

## Checklist for the Review and Approval of Procedural Document – Incident Plan

To be completed and attached to any document which guides practice when submitted to the appropriate committee for consideration and approval.

	<b>Title of document being reviewed: Incident Pan</b>	<b>Yes/No/ Unsure</b>	<b>Comments</b>
<b>1.</b>	<b>Title</b>		
	Is the title clear and unambiguous?	Yes	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Yes	
<b>2.</b>	<b>Rationale</b>		
	Are reasons for development of the document stated?	Yes	
<b>3.</b>	<b>Development Process</b>		
	Is the method described in brief?	Yes	
	Are people involved in the development identified?	Yes	
	Do you feel a reasonable attempt has been made to ensure relevant expertise has been used?	Yes	
	Is there evidence of consultation with stakeholders and users?	Yes	
<b>4.</b>	<b>Content</b>		
	Is the objective of the document clear?	Yes	
	Is the target population clear and unambiguous?	Yes	
	Are the intended outcomes described?	Yes	
	Are the statements clear and unambiguous?	Yes	
<b>5.</b>	<b>Evidence Base</b>		
	Is the type of evidence to support the document identified explicitly?	N/A	
	Are key references cited?	Yes	
	Are the references cited in full?	Yes	
	Are supporting documents referenced?	Yes	
<b>6.</b>	<b>Approval</b>		

	<b>Title of document being reviewed: Incident Pan</b>	<b>Yes/No/ Unsure</b>	<b>Comments</b>
	Does the document identify which committee/group will approve it?	Yes	
	If appropriate have the staff side committee (or equivalent) approved the document?	N/A	
<b>7.</b>	<b>Dissemination and Implementation</b>		
	Is there an outline/plan to identify how this will be done?	Yes	
	Does the plan include the necessary training/support to ensure compliance?	Yes	
<b>8.</b>	<b>Document Control</b>		
	Does the document identify where it will be held?	Yes	
	Have archiving arrangements for superseded documents been addressed?	Yes	
<b>9.</b>	<b>Process to Monitor Compliance and Effectiveness</b>		
	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	Yes	General emergency preparedness will be assessed against the NHS England Core EPRR Standards
	Is there a plan to review or audit compliance with the document?	Yes	
<b>10.</b>	<b>Review Date</b>		
	Is the review date identified?	Yes	
	Is the frequency of review identified? If so is it acceptable?	Yes	
<b>11.</b>	<b>Overall Responsibility for the Document</b>		
	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the documentation?	Yes	

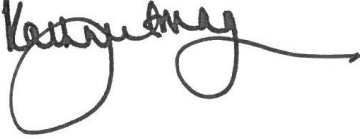
**Individual Approval**

If you are happy to approve this document, please sign and date it and forward to the chair of the committee/group where it will receive final approval.

Name	Caroline Hall	Date	29 November 2017
Signature			

**Committee Approval**

If the committee is happy to approve this document, please sign and date it and forward copies to the person with responsibility for disseminating and implementing the document and the person who is responsible for maintaining the organisation's database of approved documents.

Name	Kathryn Magson	Date	29 November 2017
Signature			

Acknowledgement: Cambridgeshire and Peterborough Mental Health Partnership NHS Trust



**Herts Valleys  
Clinical Commissioning Group**

## **NHS HERTS VALLEYS CLINICAL COMMISSIONING GROUP (HVCCG)**

### **INCIDENT PLAN**

# **In Response to a Major Incident**

**This document contains personal contact details to be used only in emergencies. Store all copies in a secure manner and do not distribute unnecessarily.**

<b>Version Number</b>	1.7
<b>Ratified By</b>	HVCCG Exec Team
<b>Date Ratified</b>	October 2017
<b>Name of Originator/Author</b>	Amanda Yeates
<b>Responsible Director</b>	Chief Finance Officer
<b>Staff Audience</b>	All staff
<b>Date Issued</b>	November 2017

<b>Next Review Date</b>	October 2018
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# **STOP – IMMEDIATE ACTION**

- IF YOU HAVE JUST RECEIVED NOTIFICATION THAT A MAJOR INCIDENT HAS BEEN DECLARED AND YOU HAVE NOT READ THIS DOCUMENT

## **DO NOT READ IT NOW**

- FIND YOUR RELEVANT ACTION CARD IN PART 2 OF THIS PLAN AND FOLLOW THE INSTRUCTIONS.
- IF YOU ARE IN AN NHS HVCCG BUILDING, REPORT IMMEDIATELY TO YOUR NORMAL PLACE OF WORK AND CONTACT YOUR MANAGER
- BE PREPARED TO WORK WHEREVER YOU ARE ASSIGNED
- IF YOU DO NOT UNDERSTAND ANYTHING ASK YOUR MANAGER OR THE EMERGENCY PLANNING & RESILIENCE LEAD

## DOCUMENT CONTROL

This plan will be regularly reviewed and amendments issued as required. The Emergency Planning and Resilience Lead (Head of Corporate Support) will retain a record of amendments and any changes to be included in this plan **MUST** be co-ordinated through the Emergency Planning and Resilience Lead. The person incorporating the amendment should sign as having incorporated the amendment and include their name clearly written in block capitals.

Plan Version	Page	Details of amendment	Date	Author
V1		New plan	Jul 13	AY
V1.1	9	Partner organisations added to the distribution list	Aug 13	AY
V1.1	14	Clarification that legal advice available only during normal office hours	Aug 13	AY
V1.1	17	Acute Trust Switchboard phone numbers added	Aug 13	AY
V1.1	18	Re-write of section 5.4	Aug 13	AY
V1.1	18	Further clarification added in relation to Personal Protection Equipment	Aug 13	AY
V1.1	21	Location of spare Emergency Log Books added	Aug 13	AY
V1.1	29-41	Clarification that additional documentation should be passed to Emergency Planning Lead	Aug 13	AY
V1.1	31	QE11 and Lister merged on the same reporting line	Aug 13	AY
V1.1	14-56	IMT changed to Incident Management Team	Aug 13	AY
V1.2	31	References to “annexes” in the on-call pack removed	Sep 13	AY
V1.2	36	Action card updated so that Chair contacts all members of the Board and not just non-Execs	Sep 13	AY
V1.2	15	Reference to potential use of independent sector included	Sep 13	AY
V1.2	55	Definition of “Battle Box” added to list of acronyms	Sep 13	AY
V1.3	7 - 55	References to Incident Control Centre changed to Incident Coordination Centre	Sep 13	AY
V1.3	11	Section 1.2 changed to indication participation in as SCG rather than convening	Sep 13	AY
V1.3	11	Participation in Local Health Resilience Partnership added	Sep 13	AY
V1.3	17	Reference to Hertfordshire Acute Trust changed to West Hertfordshire	Sep 13	AY
V1.3	18	Reference to PropCo removed from 5.4	Sep 13	AY
V1.3	20	Reference to Gold command changed to Coordination Group in 7.3	Sep 13	AY
V1.3	20	Section 8.1 removed	Sep 13	AY
V1.3	25	Reference to DH Guidance on Emergency Planning in section 20 changed to NHS Commissioning Board Emergency Preparedness Framework 2013	Sep 13	AY
V1.3	34	Reference to QE11 and Lister removed	Sep 13	AY
V1.3	48	Reference to region changed to East of England	Sep 13	AY
V1.3	56	Reference to NHS Direct changed to 111	Sep 13	AY
V1.3	14	Reference to HVCCG insurance arrangements included in section 2.3	Sep 13	AY
V1.3	4	Responsible Director & staff audience added to front sheet	Sep 13	AY
V1.3	9	“Distributed to” changed to “consulted with”	Sep 13	AY
V1.4	ALL	Plan review	Sep 14	AY
V1.5	11–13 18	Numerous changes made to reflect up to date guidance	Jun 15	AY

	20-21 24-28 30-31 38 48			
V1.5	29	Plan updated to include storage of plan on memory sticks	Jun 15	AY
V1.5	64	Equality and Quality Impact Assessment added	Jun15	AY
V1.5	32-53	Action Cards Updated	Jul 15	AY
V1.6	11	Definition relating to types of incidents removed, updated and moved to section 2.1	Jun 16	AY
V1.6	29	Section 14.3 added in relation to links with clinical networks	Jun 16	AY
V1.6	34	Links to plans updated in section 22.6	Jun 16	AY
V1.7	All	Accountable Officer changed to Chief Executive	Sep 17	AY
V1.7	15	Section 4.1 updated in relation to social media	Sep 17	AY
V1.7	17	Flow chart in section 4.2 updated	Sep 17	AY
V1.7	18	Section 4.3 updated in relation to the role of DoC	Sep 17	AY
V1.7	19	Details of Apsley 2 removed from section 5.4	Sep 17	AY
V1.7	20	Section 6.1 updated in relation to the relocation of the Incident Room	Sep 17	AY
V1.7	20	Section 6.4 updated in relation to the role of DoC / Gold Command	Sep 17	AY
V1.7	21	Section 7.3 & 8 updated in relation to roles	Sep 17	AY
V1.7	31	Linked plans / references updated sections 22.6 & 7	Sep 17	AY
V1.7	63	Updated Equality & Quality Inclusion Analysis Form included	Sep 17	AY
V1.7	13	Types of NHS incidents included	Sep 17	AY
V1.7	20	Reference to PCSS removed in section 5.3 and new arrangements included	Sep 17	AY



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## **Distribution List**

Below is a summary of those partner organisations that have been consulted in relation to the HVCCG Incident plan.

Hertfordshire County Council  
East of England Ambulance Service NHS Trust  
Hertfordshire Community NHS Trust  
East & North Herts NHS Trust  
West Herts Hospitals NHS Trust  
Hertfordshire Partnership NHS Foundation Trust  
East and North Hertfordshire Clinical Commissioning Group  
NHS England Central Midlands Sub-Regional Team  
Herts Urgent Care  
Public Health England

# HVCCG Major Incident Plan

## 1 INTRODUCTION / OBJECTIVE

### 1.1 Requirement to Plan

HVCCG has a statutory duty to maintain emergency plans under the Civil Contingencies Act (2004). This plan is not a detailed guide to action. The plan outlines generic arrangements that can be used in the response to major incidents and emergencies and complements the Emergency Planning & Resilience Policy.

### 1.2 Multi-agency Planning

HVCCG is a member of the Local Health Resilience Partnership and the subgroup which has links with Hertfordshire Resilience, the county's Local Resilience Forum. HVCCG also attends quarterly multi-agency Response and Planning Group meetings. Subsequently, HVCCG participates in local multi-agency emergency planning. During a major incident requiring a multi-agency response HVCCG with other local partners may be required to participate in a Strategic Coordinating Group (SCG) to exercise overall strategic control. The command and control structure for the SCG is shown at Annex C.

HVCCG will ensure full participation in the Local Health Resilience Partnership and Emergency Preparedness, Resilience and Response sub-group meetings.

### 1.3 Plan Compilation

This plan has been compiled by the Emergency Preparedness, Resilience and Response Lead and approved by the Chief Executive and Executive Team on behalf of the HVCCG Board.

### 1.4 Plan Aim

The aim of this plan is to facilitate a structured and coordinated response by HVCCG to major incidents and emergencies in the County, in a way that delivers optimum care and assistance to those affected, minimises disruption to healthcare, and that brings about a speedy return to normality.

### 1.5 Plan Objectives

The objectives of this plan are to:

- Provide initial guidance for the response to a major incident or emergency
- Provide a framework of actions for all those involved in HVCCG's response to a major incident or emergency
- Assist partner agencies in understanding the HVCCG response
- Meet HVCCG's statutory duty to maintain emergency plans.
- Link with the HVCCG Escalation Plan

## 2 DEFINITION OF A MAJOR INCIDENT

### 2.1 Definitions

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

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

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

For the NHS, a significant incident or emergency is defined as "any event that cannot be managed within routine service arrangements. and requires the implementation of special procedures and may involve one or more of the emergency services, the wider NHS or a local authority. A significant incident or emergency may include;

- **Times of severe pressure**, such as winter periods, a sustained increase in demand for services such as surge or an infectious disease outbreak that would necessitate the declaration of a significant incident, however **not** a major incident.
- Any occurrence where the NHS funded organisations are required to implement special arrangements to ensure the effectiveness of the organisations internal response. This is to ensure that incidents above routine work but not meeting the definition of a major incident are managed effectively.

The term significant incident or emergency is deliberately broad to ensure that potential incidents are not missed. It recognises the fundamental importance of community confidence and trust in the NHS organisational response to any incidents. NHS funded organisations must have in place Incident response plans that reflect organisational triggers for incident level escalation and de-escalation.

In the first instance NHS organisations must consider declaring a significant incident before escalating to a major incident. A significant incident is when their own facilities and/or resources, or those of its neighbours, are overwhelmed. The specific triggers for escalation and the process for managing this must be identified in the respective incident plan which must also describe the process for escalation to a major incident.

*A major incident has recently been defined as “an event or situation, with a range of serious consequences, which requires special arrangements to be implemented by one or more emergency responder organisation.”*

Notes:

- a) *“emergency responder agencies” describes all Category one and two responders as defined in the Civil Contingencies Act (2004) and associated guidance;*
- b) *A major incident is beyond the scope of business-as-usual operations and is likely to involve serious harm, damage or risk to human life or welfare, essential services, the environment or national security;*
- c) *The severity of consequences associated with a major incident are likely to constrain or complicate the ability of responders to resource and manage the incident, although a major incident is unlikely to affect all responders equally;*
- d) *The decision to declare a major incident will always be a judgement made in a specific local and operational context, and there will be no precise and universal thresholds or triggers. Where Local Resilience Forums and responders have explored these criteria in the local context and ahead of time, decision makers will be better informed and more confident in making that judgement.*

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

- a) Big Bang – a serious transport accident, explosion or series of smaller incidents
  - a. Rising Tide – a developing infectious disease epidemic, or a capacity/staffing crisis or industrial action
  - b. Cloud on the Horizon – a serious threat such as a significant chemical or nuclear release developing elsewhere and needing preparatory action
  - c. Headline news – public or media alarm about an impending situation
  - d. Internal Incidents – fire, breakdown of utilities, significant equipment failure, hospital acquired infections, violent crime
  - e. CBRN(s) – deliberate (criminal intent) release of chemical, biological, radioactive, nuclear materials or explosive device
  - f. HAZMAT – incident involving hazardous materials
  - g. Mass casualties

## **2.2 Types of incidents**

For the NHS, incidents are classed as either:

- Business Continuity Incident
- Critical Incident
- Major Incident

Each will impact upon service delivery within the NHS, may undermine public confidence and require contingency plans to be implemented. NHS organisations should be confident of the severity of any incident that may warrant a major incident declaration, particularly where this may be due to internal capacity pressures, if a critical incident has not been raised previously through the appropriate local escalation procedure.

### **2.2.1 Business Continuity Incident**

A business continuity incident is an event or occurrence that disrupts, or might

disrupt, an organisation's normal service delivery, below acceptable predefined levels, where special arrangements are required to be implemented until services can return to an acceptable level.

### 2.2.2 Critical Incident

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

### 2.2.3 Major Incident

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

A Major Incident may be:

- **External Major Incident** – an event meeting the NHS definition (above) within Hertfordshire, or an incident meeting the same criteria elsewhere that nevertheless affects the county. An example of an external major incident would be a serious train crash or a major explosion.
- **Internal Major Incident** – a major incident that occurs on NHS premises. An example of an internal major incident would be a serious fire, power failure or flood which has made it necessary to evacuate the premises involved.

## 2.3 Incidents other than Major Incidents

- **Serious Incident** – The CCG has a separate Serious Incident (SI) Policy which demonstrates how the CCG will identify, report and manage Serious Incidents and ensure that learning occurs. A copy of this plan is available electronically on the CCG's Intranet. If it is decided that the SI requires the implementation of the Major Incident plan then this request should be made to the Senior Manager on-call (SMOC) on : **07881 940243**
- **Significant Incident and Emergency** - The definition of significant incidents and emergencies as they may apply to NHS funded organisations, and the varying scale of these incidents, is detailed in section 2.1.

## 2.4 Legal Emergencies

HVCCG is covered by the NHS Litigation Authority Liabilities to Third Party Scheme. This provides cover for employer's liability, public liability, products liability and profession indemnity.

In the event of legal advice being required this can be obtained during normal office hours from Capsticks solicitors. Details are held by the Head of Corporate Support.

### **3 RESPONSIBILITIES OF STAFF**

**3.1** On appointment, and periodically thereafter, it is the responsibility of all members of staff to familiarise themselves with the:

- General outline of this plan
- Location to which they should report when an emergency is declared
- Emergency roles and responsibilities as detailed in any Action Cards
- Emergency roles and responsibilities as detailed by line management.

**3.2** Individual members of staff are responsible for reporting any change in their contact details to their manager to enable out of hours contact lists to be maintained. Further information for staff can be found on Action Card 3.

#### **3.3 Identity Badges**

Staff must wear NHS identification badges when attending the Incident Coordination Centre or any other location linked to the incident response.

### **4 ALERT MESSAGES (See Action Card 1)**

#### **4.1 External Major Incident**

The Senior Manager on-call may be alerted to a major incident by:

- East of England Ambulance Services NHS Trust (EEAST)
- Hertfordshire Community NHS Trust (HCT)
- East & North Hertfordshire NHS Trust (Lister or QEII Hospitals)
- West Herts Hospital Trust (Watford, Hemel Hempstead or St Albans Hospitals)
- NHS England Central Midlands Sub-Regional Team
- A member of HVCCG staff
- Any other Category 1 Responder (defined by the Civil Contingencies Act)

It is this CCG's responsibility to cascade warnings to other trusts and partners as appropriate. Action Card 1 provides guidance on issuing a cascade message. A diagram showing cascade links is at Annex D.

A process is in place to inform and advise staff and the public by providing relevant, timely information about the nature of the unfolding event and about:

- Any immediate actions to be taken by responders
- Actions the public can take
- How further information can be obtained
- The end of an emergency and the return to normal arrangements

The process includes a number of communications activities and methods to ensure that the messages are cascaded widely and reach audiences who access information in different ways. The process includes:



- Working with partners to issue information to the media, including messages tailored to specific communities or geographic locations if appropriate. HVCCG information will include advice from GPs, local public health messages and other relevant information agreed with partners. When appropriate we will offer local GPs or other relevant staff for interview by broadcast media.
- The communications team will use social media channels to share important messages, e.g. our corporate and HVCCG associated Twitter accounts, facebook page and Yammer. Individual staff should be discouraged from posting details about a major incident on social media, unless under the guidance of the communications team.
- We will use our website to publish latest information and to signpost to partner sites, e.g. Public Health, Hertfordshire Police, Hertfordshire County Council
- We will send emails and e-bulletins directly to our stakeholders

We will ensure that our 70 member practices are fully briefed via our locality teams, weekly GP e-bulletin and face to face sessions such as board and locality meetings.

We will ensure our staff are fully briefed via our internal face to face and electronic briefing systems.

During any major incident there will always be a period of time when there is insufficient information from the scene. Media and social media coverage can be useful to gather information on the incident. However, this information may be inaccurate. The role of social media to manage information flow needs careful consideration during the incident as information and misinformation spreads quickly.

#### **4.2 ACTIVATION OF MAJOR INCIDENT PLAN (See Action Card 1)**

Activation of this plan initiates the setting up of the Incident Coordination Centre, staffed by the Incident Management Team. This plan may be activated by the Chief Executive, a nominated deputy/Senior Manager on-call or the Emergency Planning and Resilience Lead when any of the following conditions are met:

- A major incident or major incident stand-by message has been received from a reliable source
- A major incident affecting Hertfordshire has occurred or is likely to occur
- An internal major incident has occurred or is likely to occur
- The CCG own facilities or resources that are being overwhelmed or are likely to be overwhelmed

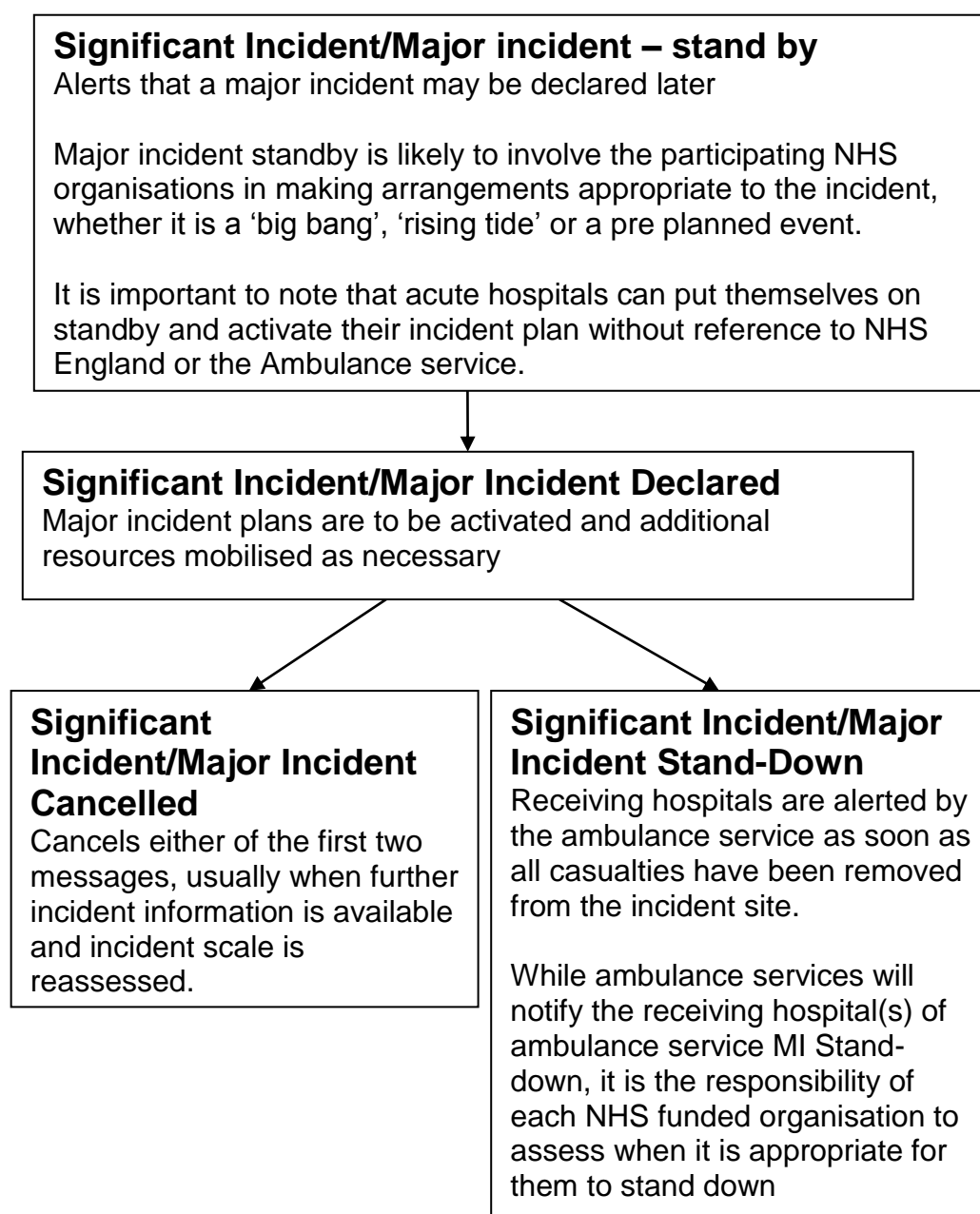
When deciding whether to activate this plan, the following should be considered:

- The impact of the incident on the CCG and partner organisations
- Whether the incident is a major incident for the CCG
- Any existing or foreseeable requests for assistance

- The extent to which resources will need to be deployed
- Whether information or support is required from other organisations
- Whether the number of casualties dictate that it may be necessary to request assistance from the independent sector to treat injured patients where appropriate

If it is decided not to activate this Plan, the CCG Senior Manager on-call, Emergency Planning & Resilience Lead or Chief Executive should monitor the situation and re-assess as necessary.

## Standard Messages used by NHS Organisations:



### 4.3 On-call arrangements

The CCG Senior Manager On-Call (SMOC) is available at all times on **07881 940243**. The CCG Director On-Call (DoC) is available at all times on **07919 014264**. Any other member of staff receiving an alerting message for any on-call staff should record all available information, including the caller's contact details, and pass to them for follow-up action.

The SMOC Action Card is card No 2. The DoC Action Card is card No. 3. A chart showing the warning/alerting cascade system is at Annex D. Any Significant or Major Incident Declared or Stand-by message should be cascaded as detailed in the action card.

All available information on the incident should be recorded as a 'METHANE' situation report, as contained in action card 2a.

On-call numbers for partner agencies can be found in the Senior Manager's On-Call Pack and are also held in the Battle Box in the Incident Coordination Centre

The SMOC may convene an Incident Management Team to assist in the process of managing any incident.

#### **4.5 Internal Major Incident (Action Card 1)**

In the event of the CCG declaring an Internal Major Incident, a situation report (SITREP) will be compiled by the Senior Manager on-call, with support from the Emergency Planning and Resilience Lead as necessary, and cascaded as listed in Action Card 1.

Those involved in the response to an Internal Major Incident will record information in the same way as during an external incident, using the Emergency log book.

#### **4.6 MAINTAINING NORMAL SERVICE**

The Incident Management Team will consider the maintenance of all CCG services during a major incident. If necessary, staffing and resources will be prioritised and reallocated and Business Continuity Plans implemented.

### **5 HVCCG RESPONSE**

The following may be made available to support the CCG response to an incident

#### **5.1 CCG Incident Management Team to:**

- Conduct an immediate assessment of the emergency situation
- Review the status and resources of the CCG and where appropriate that of the West Hertfordshire Acute Trust Hospitals, culminating in a decision concerning any requirement to implement the HVCCG Emergency Plan in full or in part.
- Confirm emergency contact arrangements with other NHS and non -NHS agencies involved in the incident response

#### **5.2 Public Health (see annex G and Action Card 6)**

.....  
: ***For any CBRN incident contact the Health Protection Unit in hours on*** :  
: ***01462 705300 or OOH via any Acute Trust switchboard (West Herts*** :  
: ***(0845 402 4332 Or East and North Herts 01438 781116)*** :  
: .....

Contact with Public Health in hours for advice relating to communicable disease, chemical, biological, radiological, nuclear or environmental hazards should be made via:

- The Public Health on call number is **0300 303 8537** (09.00 hours to 17.00 hours)
- Out of hours call: **01603 481 272** and ask for “**Public Health 1st On-Call**”

### **5.2.1 Scientific and Technical Advice Cell (STAC)**

To ensure scientific and technical advice during the response to an emergency, a STAC may be set up to provide advice to the Strategic Coordination Group (SCG). This is the responsibility of Public Health England. The STAC will access comprehensive and authoritative advice from a wide range of sources, including the NHS and Public Health England and other key scientific and technical sources to support and advise the SGC in directing the response to an incident. The range of relevant specialists needed to ensure comprehensive and authoritative advice will vary depending on the nature of the incident.

### **5.3 Primary Care**

The CCG Medical Director and / or Localities teams can cascade messages and information during an incident to all GP contractors. NHSE (Central Midlands and East Region) should cascade to all other NHSE commissioned contractors pharmacists, dentists and optometrists via the CAS Alert system. . NHSE can be contacted in hours at [england.gp-athsm@nhs.net](mailto:england.gp-athsm@nhs.net). Out of hours communications should be arranged via the NHSE on-call system.

### **5.4 CCG Sites**

Any incident relating to the CCG Headquarters at Hemel One, Boundary Way, Hemel Hempstead should be reported to the property management company during office hours on 01895 813344 or 07860 202297. Out of hours Security should be contacted on 01442 259813 or 07834 328728. Incidents relating to any other sites should be reported via the appropriate On Call Manager.

### **5.5 Reception Centres**

If reception centres are required these will be set up by the District/Borough Councils. If required the CCG will endeavour to support these centres as appropriate, arrangements for this will be co-ordinated via the On-Call Manager or Incident Management Team.

### **5.6 Health and Safety**

All Incident Management Team members allocating tasks should consider the health and safety risks of the roles/tasks they allocate. Staff should be asked, wherever possible, to do tasks that they are familiar with and that form part of their everyday work.

All CCG staff should ensure they consider their own health and safety in respect of any tasks that they are asked to carry out especially those they are not familiar with.

## **5.7 Personal Protective Equipment (PPE)**

Any staff required to attend the incident scene should ensure that they have the appropriate personal protective equipment otherwise they will not be allowed access to the site. This equipment is often provided at the incident scene itself although it would be very unlikely that CCG staff would need to attend.

## **6 INCIDENT COORDINATION CENTRE (Action card 2)**

### **6.1 Location**

The Incident Coordination Centre (ICC) will be located in the Apsley Room at Hemel One, Boundary Way, Hemel Hempstead, Herts, HP2 7YU. The SMOC / DoC or Emergency Planning and Resilience Lead may relocate the Incident Coordination Centre if appropriate.

### **6.2 Staffing**

The ICC will be staffed by an Incident Management Team. The membership of this team will be decided by the HVCCG Chief Executive or nominated deputy/SMOC and made up of appropriate staff.

### **6.3 Role**

The Incident Coordination Centre (ICC) will serve as the focal point for all liaison, co-ordination and control matters. The Incident Management Team running the ICC will act as the HVCCG Tactical (Silver) Command.

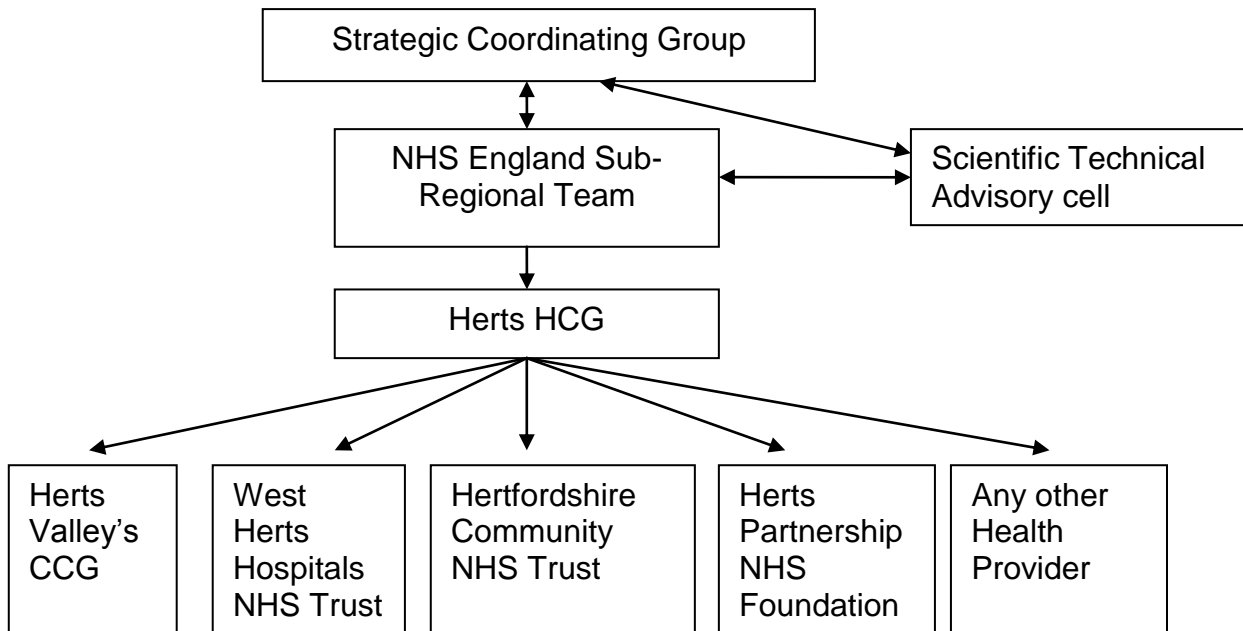
### **6.4 The Membership of the Incident Management Team**

Emergency Planning Resilience and Response Lead  
Communications Representative  
Senior Manager On Call  
CCG Chief Executive / DoC or their delegated representative(s) – may act as CCG Strategic (Gold) Command in the absence of regional NHSE Gold Command

In addition to these roles, the SMOC, Chief Executive or nominated deputy may at any time appoint other members considered necessary. Administrative support will be made available.

## **7. INCIDENT MANAGEMENT TEAM**

**7.1** Where required the Incident Management Team will designate one of its members to attend the Hertfordshire Health Co-ordinating Group (HCG)



### 7.3 Role

The Incident Management Team may be set up in response to a Major Incident declaration. Its purpose includes:

- To provide the strategic / tactical direction of the CCG response
- To oversee the coordination of the CCG response
- Allocate resources as appropriate
- Agree the recovery process
- Send representation to Herts Health Coordination Group if requested

## 8 INCIDENT COMMAND AND CONTROL

Where incidents require a wider NHS or multi-agency response, a command and control structure will be developed to allow the appropriate linkages to, membership of, communication with other responses to local, Regional and National resilience arrangements including Strategic (Gold), Tactical (Silver) and Operational (Bronze) commands, an explanation of these can be found in annex B. It is likely that the CCG would be acting in an operational/tactical capacity during a regional incident. A more localised incident may involve the CCG also operating in a strategic capacity.

## **9 USE OF ACTION CARDS**

### **9.1 Purpose**

The Action Cards at Part 2 of this plan provide detailed instructions on emergency procedures, functional roles and responsibilities of specific post holders or specific departments. Hard copies of these will be held at appropriate locations throughout HVCCG including with the Lead for Emergency Planning and Resilience and in the Incident Coordination Centre “Battle Box”. Electronic copies are on the intranet in the documents section of the resource centre and on memory sticks in the battle box and held by the Emergency Planning and Resilience Lead, Chief Finance Officer and Accountable Officer.

## **10 RECORD KEEPING**

### **10.1 Preservation of Documents**

All documents which relate to the incident must be preserved. For these purposes documents also includes photographs, audio and video recordings, and information held electronically, including emails.

**The vital message 'Preserve and Protect' - needs to be spread very quickly during a major incident and must reach those who might quite unknowingly hold significant documents.**

HVCCG will issue appropriate instructions and guidance on procedures to be adopted in the immediate aftermath of a major incident.

### **10.2 Log books**

All Action Card holders must keep a record of all instructions received in the Emergency Log Book, actions taken and other incidents which may enable the CCG to assess the success of the emergency response and provide evidence to any inquiry which may follow. The log book should remain intact; no part should be destroyed or erased. The log book should be handed on if the holder is relieved during the incident, the timing of this action should also be written in. Following stand-down the log book is to be returned to the Emergency Planning and Resilience Lead. Spare Emergency Log Books are stored in the cupboard in the ICC. The CCG will ensure that an appropriate number of staff have received relevant specialised “loggist” training.

## **11 STAFF REPORTING**

### **11.1 Cascade Calling System**

A cascade calling system will be used to inform senior staff of the implementation of the emergency plan. The cascade system is shown at Annex D with individual responsibilities covered in relevant Action Cards.



## 11.2 Staff Response:

Staff will be requested to assist as required during an incident further details are included in Action Card 3

- **Off Duty Staff.** Off Duty Staff who learn **indirectly** of an emergency which is likely to involve the CCG response **should remain at home until called.**
- **Staff on duty** unaffected by the incident should continue working normally unless called by the Incident Management Team or their manager.

## 12 VOLUNTEERS

### 12.1 Requests for Assistance

The responsibilities given by the CCA (2004) on Category one and Category two responders to co-operate with partners emphasises the needs to maximise the benefits that Voluntary Aid Societies can bring and their potential to contribute towards the successful outcome of an incident. They can have a role in responding to an event to help alleviate pressure on the statutory bodies by providing humanitarian services. They also have a role to play in responding to emergencies; that is, during the consolidation and recovery phases when emergency services personnel and personnel from other responding NHS organisations may be fully deployed elsewhere.

If the assistance of voluntary aid societies is required then a request should be made by the Incident Management Team via Hertfordshire County Council 07919 391934 who will approach the appropriate organisation to establish the number of resources they are able to supply. These include but are not limited to:

British Red Cross – Medical and Welfare Support  
Cruse – Bereavement Counselling  
Faith Communities – Emotional and Welfare Support  
Hertfordshire 4x4 Response – Emergency Transport including during Adverse Weather Conditions  
Hertfordshire Community Foundation – Grant Funding for individuals and families  
St John Ambulance – Medical and Welfare Support  
Samaritans – Emotional Support  
Victim Support – Emotional Support  
WRVS – Welfare Support

### 12.2 Individual Volunteers

Volunteers employed in the Hertfordshire Health Economy will be used to provide appropriate support to the response. Where volunteers are not known to the Hertfordshire Health Economy or representing an official organisation involved in the incident then careful consideration should be given as to whether they are used. Where these unknown volunteers are utilised it should only be in a general capacity with no access to vulnerable patients or confidential information.

## **13 COMMUNICATIONS**

### **13.1 Internal and External Communications**

Responder's duties to communicate with the public under the CCA are based on the belief that a well-informed public is better able to respond to an emergency, and to minimise the impact of the emergency on the community and on NHS services. It is also imperative that communications messages are circulated within responding NHS organisations to ensure that there is an equally informed internal workforce.

When communicating in an incident or emergency it is important that both the sender and the receiver are clear about the intent of the message. Therefore, messages in an incident or emergency should contain the prefix – “for information” or “for action.” This will ensure there is no ambiguity in the intent of the message.

### **13.2 Telephone Lists**

It will be the responsibility of all Directors to ensure that telephone numbers of all staff within their directorate who are to be contacted in an emergency are reviewed at six monthly intervals.

### **13.3 On-call and partner agency communication**

A list of useful phone numbers is attached in Part 3 and is included in the SMOC on-call folder. Staff telephone cascade lists can be accessed from the N drive at <..\..\EPRR\Cascades>

### **13.4 Secondary communications**

In the event of a telecommunications or other communications systems failure the CCG has contingency plans in place to support communications.

#### **13.41 Airwave**

Airwave is a secure mobile communications system for the emergency services. The police hold a supply of Airwave handsets which can be used by partner agencies during an incident response. The Senior Manager On Call or Incident Management Team can request use of Airwave handsets from the Police via Police Strategic Command.

#### **13.42 Radio - The Radio Amateurs' Emergency Network (RAYNET)**

In the event of a communications failure, assistance may be provided by RAYNET, the Radio Amateurs' Emergency Network. RAYNET can be mobilised via Hertfordshire County Council's Emergency Planning Team 07919 391934

### **13.43 MPTAS (Mobile Telecommunications Privileged Access Scheme)**

This is a scheme for prioritising access to the mobile phone networks which is only available for category 1 and 2 responders and those partner organisations that support them during an emergency incident. All mobile networks will be notified of a major incident and they will then activate the scheme. Most of the on-call staff at HVCCG have a privileged access SIM card and will therefore more likely to be able to access mobile networks if these become congested during the major incident.

### **13.44 Access to 111 helplines – public information.**

The 111 service is available 24/7 365 days a year and available to take calls.

## **14 INCIDENTS REQUIRING SPECIAL ARRANGEMENTS**

### **14.1 Mass Casualty Arrangements**

In the event of an incident with mass casualties HVCCG will establish its Incident Management Team. The CCG will respond as requested by the NHS England Sub-Regional Team. Please refer to the Hertfordshire Multi-agency Mass Casualty Plan.

### **14.2 Chemical, Biological, Radiological or Nuclear Incident (CBRN)**

The Health Protection Unit must be informed if the incident has any implications for CBRN or infectious disease outbreaks. Further guidance on the multi-agency response is available in the Hertfordshire Resilience Multi-Agency CBRN response plan which will be available in the Incident Control Centre Battle Box.

### **14.3 Networks (critical care, trauma, burns)**

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

## **15 MEDIA LIAISON**

During an incident the Communications Team must be kept fully informed at all times in order to ensure the effectiveness of public health messages and any press/media statements. All media enquiries must be directed to the HVCCG Incident Coordination Centre where the Communications Team representative will be responsible for all media contact.

If you are contacted by the media about a major incident you should:

- Refer the caller immediately to the Communications Team
- Not confirm or deny that an incident has occurred

- Not speculate on the cause of the incident
- Not discuss the incident
- Not criticise any organisation or individual
- Not comment on the presence of suspects, VIPs or any other persons
- Not disclose personal or confidential details of either patients or staff
- Not say “No Comment”.

## **16 LOGISTICAL SUPPORT**

In the event of any environmental or natural disaster demanding special arrangements to be implemented to provide logistic support or counter actual or potential threats in the provision of services NHS England Sub-Regional Team ‘Incident Coordination Centre’ will be activated to co-ordinate necessary contingency arrangements

## **17 STAND DOWN**

### **17.1 Declaration of Emergency Stand-Down.**

The Incident Management Team will determine the time for the declaration of the CCG ‘Stand Down’ from emergency procedures. Other organisations may stand down prior to the Hertfordshire Health Economy. HVCCG under the leadership of the Chief Executive or SMOC / DoC will decide how to manage a return to normal levels of service. All staff should follow the HVCCG Information Lifecycle Management Policy, Procedure and Strategy in respect of documents relating to the incident and all such documents should be passed to a Senior Manager or Emergency Planning & Resilience Lead. When required the CCG will prepare a post-incident report for consolidation in the NHS report to be forwarded to the CCG Board.

### **17.2 Staff counselling/welfare**

All staff must be mindful of the welfare and occupational health implications of working in a major incident. Welfare includes anything that is done for the comfort and improved conditions of staff. Measures include monitoring working time – which should be in line with Working Time Regulations. Effective arrangements should be in place to ensure the welfare of staff including rest breaks and shift systems for protracted incidents. During and after a response links will be made to the Occupational Health service for advice and guidance.

### **17.3 Debrief**

In order to identify lessons learned, a series of debriefs post incident are seen as good practice. The NHS Commissioning Board recommends that they are attended by all staff that have been a part of the response in order to give first-hand accounts of events. These will include:

- 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; and
- Post incident reports; within six weeks of incident

These will be supported by action plans and recommendations in order to update the CCG's emergency and communications plans as well as providing any training and further exercising required. The CCG will also contribute to multiagency debriefing and actions from incident reports.

Following a Major Incident, structured debriefs should be held with staff involved in the response as soon as possible after de-escalation and stand down. Participants must be given every opportunity to contribute their observations freely and honestly. The Incident Director must ensure that the full debriefing process is followed.

As part of the debriefing process, a post incident report will be produced to reflect the actual events and actions taken throughout the response. Typically this will include:

- Nature of the incident
- Involvement of NHS England
- Involvement of other responding agencies
- Implications of strategic management of the NHS
- Actions undertaken
- Future threats/forward look
- Chronology of events

A separate *lessons identified* report will focus on areas where response improvements can be made in future. This report will include the following sections:

- Introduction
- Observations
- Action Plan (detailing recommendations, actions, timescales and owner)

## 18 RECOVERY

Recovery must be considered in the early stages of the incident response and should run in parallel with this. Depending on the incident a multi-agency or health only group may be established. The recovery plans may last much longer than the response phase and should not end until the disruption has been rectified, demands on service have returned to normal and levels and the physical and psychosocial needs of those involved have been met. Recovery guidance from Herts Resilience will also be available in the Incident Coordination Centre. Issues to be addressed will include:

- Occupational health and welfare of all staff and their families.
- Bereavement affecting or involving NHS staff
- Mid-long term community support and medical services, including appropriate access to counselling and mental health services
- Physical reconstruction of facilities

- Reviewing key priorities for service provision and restoration
- Long term public health issues
- Financial implications, remuneration and commissioning agreements
- Staffing and resources to address the new environment
- Socio-economic effect of the incident on staff and the public
- VIP Visits
- Funerals, Memorials and Anniversaries
- Staffing levels and resilience
- Routine Annual Performance Targets
- Ongoing needs for assistance from and to NHS partners or other agencies
- Equipment and supplies
- Rewarding, acknowledging the efforts of, and thanking staff (a crucial issue)

## **19 TRAINING AND EXERCISING OF THE PLAN**

All staff will receive general awareness training every 3 years as a minimum and staff with specialised roles will receive appropriate training as outlined in the HVCCG Training Programme.

All plans will be exercised annually via a table top exercise in order to validate effectiveness and highlight any issues. A “lessons identified” report will be produced following exercises, emergencies or business continuity incidents so a corrective action plan can be put in place if required. This will be the responsibility of the Emergency Planning and Resilience Lead.

## **20 DEPARTMENT OF HEALTH GUIDANCE/MAJOR INCIDENT GUIDANCE**

This plan has been produced to incorporate the CCG’s duties under the Civil Contingencies Act 2004 and NHS Commissioning Board Emergency Preparedness Framework 2013.

## **21 PLAN ADMINISTRATION**

### **21.1 Plan distribution and revisions to the plan**

The distribution of this plan and any revisions is controlled through a register of plan holders. A list of registered holders can be found at the front of this document. A copy of the plan can also be found on the HVCCG intranet site in the documents section of the Resource Centre. All emergency plans are also stored on memory sticks in case of internet failure. These memory sticks are located in the “Battle Box” in the Incident Room, as well as with the Emergency Planning Lead, Chief Finance Officer and the Chief Executive. The Emergency Planning and Resilience Lead is responsible for issuing new and revised documents.

## **21.2 Plan validation and review**

This plan is a working document and is subject to both internal and external audit procedures. The plan will be reviewed annually and also following an incident response, training and exercises as well as in light of any changes to national, regional and NHS England guidance. The plan will also be reviewed to take into account any changes to business objectives or processes and any updated risk assessments. It will be the responsibility of the CCG Emergency Planning, Resilience and Response Lead to initiate this review, update the plan as necessary and ensure appropriate distribution

Information relating to the revision will be held in the document control section, e.g. date, version and page number.

Plan holders are required to remove copies of superseded documents from their folders and replace them with the revised versions. All superseded versions should be destroyed.

## **22 SUPPORTING INFORMATION**

### **22.1 Community Risk Register**

HVCCG works in conjunction with Hertfordshire Resilience via the Emergency Preparedness, Resilience and Response Subgroup and Local Hertfordshire Resilience Partnership. The Local Resilience Forum (LRF) produces a Community Risk Register which is informed by the assessment of risks identified on the National Risk register, as well as regionally and locally. The LRF has published, in line with the Civil Contingencies Act, an online Community Risk Register covering Hertfordshire. This lists the potential hazards in the county and how local services would respond in the event of an emergency. The document will be maintained to ensure that it is up to date and accurate. <http://www.hertsdirect.org/emergency>

The CCG has its own risk register which holds information about local potential hazards listed on the community risk register and this is reviewed on a regular basis.

### **22.3 Mutual Aid**

Successful response to emergencies in the UK has demonstrated that joint working can resolve very difficult problems that fall across organisational boundaries. HVCCG is part of the NHS England's Mutual Aid Agreement for Emergency Planning. This is an agreement between local partners in the Hertfordshire area which provides a basis for the provision of mutual aid between organisations in the event of a Major incident. The agreement provides details of the arrangements to be invoked in circumstances where one or more organisations requires Mutual Aid in order to support the response to a Major incident. Copies of Mutual Aid agreements can be found in the "battle box".

## **22.4 Information Sharing**

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

## **22.5 Role of the Emergency Planning and Resilience Lead**

The Head of Corporate Support is the lead for Emergency Planning and Resilience and is responsible for the day to day resilience work plan. The Emergency Planning and Resilience Lead will ensure that a report is submitted to the Governing Body (or appropriate delegated governing group) following exercises or significant incidents, at least annually informing of the organisation's position in relation to the NHS England Emergency Preparedness, Resilience and Response core standards.

## **22.6 Links to other CCG plans**

This Plan is a generic plan establishing a framework by which HVCCG will respond in the event of a major incident.

The CCG also maintains incident response plans, developed in consultation with partners, which relate to specific incidents. Plans for specific incidents are referenced below and activated as appropriate in addition to the Major Incident Plan.

- HVCCG Severe Weather Plan October 2017
- HVCCG Business Continuity Plan October 2017
- HVCCG Suspect Package and Substance Plan October 2017
- HVCCG CBRN plan October 2017
- HVCCG Incident Control Centre Plan October 2017
- Clinical Commissioning Group's Senior Manager On Call Pack October 2017
- Hertfordshire Pandemic Flu Framework 2016
- Roles and Responsibilities of CCGs in Preparing for and Responding to an Influenza Pandemic (2013)

## **22.7 References**

- Guidance on the Roles and Responsibilities of CCGs in Preparing for and Responding to an Influenza Pandemic (NHS England December 2013)
- NHS Commissioning Board Emergency preparedness Framework 2013 and supporting documents
- Civil Contingencies Act 2004
- Health and Social Care Act 2012
- Freedom of Information Act 2000
- HVCCG Emergency Planning and Resilience Policy September 2017



# PART 2

## INCIDENT PLAN

# Action Cards

The following action cards should be followed as closely as possible.

The Emergency Log Book should be used to record the detail of actions taken as part of the response to an incident

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## **ACTION CARD 1**

### **GENERAL ACTIONS FOR ALL CCG STAFF MEMBERS – TO BE READ PRIOR TO AN INCIDENT**

#### **In advance of an incident:**

- Ensure that you are familiar with the Incident plan and understand the role you would take in the Incident Management Team
- Undergo training and participate in exercises as required

#### **Participating in the Incident Management Team (IMT)**

- Continue to maintain a personal log for the incident if your role requires this. Ensure that you understand your role and to whom you report.
- Find the action card to that role and follow it
- Ensure you are adequately briefed
- Undertake tasks as directed, meeting all agreed deadlines
- Ensure handover arrangements are in place for your role which should include a period of shadowing if possible
- SITREPs will be required within agreed timelines for submission to the Strategic Coordination Group and / or NHS England. These should also be shared amongst the rest of the incident management team and other partners as appropriate.

#### **When alerted to attend an Incident Control Centre (ICC)**

- Maintain a personal log/notes of the incident if your role requires this
- Understand the location of and how to access the ICC out of hours
- Set up the ICC if you are requested to do this as part of your role

#### **Post Incident**

- Provide your personal log/notes and other documents
- Contribute to the post-incident debriefing
- Contribute to the report of the incident

## ACTION CARD 2

### INCIDENT MANAGER/SENIOR MANAGER (1<sup>ST</sup>) ON CALL “STAND-BY”

Responsible for assessing the initial information received in respect of a potential or actual major incident and escalating to the 2<sup>nd</sup> On Call as indicated.

1. In the event of a potential or actual significant/major incident, the Senior Manager On Call will usually be notified by:
  - East of England Ambulance Service
  - Acute Trust
  - Local Authority
  - Notification may also come from other partner agencies
2. If necessary, verify the information received by contacting the initial caller, the police, the local authority or other appropriate partner agency.
3. Obtain as much information about the incident as possible (METHANE) - action card 2A
4. If appropriate advise the Director (2<sup>nd</sup> On Call) immediately
5. Determine the severity of the situation and consider the potential impact of the incident on the CCG and the local health economy
6. If it is a potential or actual incident for the NHS, or if an incident stand-by or implement has been declared by a partner agency, notify Director (2<sup>nd</sup> On Call) and the Lead for Emergency Planning and Resilience (the Head of Corporate Support).
7. In liaison with the Director (2<sup>nd</sup> On Call), assess the information received and consider action to be taken.
8. On **activation** of the incident response plan notify relevant personnel. Contact numbers can be found for these in Part 3 of the Incident Plan and/or the On Call Pack. These may include:
  - Relevant personnel within the Sub-Regional team, including the on-call manager/director
  - East of England Ambulance Services
  - On Call manager/director of those acute hospitals involved
  - Herts Urgent Care Centre 111 call service
  - Other CCGs (if a coordinated response is required)
  - Public Health England
  - Local Authority – HCC Duty Emergency Planning Officer
9. Provide further support to the Director (2<sup>nd</sup> On Call) as required
10. If it is NOT a potential or actual major incident:
  - If no further action is required, complete the log
  - If it can be dealt with using normal resources, notify the appropriate personnel and maintain a watching brief
  - Continue to reassess the situation as further information becomes available and determine if any additional action is required
  - In the event of any increase in the scale/impact of the incident reassess the risk and re-escalate as needed

**ACTION CARD 2A**  
**WARNING MESSAGE/ALERT CALL RECORD**

WARNING MESSAGE/ALERT CALL RECORD - Information to gather
Time Of Call:
Name of Caller:
Organisation and Position:
Contact Information:
Situation/Issue:
How is situation expected to impact on Trust/Organisation/the Public/Care:
Action Taken to date:
Agreed action to take now:
Advice/instruction given by Senior Manager On Call:

Incident Information (Take from the caller – this forms the details of your initial briefing / situation report)			
<b>M</b> ajor Incident declared or standby?			
<b>E</b> xact location of incident			
<b>T</b> ype of incident (e.g. fire / explosion / flood)			
<b>H</b> azards from the scene (e.g. smoke plume)			
<b>A</b> ccess issues (e.g. road closures)			
<b>N</b> umber of casualties		<b>N</b> umber of Fatalities	
<b>E</b> mergency services (already called)			

Action Requested					

Initial Decision Record							
Is this a Major Incident?	NO	<input type="checkbox"/>	Standby	<input type="checkbox"/>			
			YES	<input type="checkbox"/>			
Is this a Serious Incident?	NO	<input type="checkbox"/>	Not Sure	<input type="checkbox"/>			
			YES	<input type="checkbox"/>			
Is this system escalation and status change?			NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	
12 Hour Trolley Breach Protocol			NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	
Ambulance Divert			NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	
Ambulance Turnaround			NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	
Escalation Teleconference / Health Coordinating Group Request?			NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	
Assistance Centre Established			NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	
Severe Weather (Cold or Heatwave)			NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	
Utility Failure			NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	
On Demand Availability of Specialist Drugs in Palliative Care			NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	
Safeguarding			NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	
Is this about building closure?			NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	

### **ACTION CARD 3**

## **INCIDENT DIRECTOR/DIRECTOR (2<sup>ND</sup>) ON-CALL “STAND-BY”**

Responsible for assessing the initial information received (usually from the Senior Manager (1<sup>st</sup>) On-Call in respect of a potential or actual significant/major incident and then determine the appropriate action to be taken. The Incident Director/Director (2<sup>nd</sup>) On-Call has full delegated authority to respond to the incident on behalf of the Chief Executive.

1. In the event of a potential or actual major incident, the Director (2<sup>nd</sup>) On-Call will usually be notified by the Senior Manager (1<sup>st</sup>) On-Call
2. Start a personal log detailing information received and actions taken. Ensure formal logging of your actions/decisions is in place as soon as possible.
3. In light of the information received so far, assess the severity of the situation and consider the potential impact of the incident on the CCG and the local health economy. Determine any additional actions to be taken. Advice may also be sought from other CCG directors if required/available.
4. Decide if major incident *implementation* should be declared by the CCG and activate the Incident plan as appropriate. See action care – “activate the plan – Incident Director/Director (2<sup>nd</sup>) On-Call.”
5. Ensure that the NHS England Sub-Regional Team first On-Call has been notified of the incident and activation of the CCG Incident plan. Contact numbers can be found in the On-Call pack.
6. Assume command of the CCG response.
7. Assume the role of Incident Director and follow the Incident Director Action Card (as determined by the incident).

## **ACTION CARD 4**

### **“ACTIVATE THE PLAN” INCIDENT MANAGER/SENIOR MANAGER (1<sup>ST</sup>) ON-CALL**

Responsible for managing the incident as tasked by the Incident Director (when activated). If an SCG is called, the Incident Manager/Senior Manager (1<sup>st</sup>) On-Call may manage the response while the Incident Director/Director (2<sup>nd</sup>) On-Call – NHS Gold – attends SCG. If there is no SCG called the Incident Director and Incident Manager roles may be combined. This is incident dependent.

1. Establish liaison with the appropriate personnel from NHS Trusts, the Ambulance Service and partner agencies.
2. Confirm that the relevant command and control structures have been implemented across the local health economy.
3. Confirm that all relevant personnel internally, at all sites have been informed.
4. Confirm with the Incident Director/Director (2<sup>nd</sup>) On-Call the CCG’s aims and objectives for responding to the incident and the strategy to achieve these.
5. Identify battle rhythm dependent on:
  - SCG meetings (if called)
  - NHS external teleconferences/meetings
  - Reporting requirements
6. Establish the CCG Incident Management Team (IMT) and brief the membership. This will depend on the incident but, as a minimum, should include:
  - Emergency Planning and Resilience Lead
  - Communications Lead
  - Administrator
  - Loggist
7. Establish the CCG Incident Coordination Centre (ICC) if indicated, tasking specific staff.
8. Ensure that all members of the IMT are working from the current Incident plan, ensuring all required roles are undertaken.
9. Where indicated by the type of incident, establish broader membership consisting of all organisations. Request attendance of a liaison person (by teleconference or in person) from each responding organisation
10. As directed by the Incident Director/Director (2<sup>nd</sup>) On-Call and in consultation with the Communications Lead, implement the media strategy and identify an appropriate person to represent the CCG (and other NHS organisations if required) at press conferences/media interviews.
11. If the Incident Director/Director (2<sup>nd</sup>) On-Call is attending SCG, ensure close communication and full two way briefings before and after each SCG meeting.
12. Ensure response to all SCG determined actions

Ensure that you take enough medication, food and clothing to last 24 hours.



## **ACTION CARD 5**

### **“ACTIVATE THE PLAN” INCIDENT DIRECTOR/DIRECTOR (2<sup>ND</sup>) ON-CALL**

Responsible for determining the appropriate course of action to be taken and co-ordinating the CCG response. The Incident Director/Director (2<sup>nd</sup>) On-Call has full authority to respond to the incident on behalf of the Accountable Officer.

1. Depending on the type of incident, on activation of the incident plan, confirm contact has been made with all responding partner agencies.
2. If the police convene a SCG ensure there is a representative from the CCG's Executive team.
3. The following actions are incident dependent:
  - A meeting will be set up asap with key involved partner organisations (plus PHE as indicated) – either teleconference or face to face
  - Briefing out to local involved health organisations
  - Situation report to the NHS England Sub-regional team
  - Task the Incident Manager/Senior Manager (1<sup>st</sup>) On-Call with establishing the CCG's Incident Management team (IMT) and Incident Coordination Centre (ICC) – as required.
4. Determine the CCG aims and objectives and agree the strategy. Communicate to all appropriate personnel. Regularly review and amend as required.
5. If not required at an SCG, Chair the CCG Incident Management Team. This may meet virtually or in person. This will be required if CCG resource needs to be controlled over a prolonged period or potentially in mass casualty scenarios.
6. Ensure that a detailed log of decisions and actions is updated at all times by the loggist.
7. Establish the battle rhythm for teleconferences or face to face meetings with the CCG IMT – ensure all actions are completed.
8. If you attend SCG, ensure close communication via briefings with the Incident Manager/Senior Manager (1<sup>st</sup>) On-Call
9. Ensure response to all SCG determined actions
10. Determine when the CCG stand-down should be declared (taking advice from partners as necessary) and inform the appropriate personnel/agencies of this.

Ensure that you take enough medication, food and clothing to last 24 hours.

**ACTION CARD 6**  
**AT “STAND DOWN” INCIDENT MANAGER/SENIOR MANAGER (1<sup>ST</sup>)**  
**ON-CALL AND INCIDENT DIRECTOR/DIRECTOR (2<sup>ND</sup>) ON-CALL**

When the Stand down command is given (by the Incident Director/Director (2<sup>nd</sup>) On-Call, the Incident Director/Director (2<sup>nd</sup>) On-Call or Incident Manager/Senior Manager (1<sup>st</sup>) On-Call must:

1. Ensure a process is in place for an appropriate return to business as usual internally and externally for partner organisations.
2. Support the multi-agency recovery phase if required
3. Agree when staff involved in the incident should return to their normal duties.
4. Debrief the staff working in the incident room (“hot debrief”)
5. Complete and sign of the CCG incident log and ensure all relevant documentation is secured.
6. Ensure a formal report is prepared, highlighting any good practice or issues identified.

## ACTION CARD 7 INSTRUCTIONS FOR SETTING UP THE INCIDENT COORDINATION CENTRE (ICC)

**Primary Location:** Apsley Room, Hemel One, Boundary Way, Hemel Hempstead, Herts, HP2 7YU  
Tel: 01442 898888 (Reception)

- 1 **To access Hemel One out of hours:** There is a security guard on the front desk of Hemel One who will give access to those presenting correct ID, access should be made via the main entrance and proceed to the second floor. The door code for the HVCCG offices will then be required to obtain access.
- 2 The ICC is located in the Apsley Room, Second Floor, Hemel One.
- 3 Ensure that the external phone is plugged in, photocopier/fax is turned on and working. Photocopier/fax is located outside of Apsley Room, between the meeting rooms and the kitchen
- 4 The Battle Box is located in the cupboard in the Apsley Room on the Second Floor of Hemel One which will be designated as the ICC and/or Resilience office. Extra stationery is kept in a cupboard by the office entrance. Telephones to plug into the external lines and spare laptops are also kept in the cupboard in the Apsley Room.
5. Call the Central Midlands Sub-Regional Team On Call Manager and inform them that you have set up the ICC. Give them details of Phone, Fax numbers and the Email address as appropriate. **All numbers will be on the contact number sheet located on the wall in the ICC/Resilience Office, copies will also be placed in the in the battle box.**

Contacted	Yes / No	Time	By
In Hours No			Out of Hours Number

- 6 Contact all appropriate hospitals and ask for the Executive On Call. Inform them of the Hertfordshire CCG's response.

Hospital	Person Contacted	Time
Watford General		

- 7 Tea and coffee making facilities are available from the kitchen of the main office. Toilets are located off the outside corridor on the second floor.

## ACTION CARD 8

### ACTIONS TO BE TAKEN BY THE CHAIR WHEN CONTACTED

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

Respond as requested by the Incident Manager/Senior Manager (1<sup>st</sup>) On-Call or the Incident Director/Director (2<sup>nd</sup>) On-Call

- 1 Inform the members of the HVCCG Board. **If requested** by the Incident Manager/Senior Manager (1<sup>st</sup>) On-Call or the Incident Director/Director (2<sup>nd</sup>) On-Call, proceed to the CCG's Incident Coordination Centre (ICC). This is located in the Apsley room on the second floor of Hemel One.

**Bring your ID badge with you.**

- 3 On arrival at the ICC, receive briefing from the Incident Manager/Senior Manager (1<sup>st</sup>) On-Call or the Incident Director/Director (2<sup>nd</sup>) On-Call and assume role as directed.
- 4 Send all written documentation to the CCG Emergency Planning and Resilience Lead following the incident.

## ACTION CARD 9

### ACTIONS TO BE TAKEN BY THE CLINICAL LEAD WHEN CONTACTED

On receipt of a request from the Incident Manager/Senior Manager (1<sup>st</sup>) On-Call or the Incident Director/Director (2<sup>nd</sup>) On-Call the Clinical Lead will:

- 1 Proceed to the CCG's Incident Co-ordination Centre (ICC) located on the second floor of Hemel One in the Apsley Room.

**Bring your ID badge with you.**

2. On arrival at the ICC, receive a briefing from the Incident Manager/Senior Manager (1<sup>st</sup>) On-Call or the Incident Director/Director (2<sup>nd</sup>) On-Call and assume the role of Clinical Lead. The expectation of this role is for appropriate advice to be offered when information and requests requiring a clinical view are presented.
3. Provide any necessary input into routine contingency planning and/or advice on clinical governance issues
4. Interpret Science and Technical Advice Cell/specialist advice for the organisation to ensure that the Incident Manager/Senior Manager (1<sup>st</sup>) On-Call or the Incident Director/Director (2<sup>nd</sup>) On-Call is appropriately informed at all times and able to make any necessary strategic decisions
5. Provide input in relation to with Recovery planning as requested.
6. Send all written documentation to the HVCCG Emergency Planning and Resilience Lead following the incident.

## ACTION CARD 10

### Incident Coordination Centre Manager (Emergency Planning & Resilience Lead)

Responsible for the day-to-day running of the Incident Coordination Centre. Ensure staff involved in the response have access to the appropriate documentation and equipment. Overseeing staff welfare (refreshments, rotas & briefings), the security of the centre and ensuring an effective flow of information. At the end of the incident ensuring that all documentation is logged and stored appropriately.

- Ensure that the Incident Coordination Centre is opened up and fully functioning
- Ensure that internet, e-mail, fax and printers are set up.
- Ensure the telephone is working and clearly marked with numbers.
- Ensure that everyone is supplied with the correct stationery and aware of the telephone numbers / email address to be used.
- Establish document control
- Obtain a list of Incident Management (IMT) members and the roles they will be performing. Establish rotas and call in staff as indicated by the Incident Manager/Senior Manager (1<sup>st</sup>) On-Call or the Incident Director/Director (2<sup>nd</sup>) On-Call. Ensure cover for rest breaks.
- Ensure that all action cards have been distributed and handed over to staff who take over roles at the end of a shift.
- Collate incident control logs and secure all documentation;
- Ensure refreshments are available for the Incident Coordination Centre on a 24-hour basis;
- Assist members of the Incident Management Team and action decisions and processes as requested.
- Collate **ALL** documentation, drawings, maps, trigger notes, Audio Visual material pertaining to the incident for hot debrief/lessons to be learnt and future enquiries

## **ACTION CARD 11**

### **SECRETARIAL & ADMINISTRATIVE SUPPORT DEPLOYED TO THE INCIDENT COORDINATION CENTRE**

1. Undertake the role allocated to you by the Incident Management Team. This may include a range of administrative, secretarial or clerical duties required to support the actions of the team.
2. Assist in the setting up of the Incident Coordination Centre (ICC)
3. Receive, log and where appropriate react to phone calls from other organisations assisting in the management of an emergency. All telephone calls and messages must be logged in the incident log book. Maintain the record of who is in the ICC at all times.
4. Reschedule diaries of the Incident Management Team and Incident Management Team members.
5. Keep a comprehensive record of events, actions and decisions using the Emergency Log Book;
6. Keep a record of your own tasks including telephone calls that you are asked to make
7. Arrange venues and refreshments for meetings as required
8. If required take minutes of any Incident Management Team meetings, ensuring that these are made in a format agreed with the chair of the meeting. For all meetings ensure an attendance sheet is completed and signed by all those attending
9. Assist with the provision of refreshments and food to the Incident Management Team
10. Ensure you take regular breaks, you may be asked to cover for other team members, if necessary, ask the Coordination Centre Manager to appoint someone to cover for your breaks (ideally you should not be providing administrative support for more than two hours at any one time)
11. Review your documentation on a regular basis to ensure that your records are accurate and to avoid any duplication or confusion.
12. At the end of your shift ensure an effective handover to a replacement Administrative Support Officer using the Handover Form (Action Card 15). You should ensure that you hand over all relevant documentation to the next shift.
13. Leave all documentation in the Incident Coordination Centre
14. Participate in debriefing sessions to assist in the gathering of learning, its incorporation into plans and procedures and for dissemination to a wider audience

**Record all instructions received and actions taken in the Emergency Log Book. All entries on the log book must be timed, dated and signed and made in ink. Further log books are stored in the cupboard in the Incident Control Centre in tApsley Room, Hemel One. Any other written documentation must be passed to the Emergency Planning and Resilience Lead following the incident.**

## ACTION CARD 12

### LOG KEEPER (LOGGIST)

Responsible for maintaining a record of all actions and decisions agreed by the Incident Management Team. Duties will include: managing all logging requirements, taking accurate notes, maintaining records in an appropriate and accessible way. If the Incident Manager/Senior Manager (1<sup>st</sup>) On-Call or the Incident Director/Director (2<sup>nd</sup>) On-Call attends SCG they will be accompanied by a loggist if possible. Within the Incident Control Centre (ICC), a loggist will always be present working direct to either the Incident Manager/Senior Manager (1<sup>st</sup>) On-Call or the Incident Director/Director (2<sup>nd</sup>) On-Call.

1. If the Emergency Log Book is not already available this can be obtained from the Senior Manager On Call or Emergency Planning, Resilience and Response Lead, spares are kept in the cupboard in the Incident Coordination Centre in the Apsley Room on the second floor of Hemel One. Ascertain which logging requirements you will undertake. (who are you logging for)
2. Ensure that you have a workspace within the Incident Coordination Centre and enough stationery supplies to carry out your duties.
3. Use the Emergency Log Book provided or agree a suitable format for recording information with the Incident Manager/Senior Manager (1<sup>st</sup>) On-Call or the Incident Director/Director (2<sup>nd</sup>) On-Call
4. Ensure that you can hear everyone and have a list of the Incident Management Team members and the roles that they are performing. On arrival all staff must wear identification badges. If the badges are unclear you must ask for clarification of who is present within the room and their title.
5. Ensure that you are clear about what you are recording, if you are unsure, ask for clarification
6. Ensure that all papers are marked with the time and date. Timings have to be accurate and recorded each time information is received or transmitted. If individuals are tasked with a function or a role this must be documented and when the task is completed this must also be documented. Initial each entry and at the end of your duty period when you hand over.
7. Keep records of your own tasks including any telephone calls you are asked to make. (Ideally the loggist should only have a remit of logging decisions and no other tasks)
8. If notes or maps are utilised these must be noted within the log.
9. Ensure you take regular breaks. If necessary ask for someone to be appointed to cover you during your break (Ideally a loggist shift is no more than two hours)
10. Review your documentation on a regular basis to ensure that your records are accurate and to avoid any duplication or confusion.
11. The major incident log may be used for internal and external debriefs which you may also be invited to attend. It is essential therefore that your record keeping is accurate and legible to other staff. Shorthand should not be used but if for whatever reason it is ensure that your notes are transcribed before you leave. Where something is written in error changes must be made by a single line scored through the word and the amendment made.
12. At the end of your shift you should ensure that the person you are logging the decisions for signs them (as they are accountable) and hand over to someone with similar skills. You should ensure that you hand over all relevant documentation to the next shift. The log and all paper work becomes legal documentation and could be used at a later date in a public enquiry or other legal proceedings.



## ACTION CARD 13

### INFORMATION OFFICER

Responsible for collating and analysing information coming into the Incident Coordination Centre and thus prepare situation reports on the HVCCG response to the incident on behalf of the Incident Management Team.

**NOTE:** This role may **not** be required in response to all incidents.

1. On notification of an incident proceed to the Incident Coordination Centre which is located in Apsley Room on the second floor of Hemel One
2. Receive a briefing on the incident and the requirements of your role.
3. Extract and summarise information received by the call takers/loggers and other support staff within the Incident Coordination Centre;
4. Provide regular situation reports (SITREPs) to the Incident Management Team, and other key officers as required;
5. Ensure that up-to-date situation information is shown on the Incident Coordination Centre whiteboard or other media;
6. Ensure that staff attending the Incident Coordination Centre are given a SITREP of the current situation;
7. If required ensure that all reports, photos, maps etc relating to the incident are **numbered correctly** and are available for meetings as appropriate
8. Ensure an effective handover to your replacement Information Officer using the Handover Form (Action Card 15);
9. Keep a comprehensive record of events, actions and decisions using the Emergency Log Book;
10. Leave all documentation relating to the incident in the Incident Coordination Centre when you leave
11. Participate in debriefing sessions to assist in the gathering of learning, its incorporation into plans and procedures and for dissemination to a wider audience

**Record all instructions received and actions taken in the Emergency Log Book. All entries on the log book must be timed, dated and signed and made in ink. Further log books will be stored in the cupboard in the Incident Control Centre in Apsley Room, Hemel One. Any other written documentation must be passed to the Emergency Planning and Resilience Lead following the incident.**

## **ACTION CARD 14**

### **ACTIONS TO BE TAKEN BY THE COMMUNICATIONS MANAGER**

1. On receipt of a warning message or an alerting call the Communications Manager will proceed to the CCG's Incident Coordination Centre located on the second floor of Hemel One in the Apsley Room. Bring your ID badge with you.
2. Confirm with the Incident Manager/Senior Manager (1<sup>st</sup>) On-Call or the Incident Director/Director (2<sup>nd</sup>) On-Call that an incident is taking place. Assume the role of communications lead.
3. Record all instructions received, actions taken and other events which may enable the CCG to assess the success of the Emergency Plan and provide evidence to any inquiry which may follow. All entries on the log sheets must be timed, dated, signed and made in ink.
4. Ensure that all appropriate CCG personnel are informed of the whereabouts and contact information for the communications lead or nominated senior manager.
5. Put in place internal communication structures to notify CCG staff of the incident. Implement the Team Brief emergency cascade and provider services cascade
6. If required, liaise with the Primary Care Support Services unit and primary care locality team to put in place communications cascades to GPs
7. If appropriate, agree with other NHS agencies the procedure for co-ordinating information and the designation of a lead officer. Ensure that a daily schedule is agreed nationally. Regionally and/or locally to guarantee a top down bottom up approach.
8. Ensure that you are kept fully informed of the facts of the incident so that you can respond confidently to media enquiries with the assurance that further details will be given in due course. Ensure that all information requests are logged and information flows tracked so that multiple requests for information can be dealt with as part of a normal business process.
9. Prepare 'initial response' statements for use during the early stages when the total picture has not fully emerged. These should be positive and concentrate on the CCG or other appropriate organisations holding a full enquiry to establish the facts rather than seeking to apportion the blame. A response to a press enquiry of "no comment" or the giving of inaccurate or unverified information should be avoided at all costs. Inform and advise the public as appropriate. Note that if an SGC is established all media response are controlled and coordinated by the SCG so CCG communications/feedback should be fed upwards into the SCG.
10. Ensure that the Incident Management Team is aware of any expected announcements and press interviews and ensure as appropriate that these have been co-ordinated with the other emergency services. Identify communications offer/admin support to liaise with local NHS communications network to ensure urgent cascade of information/coordinated internal communications/messages for staff. This should continue as appropriate throughout the incident.
11. If an information line for the public is required contact should be made with the Area Team to arrange this. In an acute incident e.g. a train crash, the information and helpline will be established through the police but there may be elements of health that need to be incorporated so the communications lead should ensure that this information is promptly made available. Manage all on-going media interest in NHS responses, including social media.
12. On 'Stand Down' ensure that there is a smooth transition to normal methods of working.

## **ACTION CARD 15**

### **CCG PRIMARY CARE CO-ORDINATOR**

On receipt of a warning message or an alerting call the Primary Care Co-ordinator will:

- 1 Report to the Incident Coordination Centre (ICC) located in the Apsley room on the second floor of Hemel One.

#### **Bring your ID badge with you**

2. Receive a briefing on the incident and assess the anticipated primary care and service needs in relation to the situation
3. If required establish and maintain contact with GP practices and other independent contractors (if deemed appropriate), linking with Primary Care Support Services Unit/NHS England if required to assist with the cascading of communications
4. If appropriate, notify the Out of Hours Services “Herts Urgent Care” via **111** that the CCG Incident Plan has been activated
5. If the CCG is requested to provide medical support to the response ensure that a comprehensive brief is obtained from an appropriate source regarding the anticipated role and function as well as any health and safety issues to be considered before liaising with the appropriate practices or Out of Hours service to identify what resource is available. Assume an overseeing role of the mobilisation of any resources recording as appropriate the allocation of tasks.
6. At appropriate intervals there should be successive handing over of Action Cards to an appropriate deputy with briefings on the prevailing situation and all actions taken.
7. On ‘Stand Down’ cascade this message to all activated staff and independent contractors. Ensure that there is a smooth transition to normal methods of working and relay any procedures for debrief and collation of paperwork relating to the incident.
8. Following the incident submit all paperwork relating to the incident to the Emergency Planning and Resilience Lead. Attendance at any debriefs or a report on the involvement of Independent Contractors may be required following the incident.

## ACTION CARD 16 ACTION CARD HANDOVER FORM

**IMPORTANT: This form should be used as the basis for briefing your relief.** Complete this form to give a comprehensive review of your shift. Once relieved please **remain available for 30 minutes** to assist the incoming officer. This form is to be used in conjunction with the situation report form

Date:
-------

Time of handover:
-------------------

Handover completed by:
------------------------

Handed over to:
-----------------

Incident summary	Yes	No
Has the person you are handing over to received a situation report	<input type="checkbox"/>	<input type="checkbox"/>

What difficulties have you encountered during your shift

What outstanding issues have you encountered

What are the priorities for the next several hours

Key Contacts

Any other comments

# ANNEX A

## OUTLINE RESPONSIBILITIES OF HVCCG IN A MAJOR EMERGENCY

The Civil Contingencies Act 2004 lays certain duties on HVCCG as a Category 2 responder with some Category 1 involvement. The CCG is required to:

- Assess the risks of various types of major incident
- Plan
  - a) to deal with the incident, and
  - b) to maintain its own services during the incident so far as is reasonably practicable'.
- Prepare for major incidents (including staff training and rehearsals)
- Respond to major incidents
- Contribute to recovery after a major incident
- Co-operate and share information at all stages of this process with other relevant agencies

### The roles and responsibilities of a CCG

In responding to an incident the CCG will:

- co-ordinate the NHS response to a major incident at CCG level
- provide a 24 hour emergency management and clinical response
- co-ordinate the primary care, community and mental health response
- liaise with the relevant parties to ensure provision of appropriate clinical settings for the treatment of people with minor injuries and conditions such as minor injury centres, walk in centres and general practice
- liaise with local authorities
- assess the effects of an incident on vulnerable care groups, such as children, dialysis patients, elderly, medically dependent, or physically or mentally disabled
- establish with the local authority facilities for mass distribution of countermeasures; for example, vaccinations and antibiotics
- liaise with the relevant parties to ensure the administration of medications, prophylactics, vaccines and counter measures
- provide support, advice and leadership to the local community on health aspects of an incident
- support screening, epidemiology and long term assessment and management of the effects of an incident
- provide psychological and mental health support to staff, patients and relatives in conjunction with the appropriate provider
- proactively communicate information to all CCG staff and ensure relevant guidance and advice is available, including private facilities where appropriate
- continue to provide core business services
- maintain liaison with and co-ordinate the response with the Central Midlands Sub-Regional Team
- work with the local authority and community to support the recovery phase

- assess the medium term impact on the community and priorities for the restoration of normality
- consider the need for long term monitoring
- preserve all plans and documentation used or produced during the course of the emergency response
- prepare a post-incident report for consolidation in the NHS report to be forwarded to the CCG Board, the Central Midlands Sub-Regional Team and other interested organisations

# ANNEX B

## ROLES AND RESPONSIBILITIES OF OTHER PARTNER AGENCIES / COMMAND LEVELS

### Police

- The saving of life
- Co-ordination of the multi-agency response
- To secure, protect and preserve the scene. Control sightseers & traffic using cordons
- The investigation of the incident and obtaining evidence
- The collation and dissemination of casualty information
- The identification of the dead on behalf of HM Coroner
- Short term measures to restore normality

### Fire & Rescue Service

- Life-saving through search and rescue
- Fire fighting and fire prevention
- Decontamination in partnership with the Ambulance Service
- Rendering humanitarian services
- Provide and/or obtain specialist advice and assistance where hazardous materials are involved
- The provision of specialist equipment, e.g. pumps and lighting
- Safety management within the inner cordon or rescue zone

### Ambulance Service

- To save life in conjunction with the other emergency services
- To provide treatment, stabilisation and care of those injured at the scene
- To establish effective triage points and systems
- To provide an incident control and communications point at the scene for all NHS and other Medical resources
- To nominate and alert the receiving hospitals
- Decontamination in partnership with the Fire Brigade

### Mass Casualty Vehicles

Seven National Reserve Mass Casualty vehicles are strategically located throughout the East of England. For deployment contact must be made with East of England Ambulance Service Dispatch Centre who will advise on their distribution.



## **Acute Trusts**

- Maintain essential Trust services
- Receive casualties
- Prevent, where possible inappropriate admissions to A&E
- If necessary, decontaminate self-referrals
- Provide isolation facilities
- If necessary liaise with CCG to activate the early release procedure

## **Hertfordshire Community Trust**

- provide appropriate clinical settings for the treatment of people with minor injuries and conditions such as reception centres, clinics and community hospitals
- provide care and advice to evacuees, survivors and relatives, including replacement medication
- assist acute trusts by providing staff where appropriate and supporting accelerated discharge
- co-ordinate community hospital bed capacity in liaison with local acute hospitals and any available local bed management system

## **Public Health England:**

- Provides expert advice to the DH on health protection policies and programmes;
- Is accountable through the Chief Medical Officer (CMO) to DH at a national level;
- Provides operational public health advice and support to the NHS;
- Provides resources to support the provision and delivery of health advice to the SCGs
- Cooperates with others to provide health protection advice and information to the NHS, to the media and the public;
- It has a statutory duty to protect the community against infectious disease and other dangers to health, prevent the spread of infectious disease, and provide assistance on public health issues to responders such as the NHS, other Category 1 Responders, the Devolved Administrations, and the wider general public.
- It will give advice on public health threats and may, where appropriate, make this advice public. While the Agency has some sampling and testing capability, this would not necessarily be deployed during an incident.

## **Local Authorities**

- Setting up emergency control centre
- Environmental health
- Signage and barriers
- Salvage, damage control, environmental control
- Call out of voluntary agencies
- Co-ordination of psychological support
- Assist police with evacuation by providing Transport, set up rest centres

## **Hertfordshire Partnership NHS Foundation Trust (Mental Health)**

HPFT is not a named Category 1 or 2 responder but is part of the co-ordinated response of the local NHS. Due to HPFT's partnership with HCC (Category 1 responder) if there is any need for Adult Care Services (ACS), HPFT will assist and as such will attend any major incident planning linked with this.

- To be part of the co-ordinated multi-agency approach
- To be represented as necessary at the various control levels
- To respond to requests for support and information
- To inform the CCG Incident Management Team (Health Gold) of the impact of the incident on their services and seek assistance as required
- To respond to requests for assistance from other organisations in respect of statutory social care duties.
- To assist in the recovery from an incident

### **Incident Command levels**

The following is a general explanation of strategic, tactical and operational roles:

#### **• Strategic**

The term strategic refers to the person in overall executive command of each service (health, ambulance services, police, fire, etc) with responsibility for formulating the strategy for the incident response.

Each strategic command (also called Gold) has overall command of the resources of their own organisation, but delegate's tactical decisions to their respective tactical commanders (Also known as Silver). Strategic command has a key role in strategic monitoring of the incident response.

#### **• Tactical**

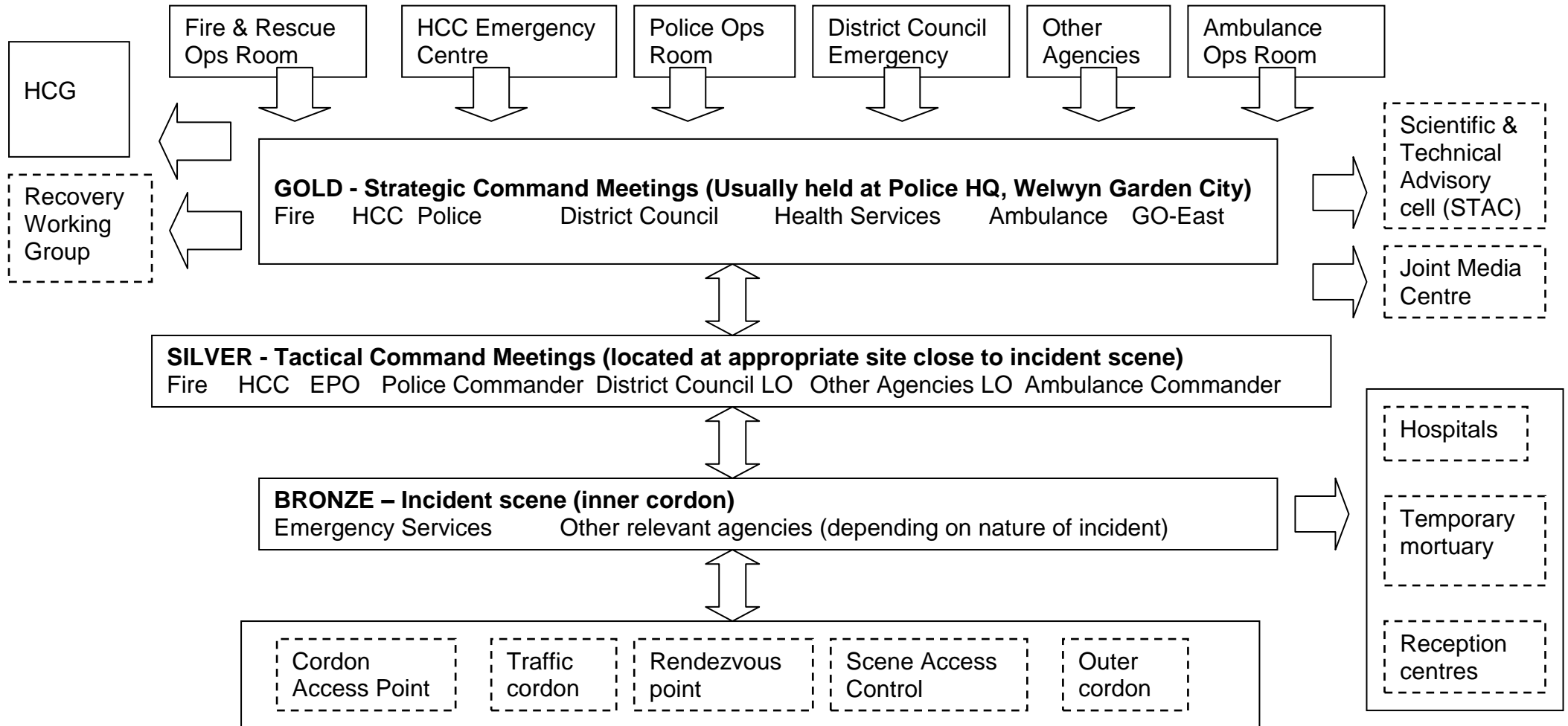
The term tactical (Also referred to as Silver) refers to those who will be at or near the scene, providing overall management of the response to an emergency. Tactical managers determine, with others, priorities in allocating resources, obtaining further resources as required, planning, and co-ordinating tasks. Tactical managers are responsible for formulating the tactical plan for implementation by their organisation to achieve the strategic direction set by Gold. Tactical command should oversee, but not be directly involved in, providing any operational response in the incident(s).

#### **• Operational**

The term operational refers to those who will provide the main operational response (Also referred to as Bronze) in an incident, that is, be closest to the scene, and control the management of resources of their respective organisation within a specific area of the incident. They will implement the tactical plan defined by silver/tactical managers.

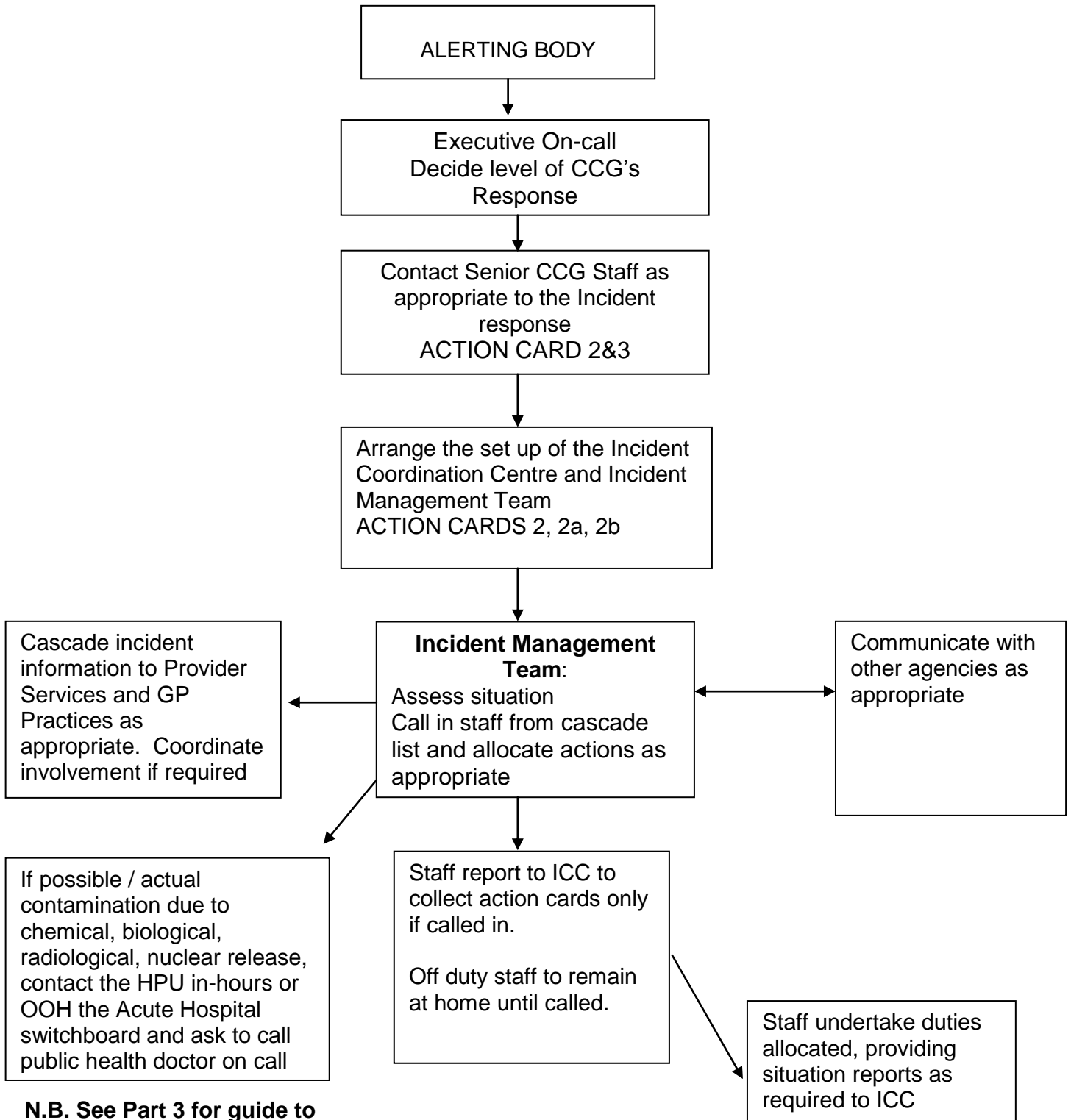
# ANNEX C

## Herts Resilience Multi-Agency Management Structure for a Major Incident



# Annex D

## WARNING/ALERTING CASCADE SYSTEM



## ANNEX E - NHS Major Incident Situation Report (SITREP)

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

SitReps to be returned to: **<email\_address>**

<b>Organisation:</b>		<b>Date:</b>	
<b>Name (completed by):</b>		<b>Time:</b>	
<b>Telephone number:</b>			
<b>Email address:</b>			
<b>Authorised for release by (name &amp; title):</b>			
<b>Type of Incident (Name)</b>			
<b>Organisations reporting <u>serious</u> operational difficulties</b>			
<b>Impact/potential impact of incident on services / critical functions and patients</b>			
<b>Impact on other service providers</b>			
<b>Mitigating actions for the above impacts</b>			
<b>Impact of business continuity arrangements</b>			
<b>Media interest expected/received</b>			
<b>Mutual Aid Request Made (Y/N) and agreed with?</b>			
<b>Additional comments</b>			
<b>Other issues</b>			
<b>Incident Coordination Centre contact details:</b>	<b>T:</b>		<b>Email:</b>
	<b>Incident Director:</b>		

## **ANNEX F**

### **Abbreviations and Acronyms**

111 Service - 24-hour health telephone helpline, staffed by nurses

AD – Assistant Director

A&E – Accident and Emergency (Department) see also ED

ACS – Adult Care Services

AIO Ambulance Incident Officer – Ambulance officer with overall responsibility for the work of the ambulance service at the scene of major incident. Works in close liaison with the Medical Incident Officer (MIO) to ensure effective use of the medical and ambulance resources at the scene.

Battle Box – A box that contains all the incidental items that might be needed to assist incident management

BCP – Business Continuity Plan

CBRN – Chemical Biological, Radiological Nuclear

CCA – Civil Contingencies Act

CCDC – Consultant in Communicable Disease Control

CCG – Clinical Commissioning Group

CEO – Chief Executive (Accountable Officer) Officer

CSF – Children Schools & Families

Cascade system – System whereby one organisation calls out or informs others who in turn initiate other calls as necessary

Casualty Clearing - An area set up at a major incident by the ambulance Station service, in liaison with the Medical Incident Officer, to assess, triage and treat casualties and direct their evacuation.

COMAH - Industrial sites which are subject to the Control of Major Accident Hazards Regulations 1999

CRR – Community Risk Register

DH – Department of Health

DPH – Director of Public Health

ED – Emergency Department (see also A&E)

EPCU – The Department of Health’s Emergency Planning Coordination Unit

EHO - Environmental health Officer

EPRR Lead – Emergency Preparedness Resilience and Response Lead

ETA – Estimated Time of Arrival

EEAST- East of England Ambulance Service NHS Trust

ENHT – East and North Herts NHS Trust

EPO – Emergency Planning Officer

EPLO – Emergency Planning Liaison Officer

Evacuation/Rest centre - Building designated by the Local Authority for temporary centre accommodation of people evacuated from their homes. See also Survivor reception centre

GP – General Practitioner

HCC – Hertfordshire County Council

HCT – Hertfordshire Community Trust

HEPA – Health Emergency Planning Advisor

HGICC – Health Gold Information and Coordination Centre

HPFT – Hertfordshire Partnership Foundation NHS Trust

HPU – Health Protection Unit

HRF – Hertfordshire Resilience Forum

HVCCG – Herts Valleys Clinical Commissioning Group  
ICC - Incident Coordination Centre  
ITU - Intensive treatment unit also known as ICU Intensive Care Unit  
LRF – Local Resilience Forum  
MIP – Major Incident Plan  
MIU – Minor Injuries Unit  
MACC – Military Aid to the Civil Community  
METHANE – Major, Exact, Type, Hazards, Access, Number, Emergency  
NBTS – NHS Blood and Transplant Service  
NHS – National Health Service

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OOH – Out of Hours Service  
PCO – Primary Care Organisation  
PHE – Public Health England  
PPE – Personal Protective Equipment  
RAYNET – Radio Amateurs Emergency Network  
RDPH – Regional Director of Public Health  
Receiving hospital – Any hospital designated by Strategic Health Authorities to receive casualties in the event of a major incident  
SCG – Strategic Coordinating Group  
SITREP – Situation Report  
SMOC – Senior Management on-Call  
SMT - Strategic Management Team  
STAC – Scientific and Technical Advice Cell  
SUI – Serious Untoward Incident  
Temporary mortuary - Building accessible from a disaster area and adapted for temporary use as a mortuary in which post mortem examinations can take place  
Triage - Process of assessment and allocation of priorities by medical or ambulance personnel prior to evacuation of the injured. Triage may be repeated at intervals and on arrival at the receiving hospital.  
VAO - Voluntary Aid Organisation  
WHHT – West Herts Hospitals NHS Trust

## Annex G - HVCCG Equality & Quality Inclusion Analysis Form

### Equality Analysis - Equality Impact Assessment Screening Form

Very occasionally it will be clear that some proposals will not impact on the protected equality groups and health inequalities groups.

Where you can show that there is no impact, positive or negative, on any of the groups please complete this form and include it with any reports/papers used to make a decision on the proposal.

Name of policy / service	Incident policy
What is it that is being proposed?	HVCCG has a statutory duty to maintain emergency plans under the Civil Contingencies Act (2004). This plan outlines generic arrangements that can be used in the response to major incidents and emergencies and complements the Emergency Planning & Resilience Policy.
What are the intended outcome(s) of the proposal	<p>The objectives of this plan are to:</p> <ul style="list-style-type: none"> <li>• Provide initial guidance for the response to a major incident or emergency</li> <li>• Provide a framework of actions for all those involved in HVCCG's response to a major incident or emergency</li> <li>• Assist partner agencies in understanding the HVCCG response</li> <li>• Meet HVCCG's statutory duty to maintain emergency plans.</li> </ul> <p>Link with the HVCCG Escalation Plan</p>
Explain why you think a full Equality Impact Assessment is not needed	This policy will not assist with any of the aims of the Equality Act or have any specific impact on the characteristic groups
On what evidence/information have you based your decision?	The contents of the policy
How will you monitor the impact of policy or service?	Please see section 5 of the policy "Monitoring Compliance"
How will you report	Via annual audit against the NHSE Core Standards for EPRR



your findings?

Having considered the proposal and sufficient evidence to reach a reasonable decision on actual and/or likely current and/or future impact I have decided that a full Equality Impact Assessment is not required.

Assessors Name and Job title

Amanda Yeates

Date

September 2017

# PART 3

## CONTACT DETAILS

**These are restricted and have only been made available on a limited distribution**