- **Director of Workforce and Organisational Development**
- **Director of Finance and Business Development**
- **Head of Estates and Facilities**

CHIEF EXECUTIVE

DEPUTY: Chief Operating Officer

1st of 3 cards

CHIEF EXECUTIVE			
The Chief Executive is ultimately responsible for determining the strategic objectives the tactical and Operational Leaders should follow. The Strategic Leader retains strategic oversight and overall command of the incident or operation. **Management Tasks: Resource allocation, communications, media management, resource retention and sustainability.**			
Task	**Description**	**√**	**Time**
1.	Assume Strategic Lead and set strategic objectives. Suggest initial strategic objectives: • Preserve and protect lives; • Ensure the health & safety of responders; • Mitigate and minimise the impact of the incident; • Inform the public and maintain public confidence; • Assist an early return to normality. Suggested critical functional areas: • ICC Function; • MIU – Minor Injuries Units; • Community Hospital beds; • Mental health crisis services; • Mental Health Act functions; • Safeguarding responsibilities.		
2.	Gain assurance from the Tactical Leader that risk assessments have been carried out, as appropriate.		
3.	**Commence Personal LOG**. Request immediate attendance of Strategic (Gold) Team.		
4.	Ensure access to the following policies: • Trust Major Incident Plan; • Trust business continuity plans; • Relevant LRF/LHRP Plans;		

CHIEF EXECUTIVE			2nd of 3 cards
Task	**Description**	**√**	**Time**
5.	With advice from the Strategic (Gold) Team confirm the strategy for the incident and ensure that this is disseminated to the Tactical Leader. Ensure the strategy is documented within the log.		
6.	Ensure the strategy enables the Tactical Leader to make justifiable decisions and implement tactical options that meet the overall strategy.		
7.	Ensure Monitor and Trust commissioners are briefed during the incident and establish a communications pathway. Prepare to deploy personnel to the relevant NHS Command structures as appropriate.		
8.	Consider the requirement to cease routine work under force majeure (contractual obligations).		
9.	Plan beyond the immediate response phase from recovering from the emergency to returning to or toward a state of new normality (consider implementation of business continuity plans.		
10.	Develop and communicate overall strategy for the Trust response both internally and externally which should be subject to regular review.		
11.	Confirm command structure is in place for the Trust and communicate this to other agencies and internally.		
12.	Ensure an integrated media policy is created via the Head of Communications.		
13.	Agree the media strategy with other multi-agency commanders and cascade this information to the Tactical Leader and Head of Communications.		
14.	Ensure there are longer-term resources and leader resilience.		
15.	Assure welfare arrangements are in place to identify and respond to any staff welfare needs arising as a result of the incident.		
16.	Give consideration to the needs of the wider health economy response prioritising demands from a number of sources including mutual aid.		
17.	Ensure incident debriefs are arranged as necessary: • Hot debrief immediately for all available staff involved; • Internal debrief and associated action plan within two weeks; • Inter-agency debrief as required.		

18.	Ensure letters of appreciation are prepared as necessary for Trust staff and partner agencies.		

CHIEF EXECUTIVE — 3rd of 3 cards

GOLD STRATEGY

The Trust will deal with the ongoing incident in an appropriate manner which promotes and saves life, reduces humanitarian suffering and is compatible with the vision and values of the organisation. Through effective co-ordination, sound planning and good leadership the Trust will:

1.	Maintain public confidence and minimise the impact of this occurrence by ensuring the Trust is responding effectively to the incident.
2.	Ensure the Trust response is coordinated and integrated with the wider health and other responding agencies where applicable.
3.	Ensure the Trust response is coordinated and integrated with the other responding agencies where applicable.
4.	Maintain effective capacity management across the Trust.
5.	Assess and identify any gaps in the response capability of the organisation for dealing this incident.
6.	Through the identification and use of mutual aid, minimise the impact on those areas of the Trust not affected by the incident.
7.	So far as is reasonably practicable, take all measures to safeguard the following people under the terms of health and safety legislation: • Trust staff and other responders; • local communities.
8.	Ensure public messages are coordinated with other agencies and partners.
9.	Ensure effective business continuity and recovery arrangements are in place across the organisation and review where necessary.
10.	Create and maintain a well-documented auditable plan and decision log for the incident at all levels of command.

LOGGIST

To undertake this role Log Keepers must have attended an approved Loggist Course

LOGGIST			
The **Loggist** is responsible for capturing key information and decision making and events during an incident as prescribed by the Civil Contingencies Act (2004), under the direction of the Chief Executive or nominated deputy.			
Task	**Description**	√	**Time**
1.	Upon activation report to Strategic (Gold) Team if requested to do so.		
2.	Ensure you have all equipment required to perform your task. Report to the appropriate commander for tasking.		
3.	The **Loggist** is responsible for capturing key information and decision making and events during an incident.		
4.	Ensure the log book is maintained in chronological order.		
5.	Remain with the Chief Executive until stood down or re-tasked.		
6.	Initial each entry into the log book and at the end of your duty period. Ensure any change in the Command and Control structure is logged with date and time. The Chief Executive must sign the log to record completion of the role.		
7.	**FOCUS ONLY ON YOUR ALLOCATED ROLE**		
8.	Before handover of the logs, ensure all logs have the correct date, time and initials on all entries, and have been signed as a true record of events by the person responsible for the log.		
9.	The details logged must be sufficient to allow any person taking over the Chief Executive or Loggist task to understand what has happened to date.		
10.	Collate and number (cross referenced to the log) all documentation, drawings, maps, emails, photographs (of dry wipe boards), notes, recordings and computer based material.		
11.	Deliver all documentation to the Emergency Planning Lead within 24 hours.		

CHIEF OPERATING OFFICER

Deputy: Director of Nursing and Patient Safety

CHIEF OPERATING OFFICER/DEPUTY CHIEF EXECUTIVE			
The **Chief Operating Officer** will oversee the Trust's community and mental health operational services' response to the incident and will deputise for the Chief Executive during his absence and will act as the chair of the Strategic (Gold) Team in these circumstances. The Chief Operating Officer may be asked to represent the Trust at multi-agency command and control during the incident and will lead the Trust's operational recovery after the incident has been declared over.			
Task	**Description**	√	**Time**
1.	Upon activation report to Strategic (Gold) Team if requested to do so.		
2.	Keep own timed log of events and decisions / actions.		
3.	Establish an operational strategic plan to cover the duration of the incident.		
4.	Act as the strategic focal point for all operational issues arising from the incident.		
5.	Provide regular Trust operational reports to the Strategic (Gold) Team and provide an overall status summary with regular updates.		
6.	Ensure community and mental health skill and resource issues are considered when response options are being developed and implemented by the Strategic (Gold) Team.		
7.	Deliver all documentation to the Emergency Planning Lead within 24 hours.		

DIRECTOR OF STRATEGY AND CORPORATE AFFAIRS

Deputy: Director of Nursing and Patient Safety

DIRECTOR OF STRATEGY AND CORPORATE AFFAIRS			
The **Director of Strategy and Corporate Affairs** fulfils the role of Accountable Executive Officer for EPRR. The Director assesses and provides information on the governance, legal, human rights, PPI, diversity, communications and confidentiality aspects of the major incident and identifies key issues.			
Task	**Description**	√	**Time**
1.	Upon activation report to Strategic (Gold) Team if requested to do so.		
2.	Keep own timed log of events and decisions / actions.		
3.	The Director will maintain contact with partner agencies represented on the BNSSSG Local Health Resilience Partnership Board and will provide strategic EPRR advice and guidance to Strategic (Gold) Team.		
4.	The Director will provide guidance and advice to the Strategic (Gold) Team on governance, legal, human rights, PPI, diversity, communications and confidentiality.		
5.	The Director will oversee the activities of the PALS service during the incident and will ensure patients, carers and others are able to raise concerns.		
6.	Activate governance business continuity management plans.		
7.	Deliver all documentation to the Emergency Planning Lead within 24 hours.		

HEAD OF COMMUNICATIONS

Deputy: Patient Experience Manager

HEAD OF COMMUNICATIONS			
The **Head of Communications** maintains effective communication across the Trust, partner organisation and key stakeholders, including the public and media in conjunction with other responding agencies.			
Task	**Description**	√	**Time**
1.	Upon activation report to Strategic (Gold) Team if requested to do so.		
2.	On activation contact On Call Executive Director.		
3.	Keep own timed log of events and decisions / actions.		
4.	Draft initial holding media statement.		
5.	Liaise with host Somerset CCG communications lead to confirm Trust holding statement.		
6.	Get statement approved by Chief Executive.		
7.	Distribute approved statement to media as requested.		
8.	Alert communication leads at NHS accountable/commissioning body, lead NHS Trust of the area of incident.		
9.	Prepare corporate response scripts for the ICC team to ensure they deliver a standard response.		
10.	If required draft internal message for staff to be circulated by email. Get approved by Chief Executive.		
11.	Set up helplines if required. Update website with latest statements.		
12.	Provide media statement updates as appropriate, as well as internal communication messages, Intranet and website updates.		
13.	Identify media spokespersons available.		
14.	Deliver all documentation to the Emergency Planning Lead within 24 hours.		

DIRECTOR OF NURSING AND PATIENT SAFETY

Deputy: Acting Deputy Director of Nursing and Patient Safety

DIRECTOR OF NURSING AND PATIENT SAFETY			
The **Director of Nursing and Patient Safety** assesses and provides information on patient safety and the nursing aspects of the major incident and identify key issues.			
Task	**Description**	√	**Time**
1.	Upon activation report to Strategic (Gold) Team if requested to do so.		
2.	Keep own timed log of events and decisions / actions.		
3.	Provide professional advice to the Trust Gold Team regarding the nursing and patient safety aspects of the major incident.		
4.	Act as the point of contact for senior nursing staff and provide support and appropriate solutions in all decisions affecting nursing within the Trust for the duration of the major incident and its after affects.		
5.	Maintain an overview of the movement of patients to different areas and ensure minimum standards of resuscitation, oxygenation and patient safety are present.		
6.	Liaise with other Trusts as required regarding the nursing requirements of patients being transferred.		
7.	Ensure all allocated actions are completed in a timely manner and are recorded.		
8.	Deliver all documentation to the Emergency Planning Lead within 24 hours.		

MEDICAL DIRECTOR

DEPUTY: Deputy Medical Director

MEDICAL DIRECTOR			
The **Medical Director** is responsible for directing the Trust medical response to the incident and sets the strategy for medical management and recovery.			
Task	**Description**	√	**Time**
1.	Upon activation report to Strategic (Gold) Team if requested to do so.		
2.	Keep own timed log of events and decisions / actions.		
3.	Provide specialist medical advice to the Trust during the major incident.		
4.	Provide line management, including ensuring the welfare of medical staff.		
5.	Support the Trust in the review and investigation of the incident by providing evidence of problems, solutions and good practice for future development of specialist nursing in a future incident.		
6.	Deliver all documentation to the Emergency Planning Lead within 24 hours.		

DIRECTOR OF WORKFORCE AND ORGANISATIONAL DEVELOPMENT

Deputy: Senior HR Manager

DIRECTOR OF WORKFORCE AND ORGANISATIONAL DEVELOPMENT

The **Director of Workforce and Organisational Development** directs the Trust response to the incident for human resources and staff welfare issues and maintain resilient levels of skilled resources to sustain an effective response to a prolonged incident through the development and management of a robust resource plan.

Task	Description	√	Time
1.	Upon activation report to Strategic (Gold) Team if requested to do so.		
2.	Keep own timed log of events and decisions / actions.		
3.	Establish a workforce strategic plan to cover the duration of the incident.		
4.	Act as the strategic focal point for all workforce issues arising from the incident.		
5.	Provide regular Trust workforce status reports to the Strategic (Gold) Team and provide an overall staff status summary with regular updates.		
6.	Ensure skill and resource issues are considered when response options are being developed and implemented by the Strategic (Gold) Team.		
7.	Deliver all documentation to the Emergency Planning Lead within 24 hours.		

DIRECTOR OF FINANCE AND BUSINESS DEVELOPMENT

Deputy: Deputy Director of Finance

DIRECTOR OF FINANCE AND BUSINESS DEVELOPMENT			
The **Director of Finance and Business Development** oversees the Trust finance, performance and information response to the major incident at the strategic level and for the eventual recovery and return to normal Trust services.			
Task	**Description**	√	**Time**
1.	Upon activation report to Strategic (Gold) Team if requested to do so.		
2.	Keep own timed log of events and decisions / actions.		
3.	Activate the Trust's financial, performance and Information business continuity management plans.		
4.	Advise Trust Chief Executive of actions taken.		
5.	Throughout the incident liaise with: • Chief Executive; • Finance Directors or deputies of other local NHS trusts; • Director of Finance or deputy of Somerset County Council; • Monitor.		
6.	Ensure essential Trust financial, performance and information services are maintained or, if not possible, make alternative arrangements.		
7.	Ensure the appropriate resources are available to support the Trust in its response (N.B. This will be over several months).		
8.	Activate system for recording expenditure during the incident.		
9.	Ensure effects on routine Trust activity are monitored.		
10.	Deliver all documentation to the Emergency Planning Lead within 24 hours.		

HEAD OF ESTATES AND FACILITIES

Deputy: Estates Manager

HEAD OF ESTATES AND FACILITIES			
The Head of Estates and Facilities **advises the Trust response to the incident for estates and facilities issues. Set strategy for estates management and recovery.**			
Task	**Description**	√	**Time**
1.	Upon activation report to Strategic (Gold) Team if requested to do so.		
2.	Keep own timed log of events and decisions / actions.		
3.	Providing specialist estates support to the Trust during the major incident.		
4.	Liaise with contract managers to ensure the contractors continue with business as usual so far as is reasonably practicable.		
5.	Support the Trust in the review and investigation of the incident by providing evidence of issues, lessons learnt and examples of good practice for future development of the Trust in a future incident.		
6.	Deliver all documentation to the Emergency Planning Lead within 24 hours.		

TACTICAL
(SILVER) TEAM
ACTION CARDS

- **On Call Executive Director**
- **Emergency Planning Lead**
- **Loggist**
- **Head of Service/Service Manager (Mental Health and Social Care)**
- **Head of Service/Service Manager (Community Health)**
- **ICC Administrator**
- **HR Business Partner**

ON CALL EXECUTIVE DIRECTOR

Can be deputised at any time by another Executive Director

1st of 8 cards

ON CALL EXECUTIVE DIRECTOR

The **On Call Executive Director** leads the Trust's tactical (silver) response to an incident. and will:

- Assess the incident and determining the level of response required by the Trust;
- Declare a Trust internal major incident, contacting Somerset CCG On Call Director and cascading information to relevant internal and external stakeholders;
- Act as Single Point of Contact (SPOC) 24/7 for Trust for declaration of external major incidents;
- Establish and co-ordinate the Trust response through the Incident Co-ordination Centre (ICC).

Expected Key Trust Responsibilities			
A.	Minimise requirements for emergency admissions to Acute Hospitals by accelerating discharges from Community Hospitals.		
B.	Maximise effective discharge from Acute Hospitals.		
C.	Ensure continuity of Trust services.		
D.	In the event of a communicable disease outbreak, co-ordinate clinical staff to provide mass vaccinations in designated centre.		
E.	Provide resources to Rest Centres (both basic first aid and welfare support), Evacuation Centres, Minor Injuries Unit / Emergency Treatment Centres.		
F.	Co-ordinate and provide psychological and mental health support to staff, patients and relatives in conjunction with Social Services.		
G.	Provide advice on the long term effects of trauma on the casualties associated with the incident and recommend the appropriate level of psychological intervention.		
H.	Ensure vulnerable patients caught up in the incident have appropriate support in the community.		

ON CALL EXECUTIVE DIRECTOR		2nd of 8 cards	
I.	Manage the Tactical (Silver) Team, agree tactical decisions and prioritise and allocate tasks.		
J.	Maintain Mental Health Act functions.		
K.	Maintain mental health crisis service functions.		
L.	Maintain Safeguarding procedures.		

INTERNAL MAJOR INCIDENT

Task	Description	√	Time
1.	Undertake a risk assessment (attached) of the incident and determine the level of response required by the Trust.		
2.	Declare an internal major incident if the situation dictates and cascading information to relevant internal and external stakeholders.		
3.	Record information on **METHANE** report: **M** ajor Incident declared or "Major Incident Standby" **E** xact location of the incident **T** ype of Incident with brief details of types and numbers **H** azards present and potential **A** ccess and egress routes **N** umber of casualties e.g. dead/injured **E** mergency Services are on scene		
4.	When an internal major incident has been declared, the On Call Executive Director must contact the **Somerset CCG On Call Director.**		
5.	Determine what Trust resources may be required.		
6.	Establish and co-ordinate the Trust response through the Incident Co-ordination Centre, if required.		
7.	Ensure contemporaneous records are kept and subsequent response actions are recorded and circulated.		
8.	Keep the Chief Executive informed and up-to-date.		
9.	Agree tactical decisions and prioritise and allocate tasks.		

ON CALL EXECUTIVE DIRECTOR			3rd of 8 cards
MAJOR INCIDENT STANDBY			
Task	**Description**	**√**	**Time**
1.	Record information on **METHANE** report: **M** ajor Incident declared or "Major Incident Standby" **E** xact location of the incident **T** ype of Incident with brief details of types and numbers **H** azards present and potential **A** ccess & egress routes **N** umber of casualties e.g. dead/injured **E** mergency Services are on scene		
2.	Determine what Trust resources may be required.		
3.	Initiate information cascade.		
4.	Maintain a dialogue with Somerset CCG and the NHS England Area Team (AT).		
5.	Maintain a watching brief and continually update the Chief Executive.		
6.	Should the situation escalate, re-assess the Trust response and consider activation of the Major Incident Plan.		
MAJOR INCIDENT DECLARED			
1.	Record information on **METHANE** report: **M** ajor Incident declared or "Major Incident Standby" **E** xact location of the incident **T** ype of Incident with brief details of types and numbers **H** azards present and potential **A** ccess & egress routes **N** umber of casualties e.g. dead/injured **E** mergency Services are on scene		
2.	Undertake a Risk Assessment (attached) – to establish potential impact on Trust.		
3.	Determine what Trust resources may be required.		

ON CALL EXECUTIVE DIRECTOR		4th of 8 cards	
Task	**Description**	**√**	**Time**
4.	Establish and co-ordinate the Trust response through the ICC if required. Contact the Emergency Planning Officer and request: a. ICC is set up; b. Contact and activate the Incident Co-ordination Centre (ICC) administration and log keeping support staff; c. Assist with activating the Tactical (Silver) Team; d. Report to the ICC.		
5.	Ensure contemporaneous records are kept and subsequent response actions are recorded and circulated.		
6.	Keep the Chief Executive informed and up-to-date.		
7.	Chair the ICC meetings, agree tactical decisions, prioritise and delegate workload with agreed responsibilities and time frame for delivery.		
8.	Liaise closely with the Strategic (Gold) Team if convened.		
9.	Review staff cover for a protracted incident and ensure procedures are in place to monitor staff welfare.		
10.	Once the incident is declared as stood down, conduct an immediate 'Hot Debrief' with responding staff.		
11.	Deliver all documentation to the Emergency Planning Lead within 24 hours.		

ON CALL EXECUTIVE DIRECTOR	5th of 8 cards

TACTICAL (SILVER) PLAN

The On Call Executive Director will manage the response to this incident in line with the Strategic (Gold) Team strategy for the Trust. Through effective co-ordination, sound planning and good leadership, the Director will:

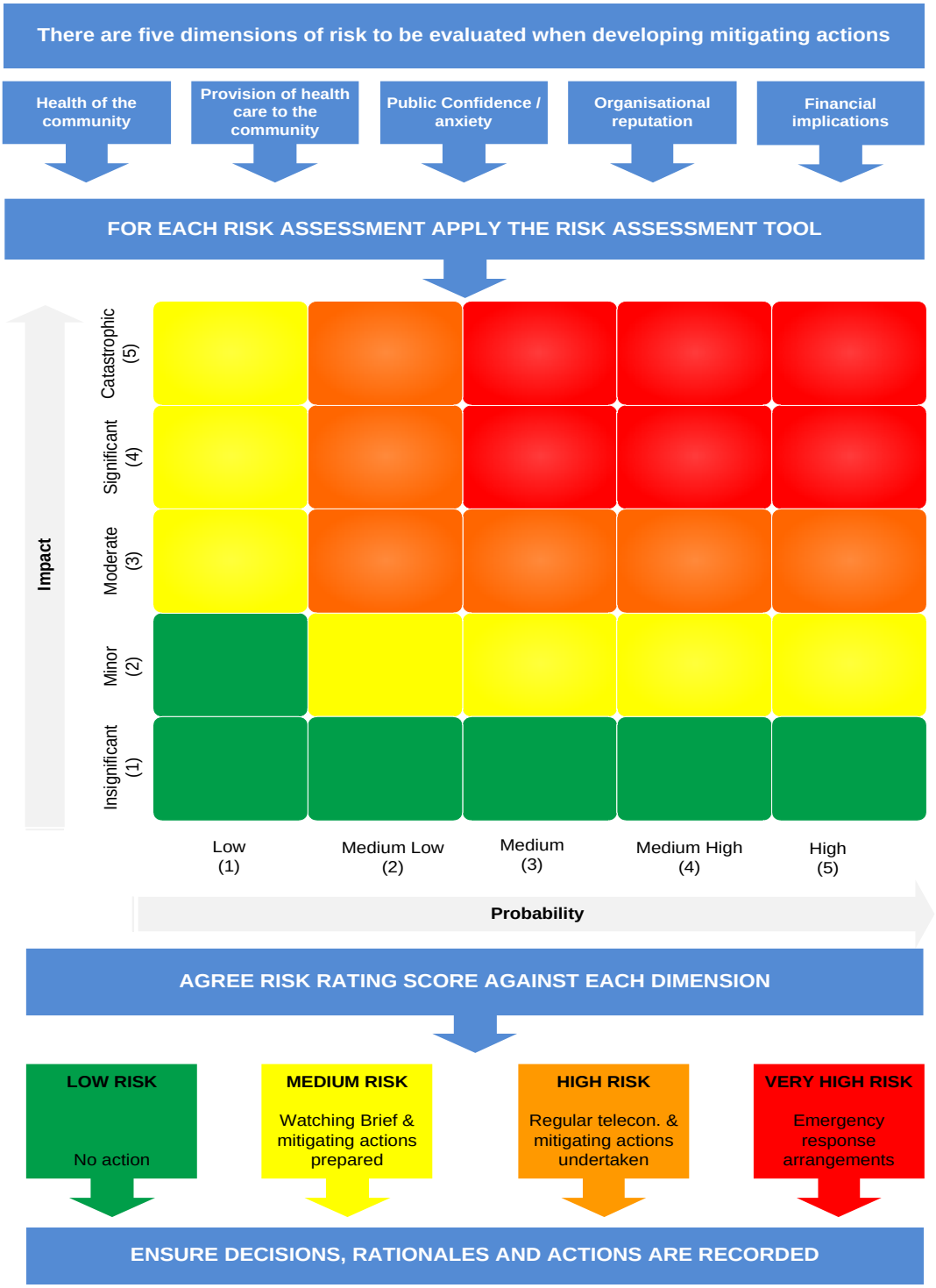
1.	Maintain public confidence and minimise the impact of this occurrence on core activity by ensuring that the Trust is responding effectively to the incident.
2.	Implement, manage and support an operational command structure to assist delivery of this Tactical Plan.
3.	Identify the resources required to bring the incident to a satisfactory close as identified within the Strategic (Gold) Team strategy as soon as possible.
4.	All possible measures to safeguard the following under the terms of health and safety have been conducted: • Trust staff; • Patients and local communities.
5.	In partnership with the Trust's Head of Communications, create a public statement/message and ensure it is in line and consistent with the multi-agency message where appropriate.
6.	Create and maintain a well-documented, auditable plan and decision log for the incident at all levels of command.

ON CALL EXECUTIVE DIRECTOR

6th of 8 cards

RISK ASSESSMENT PROCESS

To be completed to assess the requirement for mitigating actions and provide context for decisions taken.



ON CALL EXECUTIVE DIRECTOR	7th of 8 cards

RISK ASSESSMENT TEMPLATE

This template is to be completed and/or reviewed in line with the risk assessment process at each health teleconference/meeting. The risk score should inform the response and support the incident log. The risk assessment template is to be circulated after each meeting.

Incident name:		**Assessor:**			**Last updated:**	**Version:**
Risk Dimension	**Impact**	**Likelihood**	**Score**	**Risk Level**	**Rationale**	
Health of the community						
Provision of health care to the community						
Public confidence / anxiety						
Organisational reputation						
Financial implications						

ON CALL EXECUTIVE DIRECTOR8	8th of 8 cards
METHANE REPORT	

METHANE REPORT

You MUST record as much information as is available, using the **METHANE** form below

M	**ajor** incident declared	
E	**xact** location	
T	**ype** of incident, e.g. explosion and fire in a tall building, release of gas	
H	**azards** - present and potential	
A	**Access** - routes that are safe to use.	
N	**umber**, type, severity of casualties	
E	**mergency** services now present and those required.	

Start log of actions. Begin to record your decisions NOW

EMERGENCY PLANNING LEAD

Deputy: On Call Manager

EMERGENCY PLANNING LEAD	1st of 2 cards

The **Emergency Planning Lead** sets up the Incident Co-ordination Centre (ICC) and ensures the effective management of the log keeping, administration and communication functions of the Room in support of the On Call Director.

Task	Description	√	Time
1.	Upon activation, report to the ICC if requested to do so.		
2.	Alert and activate the ICC team and loggist(s).		
3.	Keep own timed log of events and decisions / actions.		
4.	Ensure the ICC is set up and test all communication and IT functions using the Standard Operating Procedures.		
5.	Notify the On Call Executive Director the room is fully operational and request an update on the situation.		
6.	Delegate administrative functions appropriately: a. Email monitoring; b. Log Keeper (Must be an approved or trained Loggist); c. Minute taking (separate to Log Keeper function). Situation Report (SITREP) duties should they exist.		
7.	Ensure Log Keeper commences formal incident log and all messages, actions, decisions are recorded.		
8.	Ensure all ICC members maintain personal logs, which are timed and dated.		
9.	Ensuring when actions are required they are correctly allocated and they are completed to agreed timescales – this may require support and direction from the On Call Director.		
10.	Maintain and develop contact lists and paper filing systems.		
11.	Maintain welfare requirements of room facilitating ongoing cover in protracted incidents, including refreshments and meal breaks.		

EMERGENCY PLANNING LEAD		2nd of 2 cards	
Task	**Description**	**√**	**Time**
12.	Monitor staff welfare within the ICC and offer support where / when appropriate.		
13.	Ensure the room is kept in a tidy and professional state.		
14.	Support the On Call Executive Director as required.		
15.	Deputise for the Head of Communications in setting up a helpline service if required.		
16.	In conjunction with the On Call Executive Director, establish a communication link with the CCG and AT Major Incident Rooms and other partners as appropriate.		
17.	Once the incident is declared as stood down and the On Call Director agrees to stand down the ICC, ensure any records / logs / documents are collected and passed to the Emergency Planning Lead to be stored for any post incident inquiry.		
18.	Ensure staff are advised there will be a debrief and if arranged, let them know when or where.		
19.	Disconnect all equipment and replace in the ICC cupboards.		

LOGGIST

To undertake this role Log Keepers must have attended an approved Loggist Course

LOGGIST			
The **Loggist** is responsible for capturing key information and decision making and events during an incident as prescribed by the Civil Contingencies Act (2004), under the direction of the On Call Executive Director.			
Task	**Description**	**√**	**Time**
1.	Upon activation, report to ICC if requested to do so.		
2.	Ensure you have all equipment required to perform your task. Report to the appropriate commander for tasking.		
3.	The **Loggist** is responsible for capturing key information and decision making and events during an incident.		
4.	Ensure the log book is maintained in chronological order.		
5.	Remain with the On Call Executive Director until stood down or re-tasked.		
6.	Initial each entry into the log book and at the end of your duty period. Ensure any change in the Command and Control structure is logged with date and time. The On Call Executive Director must sign the log to record completion of the role.		
7.	**FOCUS ONLY ON YOUR ALLOCATED ROLE**		
8.	Before handover of the logs, ensure that all logs have the correct date, time and initials on all entries, and have been signed as a true record of events by the person responsible for the log.		
9.	The details logged must be sufficient to allow any person taking over the On Call Executive Director or Loggist task to understand what has happened to date.		
10.	Collate and number (cross referenced to the log) all documentation, drawings, maps, emails, photographs (of dry wipe boards), notes, recordings and computer based material.		
11.	Deliver all documentation to the Emergency Planning Lead within 24 hours.		

HEAD OF DIVISION/SERVICE MANAGER
Community Health Services

HEAD OF SERVICE/SERVICE MANAGER, Community Health Services

The **Head of Service/Service Manager** is responsible for assess and providing information on community health aspects of the major incident and identify key issues.

Task	Description	√	Time
1.	Upon activation, report to ICC if requested to do so.		
2.	Upon arrival at the ICC, report to the On Call Executive Director for a full briefing on the nature and details of the incident.		
3.	Keep own timed log of events and decisions / actions.		
4.	Provide advice to the Tactical (Silver) Team regarding the community health aspects of the major incident.		
5.	Act as the point of contact for senior community health staff and provide support and appropriate solutions in all decisions affecting the Trust for the duration of the major incident and its after affects.		
6.	Identify and secure community health resources as required by the On Call Executive Director including ensuring effective use of community hospital beds and, where necessary, accelerating discharges in support of acute hospitals.		
7.	Liaise with other Trusts and social services departments as required regarding the health requirements of patients.		
8.	Ensure all allocated actions are completed in a timely manner and are recorded.		
9.	Deliver all documentation to the Emergency Planning Lead within 24 hours.		

HEAD OF DIVISION /SERVICE MANAGER
Mental Health and Social Care Services

HEAD OF SERVICE/SERVICE MANAGER, Mental Health and Social Care

The **Head of Service/Service Manager** is responsible for assess and providing information on mental health and social care aspects of the major incident and identify key issues.

Task	Description	√	Time
1.	Upon activation, report to ICC if requested to do so.		
2.	Upon arrival at the ICC, report to the On Call Executive Director for a full briefing on the nature and details of the incident.		
3.	Keep own timed log of events and decisions / actions.		
4.	Provide advice to the Tactical (Silver) Team regarding the mental health and social care aspects of the major incident.		
5.	Act as the point of contact for senior mental health and social care staff and provide support and appropriate solutions in all decisions affecting the Trust for the duration of the major incident and its after affects.		
6.	Identify and secure mental health resources as required by the On Call Executive Director.		
7.	Maintain an overview of the use of the Mental Health Act as required.		
8.	Liaise with other Trusts and social services departments as required regarding the mental health and social care requirements of patients.		
9.	Ensure all allocated actions are completed in a timely manner and are recorded.		
10.	Deliver all documentation to the Emergency Planning Lead within 24 hours.		

INCIDENT CONTROL ROOM (ICC) ADMINISTRATOR (TWO)

ICC ADMINISTRATOR

The **ICC Administrator** provides administration, clerical and secretarial support to the ICC.

Task	Description	√	Time
1.	Upon activation, report to ICC if requested to do so.		
2.	Upon arrival at the ICC, report to the On Call Executive Director for a full briefing on the nature and details of the incident.		
3.	Keep own timed log of events and decisions / actions.		
4.	Help set up the ICC.		
5.	Ensure relevant stationery supplies are available.		
6.	Receive and pass information by phone or in person.		
7.	Pass all messages received to the ICC Manager.		
8.	Ensure incoming and outgoing messages and communications are colour coded according to source or destination.		
9.	Ensure tasks are completed as per procedure so that others are able to locate and understand your work.		
10	Ensure the room is kept in a tidy and professional state.		
11.	Ensure all allocated actions are completed in a timely manner and are recorded.		
12.	Deliver all documentation to the Emergency Planning Lead within 24 hours.		

HR BUSINESS PARTNER (More than one person)

HR BUSINESS PARTNER

The **HR Business Partner** informs the Trust response to the incident for HR and staff welfare issues and maintains resilient levels of skilled resources to sustain an effective response to a prolonged incident through the development and management of a robust resource plan.

Task	Description	√	Time
1.	Upon activation, report to ICC if requested to do so.		
2.	Upon arrival at the ICC, report to the On Call Executive Director for a full briefing on the nature and details of the incident.		
3.	Keep own timed log of events and decisions / actions.		
4.	Establish a workforce plan to cover the duration of the incident. This includes identifying required skills and deputies and drawing up staffing rotas, as appropriate.		
5.	Act as the focal point for all workforce issues with the Room arising from the incident.		
6.	Provide regular Trust workforce status reports to the On Call Executive Director and provide an overall staff status summary with regular updates.		
7.	Ensure skill and resource issues are considered when response options are being developed and implement by the Emergency Response Team.		
8.	Ensure all allocated actions are completed in a timely manner and are recorded.		
9.	Deliver all documentation to the Emergency Planning Lead within 24 hours.		

OPERATIONAL (BRONZE) TEAM ACTION CARDS

- **Community Nurses Deployed to Emergency Treatment Centres or Rest Centres**
- **Minor Injuries Unit Nurses**
- **Community Hospital Matrons**
- **Helpline Coordinator**

COMMUNITY NURSES DEPLOYED TO EMERGENCY TREATMENT CENTRES OR REST CENTRES

COMMUNITY NURSES	1st of 2 cards

The **Community Nurses** provide welfare support and health care / medical advice to evacuees and a triage function at the Rest/Reception/Emergency Treatment Centres to assess evacuees who may arrive or develop health problems at the centre.

Task	Description	√	Time
1.	Confirm the exact location of the Rest Centre to which deployed. Arrange to collect grab bags from [**insert location**] (red Doctors bag, green Nurses bag, black administration bag).		
2.	Consider the requirement to take: • A change/warm clothing; • Snacks and drinks; • Personal medication; • Personal diary etc. with important telephone numbers; • Toiletries; • Some cash/phone card/mobile phone.		
3.	Make themselves known to the Rest / Reception Centre Manager (Lead Nurse on site) confirming the role they expect to perform.		
4.	Confirm the following details at the earliest opportunity: • Allocated working area (**NB** Ensure there is a room allocated in which evacuees may be interviewed in complete privacy). • Other Rest / Reception Centre team members and their working locations. • Estimated time of arrival (ETA) of evacuees and currently known details. • Forecast or expected developments. • The routing and flow of evacuees on arrival at the Rest / Reception Centre.		

COMMUNITY NURSES		2nd of 2 cards	
Task	**Description**	**√**	**Time**
5.	• Opportunities/agreed procedures for the screening of victims to ascertain those who may be in need of medical care; • Proposed documentation and the availability of the leaflet 'Coping with Personal Crisis'; • Telephone(s) available for use in contacting the Trust.		
6.	Prepare the area in which to work, seeking the assistance of the Rest Centre Manager to resolve any shortfalls.		
7.	Consider the most appropriate, immediate links to a General Practice in the event of the need for urgent medical attention.		
8.	Report to the ICC confirming: • Contact telephone number; • Rest / Reception Centre status and ETA of victims; • Forecast of expected developments; • The practice to be used in the event of a requirement for urgent medical attention; • Any difficulties encountered or foreseen.		
9.	On arrival of evacuees at the Rest Centre: • Attempt to identify any victims with an apparent physical problem; • Approach the initially identified victims who may have a physical problem offering assistance; • Provide welfare support and advice to evacuees; • Ensure any evacuees who have or develop health problems receive necessary care; • Arrange for the replacement of lost prescribed medicines.		
10.	Maintain a record of information and advice given and action taken on behalf of evacuees. All entries in the notebook, contained in the black administration bag, should be made in ink, timed, dated and signed		
11.	Deliver all documentation to the Emergency Planning Lead within 24 hours.		

MINOR INJURIES UNIT NURSES

MINOR INJURIES UNIT NURSES	1st of 2 cards

The **Community Nurses** provide welfare support and health care / medical advice to evacuees and a triage function at the Rest/Reception/Emergency Treatment Centres to assess evacuees who may arrive or develop health problems at the centre.

Task	Description	√	Time
Should any individual hospital or service receive a request for support directly from a receiving hospital or other agency it will immediately contact the On Call Executive Director who will assess the incident and activate the Major Incident Plan, if appropriate).			
1.	**Assess the implications of the incident and start a log.**		
2.	**Collect the Minor Injuries Unit Manager Action and Emergency Pack from the Minor Injuries Reception.**		
3.	**Record all instructions received, actions taken and other incidents, which may enable the Trust to assess the success of the Emergency Plan and provide evidence to any inquiry which may follow, in the designated notepad. All entries in the notepad must be timed, dated, signed and made in ink.**		
4.	Assume the role of Minor Injuries Senior Nurse until relieved by a colleague of equal status.		
5.	Assess the need for additional staff, if necessary in liaison with the ICC, if appropriate, contact members of the Minor Injuries Unit nursing team and ask them to report for duty.		
6.	Follow the normal procedure for the documentation, examination and treatment of patients, ensuring that the Minor Injuries Unit record card is marked **'MI'** in **red on the top left hand corner.**		
7.	Encourage patients who need to be transferred to other units, and who are medically fit to do so, to find their own way. Ambulances may be ordered in the normal way but should only be used if essential.		
8.	Ensure all foreign material removed from patients' clothing or patients is marked with the patient's name and set aside for police use.		

MINOR INJURIES UNIT NURSES		1st of 2 cards	
Task	**Description**	**√**	**Time**
9.	**In exceptional circumstances the community hospital may need to provide facilities for uninjured casualties from the MAJOR INCIDENT scene. Arrangements should be made to use the day rooms or outpatient therapy facilities for these individuals until local rest centres are established.**		
10.	Ensure where the major incident has occurred near to the Minor Injuries Unit and a sudden influx of patient is expected, the following are informed: • Neighbouring Receiving Hospitals Accident and Emergency Departments; • The Community Nursing Co-ordinator at the ICC.		
11.	Maintain accurate records of patients who present at the MIU who are not associated with the MAJOR INCIDENT and ensure, if they are not seen at the time, they are informed of the need to follow up the visit.		
12.	If required, allocate office space for police use.		
13.	**Deliver all documentation to the Emergency Planning Lead within 24 hours.**		

COMMUNITY HOSPITAL MATRON

Deputy: Senior Nurse on duty)

COMMUNITY HOSPITAL MATRON	1st of 2 cards

The **Community Hospital Matron** manages the community hospital response to the incident and the eventual recovery and return to normal services.

Task	Description	√	Time
Should any individual hospital or service receive a request for support directly from a receiving hospital or other agency it will immediately contact the On Call Executive Director who will assess the incident and activate the Major Incident Plan, if appropriate).			
STAGE ONE In response to a request from the Incident Co-ordination Centre (ICC), the Senior Manager/Nurse on site will:			
1.	Collect the Senior Manager/Nurse on Site Action Card and Emergency pack from the Senior Sister's Office.		
2.	Record all instructions received, actions taken and other incidents, which may enable the Trust to assess the success of the Emergency Plan and provide evidence to any inquiry which may follow, in the designated notepad. All entries in the notepad must be timed, dated, signed and made in ink.		
3.	Assume the role of Senior Manager on site until relieved by a Senior Trust Manager.		
4.	Assess bed states and the capacity for the accelerated discharge of inpatients.		
5.	Notify the ICC of bed availability.		
6.	Assess staff resources.		

COMMUNITY HOSPITAL MATRON			1st of 2 cards
Task	**Description**	**√**	**Time**
STAGE 2 In response to the notification from the ICC that the site is to be activated as a Care Hospital, the Senior Manager/Nurse on site will:			
7.	**Notify of discharged patients and arrange for support services and discharge medication for patients.**		
8.	Arrange transport for discharged patients.		
9.	Establish a reception area in the hospital for members of staff to cover admission and check in of patients.		
10.	Discuss medical cover for patients admitted from receiving hospitals with relevant staff in order that they can visit within 24 hours.		
11.	Establish a volunteer reception area for members of the Voluntary Aid Societies, confirming skills and allocating them a role.		
12.	Organise clerical assistance as required for the smooth running of the hospital.		
13.	Take the lead role in acquisition of additional resources required by the hospital in response to the emergency, calling on advice and assistance from the ICC.		
14.	Deliver all documentation to the Emergency Planning Lead within 24 hours.		

HELPLINE COORDINATOR

HELPLINE COORDINATOR	1st of 2 cards

On behalf of the Head of Communications, responsible for setting up and maintaining the helpline including delegation of tasks and health and safety regulations.

Task	Description	√	Time
1.	**Setting up the Helpline** Discuss with the Head of Communications the parameters for the helpline. Consider: • Can the information be recorded onto an answering machine? • Have the NHS or local authority set up a helpline where your message could be given? • Could NHS 111 deal with all public enquiries? • How many staff / telephones would be required to run the helpline? • Ensure any decisions made regarding the helpline are recorded in the main major incident log and communicated to the Head of Communications.		
2.	**Activating the Helpline** Once the message and purpose of the helpline has been agreed: • Set up the required number of telephones and test to ensure they are working; • Distribute stationery; • Prepare and distribute the helpline script; • Ensure staff have a list of any other incident helplines and / or national agencies; • Brief staff on the purpose of the helpline and method of recording data; • Organise staff rota and ensure all staff have regular breaks (at least 10 minutes every hour); • and that cover is available for these periods; • Arrange regular refreshments for helpline staff; • Arrange and assign administration support as required; • Inform the Head of Communications when helpline is set up and ready to receive calls; • Ensure staff receive regular briefings on the status of the incident; • Update the helpline script on a regular basis with the assistance of the ICC Team.		

3.	**Distribute the Helpline Telephone Number** Inform relevant agencies of the helpline telephone number and message content: • Somerset CCG and NHS England Local Area Team; • Primary Link; • Trust staff / premises likely to receive public enquiries; • NHS 111 Service; • Public Health England; • Local Authorities; • Local media.		

END