NHS
Sheffield Clinical Commissioning Group

Accountable Officer's Report

D

Governing Body meeting

3 October 2013

1. HSJ Commissioning Summit

I attended the session last week in Nottingham which aimed to help the new commissioning organisations reflect on the achievements of the first six months of the Health and Social Care Act 2012, as well as considering the current challenges. I co-chaired a session on Integration of Health and Social Care which was well attended and demonstrated that much of our current thinking is supported across similar communities.

2. CCG Core Cities

Members will be aware that Sheffield CCG chairs the collaboration of core cities outside London. The session held in Newcastle focused on Integration and Localism. It seemed clear that the challenge of ensuring local priorities are delivered in the context of local and national commissioning arrangements is one that integration and a whole place approach might respond to. Again, this supports the Sheffield view that the closer integration of Health and Social Care is a direction that suggests a balance of local priorities and efficiency might be achieved.

3. GPA Development Session

Katrina Cleary, Paul Wike and myself hosted the first of three sessions to support our GPAs in responding to the likely commissioning priorities and national context of the call to action for primary care. The output of the session is on the agenda later.

4. CCG Assurance Process

Members of the management team, which included a GP, attended a session with NHS England Area Team to review progress of the CCG against the national assurance requirement. The session felt fundamentally different to the previous PCT/SHA performance management processes, managing to remain a meeting of commissioning peers focusing on improving the outcomes of the populations they serve. Sheffield provided sufficient assurance as part of this process and a copy of our assessment and plan will be available on the CCG website during October post moderation.

5. NHS England South Yorkshire & Bassetlaw Area Team Incident Response Plan

The plan at Appendix A has been developed to ensure key participants carry out their respective functions when responding to major incidents or during emergency situations. It describes the roles of SY&B CCGs to engage in Local Resilience

Forum, which is enacted through a representative function by NHS Rotherham CCG. There is no CCG formal “on-call” arrangement, the support of the CCG in surge management is acknowledged in section 4.2. This policy has been agreed across all the SY&B CCGs and the NHS E Area Team.

Ian Atkinson
Accountable Officer
24 September 2013

Appendix A

NHS England
South Yorkshire and Bassetlaw Area Team

Incident Response Plan

August 2013

THE NHS CONSTITUTION
the NHS belongs to us all

NHS ENGLAND South Yorkshire & Bassetlaw Area Team

Incident Response Plan

Date	12 August 2013
Audience	▪ NHS England (South Yorkshire & Bassetlaw) Directors and staff ▪ South Yorkshire & Bassetlaw NHS Foundation Trust Chief Executives and Accountable Emergency Officers ▪ Yorkshire Ambulance Service Chief Executive and Accountable Emergency Officer ▪ South Yorkshire & Bassetlaw Clinical Commissioning Groups Chief Officers and Accountable Emergency officers ▪ Members of South Yorkshire Local Health Resilience Partnership (LHRP)
Copy to	▪ Emergency Planning leads in South Yorkshire & Bassetlaw NHS organisations ▪ NHS England (North) Head of EPRR
Description	This is an operational response plan. Please read this document in the context of: • the South Yorkshire & Bassetlaw Area Team rota and contacts • the South Yorkshire & Bassetlaw Area Team incident coordination centre activation manual (held in the ICC, Oak House, Rotherham) **[National plans and other system plans to be confirmed but may include]** ▪ [Infectious Diseases Plan] ▪ [Smallpox Plan] ▪ [Pandemic Flu Plan] ▪ [CBRN Regional Plan] ▪ [Mass Casualty Plan] ▪ [Mass Vaccination Plan] ▪ [Radiation Plan]
Cross reference and links	http://www.england.nhs.uk/eprr/
Action required	This plan has been developed to ensure key participants carry out their respective functions when responding to major incidents or during emergency situations. It is important that all strategic, tactical and operational staff of the Area Team understand this plan and are aware of their specific roles and responsibilities.
Timing	To be used by NHS England area teams in the conjunction with the NHS England Incident Response Plan (National) as part of the implementation of the new EPRR arrangements to the 31 March 2013 as well as post-1 April.
Contact details	Dr Diane Smith, Head of Emergency Preparedness, Resilience & Response NHS England (South Yorkshire & Bassetlaw) Oak House Bramley Rotherham S66 1YY Email: dianesmith9@nhs.net Tel: 01709 302160
Review Date	This document will be reviewed bi-annually from date of issue or more frequently following exercises or incidents.

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1. FOREWORD

1.1. This plan has been developed to ensure key participants carry out their respective functions when responding to major incidents or during emergency situations. It is important that all South Yorkshire and Bassetlaw Area Team staff understand this plan and are aware of their specific roles and responsibilities.

1.2. I am satisfied this plan ensures that the South Yorkshire & Bassetlaw Area Team has effective arrangements in place to respond to a major incident/emergency within our own health community and/ or to offer support to neighbouring communities.

Eleri DeGilbert
Interim Director
NHS England (South Yorkshire & Bassetlaw)

2. INTRODUCTION

Who is the plan for?

2.1. The plan is primarily for South Yorkshire & Bassetlaw Area Team (AT) staff. It sets out the NHS England AT response to a significant health related incident/emergency. It also describes command and control arrangements for the local NHS.

2.2. The plan describes what needs to happen, and who needs to do what, should a significant health related incident/emergency occur. Directors/Managers must ensure that they are sufficiently familiar with the plan and that they are ready and able to mount an immediate (24/7) response in accordance with the plan.

2.3. The plan provides a series of action cards for a variety of roles that could possibly be required to respond to an incident. These provide a menu of actions to be considered. Not all will be relevant to every type of incident but are intended to act as an aide memoir for the individual to consider and select as appropriate to the circumstances.

2.4. It is important that all relevant officers of organisations in the Local Health Resilience Partnership (LHRP) and the Local Resilience Forums (LRFs) are aware that the plan exists and understand fully their contribution to the implementation of the plan.

2.5. During a significant health related incident, the AT may operate an Incident Management Team (IMT). This may be located at an Incident Coordination Centre (ICC) with its primary location sited at NHS England, South Yorkshire & Bassetlaw Area Team, Oak House, Bramley, S66 1YY, Rotherham.

3. ROLES & RESPONSIBILITIES

3.1. This section describes the roles and responsibilities required to deliver the response to a health related incident/emergency. For full details of the responsibilities and associated actions, please refer to the action cards in Annex One.

Incident Director (2nd on call)

This role provides overall strategic co-ordination of NHS resources across South Yorkshire and Bassetlaw AT and takes overall responsibility for managing and resolving an event or situation. This person must have the authority to make executive decisions in respect of the organisations resources and finances. Specifically, this role will be expected to:

- In liaison with the on call Incident Manager/1st on call, assess the initial information received in respect of a potential or actual significant / major incident and determine the appropriate initial course of action to be taken.
- Direct all subsequent actions including stand-down decisions.
- Coordinate the wider SY&B NHS response as appropriate.
- Attend the Strategic Co-ordinating Group (SCG) if established
- The Incident Director/2nd on call has full authority to respond to the incident on behalf of the Area Team Director.

Incident Manager (1st on call)

- Assess the initial information received in respect of a potential or actual significant / major incident and escalate to the on call Director/2nd on call as indicated.
- Manage the incident as tasked by the Incident Director (when activated).
- If a Strategic Coordinating Group (SCG) is called, the Incident Manager will usually manage the response whilst the Incident Director (NHS Gold) attends SCG. If there is no SCG called, the Incident Director and Incident Manager roles may be combined. This is incident dependent.

Staff Officer to the Incident Director

- Provides support to the Incident Director at the Strategic Coordinating Group (SCG) (Gold), providing immediate liaison with the AT ICC.

Incident Coordination Centre Support Staff

- Support the Incident Manager and assist with the management and maintenance of the response during the incident. Roles may include:
    - Operations Officer(s)
    - Administrator(s)
    - Loggist(s)

4. ALERT

Triggers

4.1. This plan can be triggered in several ways in response to a potential or actual significant / major incident:

- In response to internal pressure within the NHS (an **internal** decision) in response to a local incident that is NOT being managed effectively within a health economy
- **External** alert that a multi-agency Silver is being called
- **External** alert that a SCG is being called
- **External** alert that an agency has called a major incident "Stand By"
- **External** alert that a major incident has been "Declared"/"Implemented"
- In response to a national or regional NHS England direction.

Alerting process

4.2. External alerts will usually be routed via the SY&B Area Team 1st on call who will follow the agreed early alerting protocol. The call will usually be received by the on call Incident Manager/1st on call (or may be received by the Director in certain incidents) who will follow the activation algorithm (section five).

Agreed early alerting criteria with Yorkshire Ambulance Service

- *Major Incidents(including road, rail or aircraft accidents)*
- *Explosions*
- *Evacuations involving a number of people or where additional medical support may be required*
- *Surge Escalation (out-with normal surge arrangements through the Clinical Commissioning Groups - CCGs)*
- *Large fires in residential areas*
- *Fires in residential areas where asbestos is suspected or confirmed*
- *Flooding with potential for evacuation*
- *Flooding causing significant transport disruption*
- *Burning of non-natural wastes at agricultural premises with potential exposure to large numbers of people*
- *Toxic chemical release with the potential of affecting the population*

Alerting Messages

4.3 To avoid uncertainty and confusion in declaring the stages of a major incident, the NHS uses the following alerting messages:

- **"Major incident standby"** where a situation is unclear at an early stage or has the potential to escalate.
- **"Major incident declared – activate plan"** to indicate that the major incident plan should be activated.
- **"Major incident stand down"** when the major incident response is no longer required. This can follow either of the above alerting messages.

4.4 Action cards in Annex One describe the required steps for staff in relation to the above alert messages:

- For incidents where an incident is not being managed effectively or a major incident standby has been declared – follow the Action Cards marked: **"STAND-BY"**
- For incidents where an SCG has been called, or a major incident has been declared – follow the Action Cards marked: **"ACTIVATE"**
- For incidents where a response is no longer required – follow the Action Card marked: **"STAND DOWN".**

Trigger Point Escalation Levels

4.5 Sudden impact events ("Big Bang") whilst clearly challenging to manage are instantly recognised due to their sudden and dramatic nature and obvious impact, thereby allowing appropriate Resilience arrangements to be immediately activated.

4.6 Alternatively, increasing Demand and Capacity on Healthcare services can develop gradually, almost unnoticed for some time ("Rising Tide or Creeping Crisis") The impacts and disruption to services and health care could be prolonged and the response may need to be sustained, with potentially decreased levels of staff over a considerable period of time and affecting all health and social care services.

4.7 Early recognition of a "Rising Tide" situation will allow for timely intervention and thus minimise the impact and lead to a more efficient recovery. For this reason this plan identifies various trigger points for action to ensure a consistent and co-ordinated approach to manage any phased escalation of response. (See Fig. 1)

Note: these trigger points are intended as a guide to the Incident Managers, and do not preclude initiative and flexibility to respond to the particular circumstances of an incident.

Onward alerting

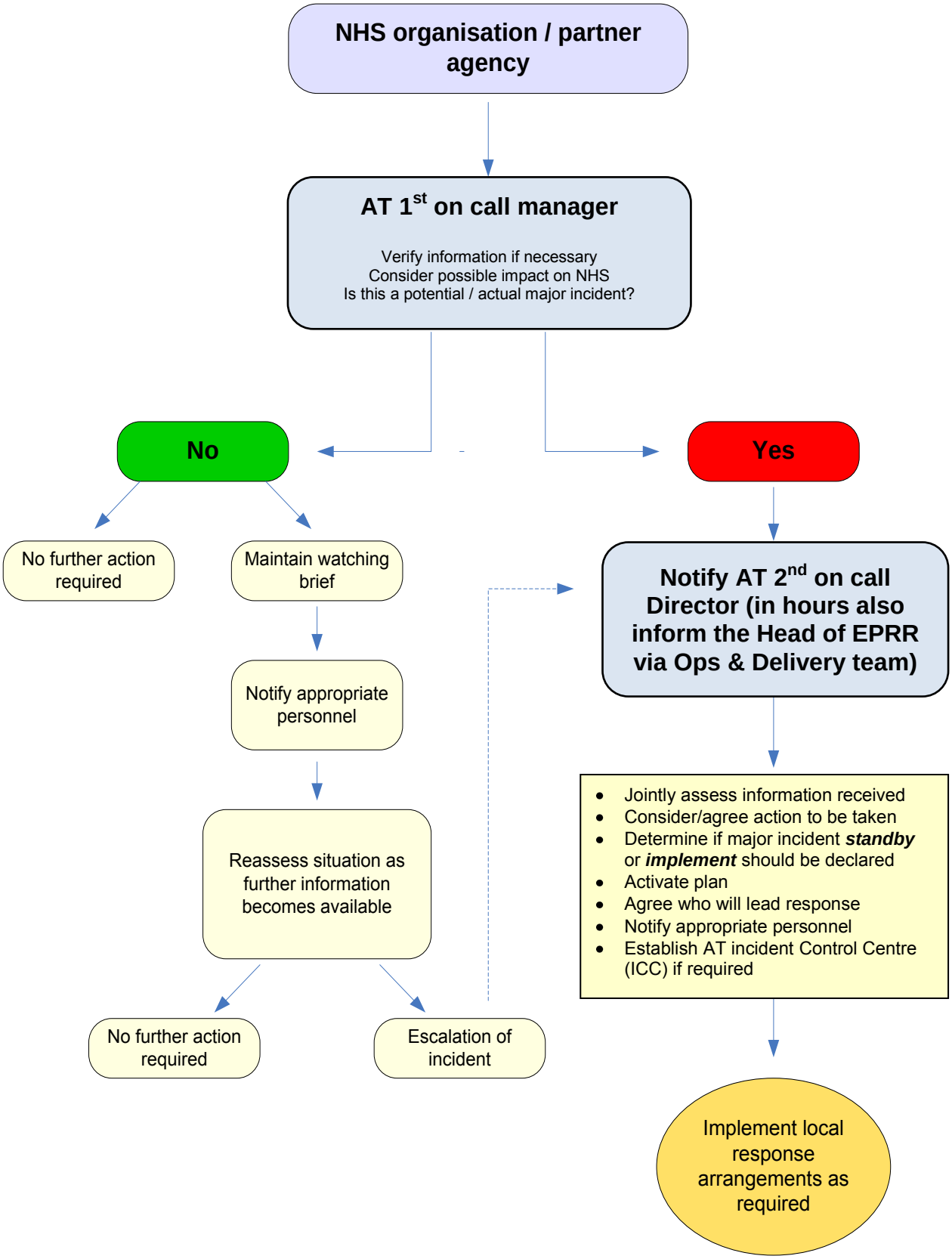
4.8 The 1st on call will be responsible for ensuring internal staff and NHS England (North) are alerted as appropriate. The 1st on call will also be responsible for ensuring other agencies including Public Health England (PHE) have been alerted.

Fig.1 – Trigger points for escalation

Trigger Point	Characteristics	Strategies
Trigger Point – 0 Status normal for season	• Normal staffing levels for season • Normal prioritisation of services • Patient contact at normal seasonal levels • All routine services being delivered	• Ongoing surveillance monitoring • Ongoing liaison and partnership working • Business Continuity Plans in place • Major Incident Plans in place • Ongoing major incident training for key personnel • Plans routinely exercised, reviewed and updated
Trigger Point – 1 Slight effect on services	• Can be managed internally by one organisation • Requires changed deployment of resources to manage • Up to 25% increase in patient contact	• Inform commissioner and NHS England (South Yorkshire & Bassetlaw) of situation • Implement Business Continuity Management plans • Consider planned closures • Consider reduction in non critical activities / services
Trigger Point – 2 Moderate effect on services	• Potential to impact on other Health Care organisations • Requires additional deployment of resources to manage sustained increased demand of up to 50% • Escalation of service reductions and closures (including reduced treatment regimes) • Unplanned closures of some services	• Inform commissioner and NHS England (South Yorkshire & Bassetlaw) of Major Incident Standby • Activate CCG led co-ordinating group(s) • Implement Business Continuity Management plans • Triage of patients attending service • Implementation of admission and discharge criteria
Trigger Point – 3 Major disruption to services	• Critical services not coping • Demand outstripping supply • Continued or increasing pressure above level 2 point • Increased dependency between Health and Social Care Organisations to manage patients	• Declare a Major Incident and implement this plan • Activate NHS England (South Yorkshire & Bassetlaw) led co-ordinating group • Alternative care settings implemented • Triage of patients attending service • Implementation of admission and discharge criteria
Trigger Point – 0 Recovery – returning to normal operations	• Returning to normal operations • Returning to normal staffing levels	• Inform NHS England (South Yorkshire & Bassetlaw) of Major Incident stand down • Identify priorities for phased resumption of deferred treatment and services

5. ACTIVATION

ACTION on receipt of an alert: Activation algorithm



ACTION: Initial risk assessment

The following need to be considered by both the Manager (1st on call) and Director (2nd on call)

5.1. An assessment of the situation will determine what action needs to be taken. Using the information at hand and taking account of a worst case scenario where knowledge is limited, consider the following and record all relevant information.

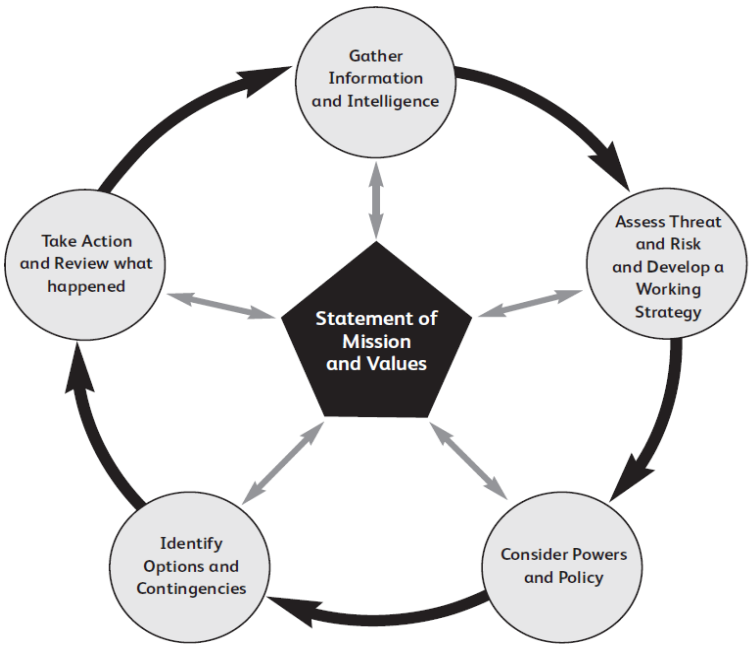
Questions to consider	Information Collected?*
What is the size and nature of the incident?	
Area and population likely to be affected - restricted or widespread	
Level and immediacy of potential danger - to public and response personnel	
Timing - has the incident already occurred or is it likely to happen?	
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	
What is the likely duration?	
Incident is time limited Potentially protracted Rota required	
***Key √ = Yes X = no ? = Information awaited N/A = Not applicable**	

5.2. In making this assessment, it is important to distinguish between:

- Events that can be dealt with using normal day to day arrangements.
- Events that can be dealt with within the resources and emergency planning arrangements of the NHS England AT and local NHS commissioned services.
- Events that require a joint co-ordinated response from the organisations across the AT area.
- Events that require a strategic level co-ordinated multi-agency response across the AT (or wider) health community.

Decision making

5.3. The Association of Chief Police Officers (ACPO) National Decision Making Model can be used as a framework for decision making throughout the course of the incident. The model is cyclical where each step logically follows another and allows for continued reassessment of the situation or incident enabling previous steps to be revisited.



Source: Association of Chief Police Officers http://www.acpo.police.uk/documents/president/201201PBANDM.pdf

Gather Information and Intelligence

During this stage you need to define the situation (what is happening or has happened) and clarify matters relating to any initial information and intelligence.

• What is happening?
• What do you know so far?
• What further information (or intelligence) do you want/need?
• Consider what resources are available at this time and what further resources may be needed

Assess Threats and Risk

Assess the situation, including any specific threat, the risk of harm and the potential for benefits.

• Do you need to take action immediately?
• Do you need to seek more information?
• What could go wrong? (and what could go well?)
• How probable is the risk of harm?
• How serious would it be?
• Is that level of risk acceptable?

• Is this a situation for the NHS alone to deal with?
• Are you the appropriate person to deal with this?
Risks could also include harm to reputation or financial implications

Develop a working strategy to guide subsequent stages:
• What are you trying to achieve?

Powers and policies
This stage involves considering what powers, policies and legislation might be applicable in this particular situation.
• Does the NHS England have the power to require action?
• Is there any NHS England or CCA guidance covering this type of situation?
• Do any local LRF or LHRP plans or guidelines apply?
• What legislation might apply?

Identify Options and Contingencies
This stage involves considering the different ways to make a particular decision (or resolve a situation) with the least risk of harm.

Options
• What options are open to you?
Consider the options for response; the limits of information to hand; the amount of time available; available resources and support; your own knowledge, experience and skills; the impact of potential actions on the situation and the public.

If you have to account for your decision, will you be able to say it was:
• Proportionate, legitimate, necessary and ethical?
• Reasonable in the circumstances facing you at the time?

Contingencies
• What will you do if things do not happen as you anticipate?

Take Action and Review What Happened
This stage requires you to make and implement appropriate decisions. It also requires you, once an incident is over, to review what happened.

a) Action
i. Respond
- Implement the option you have selected;
- Does anyone else need to know what you have decided?

ii. Record:
- If you think it appropriate, record what you did and why.

iii. Monitor:
- What happened as a result of your decision?
- Was it what you wanted or expected to happen?

If the incident is continuing, go through the National Decision Making (NDM) model again as necessary

b) Review
If the incident is over**,** review your decisions, using the NDM model
- What lessons can you take from how things turned out?
- What might you do differently next time?

6. OPERATION

6.1. The key to the successful management of an incident is effective command and control. Directors and Managers may be expected to work at one of three levels dependent on their role. These are outlined below, however AT staff are unlikely to respond at Bronze level.

6.2 Command, Control, Communication and Co-ordination are important concepts in the multi-agency response to emergencies. A nationally recognised three tiered command and control structure known as Strategic (Gold), Tactical (Silver) and Operational (Bronze) has been adopted by the emergency services and most responding agencies and private organisations, as outlined in Fig.2.

6.3 The South Yorkshire and Bassetlaw AT command and control arrangements are based upon this system. These arrangements help to ensure interoperability between responders. The level of command required will be determined by the nature and seriousness of the incident.

Fig.2: Command and Control structure

Levels of command

- The **operational (Bronze**) level of command refers to those who provide the immediate 'hands on' response to the incident, carrying out specific operational tasks either at the scene or at a supporting location such as a hospital or rest centre. There may be several Bronze commanders based on either a functional or geographic area of responsibility.

- **Tactical (Silver)** personnel are those who are in charge of managing the incident on behalf of their agency. They are responsible for making tactical decisions, determining operational priorities, allocating staff and physical resources and developing a tactical plan to implement the agreed strategy. They provide the pivotal link between Gold and Bronze levels. Tactical command should oversee, but not be directly involved in, providing any operational response at the Bronze level.

- The **strategic (Gold) command** level is responsible for determining the overall management, policy and strategy for the incident whilst maintaining normal services at an appropriate level. They should ensure appropriate resources are made available to enable

and manage communications with the public and media. Additionally they will identify the longer term implications and determine plans for the return to normality once the incident is brought under control or is deemed to be over. There can only be one Strategic level decision making body to ensure a co-ordinated response, particularly where more than one organisation is involved, otherwise there is potential for a disjointed approach without a common policy agreed by all those involved.

The Incident Management Team (IMT) (AT)

6.4 This internal group is convened by the Incident Manager as directed by the Incident Director. It will be led by a Manager or Director, depending on the incident. The primary functions of the IMT are to collate information regarding the operational / tactical response across the NHS, gather intelligence from wider sources relating to the incident and ensure the efficient flow of information between the chain of command and partner agencies.

6.5 This '**tactical 'health cell'** will have direct contact with all responding NHS provider organisations as to their current status and provide relevant information to the AT Incident Director representative at the SCG. It will respond to the actions generated by an SCG. Membership will depend on the incident but, as a minimum, the following membership should be considered:

- Incident Manager
- Head of EPRR (or deputy)
- Operations Officer
- Communications Lead (or access to communications expertise)
- Administrator
- Loggist

6.6 In some incidents the IMT may include a Public Health England (PHE) liaison officer.

6.7 If a "slow burn" incident occurs, the IMT may have to operate in a **NHS strategic coordination role** and coordinate the NHS commissioned and provided resources in the area. System level decisions may need to be made in relation to operational NHS capacity and prioritisation of other NHS care. In this situation the Incident Director will lead NHS system-wide meetings and teleconferences. If SCG(s) are also meeting, a second Director may be nominated by the Incident Director.

The Incident Coordination Centre (ICC) (AT)

6.8 The Incident Coordination Centre (AT) serves as a focal point for all strategic liaisons with NHS and partner agencies regarding the incident. It has robust and resilient IT and telecommunications capability. The Centre will be staffed by the Incident Management Team and other relevant personnel as necessary (including representatives from the wider health economy or partner agencies if required). See *Incident Control Centre Activation Plan* for further details.

Escalation

6.9 In an incident that impacts on two or more AT areas, the NHS response will normally be led by the AT first affected and responding to it. If it becomes necessary for NHS England (North) to take command of all NHS resources across the region, decisions will be actioned through the ATs.

6.10 If an incident ***escalates*** to a national level, (e.g. CBRN incident, pandemic influenza), then the NHS England national office may take command of all NHS resources across

England. In this situation, direction from the NHS England national office will be actioned through NHS England (North) and on to the AT.

6.11 In both instances, NHS attendance at an SCG will remain the responsibility of the AT Incident Director.

In the event of large or prolonged incidents within the AT area, there may be the need to request support from a neighbouring AT and/or NHS England (North).

Communications

6.12 In the event of an incident alert, the AT Director / Manager receiving the alert will follow the agreed communications cascade including informing the communications team/on call.

For NHS England (South Yorkshire & Bassetlaw) this service would be provided via Media

Handling

The contact details are:

In hours: Tel: 0161 625 7265 Mobile: 07795 265454

Out of hours: 07930 522653

Multiagency Strategic Coordinating Group (SCG)

6.13 Where Strategic level multi-agency co-ordination is required to deal with an emergency it will be necessary to activate a Strategic Co-ordinating Group.

6.14 An SCG is usually called by the Police Gold Commander when an incident requires coordination of response across agencies in keeping with agreed LRF plans. Other agencies can request the establishment of a SCG. The role of the SCG is:

- To determine the aims and objectives for responding to the incident and agree the strategy to achieve these.
- To prioritise and co-ordinate the actions taken by all agencies.
- To provide a link to central government.
- To manage all external communications.

6.15 The AT Incident Director will attend or identify a suitably trained AT Director to attend SCG meetings as the Health Gold Commander.

Refer to *South Yorkshire Local Resilience Forum Preparing for Emergencies Strategic Leaders' Guide 2012*

The Science and Technical Advice Cell (STAC)

6.16 The STAC provides Scientific, Environmental and Public Health advice to the SCG during the response and recovery phases of an emergency. A STAC is usually requested by the Police Gold Commander (or Chair of the SCG if not the Police Gold Commander). The STAC plan details triggering mechanisms. In certain incidents, a STAC Liaison officer will be a member of the Incident Management Team.

Risk registers

6.17 This plan is in place to enable the response to a range of risks. These risks have been identified nationally and incorporated into the community risk register(s) of South Yorkshire and Nottingham & Nottinghamshire LRF(s).

Records management

6.18 An essential element of any response to an incident is to ensure that all records and data are captured and stored in a readily retrievable manner. These records will form the definitive record of the response and may be required at a future date as part of an inquiry process (judicial, technical, inquest or others). Such records are also invaluable in identifying lessons that would improve future response. The Incident Director is formally responsible for signing off the decision log and all briefing papers and documents relating to the incident.

Shift arrangements

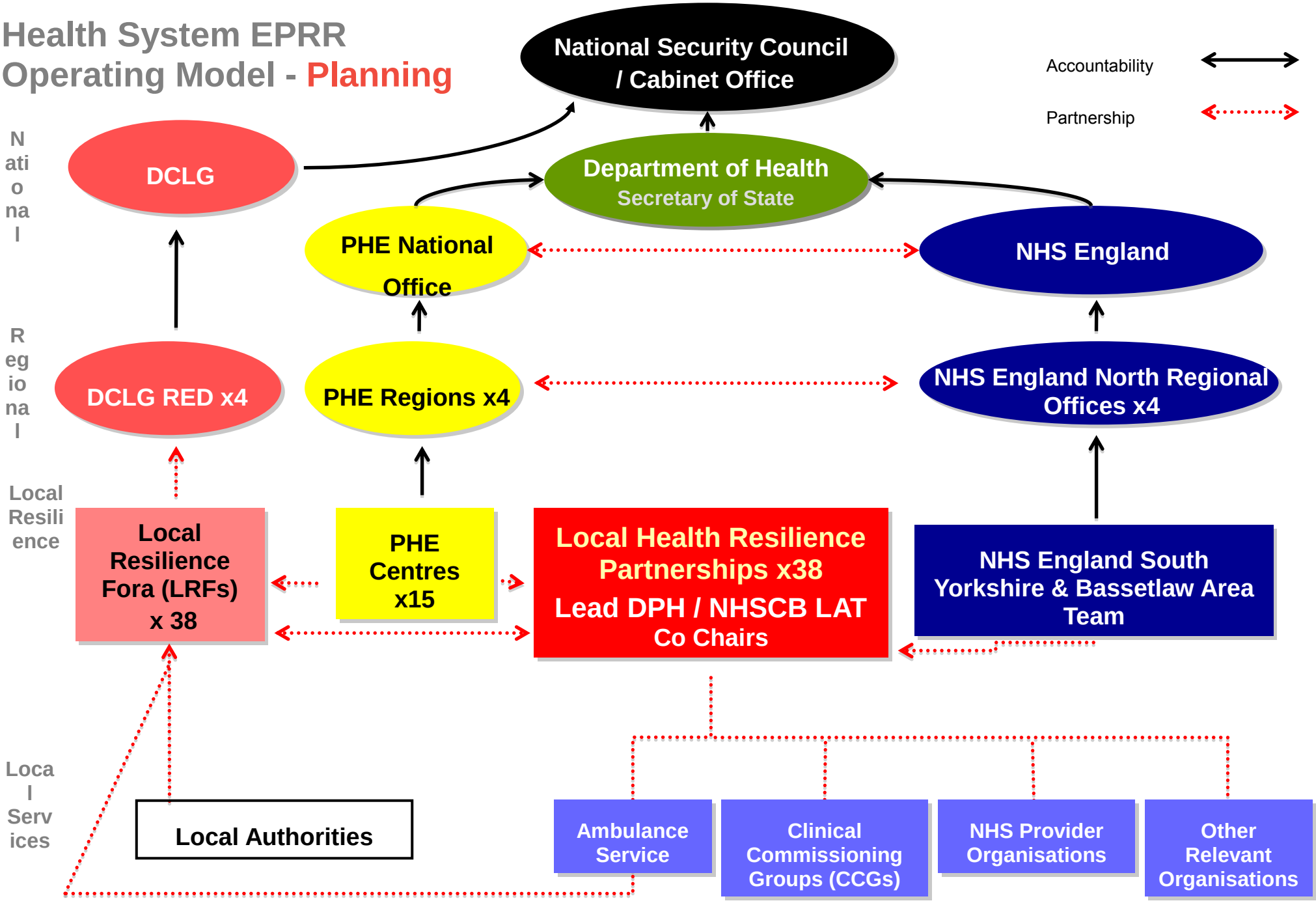
6.19 In the event of a significant / major incident or emergency having a substantial impact on the population and health services, it may be necessary to continue operation of the Incident Management Team for a number of days or weeks. In particular, in the early phase of an incident, the Incident Management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

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

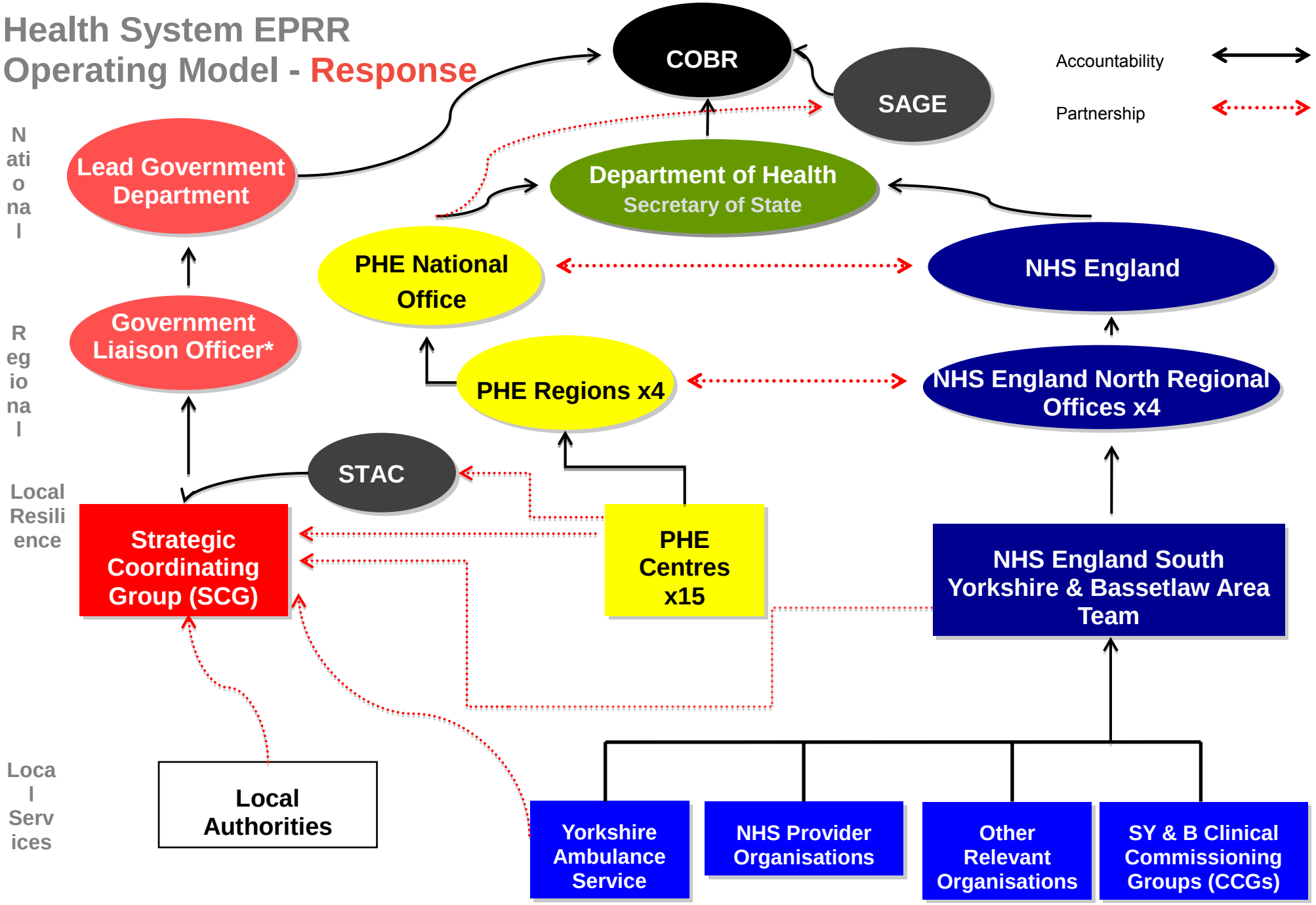
Health System EPRR – Planning and Response

6.21 The following diagrams show the structural flow charts for the health system's operating model in both planning and response mode and its interaction with key partner organisations

Health System EPRR Operating Model - Planning



Health System EPRR Operating Model - Response



*Normally led by DCLG RED, But can vary depending on the type of emergency

7 ESCALATION AND DE-ESCALATION

7.2 Escalation or de-escalation of the incident does not necessarily occur sequentially. It can be driven by the nature and scale of the incident and the appropriate response.

7.3 Reasons for escalation / de-escalation can include:

Criteria for Escalation	Criteria for De escalation
• increase in geographic area or population affected (pandemic, flooding etc.) • the need for additional internal resources • increased severity of the incident • increased demands from government departments, the service or from partner agencies or other responders • heightened public or media interest	• reduction in internal resource requirements • reduced severity of the incident • reduced demands from partner agencies or government departments • reduced public or media interest • decrease in geographic area or population affected

Changes in incident level will be authorised by the Incident Director.

8 STAND DOWN

8.2 The NHS England AT Incident Director will decide when an emergency or major incident stand down should be declared for the AT, which may be long after the emergency service response is over. This could be either a full or partial stand down with one or more individuals monitoring the situation.

Initial "Stand Down"

8.3 All response level changes need to be communicated both internally and externally as appropriate. A brief description of the resource implications of the new level should be included.

8.4 Where health input to the recovery phase is identified or required this must also be described in the communication with contact details as appropriate.

Administration

8.5 Once the decision has been taken, the NHS England AT Incident Director will ensure that all appropriate elements of the response are stood down. This may be a staged process. It is important to ensure that where communication channels have been specially created for the incident, forwarding mechanisms are in place to ensure that no traffic is lost. This will also ensure that people trying to contact the Incident Control Centre have an alternative access route.

Records management

8.6 All logs, records and other details from the incident will be collected and secured from all personnel involved and kept safe.

Debriefs and reports

8.7 A hot de-brief will be held within 24 hours of the close down of the incident. A full de-brief will be held within 14 working days of the incident. The initial incident report will be produced within 28 working days.

8.8 Structured debriefs should be held with involved staff 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.

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

Lessons identified process

8.10 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).

8.11 Throughout the incident at whatever level, there will need to be an agreed process in place to evaluate the response and recovery effort and identify lessons. The Incident Director is responsible for activating the lessons identified process and may delegate the responsibility for lessons identified to the Incident Manager. The lessons identified process will be implemented at the start of the response and continue during and after the incident until all actions are completed.

9 REVIEW AND MAINTENANCE, TRAINING & EXERCISING

9.1 Within the regulations of the Civil Contingencies Act (CCA) (2004) every plan maintained by a general Category 1 responder under section 2(1)(c) or (d) of the regulations must include provision for:-

a) the carrying out of exercises for the purpose of ensuring that the Plan is effective;
b) the provision of training of:
    i. an appropriate number of suitable staff; and
    ii. such other persons considered appropriate, for the purposes of ensuring that the Plan is effective.

9.2 To meet these requirements, this Plan will be exercised to ensure its effectiveness and validity. Staff with emergency response roles in the Plan and those who potentially have a role within an emergency response will participate in a targeted training programme to ensure competency in those roles. This will involve both initial training for those staff new to the on call rota and refresher training for other appropriate staff.

9.3 The maintenance of the document is the responsibility of the Head of EPRR; it will be reviewed as required by the AT Director. The Accountable Emergency officer is responsible for ensuring the training requirements of the AT are maintained.

10 ACRONYMS AND TERMS USED IN THE PLAN

AT	Area Team - the local presence of NHS England
CBRN	Chemical Biological Radiological Nuclear
CCA	Civil Contingencies Act
CHALET	Casualties, Hazards– present and potential, Access routes that are safe to use, exact Location, Emergency services now present and those required, Type of incident
COBR	Cabinet Office Briefing Rooms
COMAH	Control of Major Accident Hazards
DH	Department of Health
DPH	Director of Public Health
ED	Emergency Department
EPRR	Emergency Preparedness, Resilience and Response (DH)
ICC	Incident Coordination Centre
IMT	Incident Management Team
IRP	Incident Response Plan
LHRP	Local Health Resilience Partnership
LRF	Local Resilience Forum
METHANE	Major incident declared, Exact location, Type of incident, Hazards – present and potential, Access routes that are safe to use, Number, type, severity of casualties, Emergency services now present and those required
NHS	National Health Service
PHE	Public Health England
SAGE	Scientific Advice to Government in Emergencies
SCG	Strategic Coordinating Group (Multiagency Gold Command)
SITREP	Situation Report
STAC	Scientific and Technical Advice Cell
SY&B	South Yorkshire and Bassetlaw
YAS	Yorkshire Ambulance Service

11 ANNEXES – Table of Contents of Annexes

11.1 ANNEX ONE – ACTION CARDS

General Actions for All Area Team Members – To be Read Prior to an Incident

Action Card – Incident Manager (1st on call) "Stand By"

Action Card – Incident Manager (2nd on call) "Stand By"

Action Card – "Activate the Plan" Incident Manager (1st on call)

Action Card – "Activate the Plan" Incident Director

Action Card – Staff Officer to Incident Director (AT SCG)

Action Card – STAC Liaison Officer

Action Card – PHE Liaison Officer

Action Card – Loggist

Action Card – NHS England Communications Lead

Action Card – Operations Officer(s)

Action Card – ICC Administrator

Action Card – Incident Coordination Centre

Action Card – At "Stand Down" Incident Director/Incident Manager

All cards should stand alone, i.e. if one page, next page – intentionally blank. Do not run to more than 2 pages. All action cards yet to be reviewed.

11.2 ANNEX TWO – REQUIRED DOCUMENTATION

IMT Meeting 1

NHS Incident Situation Report (SITREP)

NHS England Major Incident Situation Report – SITREP

Draft Strategic Aim

Attendance Sheet

11.3 ANNEX THREE (1) – COMMUNICATIONS AND MEDIA

Media Handling

GENERAL ACTIONS FOR ALL AREA TEAM MEMBERS TO BE READ PRIOR TO AN INCIDENT

In advance of an incident

- Ensure that you are familiar with the incident response plan and understand the role you would take in the incident management team (IMT).
- 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 for 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.

When alerted to attend an Incident Coordination 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.
- For other agencies/organisations:
    - Ascertain where the ICC is being established and make your way to the location.
    - Ensure that your organisation/agency continues to provide advice whilst you are in transit to the ICC, e.g. a second member of staff responds to queries raised.
    - Ensure you have a full briefing of your organisation's actions/decisions

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	INCIDENT MANAGER (1st on call) "STAND BY"
Accountable to	Incident Director (2nd On Call)

Responsible for: Assessing the initial information received in respect of a potential or actual major incident and escalating to the 2nd on call as indicated.

Number	Action	Time Completed
1.	In the event of a potential or actual significant / major incident, the 1st on call will usually be notified by: • Yorkshire Ambulance Service • Public Health England (PHE) • 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 by considering METHANE/CHALET[1] and begin to complete the log held in the on call pack, including any specific or urgent actions required from the NHS.	
4.	If appropriate advise Director/ 2nd on call immediately	
5.	Determine the severity of the situation and consider the potential impact of the incident on the Area Team and the local health economy.	
6.	If it is a potential or actual incident for the NHS, or if incident standby or implement has been declared by a partner agency, notify the 2nd on call (and Head of EPRR, via Operations & Delivery if in hours).	
7.	In liaison with the 2nd 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 for these can be found in the on call pack. These	

[1] METHANE – **M** ajor incident declared. **E** xact location. **T** ype of incident, **H** azards - present and potential. **A** ccess - routes that are safe to use. **N** umber, type, severity of casualties. **E** mergency services now present and those required. CHALET – **C** asualties - number, type, severity. **H** azards present. **A** ccess routes that are safe to use. **L** ocation. **E** mergency services present and required. **T** ype of incident,

	may include: • Relevant personnel within the Area Team, including the on call communications representative • NHS England South Yorkshire & Bassetlaw Area Team • Yorkshire Ambulance Service • The on call director / manager of those Acute hospitals involved • The on call manager for the appropriate Network(s) – Critical Care, Trauma, Burns • Public Health England Consultant/2nd on call • Local Authority(ies) if required **SEE ACTION CARD ACTIVATE THE PLAN- INCIDENT MANAGER**	
9.	Provide further support to the director 2nd on call/ as required. **SEE ACTION CARD ACTIVATE THE PLAN- INCIDENT MANAGER**	
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	INCIDENT DIRECTOR (2nd on call) "STAND BY"
Accountable to	NHS England (SY&B) Director

Responsible for: Assessing the initial information received (usually from the 1st on call) in respect of a potential or actual significant / major incident and then determining the appropriate course of action to be taken. **The 2nd on call has full delegated authority to respond to the incident on behalf of the Area Team Director**

Number	Action	Time Completed
1.	In the event of a potential or actual major incident, the 2nd on call (on call Director) will usually be notified by the 1st on call (on call Senior Manager)	
2.	Start a personal log detailing information received and actions taken. Copies of the log book can be found in the on call pack. 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 Area Team and the local health economy. Determine any additional actions to be taken. Advice may also be sought from the Incident Manager and other Area Team directors if required / available.	
4.	Decide if a major incident should be declared by the Area Team and activate the major incident plan as appropriate. **SEE ACTION CARD "ACTIVATE THE PLAN - INCIDENT DIRECTOR"**	
5.	Ensure that the NHS England Regional Office first on call has been notified of the incident and activation of the AT incident response plan. Contact numbers can be found in the on call pack	
6.	Assume command of the Area Team response	
7.	Assume the role of Incident Director and follow the **Incident Director action card** (as determined by the incident)	

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ACTION CARD	"ACTIVATE THE PLAN" INCIDENT MANAGER (1st on call)
Accountable to	Incident Director

Responsible for: Managing the incident as tasked by the Incident Director (when activated). If an SCG is called, the Incident Manager will manage the response whilst the Incident Director (NHS Gold) attends SCG. If there is no SCG called, the Incident Director and Incident Manager roles may be combined. This is incident dependent.

Number	Action	Time Completed
1.	Establish liaison with the appropriate personnel from Ambulance service, CCGs, PHE, NHS Trusts and partner agencies	
2.	Confirm that the relevant command and control structures have been implemented across the local health economies	
3.	Confirm that all relevant personnel internally, at region and externally have been informed.	
4.	Confirm with the Incident Director the AT aim and objectives for responding to the incident and the strategy to achieve these.	
5.	Identify battle rhythm dependant on: • SCG meetings (if called) • NHS external teleconferences/meetings • Reporting requirements	
6.	Establish **the AT Incident Management Team (IMT)** and brief the membership. This will depend on the incident – consider including: • EPRR lead • Operations officer • Communications lead • Administrator • Loggist • Public Health England (PHE) liaison	
7.	Establish **the AT Incident Coordination Centre (ICC)** if indicated, tasking specific staff. Refer to ICC Activation Plan.	
8.	Ensure that all members of the IMT are working from the current Incident Response Plan, ensuring all required roles are undertaken	
9.	Where indicated by the type of incident, establish **broader membership consisting of all responding organisations.** Request	

	attendance of a liaison person (by teleconference or in person) from each responding organisation including the appropriate network (Critical Care, Trauma, Burns). If this is not possible, confirm a single contact name and contact details	
10.	As directed by the Incident Director and in consultation with the Communications lead, implement the media strategy and identify an appropriate person to represent the AT (and other NHS organisations if required) at any press conferences / media interviews. Ensure this is linked into SCG agreed strategies and messages.	
11.	If the Incident Director 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	

ACTION CARD	"ACTIVATE THE PLAN" INCIDENT DIRECTOR (2nd on call)
Accountable to	NHS ENGLAND (SY&B) Director

Responsible for: Determining the appropriate course of action to be taken and **coordinating the NHS response**. The 2nd on call has full authority to respond to the incident on behalf of the Area Team

Number	Action	Time Completed
1.	Depending on the type of incident, on **activation** of the incident plan, confirm contact has been made with all responding 'health' organisations	
2.	If a Strategic Co-ordinating Group (SCG) is convened, attend and represent the NHS. Ensure that the Incident Manager (or other Director) is briefed to deputise for the duration of the SCG meetings.	
3.	The following actions are incident dependent: • A meeting may be required with key involved NHS organisations (plus PHE as indicated) (teleconference/face to face) • Briefing out to local health economies, clinical networks • Situation Report to NHS England (North) regional office • Task the Incident Manager with establishing the AT Incident Management Team (IMT) and AT Incident Coordination Centre (as required)	
4.	**Determine the AT aim and objectives** and agree the strategy. Communicate to all appropriate personnel. Regularly review and amend as required.	
5.	If not required at a Strategic Co-ordination Group (SCG), lead the **AT NHS Incident Management Team.** This may meet virtually or in person. This will be required if NHS 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 AT IMT – ensure all actions are completed	
8.	If you attend the SCG, ensure close communication via briefings with	

	the Incident Manager / Director	
9.	Ensure response to all SCG determined actions	
10.	Determine when the AT stand down should be declared (taking advice from partners as necessary) and inform the appropriate personnel / agencies of this.	

ACTION CARD	AT "STAND DOWN" INCIDENT DIRECTOR / INCIDENT MANAGER
Accountable to	**NHS England (SY&B) Director**

When the 'Stand Down' command is given, the Incident Director (or Incident Manager depending on level of incident) must:

Number	Action	Time Completed
1.	Ensure a process is in place for an appropriate return to business as usual internally and externally across the local NHS.	
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 off the AT incident log and ensure all relevant documentation is secured.	
6.	Ensure a formal report is prepared, highlighting any good practice or issues identified.	

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ACTION CARD	STAFF OFFICER TO INCIDENT DIRECTOR (AT SCG)
Accountable to	2nd on call / Incident Director

Responsible for: To provide support to the Incident Director at the Strategic Coordinating Group (SCG) (Gold), providing immediate liaison with the AT ICC.

Number	Action	Time Completed
1.	Attend Strategic Command Centre as directed by Incident Director.	
2.	Familiarise yourself with surroundings and ensure arrangements are in place for the Incident Director and loggist in the "Gold" room. Set up "Health Cell" if necessary (refer to ICC Activation Plan). Liaise with other agencies as required.	
3.	Establish communication with Incident Manager / ICC.	
4.	Support required information flows between Incident Director and Incident Manager.	
5.	Ensure that all briefing material is available to the Incident Director before each SCG meeting.	
6.	Ensure all actions are communicated from the SCG to the Incident Manager as directed by the Incident Director.	
7.	Support the loggist who will be maintaining the decision-action log for the Incident Director.	
8.	Ensure resilience for your role and the loggist's role.	

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ACTION CARD	STAC LIAISON OFFICER
Accountable to	**PHE Incident Lead**

STAC Liaison
If a STAC is called then the STAC Advisor (PHE) may decide that a STAC Liaison Officer (a PHE senior nurse) should sit at the AT Incident Coordination Centre.

The STAC Liaison Officer is responsible for acting as the link and facilitating communication between the STAC and the AT Incident Management Team. The STAC Liaison Officer is located with the AT IMT

Number	Action	Time Completed
1.	Attend briefings and AT Incident Management Team meetings.	
2.	In serious communicable disease outbreaks, provide liaison between PHE incident control (likely to be national) and AT Incident Management Team	
3.	Facilitate overall communications between STAC and the AT Incident Management Team	
4.	Update STAC on AT Incident Management Team activities where necessary and appropriate.	
5.	Undertake STAC liaison tasks as assigned by the STAC Chair/adviser.	

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ACTION CARD	PHE LIAISON OFFICER
Accountable to	**PHE Incident Lead**

Public Health England Liaison

In some incidents (usually very serious communicable disease outbreaks), PHE advice will be needed for the AT Incident management Team when a multiagency SCG has NOT been formed. This advice may be given remotely and will usually be given by a PHE Consultant. In complex situations a PHE liaison officer (a PHE Consultant or a senior nurse) may in addition be part of the AT Incident Management Team.

Number	Action	Time Completed
1.	Attend briefings and AT Incident Management Team meetings	
2.	In serious communicable disease outbreaks, provide liaison between PHE incident control (likely to be national) and AT Incident Management Team	
3.	Facilitate overall communications between PHE and the AT Incident Management Team	
4.	Update PHE on AT Incident Management Team activities where necessary and appropriate.	
5.	Undertake PHE liaison tasks as assigned by the AT Incident Director or PHE Incident Lead.	

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ACTION CARD	LOGGIST
Accountable to	**The person for whom they are logging: either Incident Director or Incident Manager**

Responsible for: recording and documenting all issues/actions/decisions made by the Incident Director/Incident Manager.

If the Incident Director attends SCG they will be accompanied by a loggist if possible. Within the AT Incident Coordination Centre / AT Incident Management Team, a loggist will always be present working direct to either the Incident Director or the Incident Manager.
This role should be performed by an appropriately trained person.

1.	The loggist must use the log book provided and must write in permanent black ink using clear, intelligible and accurate wording.
2.	On arrival all staff must wear Identification Badges.
3.	The log must be clearly written, dated and initialled by the loggist at start of shift; The log must also include the location.
4.	All persons in attendance to be recorded in the log.
5.	The log must be a complete and continuous (chronological) record of all issues/ options considered / decisions along with reasoning behind those decisions /actions as directed by the Incident Director/Incident Manager.
6.	Timings have to be accurate and recorded each time information is received or transmitted. If individuals are tasked with a function or role this must be documented and when the task is completed this must also be documented.
7.	If notes or maps are utilised these must be noted within the log.
8.	At the end of each session in the log a score and signature to be added underneath the documentation so no alterations can be made at a later date. Ensure that the Log Book and a handover is given to the person taking over the role.
9.	All documentation is to be kept safe and retained for evidence for any future proceedings.
10.	Where something is written in error changes must be made by a single line scored through the word and the amendment made.

The loggist is NOT:

- **A gopher**
- **A general administrative support**

The loggist MUST NOT:

- **Take minutes**
- **Record for more than one decision maker**
- **Keep a separate chronological log**
- **Have responsibility for the decision/action**

Remember NO ELBOWS

NO – Erasures
NO – Leaves torn out of the book
NO – Blank spaces – rule them through
NO – Overwriting
NO – Writing above or below the lined area
NO – Separate pieces of paper (if so keep)

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	NHS ENGLAND COMMUNICATIONS LEAD
Accountable to	**Incident Director or Incident Manager**

Responsible for: Providing communication co-ordination, advice and support to the NHS England (SY&B) Incident Director or Incident Manager

Number	Action	Time Completed
1.	Confirm with Incident Director/Manager that an incident is taking place.	
2.	Call NHS England director of communications and agree additional communications officer support requirements.	
3.	Commence personal log	
4.	Issue pre-arranged public health / safety messages in conjunction with Public Health England within the first hour of becoming aware of the incident.	
5.	Assume responsibility for managing all public information and media communications on behalf of the AT in accordance with the directions of the AT Incident Director/Incident Manager and the Strategic Coordinating Group (SCG) communication cell **if established**. Note that if a SCG is established all media responses are controlled and coordinated by the SCG so AT communications input/feedback should be fed upwards into the SCG.	
6.	Rapidly formulate and implement an integrated media handling strategy on behalf of the NHS response. Agree health spokespeople. If no SCG established, advise media (and stakeholders) on the regularity and timing of future media updates	
7.	Alert communications network of incident and advise of media handling strategy. Brief 111 on the information / advice to be given to the public.	
8.	Deal with all media enquiries/draft statements/organise press conferences and interviews as agreed in media handling strategy.	
9.	Once a strategic coordinating group (SCG) has been established, it	

	will control messages about the overall incident and its health impact, to the media. Therefore it is vital that communications leads from local health organisations act as one to advise SCG. **This will be via an NHS communication lead identified to be present at SCG** and the PHE communication lead who will be present at the science and technical advice cell (STAC).	
10.	Identify communications officer/ admin support to log media calls and develop rolling question and answer brief.	
11.	Identify communications officer/ 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.	
12.	Provide regular updates to the NHS England regional office communications team and stakeholders' communications teams on the NHS response and key health messages. This should continue as appropriate throughout the incident.	
13.	On stand down, ensure that all original documentation (including notes, flip charts, e-mails etc.) are kept. Close personal log.	
14.	Attend Hot and Formal debriefs.	
15.	Manage any on-going media interest in the NHS response, including social media.	

ACTION CARD	OPERATIONS OFFICER (s)
Accountable to	**Incident Manager (1st on call)**

Responsible for: Supporting the Incident Manager

To undertake tasks as determined by the Incident Manager which may include any/all the following:

Number	Action	Time Completed
1.	Set up and maintain the Incident Coordination Centre according to the ICC Manual	
2.	Establish document control.	
3.	Establish rotas and call in staff as indicated.	
4.	Ensure handover arrangements.	
5.	Ensure staff supported with beverages and food and appropriate breaks.	
6.	Gather information and assess relevance.	
7.	Action decisions and processes as requested.	
8.	Assist in preparation of time critical documents.	

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ACTION CARD	ICC ADMINISTRATOR
Accountable to	**Incident Manager (Operations Officer if present)**

Responsible for: Providing comprehensive administration support to the AT Incident Coordination Centre

Number	Action	Time Completed
1.	Assist with setting up Incident Coordination Centre as directed by the Incident Manager (or Operations Officer if present).	
2.	Maintain the record of who is in the Incident Room at all times –signing in and out book.	
3.	Maintain a record of queries/documents and responses.	
4.	Minute any meetings or teleconferences.	
5.	Work with the Operations Officers to ensure robust rotas are in place and appropriate rest breaks are scheduled.	

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ACTION CARD	INCIDENT COORDINATION CENTRE

The incident coordination centre is located at the following address:

NHS England
Oak House
Moorhead Way
Bramley
Rotherham
S66 1YY

To access out of hours contact:

Contact KEIR security Tel Number: 01256 366 359

KEIR hold the contract for unlocking the building in an emergency

The Incident Control Room is 'The Chestnut' room. This room may be used in conjunction with the IT Training suite directly opposite. The IT Training suite can be set up as a call handling centre if required.

The room is located on the ground floor of the building.

To set up the room, follow the instructions in the Incident Coordination Centre Activation Manual, located in the Chestnut Room Hot Box.

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11.2 ANNEX TWO – REQUIRED DOCUMENTATION

IMT Meeting Agenda
Time/Date
Venue/Telecon details

1. Current situation report

2. Impact on the NHS

3. Current multiagency command arrangements

4. Communications
   - Reporting arrangements (NHS England; DH; SCG)
   - Public information and media strategy
   - Internal NHS communications and staff briefings

5. Staff and other resources required

6. Authorisation of expenditure

7. Horizon scanning

8. AGREED
   - NHS COMMAND ARRANGEMENTS
   - NHS STRATEGY AND/OR OBJECTIVES (depending on level of incident)
   - NHS ACTIONS
   - NHS BATTLE RHYTHM (linked to SCG/national rhythm if established)

9. Next meeting

Ensure an attendance sheet is completed for every meeting detailing who was present and which role they performed.

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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[1] **(e.g. Ambulance, Air Ambulance, HART)**							
Incident Casualties[2]	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[4]							
Capacity Issues[5a]							
Capability Issues[5b] **(e.g. major trauma, burns)**							
Impact on business as normal[6]							
Mutual Aid Request Made (Y/N) [7]							
Current / Potential Media Messages[8]							

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 serious operational difficulties	
Impact/potential impact of incident on services / critical functions and patients	
Impact on other service providers	
Mitigating actions for the above impacts	
Impact of business continuity arrangements	
Media interest expected/received	

Mutual Aid Request Made (Y/N) and agreed with?	
Additional comments	
Other issues	
NHS England Regional Incident Coordination Centre contact details: **Name:** **Telephone number:** **Email:**	

Draft Strategic Aim

AIM

To provide an integrated and co-ordinated response to mitigate and minimise the impact on the health and welfare of the South Yorkshire and Bassetlaw community

OBJECTIVES

- Protect and preserve life
- Provide information and advice to the public, staff and media
- Co-ordinate the local NHS response
- Co-operate and co-ordinate with other responding organisations
- Assist an early return to normality

Attendance Sheet

Meeting:	Time / Date:	
Name	**Organisation**	**Signature**

11.3 ANNEX THREE (1) – COMMUNICATIONS AND MEDIA

Media Handling

The first point of contact within the NHS Communications team for any media issues are as follows:

In office hours

Nathan Skelton – media lead covering North Yorkshire & The Humber, West Yorkshire, South Yorkshire & Bassetlaw
Tel: 0161 625 7265 Mobile: 07795 265454 Email: Nathan.skelton@nhs.net

Out of hours
North Yorkshire & the Humber, West Yorkshire, South Yorkshire & Bassetlaw - 07930 522653

Version Control

Version	Status	Produced by	Date	Circulation
0.1	Draft version based on national IRP	Ops & Delivery team (JB)	Feb 2013	Ops & Delivery team
0.2	Amalgamation of 0.1 with previous SY&B Cluster MIP to ensure no loss of local procedures	Ops & Delivery team (KC/KB)	April 2013	Ops & Delivery team
0.3	Update to ensure read across with ICC activation and on-call pack	Ops & Delivery team (final edit DS)	June 2013	SY&B on-call teams
0.4	Following consultation with 1st and 2nd on-call teams	Ops and Delivery team	July 2013	SY&B Management Board
1.0	Final version following approval at Management Board	Ops and Delivery team	August 2013	All SY&B staff Partners as per distribution list

Distribution list

Designation/Organisation
SY & B Directors for internal distribution
SY & B First on-call staff
Accountable Emergency Officers, South Yorkshire Local Health Resilience Partnership
EPOs South Yorkshire & Bassetlaw NHS Foundation Trusts
NHS North of England