NHS West Lancashire Clinical Commissioning Group
Major Incident Plan and Policy

Version No	Date	Review Date	Description of change
1	11/03/2019		Update of Major incident plan into a new version to include a Major incident policy and improve the layout
1.1	9/08/2019		Minor updates to reflect outcome from Table Top exercise; in particular the Action Cards

Acronyms and Abbreviations

AEO	Accountable Emergency Officer
BME	Black and Minority Ethnic
CBRNE	Chemical, biological, radiological, nuclear and explosives
CCA	Civil Contingencies Act 2004
CCG	Clinical Commissioning Group
COBR	Cabinet Office Briefing Rooms
DH	Department of Health
DPH	Director of Public Health
EPRR	Emergency Preparedness, Resilience and Response
ETHANE	**E**xact Location **T**ype of Incident **H**azards **A**ccess **N**umber of Casualties **E**mergency Services
ICC	Incident Co-ordinating Centre
IMT	Incident Management Team
JESIP	Joint Emergency Services Interoperability Principles
LCC	Lancashire County Council
LHRP	Local Health Resilience Partnership
LRF	Local Resilience Forum
METHANE	**M**ajor Incident **E**xact Location **T**ype of Incident **H**azards **A**ccess **N**umber of Casualties **E**mergency Services
MLCSU	Midlands and Lancashire Commissioning Support Unit
NWAS	North West Ambulance Service
PHE	Public Health England
SCG	Strategic Coordinating Group

STAC	Scientific and Technical Advice Cell

Contents

1 PLAN SUMMARY

1.1 Aim

The aim of this plan is to provide a framework by which West Lancashire Clinical Commissioning Group (CCG) will prepare for and undertake its role in a major incident.

This Incident Response Plan details the planning and response stages of the CCG in preparation for a Major Incident along with supporting information. The Incident Response plan is key to the CCG's ability to respond to a major incident and it is important staff and clinicians are aware of its content and their own responsibilities.

1.2 CCG responsibilities

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

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

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

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

Category one and two responders come together to form a local resilience forum based on police areas. These forums help to co-ordinate activities and foster co-operation between local responders. For the CCG the strategic forum for joint planning for emergencies is the Lancashire Local Health Resilience Partnership (LHRP). They provide the health sector's contribution to multi-agency planning through Lancashire Local Resilience Forum (LRFs). Lancashire LHRP will coordinate health input and support the NHS England (Lancashire and South Cumbria) Local Authorities and Public Health England (PHE) in ensuring that member organisations develop and maintain effective planning arrangements for major incidents, significant incidents and emergencies. The CCGs Accountable Emergency Officers represent the CCG on the LHRP.

1.3 Applicable legislation

The CCG legal responsibilities are set out in

- Civil Contingencies Act 2004 (CCA 2004),
- Health & Social Care Act 2012
- NHS Constitution

The CCG mandatory responsibilities are set out in

• NHS England Emergency Preparedness Resilience & Response Guidance (EPRR) 2015
• NHS England Core Standards for EPRR

1.4 Supporting Plans and Publication

This document should be read in conjunction with:

- Pandemic Influenza Plan
- Business Continuity Management Plan
- Lancashire LRF Mass Causality Plan
- Lancashire LRF Mutual Aid Memorandum of Understanding

This Plan and Business Continuity Plan can be found on the CCG Website
http://www.westlancashireccg.nhs.uk/

This plan and supporting plans can also be found on the CCG Share point site, accessible to all staff (https://wlccg.sharepoint.com/CorpAff/Forms/AllItems.aspx)

2 DEFINITIONS

The following definitions are terms widely used in Emergency Preparedness, Resilience & Response (EPRR) by multi-agency organisations and the NHS

2.1 Emergency:

Under Section 1 of the Civil Contingencies Act 2004 an 'emergency' means:

"(a) an event or situation which threatens serious damage to human welfare in a place in the United Kingdom;

(b) an event or situation which threatens serious damage to the environment of a place in the United Kingdom;

(c) war, or terrorism, which threatens serious damage to the security of the United Kingdom"

2.2 Major incident:

For the purposes of this plan a major incident is defined as:

Any occurrence that presents serious threat to the health of the community or causes such numbers or types of casualties, as to require special arrangements to be implemented.

2.3 Critical incident:

Any localised incident where the level of disruption results in the organisation temporarily or permanently losing its ability to deliver critical services, patients may have been harmed or the environment is not safe requiring special measures and support from other agencies, to restore normal operating functions.

2.4 Business Continuity Incident:

An event or occurrence that disrupts, or might disrupt, an organisation's normal service delivery, below acceptable predefined levels, where special arrangements are required to be implemented until services can return to an acceptable level.

2.5 Incident Levels

As an incident evolves it may be described in terms of its level as shown below. For clarity these levels are used by all organisations across the NHS when referring to incidents.

Level 1	An incident that can be responded to and managed by a local health provider organisation within their respective business as usual capabilities and business continuity plans in liaison with local commissioners
Level 2	An incident that requires the response of a number of health providers within a defined health economy and will require NHS coordination by the local commissioner(s) in liaison with the NHS England local office
Level 3	An incident that requires the response of a number of health organisations across geographical areas within a NHS England region NHS England to coordinate the NHS response in collaboration with local commissioners at the tactical level
Level 4	An incident that requires NHS England National Command and Control to support the NHS response NHS England to coordinate the NHS response in collaboration with local commissioners at the tactical level

2.6 Types of Incident

The following is a list of commonly used classifications of types of incident. It is not an exhaustive list and other classifications may be used as appropriate. The nature and scale of the incident will determine the appropriate incident level

- Business continuity / internal incidents – fire, breakdown of utilities, significant equipment failure, hospital acquired infections, violent crime
- Big bang – a serious transport accident, explosion, or series of smaller incidents
- Rising tide – a developing infectious disease epidemic, or a capacity/staffing crisis or industrial action

- Cloud on the horizon – a serious threat such as a significant chemical or nuclear release developing elsewhere and needing preparatory action
- Headline news – public or media alarm about an impending situation, reputation management issues
- Chemical, biological, radiological, nuclear and explosives (CBRNE) – CBRNE terrorism is the actual or threatened dispersal of CBRN material (either on their own or in combination with each other or with explosives), with deliberate criminal, malicious or murderous intent
- Cyber-attacks – attacks on systems to cause disruption and reputational and financial damage. Attacks may be on infrastructure or data confidentiality
- Mass casualty – typically events with casualties in the 100s where the normal major incident response must be augmented with extraordinary measures

3 STATUTORY DUTIES

3.1 Health & Social Care Act 2012

CCGs are designated as *Category 2* responders in the Health & Social Care Act 2012.

The Act also places additional duties on CCGs to maintain emergency plans and to have in place formal business continuity arrangements as well as:

- *Ensure contracts with provider organisations contain relevant emergency preparedness, resilience (including business continuity) and response elements.*
- *Supporting NHS England in discharging its EPRR functions and duties locally.*
- *Providing a route of escalation for the Local Health Resilience Partnership should a provider fail to maintain necessary EPRR capacity and capability*
- *Fulfilling the responsibilities as a Category 2 responder under the CCA including maintaining business continuity plans for their own organisation.*
- *Ensuring representation on the Local Health Resilience Partnership*

3.2 Civil Contingencies Act 2004

The Civil Contingencies Act 2004 (CCA04) categorises responding agencies into Category 1 and *Category 2 responders* and places statutory duties on the named organisations.

Category 1 Responders have the following statutory duties placed on them:

- To carry out a Risk Assessment of their operational area
- To have emergency plans
- To have business continuity plans
- To warn and inform the public
- To cooperate with other responders through the Local Resilience Forum
- To share information with other responders

Category 2 responders *have the following statutory duties placed on them:*

- *To cooperate with other responders*
- *To share information with other responders.*

3.3 Mutual Aid

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

There is a Mutual Aid Agreement which is maintained by the Lancashire LHRP (Local Health Resilience Partnership). This can be found on Share point here:

https://wlccg.sharepoint.com/CorpAff/Forms/AllItems.aspx?id=%2FCorpAff%2FEmergency%20Planning%2FUseful%20Policies%20and%20Contact%20lists%2FLancashire%20plans%20and%20supporting%20docs

4 Risk Assessment

The Civil Contingencies Act 2004 places a risk assessment duty on all category one responders to ensure that planning is proportionate to each risk. A Community Risk Register is compiled by the Lancashire Local Resilience Forum and consists of a table of hazards summarising hazard information, outcome descriptions, risk rating and mitigation plans

(http://www.lancsresilience.org.uk/Pages/General/RiskRegister.html).

The top risks currently (as at March 2019) identified on the Lancashire Risk Register are:

- Flu type pandemic
- Flooding
- Terrorist attack
- Industrial incident
- Loss of essential services
- Cold weather and snow
- Heatwave
- Storms and gales

The national and community risk register informs local health and multi-agency planning.

5 NHS Core standards

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

NHS organisations and providers of NHS funded care must:

- nominate an accountable emergency officer who will be responsible for EPRR;
- contribute to area planning for EPRR through local health resilience partnerships;

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

5.1 Information Sharing

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

The sharing of information will include, if required for the response, details of vulnerable people. The general definition of a vulnerable person is a person: "present or resident within an area known to local responders who, because of dependency or disability, need particular attention during incidents".

6 Roles and responsibilities

6.1 Accountable Emergency Officer (AEO)

The NHS Act 2006 (as amended) places a duty on relevant service providers to appoint an individual to be responsible for discharging their duties under section 252A. This individual is known as the AEO. All NHS funded organisations are required to have an AEO with regard to EPRR. Chief executives of organisations commissioning or providing care on behalf of the NHS will designate the responsibility for EPRR as a core part of the organisations governance and its operational delivery programmes. Chief executives will be able to delegate this responsibility to a named director, the AEO.

The AEO will be a Board level director responsible for EPRR. They will have executive authority and responsibility for ensuring that the organisation complies with legal and policy requirements. They will provide assurance to the Board that strategies, systems, training, policies and procedures are in place to ensure an appropriate response for their organisation in the event of an incident.

AEOs will be aware of their legal duties to ensure preparedness to respond to an incident within their health community to maintain the public's protection and maximise the NHS response.

6.2 On-Call Managers

The CCG will have a Manager On-Call available at all times should a provider of NHS funded care have a problem that needs escalating either in or out of normal hours. The On-call Manager will be available to providers or NHS England (Lancashire and South Cumbria)

6.3 Response to incidents

As category two responders under the CCA 2004, CCGs must respond to reasonable requests to assist and cooperate during an emergency. NHS England (Lancashire and South Cumbria) may decide to include CCG members in the formal command and control structure and to assist in any response to a

major incident. CCG's may assist and support NHS England (Lancashire and South Cumbria) by undertaking the following tasks:

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

The CCG may be required to respond actively by:

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

6.4 NHS England (Lancashire and South Cumbria)

NHS England (Lancashire and South Cumbria) will provide leadership across Lancashire. If an incident requires a wider NHS or multi-agency response, this co-ordination and leadership is provided by a NHS England (Lancashire and South Cumbria) director. The NHS England Director has overall responsibility for ensuring that NHS England and the local health economy are able to respond to a major incident, significant incident or emergency.

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

If there is a Strategic Coordination Group, 'health' will be represented by NHS England (Lancashire and South Cumbria) on-call director.

6.5 NHS England (National team)

In extreme situations such as pandemic influenza, a national fuel shortage or extreme weather, the NHS England national team may take command of all NHS resources across England. In this situation, direction from the national team will be actioned through the regional teams.

6.6 Public Health England Centres

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

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

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

6.7 PHE Regional Offices

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

6.8 PHE National Level

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

6.9 Local Authorities

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

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

In addition; Local Authorities fulfil the responsibilities of a Category one responder under the CCA 2004. Local Authorities will take lead community recovery operations, following an incident.

7 Command and Control Structure

The NHS response to an incident needs to be:

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

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

7.1 Escalation

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

Table 1 NHS England incident alert and response levels

1	An incident that can be responded to and managed by a local health provider within their business as usual capabilities and business continuity plans in liaison with the local commissioners
2	An incident that requires the response of a number of health provider organisations across the local health economy and will require NHS coordination by the local commissioners with the NHS England local office
3	An incident that requires the response of a number of health organisations across the geographical area within the NHS England region. NHS England to coordinate the NHS response in collaboration with local commissioners at the tactical level
4	An incident that requires NHS England National Command and Control to support the NHS response. NHS England to coordinate the NHS response in collaboration

The establishment of a Strategic Coordinating Group (SCG) has been excluded from Table 1, as this is at the discretion of the Chief Constable of Lancashire Police and the NHS follows these arrangements. NHS England (Lancashire and South Cumbria) will provide NHS input to the SCG if required. In some circumstances the NHS England Regional may provide the NHS input to a SCG, but this will be the exception rather than the rule.

7.2 Incident Co-ordinating Centre

West Lancashire CCG may establish an Incident Co-ordinating Centre (ICC) from which the incident can be managed. The ICC for the CCG could be managed virtually through the Major Incident teleconference arrangements in place or alternatively the CCG may wish to set up an ICC in either the Boardroom at Hilldale or in the contingency location of Railway Road Practice (Beacon Primary Care Practice building).

The role of the ICC is to:

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

7.3 Multi-agency Command and Control

There are three commonly accepted levels within emergency management command and control and adherence to these by all organisations ensures a coordinated response to a major incident. The use of colours can still be used internally, however in Multi-agency response the levels below should be used.

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

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

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

8 CCG response to a major incident

8.1 Alerting arrangements

The ambulance service is likely to be the first NHS service to be notified of, and respond to, a major incident. The ambulance service will:

- immediately notify or confirm with the police and the fire and rescue service the location and nature of the incident, including identification of specific hazards, for example, chemical, radiation or other known hazards
- alert the most appropriate receiving hospital(s)
- alert the wider health community via triggering the communications cascade

Standard North West Ambulance Service (NWAS) Alerts are:

1 Major Incident – standby

This alerts staff members that a major incident may need to be declared. Preparatory arrangements are then made appropriate to the incident.

2 Major Incident declared – activate plan

This alerts staff members that the plan should be activated and additional resources mobilised.

3 Major Incident – cancelled

This alert cancels any previous messages.

4 Major Incident – stand down

All receiving hospitals are alerted as soon as all live casualties have been removed from the site. Where possible the Ambulance Incident Commander will make it clear whether any casualties are still en-route. The CCG will then assess its own appropriateness to stand down.

8.2 Activation of the Plan

The Manager On-Call for the CCG would be alerted to a major incident by either Southport and Ormskirk NHS Trust (as the hospital receiving these casualties) or NHS England (Lancashire and South Cumbria).

Each CCG can declare its own major incident when its own services and/or assets are affected (or potentially) by, for example, fire, flood, major equipment breakdown, or civil disturbance (firearms).

In cases where the CCG is alerted to a local incident within a local provider the Manager On-call will alert a member of Senior Management Team and together they will determine whether there is a need to inform the Director on Call for NHS England (L&SC) or any other local NHS providers or neighbouring CCGs.

8.3 Incident Management Team

In exceptional circumstances and if required, the Senior Management Team Manager responding to the major incident will convene an Incident Management Team with relevant expertise from within and external to the CCG to direct and co-ordinate the management of the major incident. Specialist advice will be sought from the NHS England (Lancashire and South Cumbria) or PHE Centre, according to the particular nature of the incident being faced. The team will take executive decisions in the light of best available information and obtain input from all relevant sources of expertise and agencies and convene quickly.

The Incident Management Team will take responsibility for local communication. It will also ensure (through the NHS England (Lancashire and South Cumbria) and with communication managers) that the public is informed and the media is briefed. It is likely that any communications would be through the NHS England (L&SC) or PHE.

8.4 Incident Control Logs

Immediately the CCG start to respond to an incident then a personal log of actions must be started by key officers in the organisation. When established the CCG incident control room will maintain

Master Log – information entering the information cell must be logged including all phone calls and emails
Action log – must be completed by all key Action Card holders
Decision log – records the key corporate decisions, the process for deciding and the considered alternatives.

A decision log must be kept by the CCG incident manager and the incident manager MUST sign the decision log after each key decision is agreed. Logs will be issued to all of the Incident Management Team who will keep a record of:

- All instructions received,
- Actions taken

• Other key information

The logs should be signed off at the end of the shift before being handed on to the next post holder or if the holder is relieved during the incident. Following stand-down all logs will be returned to the EPRR Lead for safe storage.

LOGS MUST BE KEPT WITH DATED & TIMED ENTRIES BY ALL STAFF MAKING DECISIONS IN A MAJOR INCIDENTS ON APPROVED LOG BOOKS - NO RECORDS NO DEFENCE

8.5 Incident Control Shift arrangements

In the event of a critical / major incident or emergency having a substantial impact on the local population and health services, it may be necessary to continue operation of the Incident Management Team for a number of days or weeks. In particular, in the early phase of an incident, the Incident Management Team (IMT)may be required to operate continuously 24/7. Responsibility for deciding on the scale of response, including maintaining teams overnight, rests with the Incident Manager.

A robust and flexible shift system will need to be in place to manage an incident through each phase. These arrangements will depend on the nature of the incident and must take into consideration any requirements to support external (for example SCG) meetings and activities. The Incident Manager is accountable for ensuring appropriate staffing of all shifts. During the first two shift changes 1-2 hours of hand over time should be considered to ensure robust hand over.

8.6 Finances

If warranted when responding to an emergency situation, a separate cost centre will be set up in agreement with the Chief Finance Officer.

8.7 Health and Safety Issues

During and after a major incident the welfare of staff is of paramount concern to the CCG. Staff should, as under normal circumstances, pay due regard to the health, safety and welfare of themselves and other employees at all times.

The need to regularly 'risk assess' during major incidents is extremely important and employees should not expose themselves to unnecessary risks. Where a higher risk situation is identified this should be assessed with the support of a line manager.

It is also particularly important during emergency situations, where staff may be experiencing higher levels of stress than normal, that regular meal breaks and periods of 'off duty' are observed.

8.8 Stand down arrangements at the end of a major incident

As the incident diminishes and emergency services declare 'major incident - stand down' a decision should then be made by the CCG when it is appropriate to disband the Incident Management Team. This is because the CCG is likely to have a continuing role after emergency services have stood down.

8.9 Debriefing

In order to identify lessons learned, a series of debriefs post incident are seen as good practice.
Hot debrief:

- Immediately after incident with incident responders (at each location);

- Organisational debrief: 48-72 hours post incident;
- Multi-agency debrief: within one month of incident;
- Post incident reports: within six weeks of incident.

These will be supported by action plans and recommendations in order to update CCG plans and provide any training and further exercising required.

The CCG may also contribute to multiagency debriefing and actions from incident reports

8.10 Recovery

Recovery and the return to normal working is an important part of the management of all major incidents. In many incidents, the aftermath of the major incident becomes another phase, taking stock of the overall impact and facilitating the restoration of normal health services.
The CCGs role in recovery might include:

- renegotiating priorities with commissioned services;
- assessing and arranging for the continuing need of primary and community health services such as psychological support and counselling;
- provision of care and support to staff that may have been personally affected;
- consideration of legal and financial risks that might ensue.

9 Communications

Effective communication is paramount to any major incident response. The CCG has an effective communications cascade system. This cascade is tested through regular exercises.

Responsibilities of the Communications team might include:

- to agree with other NHS agencies locally the procedure for coordinating information in an incident;
- to plan facilities which can be made available at short notice, e.g. rooms for the media;
- to prepare simple, easily understood information about NHS organisations;
- to ensure communications leads and designated spokespersons have appropriate training.

Unless authorised by the Incident Commander INDIVIDUAL MEMBERS OF STAFF ARE NOT TO MAKE STATEMENTS OR PROVIDE INFORMATION TO THE MEDIA.

Release of Information. The Communications Manager must consult with the appropriate person, to determine the extent of detail to be released about the emergency.

9.1 Media

The presence of media can be used effectively to support the coordination of a major incident response. Press statements will be coordinated through Lancashire Police when there is a Strategic Coordinating Group established.

In the event that a STAC is set up to advise the Strategic Coordinating Group, the Director of Public Health and Public Health England Centre will be responsible for agreeing clear public health messages to be given to the public.

At levels below this the Director on Call responsible for co-ordinating the incident will ensure advice/active involvement is sought from the Midlands and Lancashire Commissioning Support Unit (MLCSU) media desk (in hours) and/or on-call Communication Manager.

10 Vulnerable Persons

Within the CCA (2004) the particular needs of vulnerable persons are recognised. These individuals are defined as "people present or resident within an area known to local responders who, because of dependency or disability, need particular attention during incidents". Vulnerable persons could therefore include children and older people; Black and Minority Ethnic (BME) communities, particularly those for whom English is a second language, and people with disabilities, including physical disabilities and impairments, learning disabilities and those with mental illness.

10.1 Black and Minority Ethnic Communities

Care will be taken when producing and distributing information to ensure that it is accessible to all. This may necessitate the production of translated materials, the use of health advocates, and the use of interpreting services.

10.2 Children

Many major incidents involve children and in some children are the main casualties. Children have special needs that are different from adults in terms of their size, physiology and psychological needs – all of which have an impact on their care. The incident commander and the Incident Management Team will need to consider and take account of the children's needs in planning and response to a major incident. Special consideration must be given to schools, nurseries, childcare centers and medical facilities for children.

10.3 People with inhibited physical ability

This may be by reason of age, illness, disability, pregnancy or other reason. Attention should be paid to hospitals, residential homes and day centres likely to be housing any people with inhibited physical ability. Access to records of residents in the community who have inhibited physical ability is also important and may be achieved in partnership with Social and Community Services.

10.4 People with learning disabilities and mentally ill people

The CCG will respond as appropriate in order to assist people with learning disabilities or mental illness by using existing facilities and arrangements wherever possible. If there is a need for additional or specialist assistance then help will be sought from Lancashire Care Foundation Trust as appropriate.

11 Exercises and Testing Plans

In accordance with emergency planning guidance, plans are tested through regular exercises, in partnership with other partners.

Most exercises will be led by the NHS England (Lancashire and South Cumbria) or be multiagency and the CCG will participate in all those that are relevant. A communication exercise is held on at least a six monthly basis, a table top exercise is carried out annually, and a live exercise is carried out at least once every three years.

The Accountable Emergency Officer is responsible for ensuring that plans are regularly reviewed to ensure that they reflect legislative and/or organisational change and the on- going risk assessment process.

12 Equality Impact Assessment

The Equality Analysis Checklist initial screening was used to determine the potential impact this policy might have with respect to the individual protected characteristics. The results from this initial screening indicate that this policy will not require a full Equality Analysis Assessment as there is no significant or disproportionate impact against any protected characteristic or at risk group.

13 Annex 1; JESIP (Joint Emergency Services Interoperability Principles)

JESIP (Joint Emergency Services Interoperability Principles) was a two year programme which ran from 2012-2014. It was primarily about improving the way the Police, Fire & Rescue and Ambulance services work together when responding to major multi-agency incidents. Whilst the initial focus was on improving the response to major incidents, JESIP is scalable. The five joint working principles and models can be applied to **any type** of multi-agency incident and in fact could be utilised in a multitude of environments where organisations need to work together more effectively.

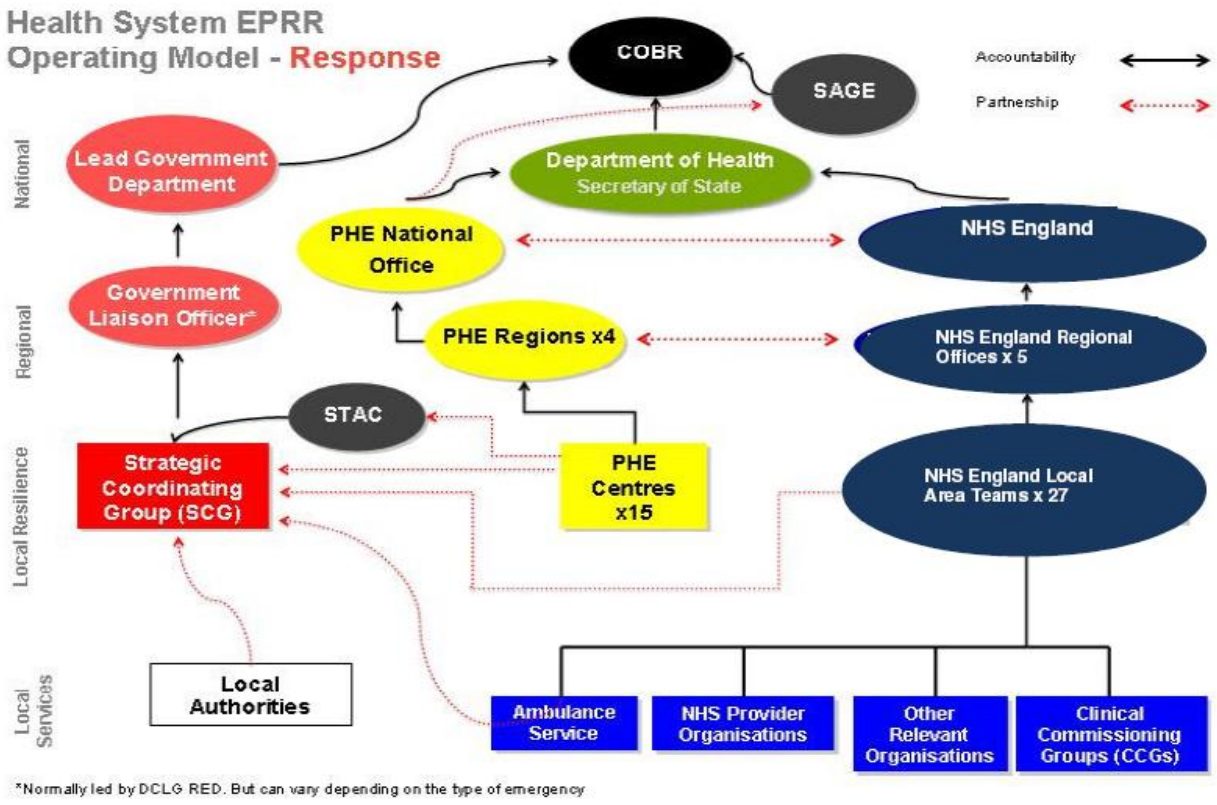
Principles of Joint Working

METHANE

The METHANE model is an established reporting framework which provides a common structure for responders and their control rooms to share major incident information. It is recommended that M/ETHANE be used for all incidents. For incidents falling below the major incident threshold 'METHANE' becomes an 'ETHANE' message.

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

14 Annex 2; National EPRR Response Model



15 Annex 3; Contact List

Redacted for Website

For Full version see Share Point or the paper version in the EPRR Folder in the main office or the paper version in the Major incident/ ICC set up kit.

16 Annex 4; Training and Exercise Record

Training and Exercise record

Date	Training	Attendee	Comments
25th July 2019	Table Top Exercise – new MIP Action Cards and ICC set up	SMT and on-call Managers, plus loggists	Scheduled Training Action Plan to address lessons identified
31st May 2018	On-call Managers Training – Additional date	All on-call Managers 8a and above	Contact lists and on-call managers pack were amended following this training
15th May 2018	On-call Managers Training	All on-call Managers 8a and above	Contact lists and on-call managers pack were amended following this training
January – Feb 2017	Table top exercise – Adverse Weather	All CCG staff	Amendments to contact lists and incident room equipment

Incident Lessons Learned

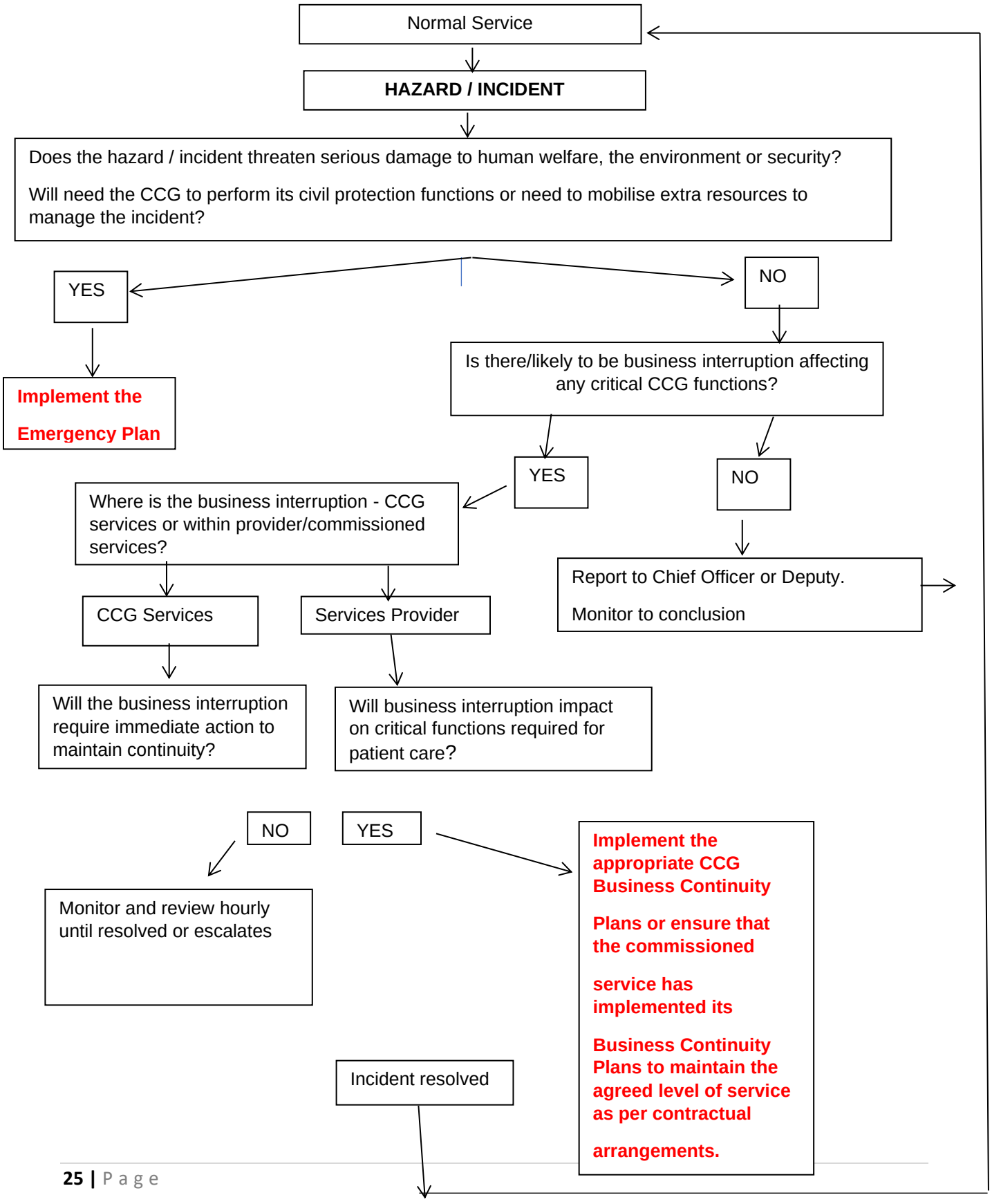
Date	Incident description	Comments
May 2017	NHS Cyber Attack	Be-brief actions: Set up a What's App contact group for on-call and key personnel to ensure consistent messages are received by all The GP practice emergency contact list was merged with Admin contact list and amended to include additional numbers The CCG contributed to Trust and NHS England de-briefs

EMERGENCY PLAN

PART 2

ACTION CARDS

CCG's Decision Process for Implementing the Emergency



ACTION CARD 1

INCIDENT COMMANDER (MANAGER ON CALL UNTIL RELIEVED)

On receipt of a warning message or an alerting call:

1. Using a Personal log to, record details of the alert - Use METHANE
2. Assume the role of Incident Commander. **Start a Personal Log.**

3. On receipt of MAJOR INCIDENT **STANDBY** immediately contact the CCG Senior Managers and inform them that you have received a MAJOR INCIDENT **STANDBY** message. **Start the Incident Command and Decision Log** (located in the Major incident kit in the Chief Officer's Office).

4. On Receipt of MAJOR INCIDENT **DECLARED** Immediately contact the Chief Officer or in their absence the Chief Finance Officer (Deputy Chief Officer) informing them of the incident and discuss requirement to instigate the Incident Control Centre (ICC) at Hilldale. Discuss incident and further actions required from the CCG.

5. If the Major Incident is declared by a Provider Organisation, then NHS England EPRR Team or On-call manager should be informed.

6. In the event of an internal incident use the decision-making diagram to determine the level of response required. If necessary declare a Major Incident Standby or a Major Incident as required, and notify Incident Management staff as above and other agencies.

7. Establish the Incident Management Team (ICT) (using Action cards as a guide) - using the contact list in this plan set up the ICC. Ensure there is a Loggist and communications team member as well as the incident commander as a minimum. Other members can be called/added as required – ensure all Action Cards are allocated to a member of the ICT.

8. Record all instructions received, actions taken and other information via the Incident Log. **All entries in the notepad must be timed, dated, signed and made in ink. Refer to Loggist Action Card until a Trained Loggist arrives.**

9. Continue to coordinate the incident until relieved. **DO NOT LEAVE** until you are told to do so by the Chief Officer or Deputy.

10. Ensure all evidence both written and electronic is collated and kept and passed to the Emergency Planning Lead

11. **Counselling.** Should you feel that you would benefit from receiving counselling during or after being involved with the incident, then please let the Deputy Chief Officer know so that this can be arranged.

ACTION CARD 2

ACTIONS TO BE TAKEN BY THE COMMUNICATIONS MANAGER

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

1. Respond as requested by the First On-call Manager Alerted.

2. When informed of its activation by the On-call Manager or Senior Manager alerted, proceed to the CCG ICC at Hilldale.

3. Agree with ICC Co-ordinator the most appropriate working location, contact arrangements and procedures for information exchange.

4. Initiate as appropriate, CSU support arrangements to establish the appropriate levels of support.

5. Establish and maintain effective process for ensuring briefing with the latest information on a regular basis.

6. Establish liaison links with those responsible for media liaison at:
   - NHS England
   - Lancashire County Council Public Health
   - North West Ambulance NHS Trust (NAS)
   - Public Health England
   - GP Practices
   - Southport & Ormskirk NHS Trust

7. Ensure that pre-release authorisation for all information and statements released to the media is obtained from the Incident Command Team (ICT).

8. Implement arrangements for the Incident Command Team to be provided with all media statements concerning the emergency generated by other agencies, including other NHS organisations.

9. Institute an appropriate process to gather timely and accurate information from all authoritative sources available.

10. Using information gathered and briefing material made available by the DH/NHS, other central Government departments, the Multi-Agency media centre of other authoritative

organisations involved in the response. Prepare information and advice that may be used in response to any media and/or public enquiries.

11. Co-ordinate the provision of health related information to other responding organisations, as appropriate.

12. Ensure that operational and Governing Body staff are appropriately supported if required to respond to the media, on issues relating to their speciality.

13. Prepare for authorisation, appropriate statements for release to the media.

14. Co-ordinate the arrangements and maintain control of any media visits to any CCG operational areas.

15. Provide the CCG lead for the organisation, co-ordination and management of media interview, briefings and 'feature story' activity.

16. Implement procedures for the regular updating of information and guidance to be used by operators of any 'Helpline' established by the CCG.

17. Brief senior staff as appropriate, particularly where such staff are to participate in media interviews concerning the CCG response.

18. Ensure that suitable arrangements are in place for VIP visits, etc.

19. Ensure that the appropriate level of support is maintained throughout the initial stages of the event and in response to any sustained media interest, following the completion of the acute phase of any incident.

20. **Counselling.** Should you feel that you would benefit from receiving counselling during or after being involved with the incident, then please let the nominated senior manager or your line manager know so that this can be arranged.

ACTION CARD 3

ACTIONS TO BE CARRIED OUT BY ICC MANAGER

On assuming the role the ICC manager will:

1. Collect the Action Card.

2. Record all instructions received, actions taken and other incidents that may enable the CCG to assess the success of the Emergency Plan and provide evidence to any inquiry which may follow. ***All entries in the log must be timed, dated, signed and made in ink.***

3. Take responsibility for Loggist(s) and admin/support staff and ensure that the ICC is set up promptly

4. Assign identified tasks to team members and ensures that they are carried out

5. Oversee the functioning of the ICC and ensure that work-load is distributed evenly and information filed and stored.

6. Ensure that a Policy log is established and that all major decisions are recorded, including the reasons for those decisions, and signed off by the NHS Incident commander **(See LOGGISTS ACTION CARD 5)**

7. ICC Manager is responsible for:
   I. Co-ordinating logging of all information coming in to ICC
   II. Ensuring that information coming in to ICC is distributed and actioned by relevant ICC members (you may wish to appoint Runners to gather information from different cells)

8. Ensure that rotas are in place for 24 hour cover if necessary

10. In consultation with other members of the ICT, determine the most appropriate time for the CCG 'Stand Down', ensuring that there is a smooth transition to normal methods of working.

11. Collect all the log books and documents from the ICC and return to Emergency planning Lead Following stand down.

12. **Counselling.** Should you feel that you would benefit from receiving counselling during or after being involved with the incident, then please let the nominated senior manager or your line manager know so that this can be arranged.

ACTION CARD 4

ICC SUPPORT STAFF

On receipt of a warning message or an alerting call (out of hours) you are requested to attend the Incident Control Centre (ICC) located at Hilldale

1. On arrival, Familiarise yourself with the layout of the Incident Command Centre.

2. Carry out duties as directed by the ICC Manager.

3. Maintain a telephone log of all calls/events and decisions taken using the log book provided. All entries in the log book must be dated, signed and made in ink.

4. Maintain a list of key contacts and update appropriate lists.

5. Undertake general duties as directed e.g. faxing, copying etc.

6. Act as '**runner'** to deliver messages within the CCG HQ.

7. Ensure that all completed log sheets of events and decisions taken are maintained and signed by the appropriate manager.

8. Ensure that the log sheets and all other information relating to the incident is retained and passed to the EPRR Lead at the end of the incident.

9. **Counselling.** Should you feel that you would benefit from receiving counselling during or after being involved with the incident, then please let the nominated senior manager or your line manager know so that this can be arranged.

ACTION CARD 5

LOGGIST

Your Immediate Actions

All Incident Control team members are required to: -

1. Proceed to the incident Control Room as directed
2. Report to the Incident Manager – Pandemic Flu Lead for briefing
3. Maintain a log of decisions taken

A comprehensive and continuous record should be kept of all events, decisions, along with the **reasoning** behind key **decisions** and **actions** taken.

1. Write at the front of the loggist book: Loggist's Name and Signature / Date and Time log taken / Commander Name and signature
2. Always use **BLACK** ball point pen, to complete decision logs
3. Itemise every new entry e.g. 1, 2, 3
4. Dates to be recorded using the full DD / MM / YY format
5. Times have to be accurate and are recorded using the 24-hour clock e.g. HH: MM, each time information is received or transmitted
6. All persons in attendance to be recorded in log, plus any leavers or changes to attendance
7. If individuals are tasked with a function or role, this must be documented and when the task is completed this must be logged
8. Ensure that numbers and letters are written clearly
9. Clear and concise written records of events, decisions and actions to be noted
10. The use of acronyms and abbreviations must be supported by an explanation at first use i.e. TLA (Three Letter Abbreviation)
11. All blank lines and spaces to have a line drawn within them
12. Annotations are to be written in **RED** ballpoint pen
13. Commander and loggist are required to sign the bottom of each page to agree with record

Making corrections:

- Within 24 hours use **RED** ink when
- After 24 hours use **GREEN** ink

Use superscript capital letters to indicate an amendment (example of this below). The Commander and loggist are required to sign the amendment.

Record keeping Rule - **NO ELBOW**
Erasures
Leaves torn out

Blank spaces
Overwriting
Writing between lines and margin

The Fundamental role is to capture information and a loggist is **NOT** a minute taker, a runner or a tea / coffee maker.

On-going Management

All documentation is kept safe and retained for evidence for future proceedings.
This is to include every note, every flipchart, every email and every telephone message.

Stand Down
Participate in a "hot" debrief immediately after the incident and any subsequent structured debrief.

Following stand down evaluate admin effectiveness and any lessons learned and report these to the Incident Manager for inclusion in the report to the Chief Officer.