

Major Incident Operational Response Manual

(Incorporating Blackburn with Darwen CCG and East Lancashire CCG)

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Target audience:	All EL and BwD CCG staff including temporary, agency and contractor staff.

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Review and Amend Log

Version No	Date	Section	Description of change
1	07/07/16		New policy separated from original Emergency Planning and Resilience Policy
2	02/18		Review of document following internal changes and lessons learnt.
3	09/2019		<i>Contacts Updates</i>

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1. Document Status

This document details the response to national Emergency Planning, Resilience and Response (EPRR) requirements and covers both NHS Blackburn with Darwen Clinical Commissioning Group (CCG) and NHS East Lancashire CCG. Unless clearly documented the term 'CCG' or 'CCGs' within this plan should be taken to refer to both Blackburn with Darwen and East Lancashire. Any specific detail relevant to only one of the CCGs will be clearly documented.

2. Introduction and Background

- 2.1** This document details the actions to be taken by the Clinical Commissioning Group (CCG) in the event of a major incident.
- 2.2** It is for use by the CCG's staff and sets out the response to a significant health related major incident. It also describes command and control arrangements for the local NHS.
- 2.3** This Operational Response Manual will also assist the Director On-Call in their duties as being the single point of contact in the organisation for any significant escalation or major emergency.

3. Roles and Responsibilities

- 3.1** Within the NHS, different organisations have different responsibilities in relation to emergency planning and response (see Major Incident Plan for full list).
- 3.2** The CCGs may need to lead a response to a local issue but in all cases NHS England Lancashire and South Cumbria should be informed and may take over leadership.
- 3.3** The responsibilities of the CCGs are to respond to reasonable requests to assist and cooperate during an emergency. NHS England (Lancashire and South Cumbria) may decide to include CCG members in the formal command and control structure and to assist in any response to a major incident. CCGs may assist and support NHS England Lancashire and South Cumbria to undertake the following tasks:
 - 3.3.1** Mobilising resources from locally commissioned services;
 - 3.3.2** Providing local NHS leadership if required;
 - 3.3.3** Liaising with relevant partner organisations;
 - 3.3.4** Cascading information to relevant service level providers;
 - 3.3.5** Informing and maintaining dialogue with neighbouring CCGs when appropriate
 - 3.3.6** Supporting CCG commissioned organisations with any local demand, capacity and systems resilience issues.
- 3.4** The CCG's Director On-Call will become the responsible lead in the case of a major incident.
- 3.5** The Accountable Emergency Officer is responsible for ensuring that this manual is regularly updated and tested.

4. The Policy - Receiving the Alert

4.1 The Director On-Call will be alerted to a major incident by either the Senior Manager On-Call (who is the central point of contact for the CCG) directly by NHS England Lancashire and South Cumbria or via the East Lancashire Hospital Trust as the receiving hospital. It is, however, possible that an alert could come via a different route; for example the Public Health England Centre, other NHS organisation, or an individual CCG staff member.

4.2 Appendix a details the actions to be taken at the various standard alerts, which are:

Major Incident – standby

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

Major Incident declared – activate plan

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

Major Incident – cancelled

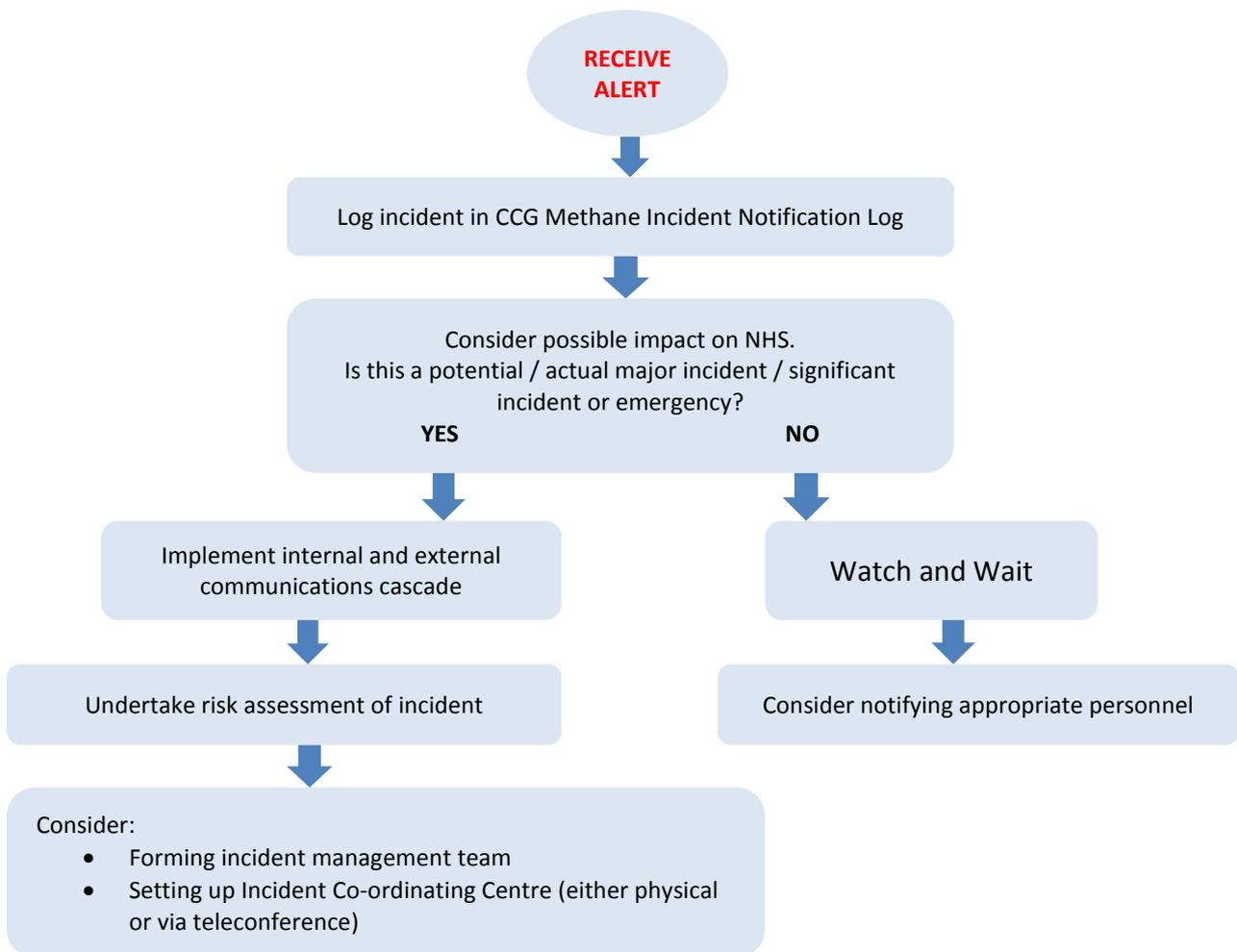
This alert cancels any previous messages.

Major Incident – stand down

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

4.3 As soon as alerted, the Director On-Call takes the role of the CCG's Executive Lead and may therefore activate the Major Incident Plan.

Figure 1: process to follow on receiving an alert message.



5. Begin a log and record

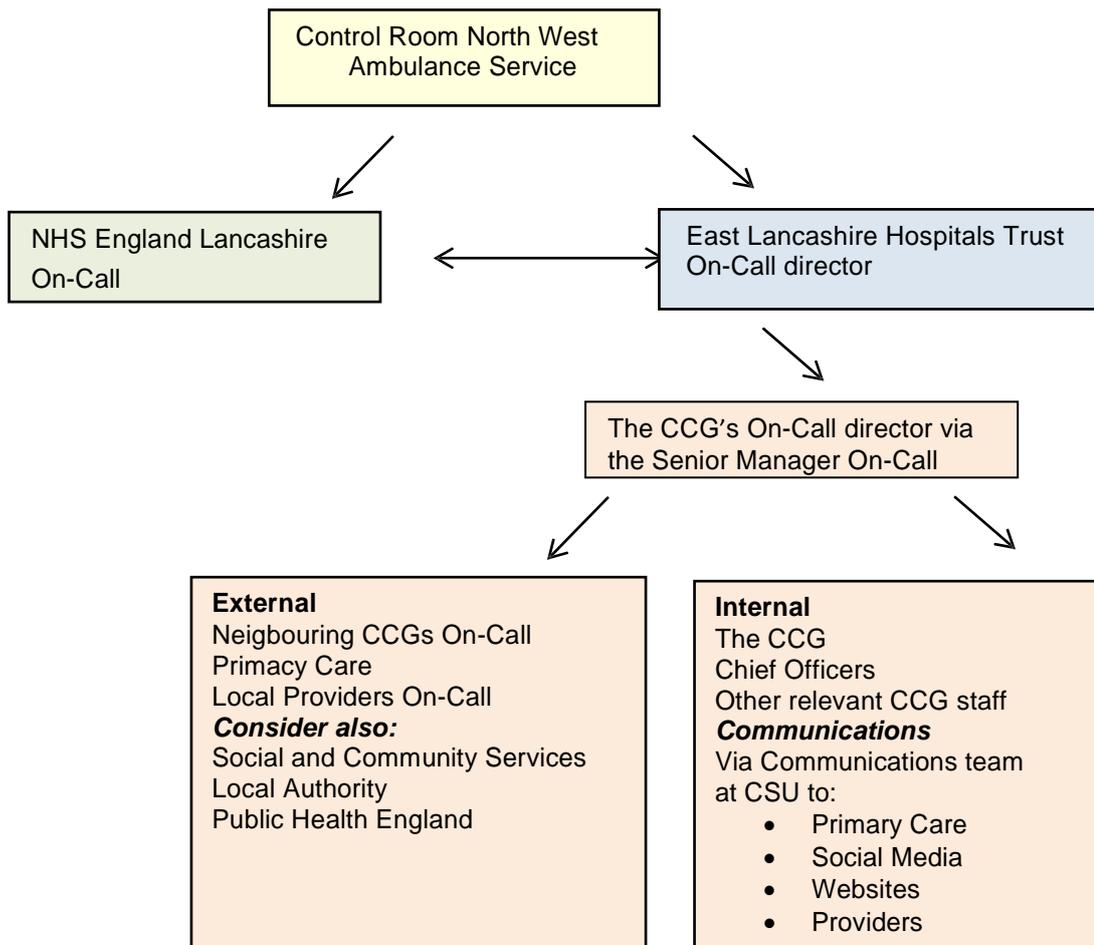
5.1 The CCGs Director On-Call should record in the CCG Methane Incident Notification Log (see appendix E):

- the time of the call;
- the name and contact details of the caller;
- M**ajor Incident (description)
- E**xact Location (grid Reference, directions etc)
- T**ype of incident (rail, chemical etc)
- H**azards (present and potential)
- A**ccess (direction of approach / egress)
- N**umber of casualties (number, severity and type)
- E**mergency services activated and responding (present and required, police, fire, ambulance)
- S**upport requested
- N**umber of persons displaced, evacuated or at risk
- O**rganisation affected or likely to be (is more than one organization affected? List those affected)
- W**hat infrastructure affected.

6. Cascading the Alert

- 6.1 The CCG Director On-Call is responsible for initiating the communications cascade both in hours and out of hours to ensure all relevant individuals are aware of the alert.
- 6.2 The CCG Director On-Call will need to decide whether the internal communications cascade should also be initiated. This will depend on the type of incident and those services/organisations likely to be affected.

Figure 2: The CCGs Communications Cascade



7. Risk Assessment

- 7.1 An initial risk assessment should be undertaken as soon as possible. This will determine the next steps to be taken.
- 7.2 The risk assessment template on page 9 should be used as a guide.
- 7.3 In making this assessment, it is important to distinguish between:
 - 7.1.1 Events that can be dealt with using normal day to day arrangements;
 - 7.1.2 Events that can be dealt with within the resources and emergency planning arrangements of the CCGs and local NHS commissioned services;
 - 7.1.2.1 Events that require a joint co-ordinated response from the organisations across Lancashire;
 - 7.1.2.2 Events that require a strategic level co-ordinated multi-agency response across Lancashire (or wider) health community;
 - 7.1.2.3 Events that need regional co-ordination.

Figure 3: Template to be used when undertaking a risk assessment on a recently declared incident

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

8. The Incident Management Team

8.1 The size and seriousness of the incident will need to be considered when deciding on the extent of response needed. It may be appropriate to manage certain

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incidents off site (e.g. from home) using the telephone to coordinate the response. Other incidents may require full use of office facilities and staff support, making it necessary to form the Incident Management Team.

- 8.2** Depending on the incident the Incident Management team could consist of:
- Director On-Call – would chair and co-ordinate the Incident Management Team;
 - Senior Manager On-Call – if support is needed;
 - Assurance and Delivery Manager;
 - Administration support – to ensure key actions are logged;
 - Midlands and Lancashire Commissioning Support Unit (M&L CSU) Communications Manager – to lead internal and external communications;
 - Locality link – (if incident is in one locality);
 - Lead Commissioner – (if only one service is affected by the incident);
 - IT Lead – (if IT is involved in the incident).
- 8.3** Where possible, and where incidents dictate, the CCG's Incident Management Team may work alongside East Lancashire Hospital Trust's (ELHT) Incident team and share resources and information.
- 8.4** Out of Hours: The Director On-Call will need to use their discretion when deciding to form a complete incident team out of hours. The out of hours Incident Management Team consists of:
- On-Call Director (Chair);
 - Senior Manager On-Call
 - Senior staff called in (if required).
- 8.5** There is no duty on the CCG to have a loggist to document decision making but it is good practice to ensure that all actions are clearly recorded. The CCG has an agreement that in the event of a significant incident, we could utilise the loggists within ELHT which can be used in addition to the loggists within the CCG.

9. The Incident Coordinating Centre (ICC)

- 9.1** The Director On-Call may establish an Incident Coordinating Centre (ICC) from which the incident can be managed.
- 9.2** The ICC for the CCG could be via the agreed teleconference approach or be based at Walshaw House, Fusion House or within ELHT's Command Centre.
- 9.3** The role of the ICC is to:
- manage the operational response to the incident;
 - Co-ordinate response across the local health economy;
 - report to NHS England Lancashire and South Cumbria;
 - handle media issues/enquiries;
 - coordinate with district councils and unitary authorities;
 - manage the return to normality;
 - ensure liaison with other key partners as required.
- 9.4** The ICC will act as a focal point for all liaisons with NHS and partner organisations regarding the incident. If there is the need to set up an actual ICC then it will have robust and resilient IT and telecommunications capability. The ICC will be staffed by the Incident Management Team. The location could be within one of the CCG's meeting rooms.

9.5 The ICC may be shared with ELHT and will be set up by ELHT.

9.6 **Access arrangements to Walshaw House are as follows:**

- Opening of Walshaw House building out of hours, please contact Property Services, Facilities Management and Security - Out of hours at Royal Blackburn Hospital on 01254 263555

Access arrangements to Fusion House are as follows:

- This building has 24/7 access 365 days a year via fob.

10. Full assessment and action phase

10.1 The role of the CCGs Director On-Call is to direct and coordinate the management of the incident. In particular the CCGs Director On-Call will:

- form the Incident Management Team (if necessary);
- remain available for consultation throughout the incident;
- obtain input from all relevant sources of expertise and convene quickly, even if some areas cannot be represented immediately;
- check the representation and expertise available to the group and ensure that all members of the Incident Management Team understand their roles and responsibilities;
- ensure that meetings, investigations and actions are properly documented;
- ensure (with communications managers) that the media are briefed;
- ensure communication with NHS England Lancashire;
- consider, recommend and implement measures to protect the public;
- take executive decisions in the light of the best available information.

11. Escalation

11.1 *Figure 5* describes the three broad levels of escalation and provides broad parameters for decision making. It is the responsibility of the senior manager leading the NHS response at any particular time to decide, in conjunction with colleagues, what level of command is appropriate for the local NHS.

Figure 5: NHS England incident alert and response levels

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

*Adapted from NHS England Emergency Preparedness, Resilience and Response Framework

11.2 Multi-agency Command and Control

There are three commonly accepted levels within emergency management command and control (*Figure 6*) and adherence to these by all organisations ensures a coordinated response to a major incident.

Figure 6: Levels within command and control structures

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

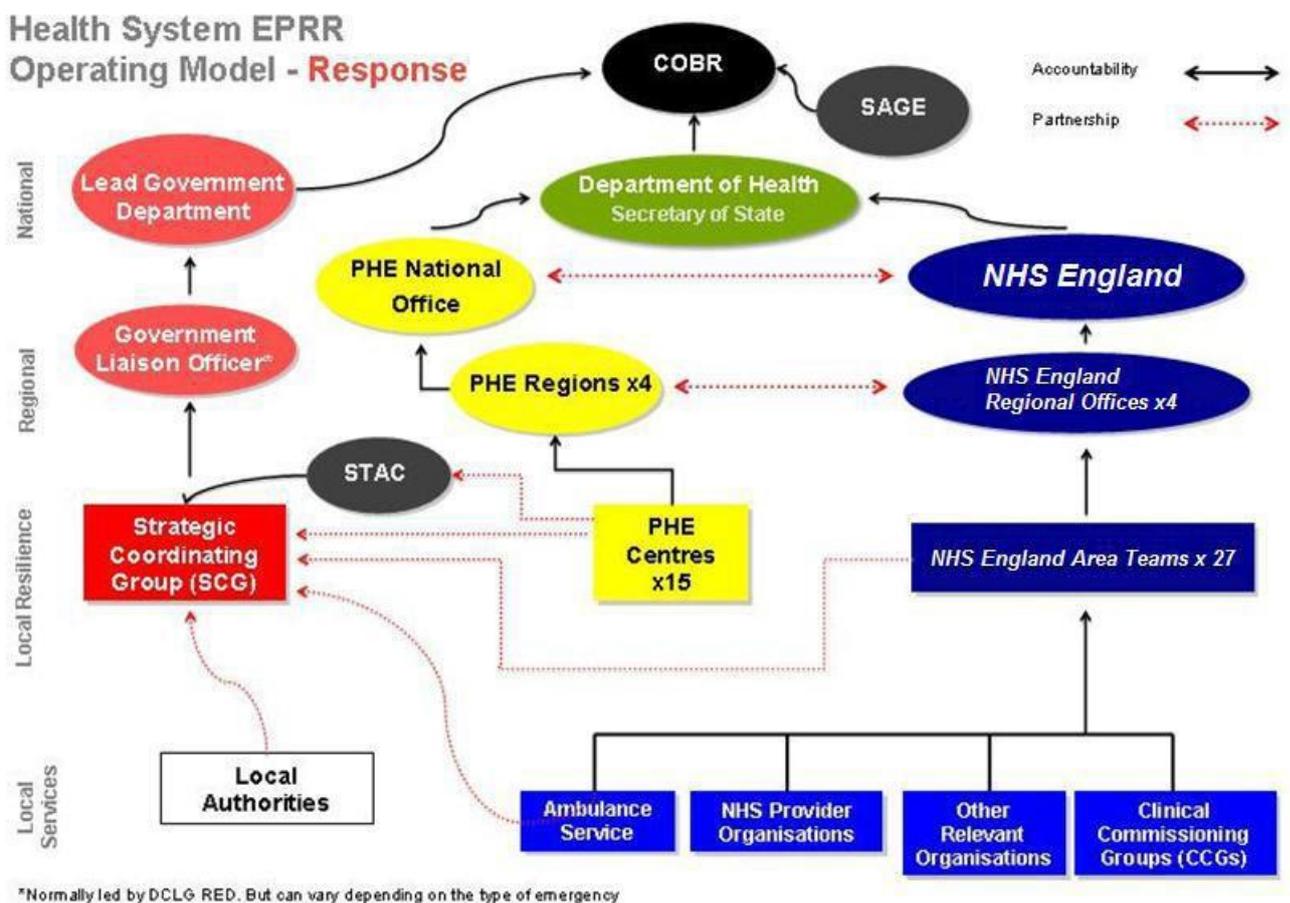
11.3 The multi-agency response to a major incident, significant incident or emergency is described below:

- The DH will be the source of information regarding the NHS for the Cabinet Office Briefing Room (COBR) at national level;

- NHS England – Lancashire and South Cumbria will represent the NHS at regional level;
- NHS England - Lancashire and South Cumbria will attend the Strategic Coordinating Group (GOLD) led by Lancashire Constabulary;
- Public Health England Centre will provide the Public Health Consultant to attend and chair the Scientific and Technical Advice Cell (STAC);
- NHS England Lancashire and South Cumbria may attend multi-agency tactical and will interact at an operational level, where required;
- Local CCGs may attend county wide tactical and will interact at a local operational level.

11.4 National response model

Response structure



12. Communications

12.1 Managing communications including receiving and providing information to staff, public and the media is a key part of a major incident response.

12.2 Media: This will be coordinated by the M&L CSU On-Call Communications Manager. Lancashire Constabulary will have a Press Liaison Officer who will be responsible for briefing and coordinating press/media enquiries regarding the incident. It is essential that this person be given all the relevant information to ensure a coordinated response to the media. NHS England Lancashire and South Cumbria will also have access to their Communication team as will other NHS organisations. Any communication needs to be coordinated.

12.3 General notes regarding communication:

- Effective communications are the key to good public relations;
- A response to a press enquiry of 'no comment' or the giving of inaccurate or unverified information should be avoided at all costs;
- Initial response statements, particularly during the early stages when the total picture has not fully emerged, should be positive and concentrate on the actions the organisation is undertaking and information that is known;
- Communications Managers must ensure that they are kept fully informed whether at the scene or based in the ICC. Armed with officially cleared facts, spokespersons can respond confidently to media enquiries with the assurance that further details will be given in due course;
- The spokesperson will normally be the Director On-Call;
- To avoid confusion it is essential that all press enquiries are channeled through the M&L CSU Communication Managers;
- If communicating directly with GP practices then it is essential that the Local Medical Committee is kept informed.

13. Creating Capacity

In a major incident it might be necessary for Lancashire providers to create capacity across the system. The Director On-Call may be able to assist through liaison with health economy providers.

13.1 Use of Minor Injuries Units/P3 Centers

Diversion of patients to Minor Injuries Units and P3 (Walking Wounded) can provide support to acute hospitals.

13.2 Use of Community Hospitals

The CCG's Director On-Call should contact the Director On-Call for ELHT and Lancashire Care Foundation Trust (LCFT) who will coordinate the emergency response at the community hospital sites. Their role in responding to a major incident that is external to a community hospital is:

- to act as a focal point for the coordination of the community hospitals response;
- to assess bed states and capabilities for the accelerated discharge of inpatients;
- to advise the receiving hospital(s) of capability to accept transferred in-patients;
- to coordinate the notification of relatives, GPs and as appropriate social services in the event of accelerated discharge/relocation of in-patients;

- to maintain liaison with the CCGs Director On-Call about the hospitals response to the incident;
- to determine the appropriate time for the declaration of hospitals' 'stand down' following notification of the release of the hospital from their incident response role;
- to notify the CCG's Director On-Call of all matters of importance relating to the incident response and submit a post incident report, including recommendations for follow up action.

14. Reporting

- 14.1** A key responsibility of the CCG during a major incident is the collation and reporting of local situation reports (SITREP).
- 14.2** In most major incidents the report frequency and mechanism will be defined and agreed by NHS England Lancashire and South Cumbria.
- 14.3** In most major incidents Lancashire providers will provide the SITREP directly to NHS England Lancashire and South Cumbria, although sometimes they will ask that this is collated by the CCG. In all instances, providers should copy their local SITREP to commissioners.
- 14.4** In some cases the CCG may require providers to produce a local SITREP. An example of a SITREP form can be found in *Appendix 3*.
- 14.5** It is the responsibility of the Director On-Call to ensure that SITREPs from the CCG are reported as required. However, they may delegate the coordination to another competent member of staff.
- 14.6** In a multi-agency major incident the Lancashire Local Resilience Forum may require a SITREP to be completed. This should be done using an online reporting tool (see relevant Action Card).

15. Finance and resources

- 15.1** The CCG Director On-Call may assist and support NHS England Lancashire and South Cumbria mobilise resources from locally commissioned services.
- 15.2** If necessary a separate cost centre will be set up with a budget in agreement with the Chief Finance Officer. The Scheme of Delegation will apply.

16. Extended Incident

- 16.1** Extended incidents present a serious human resources challenge. The CCG's Director On-Call will:
- regularly review the number of people committed to the incident and their energy levels
 - establish shift periods which have clearly defined hand over procedures and adequate rest periods

17. End of an Incident

17.1 Standing down an Incident

As the incident diminishes the emergency services will declare stand down of the incident. A decision should then be made in conjunction with NHS England Lancashire and South Cumbria, by the CCG's Director On-Call, when it is appropriate to stand down the Incident Management Team. This is because the CCG is likely to have a continuing role after emergency services have stood down. Before the Incident Management Team is disbanded arrangements should be made to review the incident via a structured debrief. This is to ensure outcomes for review are captured and incorporated in revised major incident plans.

17.2 Managing the aftermath of an Incident

- 17.2.1 In many incidents, the aftermath of a major incident becomes another role and involves facilitating the restoration of normal health services.
- 17.2.2 Provision of care and support to staff that may have been personally affected is also likely to be required.
- 17.2.3 Consideration should also be given to the legal and financial risks that might ensue.

17.3 Legal Framework

Following a major incident, significant incident or emergency a number of legal investigations and challenges can and will be made. These may include Coroners Inquests, Public enquiries, Corporate Manslaughter and Civil Action. Normal processes should be followed and legal advice can be sought from the CCG's Legal Advisors.

17.4 Debriefing

- 17.4.1 In order to identify lessons learned, a series of debriefs post incident are seen as good practice.
 - **Hot debrief:** Immediately after incident with incident responders (at each location);
 - **Organisational debrief:** 48-72 hours post incident;
 - **Multi-agency debrief:** within one month of incident;
 - **Post incident reports:** within six weeks of incident.
- 17.4.2 These will be supported by action plans and recommendations in order to update the CCG's plans and provide any training and further exercising required.
- 17.4.3 The CCG may also contribute to multi-agency debriefing and actions from incident reports.
- 17.4.4 The Incident Management team and Director On-Call will be involved in the debriefing.

18. Recovery

- 18.1 Recovery and the return to normal working is an important part of the management of all major incidents. In many incidents, the aftermath of the major incident

becomes another phase, taking stock of the overall impact and facilitating the restoration of normal health services.

18.2 The CCG's role in recovery might include:

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

19. Action cards

1. CCG Director On-Call – MAJOR INCIDENT - STANDBY
2. CCG Director On-Call – MAJOR INCIDENT DECLARED - ACTIVATE THE PLAN
3. CCG Director On-Call – MAJOR INCIDENT - STANDDOWN
4. Midlands and Lancashire Commissioning Support Unit Communications Manager

20. Equality Impact Assessment

Because there have now been a significant number of judicial review (process under which unlawful action is subject to review by the courts) cases concerning equality duties, it is possible to identify some general principles which the courts will apply when they are considering a case of this nature. However, the courts have the authority to develop or modify these principles as new cases come before them.

From the cases to date, it is clear that the equality duties are taken very seriously by the Courts. They stress:

- the need to consider equality issues thoroughly in the context of the duties before any significant individual decisions are made or any policy is introduced or subject to significant change
- equality impact assessments may provide important evidence as to whether the public authority has complied with its duties.
- that a public authority should refer to Equality Act guidance and codes of practice explicitly and keep records of its decision making. If it departs from the code or guidance, there must be clear reasons to do so.
- if another organisation or person is carrying out a function under guidance by the public authority, the responsibility for ensuring that the general duties are met remains with the public authority
- the duties apply not just to decision-makers but also to those who implement them

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

21. Implementation and Dissemination

It will be arranged for all ratified policies to be added to the CCG Website and staff will be notified of all policy activity through the CCG's internal email communication system.

The CCG website will be the only point of access for up to date, version controlled CCG Policies.

22. Training Requirements

A major incident places extreme stress on the organisation and may pitch individuals into unfamiliar roles and sometimes into an unusual and possibly dangerous environment.

The Accountable Emergency Officer will ensure that testing of the plan takes place in line with wider EPRR training/testing.

23. Monitoring and Review Arrangements

This policy shall be reviewed annually or as and when incidents or national guidance deem it to no longer be 'fit for purpose'.

24. Consultation

Systems of communication with external stakeholders are in place to minimise reputational risk to the organisation. These include a public website, public meetings of the Governing Body and the Annual General Meetings , together with patient engagement activities and consultation.

List of Stakeholders Consulted

Date Sent	Name of Individual or Group	Designation	Were comments received, considered and	If not incorporated record reason why
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			incorporated	
			Yes/no	
	Iain Fletcher	Head of Corporate Business (BwD CCG)		
	Pennine Lancashire Quality Committee	Pennine Lancashire CCGs		

25. References and Bibliography

- The Civil Contingencies Act 2004;
- The Health and Social Care Act 2012;
- NHS England Emergency Preparedness, Resilience and Response 2015;
- NHS standard contract;
- NHS England EPRR documents and supporting materials
- NHS England Business Continuity Management Framework (service resilience) (2014);
- NHS England Model Incident Response Plan (national, regional and area team);

- NHS England Core Standards for Emergency Preparedness, Resilience and Response (EPRR)¹;
- National Occupational Standards (NOS) for Civil Contingencies – Skills for Justice;
- BSI PAS 2015 – Framework for Health Services Resilience;
- ISO 22301 Societal Security - Business Continuity Management Systems – Requirements.
- The role of accountable emergency officers
- The Business Continuity Institute
- Freedom of Information Act 2000
- Competencies for NHS Commissioning Board co-chairs of Local health resilience partnership (LHRPs)
- Competencies for Director of Public Health (DPH) co-chairs of LHRPs
- Cabinet Office National Recovery Guidance
- Oxford Clinical Commissioning Group

26. Associated Documents

- Pandemic Influenza Plan
- Severe Weather Plan
- Business Continuity Management Plan
- Major Incident Plan
- Penning Lancs Emergency Planning and Resilience Policy
- Senior Manager On-Call pack

27. Appendices

- A - Action Cards
- B - Cascade flow chart
- C - Incident Situation Reports
- D - CCG methane incident notification log

APPENDIX A – Action Cards

CCG Director On-Call – MAJOR INCIDENT - STANDBY

Scope

If a major incident is declared or an acute hospital is put on standby the CCGs Director On-Call will be informed by both the NHS England Lancashire and South Cumbria Director On-Call and the receiving hospital (most likely to be ELHT).

The CCG Director On-Call may then need to manage the situation. NB – it is likely that in the case of a Major Incident this will be managed by NHS England and the CCG's Director On-Call will assist with this.

Definitions

Major Incident – STAND BY

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

Number	Actions:	Time Completed
1	In the event of a potential or actual significant /major event, the Director On-Call will normally be notified via the SMOC: <ul style="list-style-type: none">• East Lancashire Hospitals Trust• NHS England Lancashire	
2	Document all details and actions in the CCG Methane Notification Incident Log	
3	Obtain as much information about the incident as possible, including any specific or urgent actions for the NHS and the CCG. Record: <ul style="list-style-type: none">▪ the time of the call▪ the name and contact details of the caller▪ the nature of the incident, e.g. type of incident, location, number of casualties▪ when the incident occurred▪ organisations involved, e.g. NHS Trusts▪ current action being taken and by whom▪ any plans made or expectations of what may happen next (e.g. evacuation plans)▪ what actions are being requested of the CCG	
4	Inform NHS England Lancashire and South Cumbria Director On-Call (unless they have informed you of the major incident)	
5	Inform: <ul style="list-style-type: none">• East Lancashire Hospital Trust• Lancashire Care Foundation Trust• Mersey Care	
6	Inform Midlands and Lancashire Commissioning support Unit Communications Team on 0333 150 1602	
7	Consider internal communication cascade to: <ul style="list-style-type: none">• Chief Officer• Executive Directors	

	<ul style="list-style-type: none"> • Heads of Service 	
8	Consider contacting <ul style="list-style-type: none"> • Adult and Social Care through Out of Hours Emergency Duty Team (if relevant) • Public Health England On-Call (if relevant) • Local Authority On-Call (if relevant) 	
9	Undertake an initial risk assessment of the incident (see template in Operational Response manual)	
10	Provide support to NHS England Lancashire and South Cumbria On-Call Director as required	
11	If it is NOT a potential or actual major incident: <ul style="list-style-type: none"> • If no further action is required, ensure the log is completed and signed off • 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 	

**Information
Relevant Plans
Version Control**

Version No	Date	Reason

CCG Director On-Call – MAJOR INCIDENT DECLARED - ACTIVATE THE PLAN

Scope

If a major incident is declared or an acute hospital is identified as the receiving hospital then the CCG's Director On-Call will be informed by both the NHS England Lancashire and South Cumbria Director On-Call and the receiving hospital (most likely to be ELHT).

The CCG Director On-Call may then need to manage the situation. NB – it is likely that in the case of a Major Incident this will be managed by NHS England Lancashire and South Cumbria and the CCG's Director On-Call will assist with this.

Definitions

Major Incident Declared – ACTIVATE THE PLAN

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

Number	Actions:	Time Completed
1	In the event of a potential or actual significant /major event, the Director On-Call will normally be notified via SMOC: <ul style="list-style-type: none"> • East Lancashire Hospitals Trust • NHS England Lancashire 	
2	Document all details and actions in the On-Call log book	
3	Obtain as much information about the incident as possible, including any specific or urgent actions for the NHS and CCG. Record <ul style="list-style-type: none"> ▪ the time of the call ▪ the name and contact details of the caller ▪ the nature of the incident, e.g. type of incident, location, number of casualties ▪ when the incident occurred ▪ organisations involved, e.g. NHS Trusts ▪ current action being taken and by whom ▪ any plans made or expectations of what may happen next (e.g. evacuation plans) ▪ what actions are being requested of the CCG 	
4	Inform NHS England Lancashire and South Cumbria Director On-Call (unless they have informed you of the major incident)	
5	Inform (if relevant) <ul style="list-style-type: none"> • East Lancashire Hospital Trust • Lancashire Care Foundation Trust • Calderstones Partnership 	
6	Inform Midlands and Lancashire CSU Communications Team on 0333 150 1602	
7	Consider internal communication cascade to: <ul style="list-style-type: none"> • Chief Executive Officer • Executive Directors 	

	<ul style="list-style-type: none"> • Heads of Service • Business Continuity Leads 	
8	Undertake an initial risk assessment of the incident (see template in Operational Response manual)	
9	Consider holding an Incident Management Team meeting with key personnel	
10	Consider holding a teleconference with partners in order to coordinate response (see on-call pack for details)	
11	Use the Emergency planning nhs.net email address wherever possible: pennine.icc@nhs.net (see on-call pack for details)	
12	Identify an incident dependent on <ul style="list-style-type: none"> • Reporting requirements • NHS England requirements This will determine when certain actions need to take place	
13	Establish an Incident Co-ordinating Centre, if indicated, tasking specific staff	
14	Ensure Communication Manager is appropriately linked in	
15	In consultation with the NHS England Lancashire and South Cumbria Director On-Call, determine when the stand down should be declared	

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CCG Director On-Call – MAJOR INCIDENT - STANDDOWN

Scope

Following a Major incident the response will need to be formally stood down. This direction may come from NHS England Lancashire and South Cumbria or maybe decided by the CCG’s Director On-Call when systems are returning to normal. It should be noted that it is possible to ‘stand down’ organisations at different times depending on their response.

Definitions

Major Incident – stand down

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

Number	Actions:	Time Completed
When the ‘Stand down’ command is given from NHS England Lancashire and South Cumbria or agreed within The CCG the CCG’s Director On-Call will		
1	Ensure that all stakeholders are aware the Major Incident is stood down. The CCG Director On-Call should ensure the following are aware (if relevant): <ul style="list-style-type: none"> • East Lancashire Hospitals Trust • NHS England Lancashire • Calderstones Partnerships • Midlands and Lancashire CSU Communications Team on 0333 150 1602 	
2	Ensure that a process is in place for an appropriate return to business as usual internally and externally across the local NHS	
3	Support the multi-agency recovery phase if required	
4	Agree when staff involved in the incident should return to their normal duties	
5	Debrief the staff working in the incident room (‘hot debrief’)	
6	Complete and sign off the incident log and ensure all relevant documentation is secured.	
7	Contribute to multiagency debriefs as required	
8	Ensure a formal report is prepared, highlighting any good practice or issues identified.	
9	Ensure report and learning is passed to the member of staff responsible for updating the Major Incident Plan, Operational Response Manual and Director On-Call packs	

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Communications On-Call

Scope

Communications are key in any major incident and the CCG's Director On-Call will ensure that the Midlands and Lancashire Commissioning Support Unit (MLCSU) Communications Manager On-Call is informed of any major incident (whether declared or standby). In hours contact will be made via the media desk who will identify an appropriate Communication Manager to link with the CCG's Director On-Call. Out of hours the Communications On-Call can be contacted via the pager number on the emergency card.

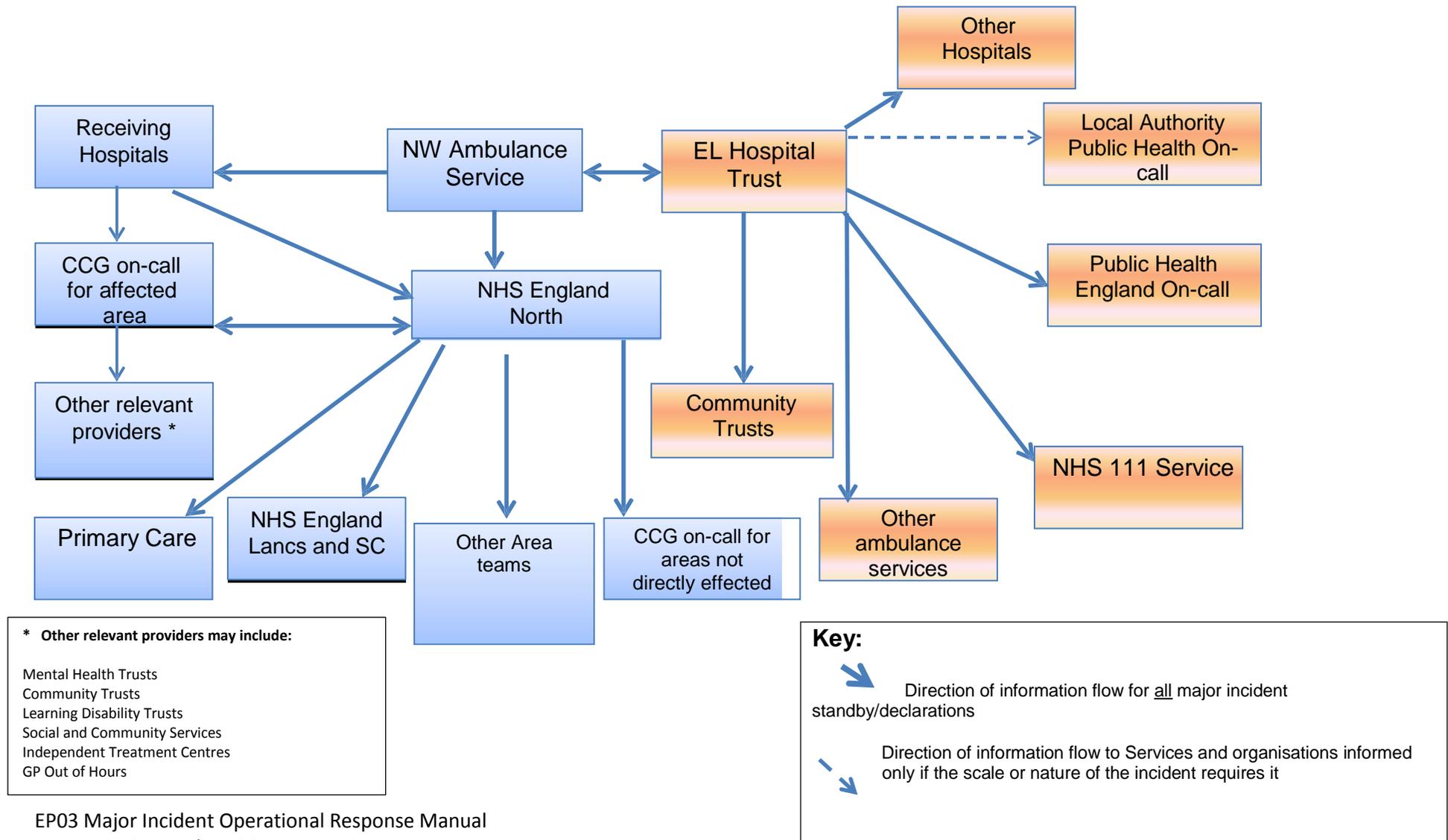
Number	Actions:	Time Completed
The role of the Communication Manager On-Call will be to provide communication co-ordination, advice and support to the CCG's Director On-Call		
1	Confirm with the Director On-Call that an incident is taking place	
2	Contact the NHS England Lancashire and South Cumbria Communications Lead and agree who will be leading on communications for the incident	
3	Commence a personal log	
4	Obtain all available information about the incident and liaise with communication colleagues in local trusts and neighbouring CCGs, the Local Authority and Police and any other stakeholders	
5	Issue pre-arranged public health/safety messages in conjunction with Public Health England within the first hour of becoming aware of the incident if leading on communications.	
6	Assume responsibility for managing the CCG's staff communications and link with the NHS England Lancashire and South Cumbria Communications Lead regarding public information and media communications. Note that if the Strategic Coordinating Group (SCG) is established all media responses are controlled and coordinated by them so communications input/feedback should be fed upwards into the SCG	
7	Identify a health spokesman for media response– if and the CCG's spokesperson is required this would normally be the Director On-Call or another Director.	
8	Alert communications network of incident and advice of media handling strategy.	
9	Deal with all media enquiries/draft statement/organise press conferences and interviews as agreed in media handling strategy	
10	Identify communications administration support to log media calls and develop rolling question and answer brief	
11	On stand down, ensure that all original documentation (including notes, flip charts, emails etc.) are kept. Close personal log	
12	Attend hot and formal debriefs	

13	Manage any on-going media interest in the NHS response, including social media	
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APPENDIX B – CASCADE



APPENDIX C – INCIDENT SITUATION REPORTS

NHS INCIDENT SITUATION REPORT (SITREP)

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

Organisation:		Date:					
Name (completed by):		Time:					
Telephone number:							
Email address:							
Authorised for release by (name & title):							
Exact location of Incident							
Type of Incident (Name)							
Resources Deployed (e.g. Ambulance, Air Ambulance, HART)							
Incident Casualties	Location	P1:	P2:	P3:	P4:	Disch'd	Dead
Pre-Hospital							
List Receiving Hospitals	Location	P1:	P2:	P3:		Disch'd	Dead ³
Hospital # 1							
Hospital # 2							
Hospital # 3							
Hospital # 4							
Total at Receiving Hospitals							
Impact on Critical Functions							
Capacity Issues							
Capability Issues (e.g. major trauma, burns)							
Impact on business as normal							
Mutual Aid Request Made (Y/N)							
Current / Potential Media Messages							

Notes to aid completion of SITREP

1. Resources Deployed:

- Resources deployed at scene of incident.

2. Incident Casualties:

P1: Casualties requiring immediate life-saving resuscitation and/or surgery.

P2: Stabilised casualties needing early surgery but delay acceptable.

P3: Casualties requiring treatment but a longer delay is acceptable.

P4: Expectant category – confirm if invoked.

3. Fatalities in hospital:

- Number of patients arriving at hospital and subsequently dying at/or in hospital.

4. Impact on critical functions:

- Implications on Category “A” Ambulance response times.
- Critical Care capacity.

5. Capacity/capability issues:

- This section provides a forward look for the NHS and the Department of Health.

6. Impact on business as normal:

- Cancellation of elective activity should be covered here.
- Any other service reduction as consequence of incident.

7. Mutual aid request:

- Confirm details of mutual aid requested, and from whom requested.

8. Media:

- Indicated media interest shown/reported.

Provide key messages for media, also provide details of lead media contact

NHS England MAJOR INCIDENT SITUATION REPORT - SITREP

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

Organisation:		Date:	
Name (completed by):		Time:	
Telephone number:			
Email address:			
Authorised for release by (name & title):			
Type of Incident (Name)			
Organisations reporting <u>serious</u> operational difficulties			
Impact/potential impact of incident on services / critical functions and patients			
Impact on other service providers			
Mitigating actions for the above impacts			
Impact of business continuity arrangements			
Media interest expected/received			

APPENDIX D – CCG METHANE INCIDENT NOTIFICATION LOG

CCG METHANE INCIDENT NOTIFICATION LOG

Name of Caller:	
Originating Organisation:	
Emergency Service Incident Number:	
Date and Time of Call:	
Contact Number: (mobile and landline)	
Major Incident:	DECLARED / STANDBY <i>(circle)</i>
Exact Location: (Grid Reference, directions etc)	
Type of Incident: (Rail, chemical etc)	
Hazards: (Present and potential)	
Access: (Direction of approach / egress)	
Number of Casualties: (Number, severity and type)	
Emergency Services activated and responding: (Present and required)	
Police	
Fire	
Ambulance	
Support Requested:	
Number of persons displaced, evacuated or at risk:	
Organisation affected or likely to be: (Is more than one organisation affected? List those effected)	
What Infrastructure affected:	
Completed by (Signature)	
Completed by (Print Name)	

