A meeting of the Wolverhampton Clinical Commissioning Group Governing Body

will take place on Tuesday 11th July 2017 commencing at 1.00 pm

at Wolverhampton Science Park, Stephenson Room

A G E N D A

		27	Any Other Business – Proposal for CCG Joint Commissioning Committee Emergency Preparedness, Resilience and Response (EPRR) Board		1 - 92

This page is intentionally left blank

NHS
Wolverhampton
Clinical Commissioning Group

WOLVERHAMPTON CCG

Wolverhampton CCG Governing Body Meeting (Public)
11th July 2017

Agenda item 27

TITLE OF REPORT:	Proposal for CCG Joint Commissioning Committee EPRR Board
AUTHOR(s) OF REPORT:	Mike Hastings, Director of Operations
MANAGEMENT LEAD:	Mike Hastings, Director of Operations
PURPOSE OF REPORT:	This paper outlines a recommendation for a future arrangement for Emergency Preparedness, Resilience and Response (EPRR) within the Black Country and West Birmingham area. It recommends a BC&WB EPRR board is established to consolidate plans and strengthen the resilience and governance of EPRR for the four CCG's. This will retain existing EPRR support within each CCG, bolstered by the joint funding of a 'Lead' post across the four organisations.
ACTION REQUIRED:	☒ **Decision** ☐ **Assurance**
PUBLIC OR PRIVATE:	This Report is intended for the public domain
KEY POINTS:	• The current expectations for EPRR within the NHS are contained within both statute and guidance, namely The Civil Contingencies Act 2004 (CCA) and NHS England Emergency Planning Guidance • CCGs are currently meeting their statutory responsibilities within the resources they have available • A recent draft report (to be published July 2017) has further highlighted the need for strengthened governance for CCGs • The recommendation of this paper is that a BC&WB EPRR Board to be established with immediate effect
RECOMMENDATION:	This paper recommends working formally together across the BC&WB, with a Lead coordinator role established and funded by all four CCGs
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	

1. Improving the quality and safety of the services we commission	Emergency Preparedness, Resilience and Response is a statutory duty and this proposal strengthens our resilience as a CCG
2. System effectiveness delivered within our financial envelope	Working across the Black Country introduces an economy of scale allowing us to strengthen provision at minimal cost

1. Background

1.1. The current expectations for EPRR within the NHS are contained within both statute and guidance, namely The Civil Contingencies Act 2004 (CCA) and NHS England Emergency Planning Guidance. CCGs have three duties as a Category 2 Responder under the CCA:

1. To share information with Category 1 Responders;

2. To cooperate with Category 1 Responders (particularly in regards to the recovery from major incidents).
3. To assure there commissioned providers are compliant to the EPRR core standards issued annually by NHS England.
4. To manage the Recovery process. The recovery process will manage the short, medium and longer-term return to business as usual processes or restoration of service to the 'new normal' over a period of hours, days, weeks and months or longer.

1.2. Although CCG's are currently meeting their statutory responsibilities within the resources they have available, there is recognition that significant variations in capability and provision of service exist throughout the Black and West Birmingham. A recent draft report (to be published July 2017) commissioned by Wolverhampton Public Health department into Local Authority EPRR resilience, sustainability and quality across the Black Country has further highlighted the need for strengthened governance for CCG's to this important duty.

2. Proposed EPRR planning and governance structure

2.1. The recommendation of this paper is that a BC&WB EPRR Board to be established with immediate effect. The overall aim of this Board would be to provide a joint working framework for EPRR with a single coordinating BC Lead for EPRR. The objectives of the Board would include:

- To support the Accountable Emergency Officer for each CCG
- To undertake the preparation of consistent and robust emergency and business continuity plans for each CCG

- Standardisation of Concepts of Operations (ConOps), Core Standards, Outbreak Management, Business Continuity Management, Incident Response and Recovery etc (see Appendix 1 for Draft Birmingham and Black Country Incident Response and Recovery plan. This is an MIRP commissioned by NHSE to standardise processes across the **whole region**. As a BC EPRR group we would adopt the principles and processes across **our CCGs**).
- To implement an annual training and exercise programme.
- To advice on new legislation, regulations, procedures and guidance in so far as they affect emergency planning and implement the requirements across the Joint Committee.
- To represent all CCGs at multi-agency meetings and associated working groups as required, and feedback to AEO's the outcomes of meetings and the necessary actions arising
- To participate in any exercise, response or post event debriefing or enquiry relating to an incident within a local CCG area of responsibility
- To produce an EPRR risk register, annual work plans and quarterly performance reports and updates to the annual plan forwarded to the AEO
- The standardisation of processes across the four CCGs
- To work closely with NHSE supporting the Local Health Resilience Partnership (LHRP), four Health Protection Forums (HPF), the Local Resilience Forum (LRF) via attendance of the Black Country Lead
- Liaison with Blue Light Services, the Environment Agency and Public Health England

3. Financial costs

3.1. Costs in meeting the objectives of the proposed structure are for the Black Country EPRR Lead to coordinate and represent the CCG's officers to deliver the proposed objectives. This cost is estimated to be circa £25k p.a. per organisation. This will cover salary and on costs. This money is already ring-fenced for Wolverhampton CCG.

3.2. It must be acknowledged however that there will also be a financial implication to this proposal if the CCG's agreed to implement the recommendation for joint planning and delivery of Business Continuity training and exercising.

4. Proposed Structure

4 x CCG Governing Bodies

BC&WB EPRR Board

BC&WB local place based
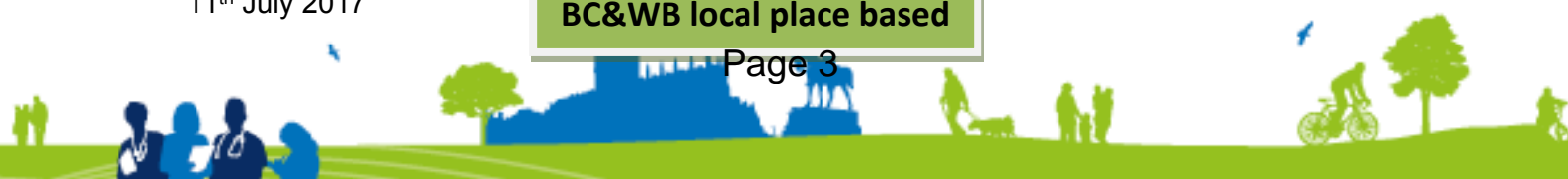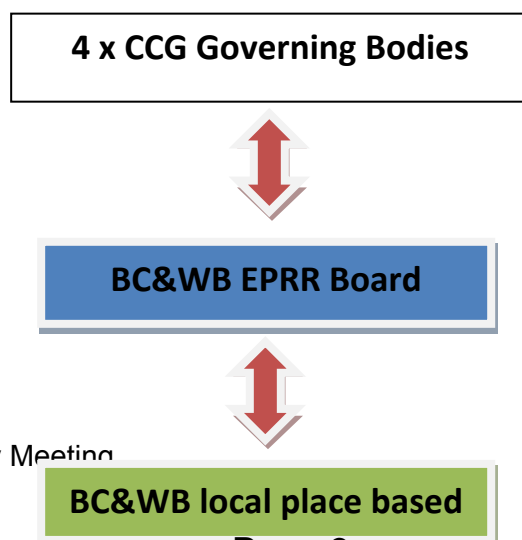
5. Conclusion

5.1. The current Threat Levels decided by MI5 are between Severe and Critical. There is a clear threat to the public and CCGs have statutory responsibilities for dealing with this threat. Although all CCG's are currently meeting their statutory requirements for EPRR, there is a distinct recognition more should be done to improve the current standards both within each organisation, as well as in the consistency and joined up approach across the Black Country and West Birmingham.

5.2. As dedicated EPRR teams, departments and budgets have become progressively smaller with fewer staff to carry out an ever-increasing workload, there is a significant concern that a prolonged major incident would be immensely challenging to respond due to the limited structures and resources available. This paper recommends that working formally together across the BC&WB, with a Lead coordinator role, would be of great benefit to all those involved and increase overall levels of resilience and sustainability.

5.3. Future proposals include the re-evaluation of multi-organisational arrangements across BC&WB working with Public Health, Providers and NHSE into a structured Framework model. A further paper will be submitted to Governing Bodies in the near future with more detail around this. Establishing a coordinated Black Country Commissioners EPRR arrangement puts us in a better position to support this future state.

Name: Mike Hastings
Job Title: Director of Operations
Date: 06.07.17

ATTACHED:

Appendix 1 - Draft Birmingham and Black Country Incident Response and Recovery plan.
This is an MIRP commissioned by NHSE to standardise processes across the **whole region**.
As a BC EPRR group we would adopt the principles and processes across **our CCGs**

REPORT SIGN-OFF CHECKLIST

This section must be completed before the report is submitted to the Admin team. If any of these steps are not applicable please indicate, do not leave blank.

	Details/ Name	Date
Clinical View		
Public/ Patient View		
Finance Implications discussed with Finance Team		
Quality Implications discussed with Quality and Risk Team		
Equality Implications discussed with CSU Equality and Inclusion Service		
Information Governance implications discussed with IG Support Officer		
Legal/ Policy implications discussed with Corporate Operations Manager	**Discussed with Chair**	**5/7/17**
Other Implications (Medicines management, estates, HR, IM&T etc.)		
Any relevant data requirements discussed with CSU Business Intelligence		
Signed off by Report Owner (Must be completed)	**Mike Hastings**	**6/7/17**

This page is intentionally left blank

Appendix 1

NHS England

BIRMINGHAM, SOLIHULL AND THE BLACK COUNTRY CLINICAL COMMISSIONING GROUPS
INCIDENT RESPONSE & RECOVERY PLAN

Draft Version 0.1 May 2017
Next Review Date: May 2018

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

DO NOT READ IT NOW

FIND THE RELEVENT ACTION CARD IN SECTION 4
AND FOLLOW THE INSTRUCTIONS

Birmingham, Solihull and the Black Country Clinical Commissioning Groups

INCIDENT RESPONSE & RECOVERY PLAN

Amendment Record Sheet

Version	Date	Amendment	Author
0.1	May 2017	Initial draft for review for review by SWBCCG	BounceBack Solutions

Contents

1   PLAN OVERVIEW

1.1   Purpose of this Plan

This Incident Response & Recovery Plan (IRRP) for the Clinical Commissioning Groups (CCGs) within Birmingham, Solihull and the Black Country covers the anticipated responsibilities and actions of a CCG in support of NHS England in response to **any incident to be managed and coordinated at NHS Incident Levels 2 to 4** (as amended by NHS England for its West Midlands Incident Response Plan). It is therefore intended to be used in response to **incidents impacting upon one or more CCG and more than one provider** which require NHS England to coordinate the response.

The structures outlined within this Plan are specifically intended to assist the CCG in discharging its duty to support the NHS England West Midlands Incident Director at Incident Alert Levels 2 to 4. As such, **the decision as to how it wishes CCGs to contribute to managing and mitigating the effects of an incident rests with NHS England**. Conversely, the CCGs have the discretion to use any of the arrangements outlined in this Plan in their coordination and management of response and recovery from **Level 1** incidents where they believe this to be an appropriate and proportionate response to normal demand fluctuations.

This CCG Incident Response & Recovery Plan covers the management of an incident deemed sufficiently serious to require one or more of the seven CCGs within Birmingham, Solihull and the Black Country to activate its Level 2 to Level 4 incident management arrangements under the overall direction of NHS England West Midlands. It is therefore a generic document for these seven CCGs and has the flexibility to cover all types of incident or emergency at all these NHS incident levels.

This Plan focuses on **the primary actions by CCG Directors On Call and subsequent actions by one or more of the seven CCGs in support of the appointed NHS England West Midlands Incident Director following declaration of an incident to be managed at Levels 2 - 4.** Wherever possible it seeks to avoid duplicating material which found in existing documents. Some crossover is however inevitable in the area of CCG Director On Call responsibilities and actions.

The NHS England Emergency Preparedness, Resilience and Response (EPRR) Framework 2015 requires CCGs to support NHS England in discharging its EPRR functions and duties locally. This includes supporting health economy tactical coordination during incidents at **Level 2 - 4. This Plan is therefore intended to underpin the NHS England West Midlands Incident Response Plan (IRP) and to provide necessary clarity for CCGs in respect of the suite of roles and actions they might be asked to undertake by NHS England West Midlands in response to an incident to be managed at Level 2 to Level 4**. It is a corporate policy document for all

CCGs who subscribe to it and is separate from, but will operate in conjunction with, CCG On Call Director Pack and other documentation, as well as each individual CCG's Business Continuity Policy and/or Plan.

1.2 Aim and Objectives

1.2.1 Aim

The aim of this plan is for all CCG staff operating within its structures to support NHS England and providers to:
- Save lives
- Minimise ill-health
- Mitigate the adverse impacts of incidents that cause (or have the potential to cause) significant disruption to the health of the population and/or normal NHS business

1.2.2 Objectives

The aims above will be achieved through the following objectives:

- To support NHS England in discharging its EPRR functions and duties locally, including supporting health economy tactical coordination during incidents (**Level 2-4**) in accordance with the NHS England EPRR Framework 2015
- Coordinate provision of swift and effective health care to those affected, escalating as necessary in light of subsidiary and mutual aid needs
- Maintain critical business functions and core service delivery through dynamic business continuity management
- Restore NHS services to 'normality' as soon as possible
- Contribute appropriately to the overall multi-agency effort
- Work with partners to mitigate disruption to society
- Provide appropriate system challenge to NHS organisations, partners and other organisations involved in the response through repeated assurance processes

1.3 Scope of this Plan

1.3.1 Within Scope

This Plan relates to the incident response and recovery arrangements and specifically describes the role of Clinical Commissioning Groups within Birmingham, Solihull and the Black Country for Incident **Levels 2 - 4** as defined by the NHS England EPRR Framework 2015 and NHS England West Midland's interpretation of this Framework.

This Plans begins **at the point** of a Birmingham, Solihull and the Black Country CCG Director On-Call **being notified of a health related situation**

that requires assessment in line with NHS England Incident Level Criteria and at the point where:

- Incidents that require the response and recovery of a number of health provider organisations across Birmingham, Solihull and the Black Country and beyond
- Public Health related incidents requiring coordination and management and the role of the CCG in supporting the response and recovery

1.3.2 Out of Scope

This Plan is intended to address the roles and responsibilities in respect of a CCG following the decision to coordinate the NHS response to an incident at Levels 2 - 4.

It therefore **specifically and purposely excludes** the role of the CCG in managing day-to-day demand, performance fluctuations and in the management and monitoring of NHS funded providers' 'business as usual' activity. As far as possible, it also seeks to minimise reference to the general CCG Director On Call roles and responsibilities and supporting materials other than where essential to illustrate the potential triggers for this Plan

These arrangements are clearly defined and addressed within CCG policies and procedures, as well as being supported by the resources contained within the CCG Director On Call Pack, which is supplied and maintained by the Regional Capacity Management Team. Inclusion of these within this plan would potentially devalue and confuse the core purpose of this plan.

1.4 Assumptions

A number of assumptions have been made in the creation of this document:

- Arrangements outlined in this Plan have the full support of NHS England;
- The plan has the full support of the Governing Bodies of each subscribing CCG which have endorsed all operational principles underpinning it and will ensure full cooperation of their staff;
- The plan details arrangements which will be followed by all staff of all CCGs which subscribe to it within Birmingham, Solihull and the Black Country;
- The plan will be regularly reviewed, including through a number of trigger mechanisms to ensure it is fit for purpose; and
- The plan will be regularly validated through training and exercising.

1.5 Ownership

The commissioning of this Plan arose from within the Birmingham, Solihull and the Black Country CCGs. As such it is jointly owned by the seven CCG Accountable Emergency Officers.

It will be maintained and updated on their behalf by <mark>[to be agreed]</mark>.

1.6 Legal Framework and Associated Guidance

1.6.1 Key Legislation and Guidance

This Plan should be read in the context of:

a. The Civil Contingencies Act (CCA) 2004 and associated Cabinet Office Guidance
b. The NHS Act 2006 (as amended)
c. The NHS Constitution
d. The requirements for EPRR as set out in the standard NHS contracts
e. NHS England EPRR guidance and supporting materials including:
   - NHS England Core Standards for Emergency Preparedness, Resilience and Response
   - NHS England Business Continuity Management Framework (service resilience)
   - Other guidance available at http:www.england.nhs.uk/ourwork/eprr/
f. National Occupational Standards for Civil Contingencies (under development)
g. BS ISO 22301 Societal security - Business continuity management systems

1.6.2 NHS Act 2006 (as amended)

The NHS Act 2006 (as amended) requires NHS England to ensure that the NHS is properly prepared to deal with an emergency. CCGs, as local system leaders, should assure themselves that their commissioned providers are compliant with relevant guidance and standards and they are ready to assist NHS England in coordinating the NHS response.

The key elements are contained in Section 252A of the NHS Act 2006 (as amended) and are:

a. NHS England and each CCG must take appropriate steps for securing that it is properly prepared for dealing with a relevant emergency;
b. NHS England must take steps as it considers appropriate for securing that each CCG and each relevant service provider is properly prepared for dealing with a relevant emergency;
c. The steps taken by NHS England must include monitoring compliance by each CCG and service provider; and
d. NHS England must take steps as it considers appropriate for facilitating a coordinated response to an emergency by the CCGs and relevant service providers for which it is a relevant emergency.

The Act (as amended) clearly establishes the relationship between NHS England and the CCGs. In essence, NHS England will seek to work with and

through the local CCGs to ensure that the NHS response can be effectively managed at strategic and tactical levels delivering the service-wide aim and objectives.

1.7 Key Definitions

1.7.1 Relevant Emergency

The NHS Act 2006 (as amended) defines a relevant emergency as:

- In relation to NHS England or a CCG: any emergency which might affect NHS England or a CCG (whether by increasing the need for the services that it may arrange or in any other way);
- In relation to a relevant service provider: any emergency which might affect the provider (whether by increasing the need for the services that it may arrange or in any other way).

1.7.2 Relevant Service Provider

In the context of the NHS Act 2006 (as amended), a "relevant service provider" is defined as:

- Any body or person providing services in pursuance of service arrangements

1.7.3 Service arrangements

The NHS Act 2006 (as amended) defines "service arrangements" in relation to a service provider as:

- Arrangements made by NHS England or a CCG under or by virute of section 3, 3A, 3B, 4 or 7A or Schedule 1

1.7.4 Incident

The NHS more usually refers to 'incidents' and classes each incident as a:

i. Business Continuity Incident;
ii. Critical Incident; or
iii. Major Incident

Each class of incident will impact upon service delivery within the NHS, may undermine public confidence and could require contingency plans to be implemented.

> **NHS organisations must be confident of the severity of any incident that may warrant a major incident declaration. This is particularly important where this may be due to internal capacity pressures and if a critical incident has not been raised previously through the appropriate local escalation procedure.**

1.7.5 Business Continuity Incident

A business continuity incident is an event or occurrence that disrupts, or might disrupt, an organisation's normal service delivery below acceptable predefined levels, where special arrangements are required to be implemented until services can return to an acceptable level. *This might for example include a surge in demand requiring temporary redeployment of resources.*

1.7.6 Critical Incident

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

1.7.7 Major Incident

A major incident is any occurrence that presents serious threat to the health of the community or causes such numbers or types of casualties, as to require special arrangements to be implemented. For the NHS this will include any event defined as an emergency as above.

1.7.8 Types of Incident

The list below provides commonly used classifications of types of incident. This list is not exhaustive and other classifications may be used as appropriate:

a. **Business continuity/internal incidents** – fire, breakdown of utilities, significant equipment failure, hospital acquired infections, violent crime.
b. **Big bang** – a serious transport accident, explosion, or series of smaller incidents.
c. **Rising tide** – a developing infectious disease epidemic, or a capacity/staffing crisis or industrial action.
d. **Headline news** - Public or media alarm about a perceived threat.
e. **Cloud on the horizon** – a serious threat such as a significant chemical or nuclear release developing elsewhere and needing preparatory action.
f. Headline news – public or media alarm about an impending situation, reputation management issues.
g. **Chemical, biological, radiological, nuclear and explosives (CBRNE)** – CBRNE terrorism is the actual or threatened dispersal of CBRN material (either on their own or in combination with each other or with explosives), with deliberate criminal, malicious or murderous intent.
h. **Hazardous materials (HAZMAT)** – accidental incident involving hazardous materials

i. **Cyber-attacks** – attacks on systems to cause disruption and reputational and financial damage. Attacks may be on infrastructure or data confidentiality.

j. **Mass casualty** – typically events with casualties in the 100s where the normal major incident response must be augmented with extraordinary measures.

1.7.9 NHS England Incident Levels

In order to determine the level at which a health-related incident will be managed and coordinated within the NHS as it evolves, it is customary to describe an incident according to one of the four levels below. These levels are defined by NHS England

For the purposes of accommodating commissioning boundaries and other considerations within Birmingham, Solihull and the Black Country, these definitions have been materially modified by NHS England West Midlands for the purposes of its Incident Response Plan.

The four levels as they apply within Birmingham, Solihull and the Black Country are outlined in the table below. These determine whether the overall NHS response to and recovery from an incident will be will be managed and coordinated by a CCG (Level 1) or by NHS England (Levels 2 - 4):

Response Level	Definition and Description of Level
1	• A health related incident that can be responded to and managed by single local health provider organisations within their respective business as usual capabilities. • Local lead arrangements are in place, however the Director in charge at this level needs to contact the Incident Director and agree the incident is to be dealt with at this level. • Escalation of the incident will be agreed between the local lead and the NHS England – Incident Director.
2	• A health related incident, which requires the response of a number of health provider organisations across the BSBC / AHW Locality boundary and will require the Locality to co-ordinate the NHS local support. • The On-Call NHS England Incident Director will lead the NHS response to the incident within the Locality and take responsibility for directing NHS resources. • The NHS England – Incident Director will be responsible for contacting the On-Call Regional Incident Director to agree the level at which the incident will be dealt with and therefore who is in command.
3	• A health related incident, which requires the response by a number of health provider organisations across NHS England, Midlands and East boundaries. This will require the NHS England Regional IMT to co-ordinate to meet the demands of the incident. • The On-Call Regional Incident Director will lead the NHS response to the incident and be responsible for directing the resources of NHS England, Midlands & East. • The Regional Incident Director will be responsible for notifying all other Localities within the NHS England, Midlands & East an incident has happened and at what level the incident is being managed. They are also responsible for notifying neighbouring NHS England Regions as well as NHS England, National.
4	• A health related incident, that requires NHS England National co-ordination to support the NHS and NHS England response • The On-Call National Incident Director will lead the NHS response to the Incident and be responsible for directing the National NHS resources. • They are responsible to notifying all other NHS England Regions an incident has happened and at what level the incident is managed.

1.7.10 Communicating Major Incidents – Shared Terminology

To avoid confusion, the following terms are routinely used by all organisations when notifying other agencies:

Critical Incident / Major Incident - standby
This alerts NHS organisations that a Major Incident may need to be declared. Major Incident - standby is likely to involve the participating NHS organisations in making preparatory arrangements appropriate to the incident dependent upon whether it is a 'big bang', 'rising tide' or pre-planned event.

Critical Incident / Major Incident declared - activate plan
This alerts NHS organisations that they need to activate their plan and mobilise resources.

Critical Incident / Major Incident - cancelled	**Critical Incident / Major Incident stand down**
This cancels either of the earlier messages received.	It is the responsibility of individual NHS organisations to assess when it is appropriate for them to stand down their own response.

1.8   Operating Principles

1.8.1   Delegated Authority

This Plan is predicated on the underlying principle of delegated authority across CCG geographical and operational boundaries.

This approach builds on the principles already established thorough existing CCG on call arrangements whereby two Directors On Call (covering the Birmingham & Solihull and the Black Country areas respectively) are responsible for providing the initial response on behalf of the seven associated CCGs.

1.8.2   Maintaining and Sustaining a Response

Due to their specialist role and nature, the number of personnel available to assist in response and recovery from an incident within any one CCG at a given time will necessarily be limited. In the event of a protracted incident within a single CCG's boundaries, or in the event of one that crosses CCG boundaries, pragmatic consideration will therefore need to be given from the outset to the sustainability of meeting the staffing needed to underpin NHS England West Midlands's overall coordination at every level.

The adoption of such a realistic and sustainable approach may result for example, in personnel from other CCGs within Birmingham, Solihull and the Black Country being made available to sustain particular ongoing roles in a single CCG's Incident Coordination Centre (ICC). Alternatively, in the event of a scenario affecting multiple CCGs across the conurbation simultaneously, every effort would be made under NHS England West Midlands direction to spread responsibility for maintaining ongoing CCG capacity and capability. This might include:

a. Shared resource to supply CCG representatives within the NHS England West Midlands ICC and at other locations and other fora as appropriate. Furthermore it supports an already established principle agreed between the two conurbation Directors On Call. This builds on the already established principle across the conurbation that, in the event of the requirement to do so, one of the two Directors On Call will act as the locally combined CCG Incident Director whilst their remaining counterpart acts as the initial CCG Liaison Officer at the NHS England West Midlands ICC.

b. Where a single CCG is impacted, its Incident Coordination Centre would be established with the scope to draw staff drawn from across the seven CCGs as necessary to maintain and sustain response and recovery.

c. Where more than one CCG is affected, a single 'shared' ICC facility would be established to support NHS England West Midlands, located where practicable with the CCG most affected (the Lead CCG). This might, for example, result in one ICC operating on behalf of the four Black Country CCGs.

Such approaches are particularly appropriate in the context of current Sustainability and Transformation Partnership Plans.

These considerations form part of the decision making to be undertaken by CCG Directors On-call/Incident Directors in discussion with the NHS England West Midlands Incident Director both initially and as the incident evolves. They therefore appear where appropriate as prompts within the relevant role-based Action Cards at Section 4 of this Plan.

The principle when that will be followed will be to 'act now and resolve costs later' in support of an effective response and recovery. Such longer-term resolution will rest in the first instance with the relevant CCG Accountable Officers.

1.9   CCG Roles and Responsibilities

Clinical Commissioning Groups (CCGs) are responsible for the commissioning of local healthcare services across Birmingham, Solihull and the Black Country and are thus vital in the planning phase and the response and recovery phase of an incident.

The *NHS England EPRR Framework 2015* and associated *EPRR Core Standards* articulate a suite of CCG responsibilities:

1.9.1 Planning Phase

During the planning phase, CCGs are required to:

a. Co-operate and share relevant information with Category 1 responders.

b. Engage in discussions (including at the Local Health Resilience Partnership (LHRP)) where this will add value.
c. Maintain robust incident response plans and business continuity plans for their own organisations.
d. Test and update their own incident response plans and business continuity plans to ensure they are able to respond to an incident and maintain business resilience during any disruptive challenge or incident.
e. Design an annual training and exercising programme for all relevant staff
f. Support NHS England in discharging its EPRR functions and duties locally, ensuring representation on the LHRP.
g. Provide their commissioned providers with a route of escalation on a 24/7 basis.
h. Include relevant EPRR elements (including business continuity planning) in contracts with provider organisations in order to:

- Ensure that resilience is "commissioned-in" as part of standard provider contracts and to reflect local risks identified through wider, multi-agency planning;
- Reflect the need for providers to respond to routine operational pressures Examples will include winter pressures, failure of providers to continue to deliver high quality patient care, provider trust internal critical or major incidents; and
- Monitor compliance by each commissioned provider organisation with their contractual obligations in respect of EPRR and with applicable Core Standards.

1.9.2 Response and recovery

During the response and recovery phase, key CCG responsibilities will include:

a. Responding to reasonable requests to assist and co-operate. This will include supporting NHS England West Midlands should any emergency require local NHS resources to be mobilised.
b. Having a mechanism in place to mobilise all applicable providers that support primary care services should the need arise.
c. Supporting providers to maintain service delivery across the local health economy to prevent business as usual pressures and minor incidents from becoming critical or major incidents.
d. Having systems to manage their provider organisations to effectively coordinate increases in activity across the local health economy.
e. Escalating critical and majr incidents to NHS England West Midlands).
f. Providing a representative as required within the NHS England West Midlands Incident Coordination Centre if established.
g. At the request of the NHS England West Midlands, representing the local health economy at a suite of fora in the event that the incident requires multi-agency command and control arrangements to be implemented.

1.10 Staff Awareness and Training

All CCG staff will receive major incident planning and business continuity training in line with the CCG's Emergency Preparedness, Resilience and Response (EPRR) Staff Training Programme.

Staff with an identified role in the Plan will receive addition role-specific training, including refresher training every two years or in the event of relevant changes to this Plan, whichever occurs first.

1.11 Exercising

Plans developed to allow all NHS organisations to respond efficiently and effectively, must be tested regularly using a table-top and live exercises, or through any other recognised and agreed process. Roles within the plan (not individuals) are exercised to ensure any specific role is fit for purpose and encapsulates all necessary functions and actions to be carried out during an incident. The outcome of testing and exercising must identify and log, did it work and what needs changing? The log must also identify what has changed. This information provides an audit tool that lessons have been learnt and is also key information during any inquiry process.

Through the exercising process, individuals have the opportunity to practice their skills and increase their confidence, knowledge and skill base in preparation for responding at the time of a real incident. Exercises should not be conducted solely as a single agency event but should reflect the identified risks and the involvement of commissioners and co-responders as appropriate. Learning from exercises must be cultivated into developing a method that supports personnel and organisational goals and is part of an annual plan validation and maintenance programme.

Each NHS funded organisation is required to undertake the following:

1.11.1 Communications Exercise

These exercises are required to be undertaken every **6 months**. These are to test the ability of the organisation to contact key staff and other NHS and partner organisations 24/7. These could include testing paging services as well as telephone and email systems. These unannounced exercises should be tested both in and out of office hours on a rotational basis.

1.11.2 Command Post Exercise

These exercises are required to be undertaken every **3 years.** This type of exercise will test the operational element of command and control and requires the setting up of the Incident Coordination Centre (ICC). This provides a practical test of equipment, telephone and IT facilities and provides familiarity to those undertaking roles within the ICC. This can be incorporated into communications or live exercise;

In conjunction with local command post exercises (CPXs), NHS organisations should also test their links with their multi-agency partners' incident co-ordination centres. All agencies/organisations should be positioned at ICCs as they would be in a real incident. These test communication arrangements and the flow of information up and down the chain of command; and if an organisation has had reason to activate their ICC for a real incident then this supersedes the need to run an exercise, providing lessons identified are captured and developed. These tests should be undertaken every **3 months**.

1.11.3 Tabletop Exercise

These exercises are required to be undertaken every **12 months**. These are exercises where relevant staff and partner agencies are brought together to discuss the response to a significant incident, emergency, within the same room. These exercises work through a particular scenario and can provide validation to plans. Participants are able to interact and gain knowledge of other agencies/organisations roles and responsibilities generating levels of realism.

1.11.4 Live Exercise

These exercises are required to be undertaken every **three years.** These are a live test of arrangement and include the operational and practical element of emergency response. This could include simulated casualties being brought to an Emergency Department or the setting up of a mass countermeasure centre. These are very useful in validating operational aspects of an incident response plan.

If an organisation has had reason to activate their plan for a real incident then this supersedes the need to run an exercise, providing lessons identified are captured and developed; and under interoperability there is an expectation that NHS organisations will actively participate with exercises run by multi-agency partners including the LRF where relevant to health.

NHS funded organisations are required to share information of lessons identified and learnt from training, exercising, emergency or significant incidents, across the wider NHS through a common process and co-ordinated through the LHRP strategic groups. Working collaboratively will improve organisational cohesion, ensure our patients and public are safeguarded during a crisis such as an emergency or significant incident.

1.12 Monitoring, Audit and Review

This Plan is a working document. As such it will be reviewed, amended and updated as necessary:

   i.   When there are changes in emergency planning guidance or legislation or a relevant change in organisational structure;

ii.   As a result of lessons identified following a real incident, test or exercise; and

iii.   Annually

2 INITIAL NOTIFICATION, ASSESSMENT AND ESCALATION

2.1 Introduction

This section provides an outline of the initial stages of an incident. Its purpose is to guide the CCG Director On call / In Hours Designate through escalating the incident to the appropriate level; and ensure the appropriate plans are activated and due diligence completed as required.

2.2 Incident Reporting

In the event of an incident the CCG Director on Call / In Hours Designate will be alerted via the established CCG arrangements by one of the following. Dependent on the nature and severity of the incident, this notification might come from:

a. Provider Organisations
b. CCGs
c. Emergency Services
d. Public Health England
e. Local Authorities
f. Regional Capacity Management Team Duty Manager
g. On-call Staff (internal and external)

2.3 Role of the CCG Director On Call / In Hours Designate

The CCG Director On Call / In Hours Designate is responsible for evaluating and escalating the incident to the NHS England West Midlands Incident Manager (1st On Call) if required.

An Action Card for the Director On Call / In Hours Designate can be found at **Section 4** of this Plan.

2.4 METHANE Form and Incident Risk Assessments

The Director On Call / In Hours Designate should commence a Personal Log. They should then complete an Incident Report (METHANE) Form (included at Section 5) based on the information available at the time. Each risk identified should be fully recorded and evaluated using the **Impact and Risk Assessment Template** (See Section 5). **The Director On Call / In Hours Designate should complete further Risk Assessment Templates** as the situation evolves to ensure that the pattern of risk and mitigating measures are fully catalogued for the duration of the incident

Page **20** of **86**

The aims of completing **the METHANE Form and accompanying Incident Risk Assessment** are to:

1. Collate the available information on what precisely has happened;
2. Determine as far as possible at the time the outcomes or likely outcomes of the incident; and
3. Assess the extent to which the CCG or the wider Health Economy has been or is likely to be affected:

Template **METHANE Form and Incident Risk Assessment** can be found in Section 5 of this Plan.

2.5 Escalation

Following the completion of the **METHANE Form and associated Impact and Risk Assessment(s)**, the Director On Call / In Hours Designate must decide whether it is appropriate to escalate to the NHS England West Midlands Incident Manager.

To assist with making this decision, the Director On Call / In Hours Designate should utilise the Critical and Major Incident Algorithms at *Figure 1* and *Figure 2* below to determine whether the situation can be managed as part of 'business as usual' or whether escalation is required.

If the outcome of this assessment escalation is not required, the Director On Call / In Hours Designate should work alongside those involved to manage the incident at a local level, including utilising surge and escalation plans where appropriate.

If the decision is made to escalate, the CCG Director On Call / In Hours Designate should follow the steps outlined in the Incident Management Process diagram at *Figure 3* below as appropriate to the outcome of their discussions with the NHS England Incident Manager, utilising the resources within the Director On Call Pack as appropriate.

Figure 1: Critical Incident Activation Algorithm

CRITICAL INCIDENT ACTIVATION ALGORITHM

CRITICAL INCIDENTS

TYPE
- Severe Pressure (as per EMS Triggers – Level 4)
- Sustained increase in demand (as per EMS Triggers)
- Major network disruptions
- Infectious disease outbreak
- Patient A&E waits greater than 12 hrs.
- Patient handover delays
- Ambulance divert requests across more than one Trust
- Internal/External incidents that will have an impact on Business Continuity

INFORMATION RECEIVED FROM
- Provider Organisations – On-Call Site Manager/Director
- CCGs – On-Call Manager Clinical Networks
- WMAS SOC – Duty SOC Commander
- RCMT – Duty Manager
- Public Health England
- DsPH
- Multi – Agency Partners

PROVIDERS OF NHS FUNDED CARE – PARTNER AGENCY

Role:
- Maintain Service Delivery Levels
- Maintain Business Continuity
- Respond to Incidents both Critical and Major

Escalate to CCG if:
- Performance is not maintained
- Critical Incident
- Impact on service delivery

CCG's
- Meet Cat 2 Responder obligations
- Ensure Resilience has been commissioned – as part of standard contracts
- Provide a route of escalation
Supported by the RCMT On-Call Staff

Role
- Manage Operational/Performance issues
- Business Continuity issues
- Work in conjunction with Providers on capacity & patient flow
- Suspend targets in the event of Critical / Major Incident
- Chair telecons as required
- Support early discharge
- Establish internal ICC support activity
- Ensure robust escalation procedures are in place

- Respond to any reasonable request to assist and co-operate in the Activated Surge Plans if required
- Establish internal ICC support activity
- Interface with Networks
- Send LO to activated ICC if requested
- Maintain service delivery across their local health economy from becoming critical or major incident
- Lead the Recovery Process

Escalate to NHS England Incident Manager if:
- Performance cannot be resolved
- Targets being breached
- Political / Media interest
- Critical Business Continuity issues
- Critical Incident occurring
- Several Trusts affected
- Multi-agency partners involved

Call This Number first

NHS England – West Midlands On-Call Staff

Contact Information – CRITICAL INCIDENTS

Incident Manager - BSBC – 07623503845, (First Point of Contact)
Incident Manager – AHW – 07623503884,
NHS England – West Midlands – Incident Director – 07623503846
NHS England – West Midlands – Tac Adv – 07623503847

Notify On-Call Director as necessary

Role
- Maintain Business Continuity
- Manage wider systems if there are difficulties / gaps between Providers in their area

Escalate if
- Performance cannot be resolved
- Political / Media interest
- Situation may / will require mutual aide
- Critical Incident crossing Sub Region boundaries

NHS England Regional Team – Midlands and East

Role:
- Regional Command & Control during Major Incidents
- Coordination mutual aid (region-wide)
- Link to centre (e.g. reporting required up to COBR) – Major Incidents, critical business continuity & political / media interest

Figure 2: Major Incident Activation Algorithm

MAJOR INCIDENT ACTIVATION ALGORITHM

FOR MAJOR INCIDENTS AND EMERGENCIES ONLY

TYPE
- Mass Casualties
- CBRNe incident, deliberate release
- Major network disruptions
- Toxic plume
- Health incidents such as hospital fires, floods or significant patient evacuation

- HAZMAT incident such as white powder that may lead to hospital decontamination
- Headline news, public or media alarm about impending situation
- A developing infectious disease, with potential for epidemic or pandemic
- Rising tide incident such as industrial action

INFORMATION MAY BE RECEIVED FROM
- Provider Organisations
- CCG's
- Emergency Services
- Public Health England

- Local Authorities
- On-Call Staff both internal or external
- RCMT On-Call Manager

PROVIDERS OF NHS FUNDED CARE
Role:
- Maintain service delivery levels
- Maintain Business Continuity
- Respond to Incidents at a level determined by the Incident Director On-Call

---

Call This Number first

NHS England – West Midlands
Contact Information – Major Incidents & Emergencies
Incident Manager - BSBC – 07623503845, (First Point of Contact)
Incident Manager – AHW – 07623503884,
NHS England – West Midlands – Incident Director – 07623503846
NHS England – West Midlands – Tac Adv – 07623503847

Is this a potential or actual Major Incident?

No	Yes

No:
- Inform Provider Tac Adv / Locality Incident Manager
- Decide no further action required
- Or maintain a watching brief
- If so notify appropriate personnel

Yes:
- Reassess situation as further information becomes available
- No further action required – end of potential incident
- Escalation of incident as required

INCIDENT MANAGEMENT TEAM – IRP ACTIVATION & ESTABLISHING ICC

- Notify Provider On-Call Tactical Adviser
- Notify Locality Incident Manager
- Jointly assess information received

Notify On-Call Director
- For information
- For action as necessary
- Jointly assess information received
- Be prepared to send initial SITREP

- Consider actions to be taken
- Establish Communications
- Is the Incident Standby or Declared
- Consider activating Plan
- Consider activating ICC
- Form Incident Management Team if necessary
- Call in On-Call personnel if necessary
- Agree who will lead response
- Incident Director be prepared to attend SCG as Health Strategic Comd. if necessary
- Be prepared to deploy to WMAS RCC to support specific incident

---

NHS England Regional Team – Midlands and East

Role:
- Regional Command & Control during Major Incidents when more than several Localities are involved
- Coordination mutual aid (region-wide)
- Link to centre (e.g. reporting required up to NHS England) – Major Incidents, significant business continuity & political / media interest

Figure 3: CCG Incident Escalation process

CCG Director On Call is notified of an incident by:

Provider Organisations - CCGs - Emergency Services - Public Health England

Verify the information as necessary, complete METHANE and Risk Assessment forms

Determine if it is a Critical Incident, Standby or Major Incident and Incident Level

Liaise with NHS England West Midlands Incident Manager (1st On Call) via Pager Number 07623 503 845 and agree Incident Level

Critical Incident

Major Incident Standby

Major Incident declared

CCG to coordinate response with provider at Level 1

in liaison with NHS England.

Levels 2, 3 and 4 to be coordinated by NHS England supported by the CCG.

Support provider as required depending on incident until recovery achieved.

Utilise surge and escalation plans

Await further instructions.

Undertake preparatory work as directed.

Alert key staff in preparedness for

Consider utilising elements of this Plan as appropriate

Activation of the CCG IRP not required

Activation of the CCG IRRP and ICC required

Monitor and review with NHS England

Activate Plan, set up ICC and establish IRRT, Use Action Cards.

Dynamically review.

Consider ongoing command

CCG to establish local system teleconference(s) including Local A&E Deliver Board partners to agree management of the ongoing incident.

Partners will be alerted via their existing On Call arrangements; each will escalate within

Incident stand down.

Incident Director to undertake hot debrief.

ICC manager to gather all Personal, General and

2: INCIDENT NOTIFICATION, ASSESSMENT & ESCALATION

2 - RESPONSE LEVES

of 86

2.6 Record Keeping and Logging

It is essential that the Director On Call / In Hours Designate maintains a log their actions/decisions. A full description of recording keeping and logging can be found at **Section 3.9** of this plan.

2.7 Director On Call / In Hours Designate Action Card

A full suite of Action Cards has been developed to support the response arrangements detailed in this Plan. **An Director On Action Card can be found at Section 4 of this Plan.**

3 RESPONSE AND RECOVERY

3.1 Summary of Key CCG Response Actions

Appropriate response actions will be identified through contextual dynamic impact and risk assessment. This approach will **consider the IMMEDIATE** and on-going impact on the health of the community and on the capability of the NHS and priorities to the point that recovery planning, which will have commenced at the same time as the response, will take over to ensure restoration to normality or the new normal. Examples of this approach applicable to all levels of incident including Public Health Incidents might include:

Monitoring of the health implications on the public and planning for the **dynamic commissioning of additional services** e.g. for assessment, treatment and initial monitoring and/or screen individuals depending of the nature of the incident.

Establishing the potential impact on previous known vulnerable groups and individuals, identifying newly emerged vulnerable groups or individuals (including staff and responders) to inform response strategies

Working with providers and Social Care on capacity and patient flow

Supporting early discharge

Identifying new conditions and any potential deterioration of existing medical conditions as a result of injuries or impact of the incident or due to the immediate potential disruption of services during the response, and developing appropriate response strategies to manage these

Suspension of targets, service redesign or commissioning to assist with the management of the immediate impacts of the incident. This may include Acute, Urgent Care, Community, Specialist providers and Primary Care providers.

Contributing to Health and Multi-agency media campaigns or advice to the public to assist in the response phase including public health advice, changes in service provision, immediate signposting, reassurance and updating to the public and media

Coordination and direction of NHS resources (including staff, equipment, supplies and consumables, facilities and estate, as appropriate, to support the response.

3.2 Summary of Key CCG Recovery Actions

Appropriate recovery actions will be identified through contextual dynamic impact and risk assessment. This approach will consider the immediate and **ONGOING AND LONGER TERM (days/weeeks/months/years) impact** on the health of the community and on the capability of the NHS and priorities to the point that recovery planning, which will have commenced at the same time as the response, will take over to ensure restoration to normality or the new normal. Examples of this approach applicable to all levels of incident including Public Health Incidents might include:

Continued monitoring of the health implications the incident may have on the public and planning for the commissioning of additional services, for example monitor and/or screen individuals on a short, medium or longer-term basis depending of the nature of the incident.

Reviewing and assessing the impact on previous known vulnerable groups and individuals, identifying newly emerged vulnerable groups or individuals (including staff and responders) to inform recovery strategies.

Identifying new conditions and any deterioration of existing medical conditions as a result of injuries or impact of the incident or due to the deferment of services during the response, developing appropriate recovery strategies.

Service redesign or commissioning to assist with the management of the short, medium and longer-term impacts of the incident. This may include Acute, Urgent Care, Community, Specialist providers and Primary Care providers.

Renegotiation of priorities and targets with commissioned services and the monitoring of these to assist providers with their business continuity or service recovery plans.

Recalculation of trajectories for targets with providers as appropriate throughout the recovery.

Planning and determining the appropriate reintroduction of targets and/or payments with providers in parallel with service restoration

Planning and monitoring of the financial impact of the incident on a short, medium and longer term basis and developing strategies and financial recovery plans as appropriate.

Contributing to Health and Multi-agency media campaigns or advice to the public to assist the recovery, including physical health and psychosocial implications. This may include public health advice, changes in service provision and appropriate signposting.

Monitoring, coordinating and directing NHS resources (including staff, equipment, supplies and consumables, facilities and estate, as appropriate, to support the recovery; identifying gaps that will need to be addressed prior to the resumption of services or the provision of services against a 'new' model

3.3 Activating the CCG Incident Response Plan

The decision to activate the Incident Response & Recovery Plan and convene a CCG Incident Response & Recovery Team (IRRT) rests with:

- The CCG Director On Call; or
- An affected CCG's Accountable Officer

This decision will be made following the required discussions with and at the request of NHS England West Midlands as part of the CCG's obligation to support NHS England its management of incidents at Levels 2 - 4.

The relevant Director On Call or CCG Accountable Officer will in the first instance be the CCG Incident Director.

3.4 Decision Making

The Joint Decision Making Model developed as part of the Joint Emergency Services Interoperability Programme (JESIP) should be used by the CCG Incident Director as a framework for decision making throughout the course of the incident. The model is cyclical and allows for continued dynamic reassessment of the situation or incident It thus enables previous steps to be revisited:
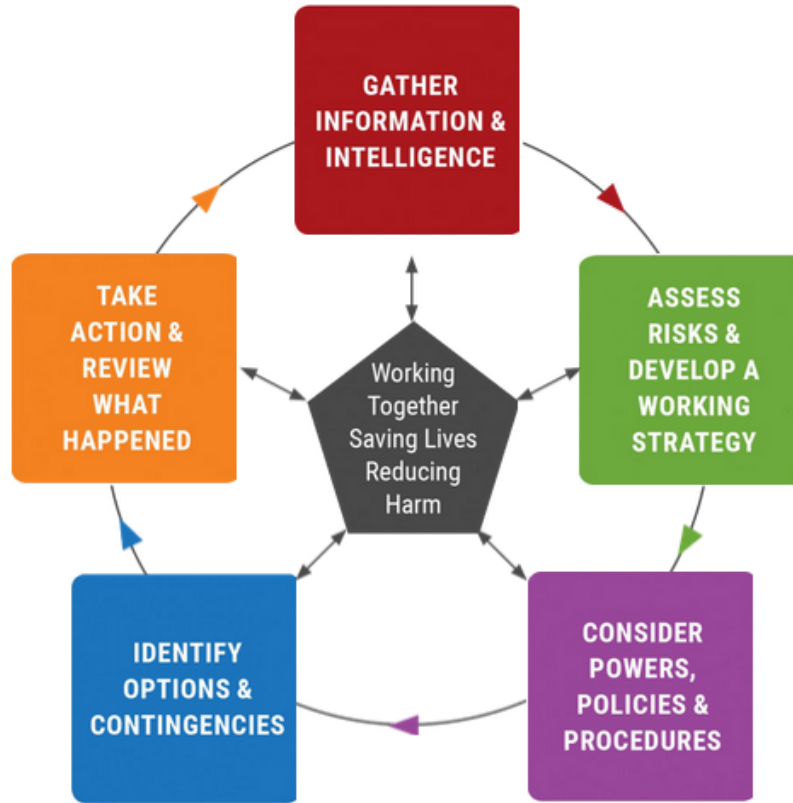
Risks identified through this approach will be recorded and assessed by members of the CCG Incident Response & Recovery Team using the **Impact and Risk Assessment Template** which can be found at Section 5 of this Plan.
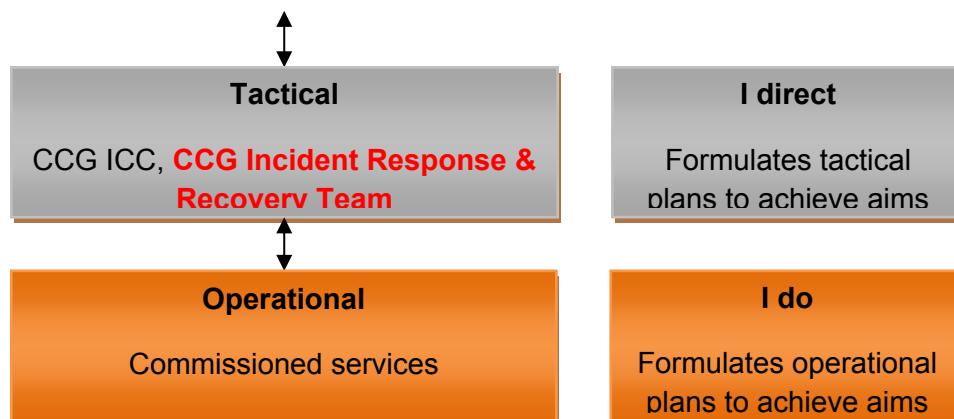
Risks identified will be be recorded and monitored via a dynamic Incident Risk Register, to which the the CCG Incident Response & Recovery Team will contribute.

3.5   Command and Control

3.5.1   Command Structure at CCG Level

The diagram below illustrates the most likely command and control arrangement that would operate at CCG level to support the appointed NHS England West Midlands Incident Director:

Page 36

Tactical	I direct
CCG ICC, **CCG Incident Response & Recovery Team**	Formulates tactical plans to achieve aims

Operational	I do
Commissioned services	Formulates operational plans to achieve aims

3.5.2 Role of A&E Delivery Boards

Essential to a successful response to and recovery from an incident is senior leadership with decision making powers, coordination, and local knowledge of the affected system and its resources. As each A&E Delivery Board is local to the system and has senior leadership there is an expectation that it will be used as a local strategic 'sounding board' in an incident to facilitate delivery of NHS England objectives at a local level, principally but not exclusively in respect of recovery management.

The A&E Delivery Boards will be supported in this role by the CCG Incident Response & Recovery Team and Incident Coordination Centre. It would be the role of the affected CCGs to establish a local system teleconference including A&E Delivery Board partners to discuss management of the on-going incident and the role of the A&E Delivery Board in the recovery phase.

A&E Delivery Board partners will be alerted of an incident via their respective organisation's normal On Call arrangements. Each will cascade **within** their own organisation.

It may not be necessary for all members of the A&E Delivery Board to participate in all incidents and it would be at the discretion of each A&E Delivery Board to agree the frequency of any meetings required, depending on the size and duration of the incident. It is likely that that these meetings could in practice take place remotely via teleconferencing.

3.6 CCG Incident Response & Recovery Team (IRRT)

3.6.1 Aim and Responsibilities

The aim of the Incident Response & Recovery Team, headed by the CCG Incident Director, is to oversee the CCGs response to and recovery from an incident and seek to ensure effective provision of health care services

under the overall direction of the NHS England West Midlands Incident Director.

The role of the IRRT in responding to an incident is to:

    a. Ensure that the CCG meets its obligations

    b. Support NHS England West Midlands in the delivery of its objectives; and

    c. Support the strategic aims of the A&E Delivery Board(s) for the incident

As such, the team must have the authority to make decisions in the light of the best available information and to commit any necessary resources, including staff and money as appropriate.

The diagram at Figure 4 below illustrates the anticipated suite of roles which may need to be undertaken by the Incident Response & Recovery Team and can also be found at Section 4, which contains associated Action Cards. Dependent upon incident type, not all roles may be required or it may be necessary for some IRRT members to undertake more than one role.

Contact details for potential members of a CCG IRRT can be found at Annex A of this Plan.

Figure 4: Anticipated roles and structures within the CCG ICC
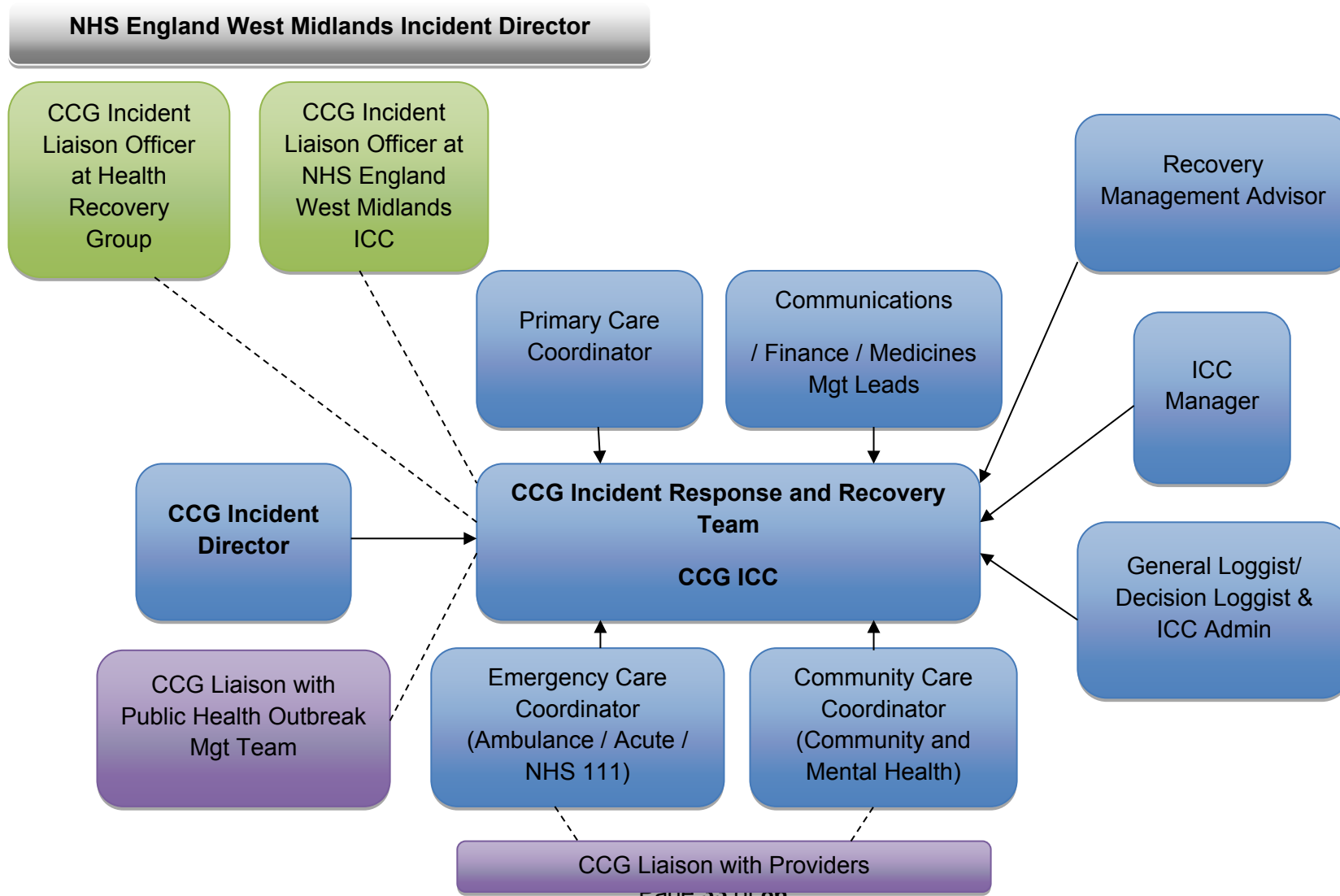
All required members of the IRRT are expected to attend when requested to do so. If members are not contactable or not available, the roles identified will be delegated to those available. If members are unable to attend owing to localised issues, use will be made of mobile phones, emails, and other methods. It should be noted that unless 'On Call' it may not be possible to contact all members of the IRRT.

3.6.2 Maintaining Staffing Levels

The requirements placed on the CCGs by NHS England West Midlands will inevitably vary from incident to incident **but may include** as a minimum:

   a. A CCG Liaison Officer at the NHS England West Midlands Incident Coordination Centre;
   b. A CCG Recovery Officer as part of a multi-agency Strategic Coordination Group (SCG) Recovery Cell; and
   c. Activation of a CCG Incident Coordination Centre within Birmingham, Solihull and the Black Country to gather information and intelligence and support the NHS response at a local level.

As previously identified, given the limited staff resource available to them, it is unlikely that any one CCG could maintain the staffing demand placed upon it by NHS England West Midlands from within its own resources for anything other than incidents of the shortest duration. It is therefore likely that partnership working across CCGs will be required to facilitate the 'pooling' of staff from across the seven CCGs to fulfill roles as appropriate over time and meet their support obligations to NHS England.

Given these constraints, it is anticipated that, regardless of Incident Level and number of CCGs affected, a single 'shared' CCG ICC covering one or more CCG areas would be established with its staffing potentially drawn from across the Birmingham, Solihull and the Black Country CCGs, The decision as to its location would ultimately be made on the basis of the scenario faced but would be expected to follow the principle that:

   • Where the incident affects single CCG, its ICC would be activated; and
   • Where multiple CCGs and providers are affected, an ICC would be established at the location of the the CCG most impacted upon (the Lead CCG) wherever practicable.

It will be the responsibility of the Accountable Officers of the seven Birmingham, Solihull and the Black Country CCGs - those affected and where appropriate, those unaffected by the incident - to work in partnership to identify how best these requirements can be met in practice. This will include reconciliation of any cost implications after the event.

These principles are reflected in the suite of Action Cards that appear at Section 4 of this Plan.

An aggregated IRRT staffing list from across the CCGs forms Annex A of this Plan.

3.6.3 Impact on CCG Business Continuity

Responding to any incident is likely to impact upon the ability of a CCG to maintain delivery of its normal activities. CCGs should therefore consider activating their established Business Continuity Plans as appropriate.

3.7 Incident Coordination Centre (ICC)

The IRRT will meet in the CCG Incident Coordination Centre (ICC). ICC locations and access arrangements are included at **Annex B** to this Plan.

All incident-related activities undertaken by CCGs will be coordinated through the ICC. All personnel will vacate the area to free up space and facilities, unless they are part of the Incident Response & Recovery Team. **The CCG Incident Director will be overall charge and control of all activities in the Incident Coordination Centre, supported throughout by the ICC Manager.**

Details of Birmingham, Solihull and the Black Country CCG Incident Coordination Centres, including access arrangements, can be found at Annex B of this Plan.

Actions Cards for the CCG Incident Director and ICC Manager can be found at Section 4 of this Plan.

3.8 Incident Response & Recovery Team Action Cards

Action Cards at Section 4 of this Plan detail the responsibilities of each member of the team and associated actions through to the 'stand down' of the team.

The CCG Incident Director will issue Action Cards to the IRRT on arrival in the Incident Coordination Centre. If a specific team member is not available, the Incident Director will reallocate action cards as required taking account of the capacity of the person being asked to take on the additional role(s).

3.9 Documentation and Logging

A major incident **Decision Log** must be kept by the Incident Director, supported by trained Decision Loggists, as an accurate and contemporaneous record of the decisions and actions carried out during the major incident. This should be done using the Decision Logs ('Red Books') held in each CCG Incident Coordination Centre which contain detailed best

practice guidance regarding their use. The decision log should be cross referenced to the ICC general log and personal logs where appropriate.

A separate **General Log** must be maintained within the ICC, overseen by the ICC Manager and using the NHS 'Green Books' held there This must be used to record dates and times of all relevant information given and received within the ICC, actions and all other communications relating to the incident, to be completed in line with the detailed guidance contained within copies of the 'Green Book'. All written documents, letters, memoranda and fax messages should be dated and time of receipt recorded, with cross reference to the decision log and personal logs where appropriate.

All staff involved should keep a **Personal Log** of their activities and actions throughout the incident using the template which can be found at **Section 5** of this Plan and in line with guidance contained therein. Personal logs should be cross reference to the ICR general log and decision log wherever appropriate. All personal logs should be signed and dated and handed to the Incident Coordination Centre (ICC) Manager at stand down.

The NHS regards all logs as the definitive legal record of an incident. All records must be kept secure by CCG for a minimum of 25 years since they may be required as evidence in the event of a public enquiry or criminal prosecution.

Following an incident being stood down, all collected logs should be handed by the ICC Manager to the CCGs Accountable Emergency Officer.

3.10 Handover Briefings

All staff, regardless of their role, must ensure that they participate in the handover debrief process to make new staff aware of the latest situation at shift or other changeover. Staff are required to note the handover discussion in personal logs and the ICC Manager to ensure that the formal hand over arrangements and briefings are recorded in the ICC General Log Book.

This requirement is included within all staff Action Cards at Section 4 of this Plan.

3.11 Communications

Evidence from previous incidents demonstrates that effective communications can determine the success or failure of an incident response.

The overall communications strategy in the event of any incident at Levels 2 - 4 will be led by NHS England West Midlands for incidents other than public health/outbreak incidents where the strategy will be

Page **36** of **86**

determined by a Public Health/Outbreak Incident Management Team overseen by a designated Director of Public Health and Public Health England. The CCG does however, have an important role to play in the successful delivery of that strategy at a local level, with its staff, with stakeholders and with the media.

3.11.1 Communicating with Staff

Initial communication with staff is vital to a successful response. Evidence from previous incidents demonstrates that staff who feel 'in the loop' are happier to work as they understand the rationale behind such activity.

As such, the CCG Incident Director should aim to ensure that any initial communication with staff includes the following information:

- What the incident is;
- What the cause of the Incident is or may have been (if known);
- How long the incident is likely to last;
- How the incident is to affect their work; and
- What is expected of them during the course of the incident

The Incident Director should liaise with the Communications & Media Advisor within the IRRT to agree a communications plan for staff which follows with the overall strategy as directed by NHS England West Midlands or the relevant Public Health/Outbreak Incident Management Team.

3.11.2 Managing Partners and Stakeholders

Managing communications with stakeholders during an incident is essential. Where required to do so the CCG Incident Director, in partnership with the IRRT Communications and Media Advisor should to decide which partners and stakeholders need to be informed and what messages need to be given.

Examples of partners and stakeholders at a strategic level might include:

- Other CCGs;
- Commissioned providers including Acute Trusts, Mental Health Trusts and Foundation Trusts; and
- Local Authorities

3.11.3 Working with the Media

It is likely that any incident requiring activation of the CCG Incident Response & Recovery Plan will attract some media interest.

The media can be proactively worked with during an incident and can prove a highly effective way of reassuring and communicating with stakeholders and the public. Conversely, the media can also have a detrimental effect on

the response in some circumstances, in particular if an effective relationship is not established from the outset.

NHS England West Midlands will lead on the media approach and direct the CCGs as required <u>EXCEPT</u> in the event of a public health/outbreak incident, including pandemic influenza, where the approach is likely to be determined by a Regional Public Health/Outbreak Incident Management Team.

The CCG Incident Director will work as necessary with the Communications and Media Advisor and as directed by the relevant media lead to develop the position of the CCG in relation to an incident and ensure communication as necessary of the appropriate messages.

> **All media enquiries received by CCG staff MUST be directed through the ICC to the on-shift Communications and Media Advisor in the first instance.**

3.12 Public Health/Outbreak Incidents

Health protection incidents/outbreaks are not a rare occurrence and most incidents are contained locally and do not require activation of NHS England West Midlands plans.

All public health incidents/outbreaks have the potential to require NHS resources, examples include prison outbreaks (varicella; hepatitis; influenza; E. coli, etc) and care or nursing home outbreaks (influenza and respiratory disease) and may need a coordinated response.

Following the recognition and declaration of a public health incident or outbreak a coordinated response aims to protect the public health. A Public Health/Outbreak Incident Management Team would be convened which is normally chaired by an identified Director of Public Health.

3.13 Recovery Management

'Response' and 'recovery' are not two discrete activities and therefore should occur concurrently rather than sequentially. The CCG will therefore begin to plan recovery activities at the onset of the incident. The recovery process will manage the short, medium and longer-term return to business as usual processes or restoration of service to the 'new normal' over a period of hours, days, weeks and months or longer.

A CCG Recovery Management Advisor will be identified who will report to and be located as directed by the NHS England West Midlands Incident Director. This could include a Health Recovery Group made up of affected CCGs (located at the CCG ICC) or where appropriate representing the NHS at a multi-agency recovery cell as part of the multi-agency Strategic Coordination Group (SCG).

For Public Health incidents, including Pandemic Influenza, it is likely that recovery planning will be developed as part of the Regional Public Health/Outbreak Incident Management Team or Pandemic Influenza Committee. A designated Director of Public Health will oversee these and appropriate recovery advice will be sought from Public Health England. A Scientific and Technical Advice Cell (STAC) may be convened as part of the Multi-agency Strategic Coordination Group (SCG). The CCG may be expected to be represented at these cells, groups and committees as directed by the NHS England West Midlands Incident Director.

A summary table of CCG Recovery Actions can be found at Section 3.2 of this Plan.

3.14 Stand Down

It is important following the end of an incident that an appropriate 'stand down' message is communicated to officially end the incident and begin efforts to restore normality.

The decision to stand down from an incident within the CCG will be made the CCG Incident Director. It is essential that all people who were alerted to the incident are notified, including:

1. Staff;
2. The media; and
3. Partners and stakeholders.

3.15 Debriefing

The purpose of constructive debriefing process is to properly appraise all aspects of the incident response and capture good practice, lessons identified and requirements for continual improvement.

CCG debrief - The CCG Incident Director(s) should conduct a CCG debrief immediately following incident stand- down. Staff should provide feedback on incident response to identify lessons and good practice.

NHS West Midlands debrief - The NHS England West Midlands Incident Director will undertake a 'hot' and 'cold' debrief of staff involved from across the health sector.

Multi-agency debriefs - As a minimum, the CCG Incident Director(s) will attend any multi-agency debriefs convened as necessary.

 The CCG Accountable Officer, the Incident Director(s) and the Emergency Planning Officer(s) will review the Personal, General and Decision Log

Books and any other recorded information in preparation for the debrief. This will include consideration of:

- Communications
- Timing
- Utilisation of staff, premises and other facilities
- Adherence to the CCG Incident Response Plan
- Notable successful and adverse outcomes
- Lessons identified - what worked well and any gaps identified

A detailed Report and Recommendations, with associated Lessons Identified Action Plan, will be submitted to the affected CCG's Governing Bodies and NHS West Midlands within 3 months of stand down.

4   ACTION CARDS

This Section contains Action Cards covering:
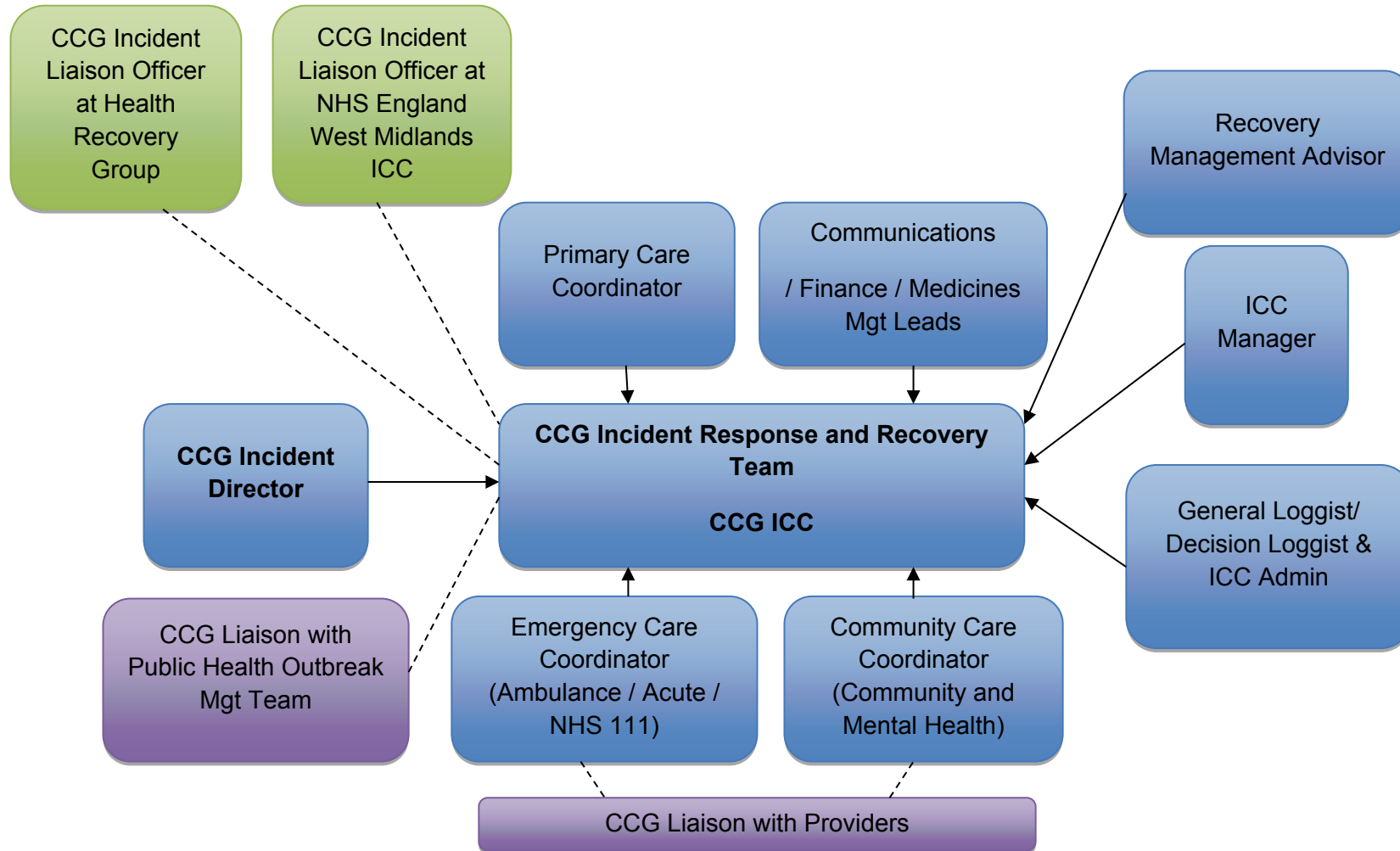
a. CCG level Command and Control arrangements
b. Anticipated Incident Response & Recovery Team operational structure
c. Operational principles within the CCG Incident Coordination Centre (ICC)
d. All staff handover protocol (SBAR-R)
e. CCG Director On Call / In Hours Designate
f. CCG Incident Director and all other members of the CCG Incident Response & Recovery Team (IRRT

Command and Control at CCG level

CCG Command and Control

NHS England West Midlands	
Strategic **CCG Incident Director** in dialogue with A&E Delivery Board Partners as appropriate to incident	**I think** Formulates strategic aim for the incident
Tactical CCG ICC, **CCG Incident Response & Recovery Team**	**I direct** Formulates tactical plans to achieve aims
Operational Commissioned services	**I do** Formulates operational plans to achieve aims

Page **42** of **86**

CCG IRRT Operational Structure

```
┌─────────────────┐   ┌─────────────────┐
│ CCG Incident    │   │ CCG Incident    │
│ Liaison Officer │   │ Liaison Officer │
│ at Health       │   │ at NHS England  │
│ Recovery        │   │ West Midlands   │
│ Group           │   │ ICC             │
└─────────────────┘   └─────────────────┘
```

Recovery Management Advisor

Primary Care Coordinator

Communications / Finance / Medicines Mgt Leads

ICC Manager

CCG Incident Director

CCG Incident Response and Recovery Team

CCG ICC

General Loggist/ Decision Loggist & ICC Admin

CCG Liaison with Public Health Outbreak Mgt Team

Emergency Care Coordinator (Ambulance / Acute / NHS 111)

Community Care Coordinator (Community and Mental Health)

CCG Liaison with Providers

Incident Coordination Centre (ICC) Operational Principles

All roles within the Incident Coordination Centre (ICC) are equally important

Ask if you are unsure of anything. It is better to be certain than uncertain

Utilise the person to whom you report within the ICC for support and guidance as necessary. If in doubt check your role Action Card for who this is.

Never leave your role to carry out another role or to take a break - even when instructed to do so - **unless you are sure that:**
  i.   **It will be backfilled**
  ii.   **Time has been allowed for full handover by you to the personal backfilling**

Full briefings and handovers must be conducted for your role at the start and end of each shift. Time should be allowed for these

You must commence and maintain a personal log throughout your shift

Regular scheduled 'stock takes', briefings, updates and Q & A sessions for all ICC staff must be factored into each shift

S	**Situation**
	Exact location of incident(s)
	Type(s) of incidents
	Hazards – known impacts/risks
	Access – road/service closures
	Numbers – Casualties (P1/2/3/4) & Fatalities: are they confirmed
	Emergency services involved
	    - **S**upporting NHS organisations & key people/contacts
	    - **L**ead agency (Police/Fire/Local Authority/NHS?)
	    - **K**ey partner contacts

B	**Background**
	Timings
	    - Incident started at; notification received at
	    - ICC established at
	    - Next meeting(s) due at
	Introductions
	    - Incident Director
	    - ICC Manager
	    - Operation Officer(s)
	    - Loggist
	    - Communications Officer
	Media
	    - Approach
	    - Engagement
	    - Direction
	Exact situation

A	**Assessment**
	Current known impact on People, Places & Property
	Potential implications if situation deteriorates
	Decisions made
	    - What have you done, when and why?
	    - What actions are complete?
	    - What actions are outstanding?

R	**Recommendations**
	    Strategy
	    Priorities (NHS & multi-agency)
	    Your observations

R	**Review**
	    Summarise & confirm they understand key points
	    Hand over equipment you have and they now need
	    Assist – spend time ensuring they become familiar with their

Side text: 4: ACTION CARDS

	role **W**ithdraw & debrief – take time to unwind before going home **Do not stay in the ICC or continue with response work**

CCG On-call Director / In Hours Designate

Your role	To coordinate the initial response to an incident on behalf of the CCG and to determine level of response.
Your location	As determined by circumstances
Incident progress is reported to you by	• Provider Organisations – on call Site Manager/Director • Other CCGs • WMAS SOC – Duty SOC Commander • RCMT – Duty Manager • Public Health England • Directors of Public Health – Local Authorities • Others – Internal / external
You report on incident progress to and take direction from	CCG Accountable Officers / NHS England, West Midlands Incident Manager / Director

.

Actions and Responsibilities	Time Completed or N/A
a. **Commence your own Personal Log** using the template at **Section 5** of this Plan and log the call as the first entry	
b. **Establish as comprehensive an initial incident brief as possible from the Notifying Person /Organisation and continue to liaise as necessary**	
c. **Complete the METHANE Form at Section 5** of this plan to assist with structuring the incident information. Update as necessary as additional information about the incident may be received.	
d. Dynamically Impact and Risk Assess the incident information contained within your METHANE form by completing a **Risk Assessment Template found Section 5** of this plan. A Risk Assessment Template should be completed for each risk identified. Update the **Risk Assessment Templates** / complete new ones as necessary as additional information about the incident may be received. This will ensure that an incident risk register is commenced from the offset and can be maintained for the duration of the incident to ensure mitigating measures and actions to treat / manage the risk are fully catalogued.	
e. **Undertake initial command** of the CCG's response to the incident utilising of resources contained within the CCG On-call Director Pack and appropriate and proportionate elements of this Plan	
f. **Contact the relevant CCG Accountable Emergency Officer(s)** and advise if able to make contact. If contact is made agree who will contact and liaise with NHS England West Midlands Incident Manager on **Page: 07623 503 845**	

g.	Make contact with NHS England, West Midlands Incident Manager to discuss and agree level of incident to be declared at this stage: Refer to Critical and Major Incident Algorithms which can be found at Figures 1n and 2 at **Section 2** of this plan to assist with your discussion. In addition refer to your completed **METHANE** form and **Risk Assessment Templates**.	
h.	Incident Level Declared: • **Level 1 Incident** - Management by the CCG in accordance with routine resources supplied within Director On Call Pack and appropriate and proportionate elements of this Plan • **Levels 2 - 4 Incident** – Management of the incident – NHS England West Midlands	

Level 2 - 4 incidents

i.	Agree and determine the structure of a locally combined CCG Incident Coordination Centre structure with NHS England West Midlands Incident Manager utilising the options found at **Section 3** of this plan. Contact will need to be made with your counterpart CCG Director on Call covering the remaining Birmingham, Solihull and the Black Country CCGs also to mutually agree the locally combined CCG Incident Coordination Centre.	
j.	This may be a **shared CCG local response,** which may include all or some or all of the 7 CCGs across Birmingham, Solihull and the Black Country (determined by the scale and scope of the Incident). Both Birmingham, Solihull and the Black Country CCG Directors on Call will jointly agree the needs and composition of the combined **CCG Incident Response and Recovery Team (IRRT) informed by the considerations at Section 3.6.2 of this Plan** ensuring that you have the appropriate people to be make up the local combined CCG Incident Response and Recovery Team– Contacts can be found at **Annex A** of this plan. Decide which location your local combined Incident Coordination Centre (ICC) will be set up. See **Annex B** and advise your Incident Response and Recovery Team members where to arrive ASAP	
k.	Both Birmingham, Solihull and the Black Country CCG Directors On-Call and NHS England, West Midlands will agree which CCG Director On-Call will: • Initially Represent the CCGs at NHS England, West Midlands Incident Coordination Centre **(See Action Card at 4.2** below) • Act as CCG Incident Director at the agreed CCG Incident Coordination Centre **(See CCG Incident Director Action Card below)**	
l.	**Participate in hot and cold debriefs** as required	

Page **47** of **86**

CCG Incident Director (Director On Call in the first instance)

Your role	To provide overall strategic leadership in the response and recovery to the Incident on behalf of the CCG
Your location	CCG Incident Coordination Centre (ICC)
Incident progress is reported to you by	Members of the Incident Response and Recovery Team(IRRT)
You report on incident progress to and take direction from	NHS England West Midlands Incident Director

.

Actions and Responsibilities	Time Completed or N/A
a. **Continue to maintain your official personal log** using the template log book at **Section 5** of this plan.	
b. **Continue to maintain liaison with the NHS England West Midlands Incident Director for on-going determination of the type and level of incident** and agree coordination of the incident	
c. Make your way to the CCG Incident Coordination Centre	
d. Ensure Incident Response and Recovery Team **Action Cards** are distributed to Incident Response and Recovery Team members	
e. **Incident Director Rota**: Make arrangement for Incident Director rota if incident likely to last longer than 12hrs	

a. **In agreement with Incident Coordination Centre Manager, ensure that:**
 	
    a. **ALL ICC staff commence and maintain a personal log** using the template at **Section 5** of this Plan
 	
    b. **a single ICC chronological general log is started,** supported by a cadre of trained general loggists, using the NHS 'Green Book' held in each ICC and that this constantly updated by ALL key personnel to maintain a record of key events, communications and actions
 	
    c. **a Decision Log**, supported by a cadre of trained Decision Loggists, is commenced and maintained using the NHS 'Red Book' for all decisions taken by the Incident Director
 	
f. **REMEMBER THESE ARE LEGAL DOCUMENTS AND MAY BE PRODUCED AT ANY FUTURE INQUIRIES/LEGAL PROCEEDINGS**	

g. **Hold initial meeting of IRRT** to assess position and establish priorities (use the agenda at **Section 5**)	

h.	**Establish Battle Rhythm** with affected NHS provider(s) and NHS England West Midlands.	
i.	**Ensure liaison with local NHS provider(s) affected** by/involved in the incident (Acute/Community /Mental Health/Primary Care Services)	
j.	**Risk Register**: lead the risk assessment and cataloguing process ensuring risks and associated mitigating measures are logged on a central dynamic risk register and regularly reviewed	
k.	**Liaise with and provide information to NHS England** West Midlands Incident Manager, completing the NHS England SITREP form at **Section 5** of this plan when requested	
l.	**Determine with the AO the role of the A&E Delivery Board in the strategic management of the incident**, establish an initial conference call with Delivery Board partners to discuss the management of the on-going incident and work in conjunction with the Delivery Board partners as agreed	
m.	**Ensure response and recovery actions with providers and Social Care for are initiated in line with Sections 3.1 and 3.2 of this Plan**	
n.	**Respond to requests for action / information from the NHS England West Midlands** Incident Manager/ Director, ensuring that they are recorded on your personal and Decision log	
o.	Ensure, if required, that the **media are briefed** via CCG Communications as required	
p.	**Consider the implications for service commissioning around recovery, working in partnership with the CCG Recovery Management Advisor**	
q.	**Supervise effective management**: Hold regular meetings with the Incident Response and Recovery Teamand ensure **ALL** staff, including decision loggists and administrative staff, are fully briefed and have adequate direction / resources and handover. **Use briefing templates at Section 5 as appropriate to update staff.**	
r.	**Ensure Health and Safety regulations are adhered to** by staff: Take regular breaks and hand over to another member of staff	
s.	**Authorise and stand down** the IRRT when it is felt that the situation can be handled within normal working arrangements	
t.	**Hand in all documentation** kept to the Incident Coordination Centre (ICC) Manager	
u.	Put in place arrangements for a full **debrief** to be held	
v.	**Ensure a report is developed including lessons identified** and an action plan for developing these to lessons learned	
w.	**Handover**: provide the relief Incident Director with as comprehensive a handover as possible to include a status report on outstanding and discharged actions and issues	
x.	**Participate in hot and cold debriefs** as required	

Recovery Management Adviser

Your role	To ensure that recovery actions are from the outset identified through contextual impact and risk assessment. This will consider the short, medium and longer-term impact on the health of the community and on the capability of the NHS and priorities for the restoration of normality
Your location	As determined by the NHS England West Midlands Incident Director
Incident progress is reported to you by	CCG Incident Response and Recovery Team(IRRT) Members
You report on incident progress to and take direction from	NHS England West Midlands Incident Director

.

Actions and Responsibilities	Time Completed or N/A
a. **Start an official personal log**	
b. **Ensure continued monitoring of the health implications the incident** may have on the public and planning for the commissioning of additional services, for example o monitor and/or screen individuals on a short, medium or longer-term basis depending of the nature of the incident	
c. **Review and assess the impact on previous known vulnerable groups and individuals**, identifying newly emerged vulnerable groups or individuals (including staff and responders) to inform recovery strategies.	
d. **Identify new conditions and any deterioration of existing medical conditions as a result of injuries or impact of the incident** or due to the deferment of services during the response, developing appropriate recovery strategies	
e. **Instigate service redesign** or commissioning to assist with the management of the short, medium and longer-term impacts of the incident. This may include Acute, Urgent Care, Community, Specialist providers and Primary Care providers	
f. **Oversee renegotiation of priorities and targets** with commissioned services and the monitoring of these to assist providers with their business continuity or service recovery plans.	
g. **Ensure recalculation of trajectories for targets** with providers as appropriate throughout the recovery	
h. **Oversee planning and determining the appropriate reintroduction of targets and/or payments** with providers in parallel with service restoration	
i. **Ensure planning and monitoring of the financial impact** of the incident on a short, medium and longer term basis and developing strategies and financial recovery plans as appropriate	
j. **Contribute to Health and Multi-agency media campaigns or**	

	advice to the public to assist the recovery, including physical health and psychosocial implications. This may include public health advice, changes in service provision and appropriate signposting.	
k.	**Ensure monitoring, coordination and direction of NHS resources** (including staff, equipment, supplies and consumables, facilities and estate, as appropriate, to support the recovery; identifying gaps that will need to be addressed prior to the resumption of services or the provision of services against a 'new' model	
a.	**Handover:** provide the relief Recovery Management Officer with as comprehensive a handover as possible to include a status report on outstanding and discharged actions and issues. Ensure all breaks are appropriately covered and sign-on and sign-off of the log before and after commencing duties/shift. It may be useful to use the above list of actions and any logs kept as a guide	
b.	**Stand down** when instructed to do so by the Incident Director	
c.	**Close Personal Log** at stand down, returning your log to the CCG Incident Coordination Centre (ICC) Manager	
d.	**Participate in hot and cold debriefs** as required	

Page **52** of **86**

Incident Coordination Centre (ICC) Manager

Your role	To ensure that the Incident Coordination Centre (ICC) runs smoothly and effectively in support of the Incident Director and overall incident effort. The ICC Manager is responsible for all activity and staff within the ICC and must ensure staffing levels and resources are sufficient and that all personnel are supported, briefed and equipped to undertake their role.
Your location	CCG Incident Coordination Centre (ICC).
Incident progress is reported to you by	CCG Incident Director
You report on incident progress to and take direction from	CCG Incident Director
You manage/supervise	Administrative and support staff members of the Incident Response and Recovery Team(IRRT)
You are managed/supervised by	CCG Incident Director

Actions and Responsibilities	Time Completed or N/A
a. **Commence a Personal Log** using the template log book at **Section 5** of this plan	
b. **Ensure Incident Coordination Centre is set up** and functioning as soon as possible	
c. In collaboration with the Incident Director **assign roles and allocate staff** to ensure all key functions are covered. Dual roles may be required in the initial stages	
d. **Mobilise sufficient Decision Loggists, General Loggists, minute takers and administrative support** officers to allow efficient running of centre	
e. **Brief Decision Loggists, General Loggists, minute takers and administrative support** officers on specific requirements regarding their roles, including cross referencing requirements for decision, general and personal logs	
f. **In agreement with Incident Director, ensure that:** i. **ALL ICC staff commence and maintain a personal log** using the template at **Section 5** of this plan ii. **A single ICC chronological general log is started,** supported by a cadre of trained general loggists, using the NHS 'Green Book' held in each ICC and that this constantly updated by ALL key personnel to maintain a record of key events, communications and actions iii. **a Decision Log**, supported by a cadre of trained Decision Loggists, is commenced and maintained using the NHS 'Red Book' for all decisions taken by the Incident Director and Incident Response Team **REMEMBER THESE ARE LEGAL DOCUMENTS AND MAY BE**	

	PRODUCED AT ANY FUTURE INQUIRIES/LEGAL PROCEEDINGS	
g.	**Ensure Health , Safety and Welfare** of all ICC staff, including shift patterns of appropriate duration for each ICC role	
h.	**Ensure contact with other control rooms** as necessary	
i.	Ensure all **teleconferences are organised as directed** by the Director	
j.	If incident is likely to be protracted, **develop staff rota** to cover key positions for first three (3) days in first instance	
k.	**Ensure effective handover/briefing for ALL staff** commencing shift, including Decision Loggist and administrative support	
l.	**Stand down** when instructed to do so by the Incident Director, ensuring stand down of ICC staff you manage	
m.	**Collect ALL Decision Logs, General Log and Personal Logs** from EVERYONE involved in the response and ensure that these are handed to the CCG Accountable Officer who will ensure that appropriate arrangements are made for these to be retained by the Trust for a minimum of 25 years	
n.	**Participate in hot and cold debriefs** as required	

Decision Loggist

Your role	To capture fully all of the decisions as instructed by the incident Director and agree them with him or her as a factual account of what has happened.
Your location	To be located within the CCG Incident Coordination Centre (ICC) or with CCG Incident Director at all times outside of the ICC.
You are managed/supervised by	CCG Incident Coordination Centre (ICC) Manager

DO NOT COMMENCE YOUR SHIFT unless you are satisfied you have received a full and sufficient briefing and/or handover and that you have been allocated a shift of acceptable length (maximum 4 hours). This will be organised on your behalf by the ICC Manager

Actions and Responsibilities	Time Completed or N/A
a. **Commence your own Personal Log** using the template at **Section 5** of this Plan	
a. **Decision Log** - all decisions and justifications taken by the Incident Director and Incident Response and Recovery TeamMUST be logged using the NHS 'Red Book' held within each Incident Coordination Centre (ICC)	
b. **Ensure that all decisions taken have a supporting justification**/rationale recorded in the decision log	
c. **Shadow the Incident Director** for the duration of the shift ensuring that all breaks are covered by another decision loggist	
d. **Attend all meetings and teleconferences** with Incident Director	
e. **Hand over to the next appointed Decision Loggist** as required by the Incident Coordination Centre (ICC) Manager	
f. **Stand down** when instructed to do so	
g. **Close Decision log** at stand down, returning the log to the Incident Coordination Centre Manager	
h. **Participate in hot and cold debriefs** as required	

General Loggist

Your role	To capture fully details for the Incident Coordination Centre (ICC) chronological general log as instructed by the incident Director and Incident Coordination Centre (ICC) Manager and agree with him or her the log as a factual account of what has happened.
Your location	To be located within the CCG Incident Coordination Centre (ICC) or with CCG Incident Director at all times outside of the ICC.
You are managed/supervised by	CCG Incident Coordination Centre (ICC) Manager

DO NOT COMMENCE YOUR SHIFT unless you are satisfied you have received a full and sufficient briefing and/or handover and that you have been allocated a shift of acceptable length (maximum 4 hours). This will be organised on your behalf by the ICC Manager

Actions and Responsibilities	Time Completed or N/A
a. **Commence your own Personal Log** using the template at **Section 5** of this Plan	
b. **Chronological General Log** - all events, communications and actions MUST be logged using the NHS 'Green Book' held within each Incident Coordination Centre (ICC) and cross referred with the 'Red Book' decision log wherever appropriate	
c. **Hand over to the next appointed General Loggist** as required by the Incident Coordination Centre (ICC) Manager	
d. **Stand down** when instructed to do so	
e. **Close 'Green Book' general log** at stand down, returning the log to the Incident Coordination Centre (ICC) Manager	
f. **Participate in hot and cold debriefs** as required	

Minute Taker and Administrative Support

Your role	To provide administrative and secretarial support within the CCG Incident Coordination Centre (ICC) environment as directed by the Incident Coordination Centre (ICC) Manager
Your location	CCG Incident Coordination Centre (ICC)
You are managed/supervised by	CCG Incident Coordination Centre (ICC) Manager

Actions and Responsibilities	Time Completed or N/A
a. **Commence a Personal Log** using the template log book provided at **Section 5** of this Plan	
b. **Support managers/advisers within the Incident Coordination Centre (ICC)** under the direction of the Incident Coordination Centre (ICC) Manager	
c. **Take and transcribe minutes of all management team meetings and teleconferences** (meetings will be allocated by the Incident Coordination Centre (ICC) Manager)	
d. **Produce and circulate agendas** for each meeting	
e. Provide **routine call handling**	
f. Assist in **preparation of time critical documents**	
g. **Other duties** as required/requested	
h. **Stand down** when instructed to do so	
i. **Close your Personal Log** at stand down, returning your log to the Incident Coordination Centre (ICC) Manager	
j. **Participate in hot and cold debriefs** as required	

Communications and Media Advisor

Your role	To Provide Senior Level Communication Co-ordination, Advice and Support
Your location	CCG Incident Coordination Centre (ICC).
Incident progress is reported to you by	CCG Communications Team staff
You report on incident progress to and take direction from	CCG Incident Director
You are managed/supervised by	CCG Incident Director

Actions and Responsibilities	Time Completed or N/A
a. **Commence Personal Log:** commence a log for all your decisions, associated justifications using the log book template at **Section 5** of this Plan	
b. Rapidly **formulate, communicate and implement an integrated media policy** (for the CCG and with other partners) on behalf of the CCG Incident Director in line with lead agency communications strategy	
c. **Liaise with the Provider / NHS England West Midlands and/or Public Health England / Local Authority Director of Public Health communications lead** as appropriate	
d. Deal with all **media/press enquiries**	
e. **Be responsible for organising press conferences and interviews** as appropriate	
f. **Be responsible for providing staff briefings for those not involved** in the management of the incident	
g. Prepare **press statements**	
h. **Assist in the production of on-going updates for the Incident Director** providing an overview of media content regarding the incident and CCG response/impacts	
i. **Ensure a briefing** is received from the Incident Director	
j. **Ensure risks associated with poor communication** that may impact through loss of confidence or in other adverse ways **are logged on the risk register** or as risks within the ICC general log	
k. Provide an update on issues relation to communications **at incident meetings**	
l. **Decide battle rhythm**, ensuring so far as is reasonably practicable the Incident Director is aware of the media timetable to avoid/not miss significant broadcasts	

Page **58** of **86**

m.	**Log all requests for media appearances** and decisions taken by the Incident Director in relation to warning, informing or instructing the pubic; prepared press statements, staff briefings and Frequently Asked Questions (FAQs)	
n.	**Ensure the Incident Director is aware of the person chosen to act as the public face of the CCG** and undertake media interviews	
o.	**Consider mutual aid requirements** where communications staff become overwhelmed by media requests	
p.	**Consider communications needs during the recovery period** and feed into strategy development as appropriate	
q.	**Provide the relief CCG Communications Advisor with as comprehensive a handover as possible** to include a status report on outstanding and discharged actions and issues. *It may be useful to use issues a – p from the above list as a guide.* Ensure all breaks are appropriately covered and sign-on and sign-off of the log before and after commencing duties/shift	
r.	**Stand down** when instructed to do so by the CCG Incident Director	
s.	**Close Personal Log** at stand down, returning your log to the Incident Coordination Centre (ICC) Manager	
t.	**Participate in hot and cold debriefs** as required	

Finance Advisor

Your role	To provide advice and support to the Incident Director which is informed by established CCG policies and procedures in respect of expenditure and current levels of financial resources
Your location	CCG Incident Coordination Centre (ICC)
Incident progress is reported to you by	CCG Finance staff
You report on incident progress to and take direction from	CCG Incident Director
You are managed/supervised by	CCG Incident Director

Actions and Responsibilities	Time Completed or N/A
e. **Commence Personal Log:** commence a log for all your decisions, associated justifications using the log book template at **Section 5** of this Plan	
f. **Advise on the development of strategies and ensure implementation of strategies once agreed:** provide an assessment of the financial impact of strategies under development for the immediate, short, medium and longer term basis, considering a range of supportive options. Ensure that agreed strategies are implemented and monitor as appropriate	
g. **Risk Register:** consider and advise on the potential financial impact of the incident	
h. **Resources:** advice the CCG Incident Director in relation to the level of resources available and log all financial expenditure and commitments	
i. **Communicate:** Assist the Director in preparing financial statements for NHS England West Midlands and others	
j. **Media:** ensure consistent messages are given to the public	
k. **Assist in the development and implementation of strategies to achieve efficient recovery** as required	
l. **Handover:** provide the relief Financial Advisor with as comprehensive a handover as possible to include a status report on outstanding and discharged actions and issues. Ensure all breaks are appropriately covered and sign-on and sign-off of the log before and after commencing duties/shift. *It may be useful to use the above list of actions and any logs kept as a guide.*	
m. **Stand down** when instructed to do so by the Incident Director	
n. **Close Personal Log** at stand down, returning your log to the Incident Coordination Centre (ICC) Manager	
o. **Participate in hot and cold debriefs** as required	

Community Care Advisor

Your role	To provide advice and support to the Incident Director which is informed by established CCG policies and procedures on all matters of commissioned community care
Your location	CCG Incident Coordination Centre (ICC)
Incident progress is reported to you by	CCG Emergency care commissioning staff
You report on incident progress to and take direction from	CCG Incident Director
You are managed/supervised by	CCG Incident Director

Actions and Responsibilities	Time Completed or N/A
a. **Commence Personal Log:** commence a log for all your decisions, associated justifications using the log book template at Section 5 of this Plan	
b. **Advise on the development of strategies and ensure implementation of strategies once agreed:** provide an assessment of the implications for **COMMUNITY CARE** delivery of strategies under development, considering a range of supportive options for **RESPONSE** and **RECOVERY** actions described **in Section 3.1 & 3.2** of this plan. Ensure that agreed strategies are implemented and monitor as appropriate	
c. **Risk Register:** consider and advise on the potential impact of the incident on commissioned community care	
d. **Communicate:** Assist the CCG Incident Director in preparing statements for NHS England West Midlands and others as instructed or appropriate	
e. **Media:** ensure the community care dimension of public messages are given due consideration	
f. **Assist in the development and implementation of strategies to achieve efficient recovery, working with the IRRT Recovery Management Advisor as** required	
g. **Handover:** provide the relief Community Care Advisor with as comprehensive a handover as possible to include a status report on outstanding and discharged actions and issues. Ensure all breaks are appropriately covered and sign-on and sign-off of the log before and after commencing duties/shift. *It may be useful to use the above list of actions and any logs kept as a guide*	
h. **Stand down** when instructed to do so by the Incident Director	
i. **Close Personal Log** at stand down, returning your log to the Incident Coordination Centre (ICC) Manager	

j.	**Participate in hot and cold debriefs** as required	

Emergency Care Advisor (Inc WMAS & NHS 111)

Your role	To provide advice and support to the Incident Director which is informed by established CCG policies and procedures on all matters of emergency care
Your location	CCG Incident Coordination Centre (ICC)
Incident progress is reported to you by	CCG Emergency care commissioning staff
You report on incident progress to and take direction from	CCG Incident Director
You are managed/supervised by	CCG Incident Director

Actions and Responsibilities	**Time Completed or N/A**
a. **Commence Personal Log:** commence a log for all your decisions, associated justifications using the log book template at Section 5 of this Plan	
b. **Advise on the development of strategies and ensure implementation of strategies once agreed:** provide an assessment of the implications for **EMERGENCY CARE (INC WMAS & NHS111)** delivery of strategies under development, considering a range of supportive options for **RESPONSE** and **RECOVERY** actions described **in Section 3.1 & 3.2** of this plan. Ensure that agreed strategies are implemented and monitor as appropriate	
c. **Risk Register:** consider and advise on the potential impact of the incident on commissioned emergency care	
d. **Communicate:** Assist the Incident Director in preparing statements for NHS England West Midlands and others as instructed or appropriate	
e. **Media:** ensure the emergency care dimension of public messages are given due consideration	
f. **Assist in the development and implementation of strategies to achieve efficient recovery, working with the IRRT Recovery Management Advisor** as required	
g. **Handover:** provide the relief Emergency Care Advisor with as comprehensive a handover as possible to include a status report on outstanding and discharged actions and issues. Ensure all breaks are appropriately covered and sign-on and sign-off of the log before and after commencing duties/shift. *It may be useful to use the above list of actions and any logs kept as a guide*	
h. **Stand down** when instructed to do so by the Incident Director	
i. **Close Personal Log** at stand down, returning your log to the Incident	

	Coordination Centre (ICC) Manager	
j.	**Participate in hot and cold debriefs** as required	

Legal Advisor

Your role	To provide advice and support to the Incident Director which is informed by established CCG policies and procedures on all matters of law
Your location	CCG Incident Coordination Centre (ICC)
Incident progress is reported to you by	CCG legal staff
You report on incident progress to and take direction from	CCG Incident Director
You are managed/supervised by	CCG Incident Director

Actions and Responsibilities	Time Completed or N/A
a. **Commence Personal Log:** commence a log for all your decisions, associated justifications using the log book template at Section 5 of this Plan	
b. **Advise on the development of strategies and ensure implementation of strategies once agreed:** provide an assessment of the financial impact of strategies under development for the immediate, short, medium and longer term basis, considering a range of supportive options. Ensure that agreed strategies are implemented and monitor as appropriate.	
c. **Risk Register:** consider and advise on the potential legal impact of the incident	
d. **Communicate:** Assist the CCG Incident Director in preparing statements for NHS England West Midlands and others as instructed or appropriate	
e. **Media:** ensure the legal dimension of public messages are given due consideration	
f. **Assist in the development and implementation of strategies to achieve efficient recovery, working with the IRRT Recovery Management Advisor** as required	
g. **Handover:** provide the relief Legal Advisor with as comprehensive a handover as possible to include a status report on outstanding and discharged actions and issues. Ensure all breaks are appropriately covered and sign-on and sign-off of the log before and after commencing duties/shift. *It may be useful to use the above list of actions and any logs kept as a guide*	
h. **Stand down** when instructed to do so by the Incident Director	
i. **Close Personal Log** at stand down, returning your log to Incident Coordination Centre (ICC) Manager	

j. **Participate in hot and cold debriefs** as required	

Medicines Management Advisor

Your role	To provide advice and support to the Incident Director which is informed by established CCG policies and procedures on all matters of medicines management
Your location	CCG Incident Coordination Centre (ICC)
Incident progress is reported to you by	CCG Medicines management staff
You report on incident progress to and take direction from	CCG Incident Director
You are managed/supervised by	CCG Incident Director

Actions and Responsibilities	Time Completed or N/A
a. **Commence Personal Log:** commence a log for all your decisions, associated justifications using the log book template at Section 5 of this Plan	
b. **Advise on the development of strategies and ensure implementation of strategies once agreed:** provide an assessment of the implications for **MEDICINES MANAGEMENT** delivery of strategies under development, considering a range of supportive options for **RESPONSE** and **RECOVERY** actions described **in Section 3.1 & 3.2** of this plan. Ensure that agreed strategies are implemented and monitor as appropriate	
c. **Risk Register:** consider and advise on the potential impact of medicines management issues from the incident	
d. **Communicate:** Assist the CCG Incident Director in preparing statements for NHS England West Midlands and others as instructed or appropriate	
e. **Media:** ensure the medicines management dimension of public messages are given due consideration	
f. **Assist in the development and implementation of strategies to achieve efficient recovery, working with the IRRT Recovery Management Advisor** as required	
g. **Handover:** provide the relief Medicines Management Advisor with as comprehensive a handover as possible to include a status report on outstanding and discharged actions and issues. Ensure all breaks are appropriately covered and sign-on and sign-off of the log before and after commencing duties/shift. *It may be useful to use the above list of actions and any logs kept as a guide*	

h.	**Stand down** when instructed to do so by the Incident Director	
i.	**Close Personal Log** at stand down, returning your log to the Incident Coordination Centre (ICC) Manager	
j.	**Participate in hot and cold debriefs** as required	

Primary Care Advisor

Your role	To provide advice and support to the Incident Director which is informed by established CCG policies and procedures on all matters of primary care
Your location	CCG Incident Coordination Centre (ICC)
Incident progress is reported to you by	CCG Primary care commissioning staff
You report on incident progress to and take direction from	CCG Incident Director
You are managed/supervised by	CCG Incident Director

Actions and Responsibilities	**Time Completed or N/A**
a. **Commence Personal Log:** commence a log for all your decisions, associated justifications using the log book template at Section 5 of this Plan	
b. **Advise on the development of strategies and ensure implementation of strategies once agreed:** provide an assessment of the implications for **PRIMARY CARE** delivery of strategies under development, considering a range of supportive options for **RESPONSE** and **RECOVERY** actions described **in Section 3.1 & 3.2** of this plan. Ensure that agreed strategies are implemented and monitor as appropriate	
c. **Risk Register:** consider and advise on the potential impact of the incident on commissioned primary care	
d. **Communicate:** Assist the CCG Incident Director in preparing statements for NHS England West Midlands and others as instructed or appropriate	
e. **Media:** ensure the primary care dimension of public messages are given due consideration	
f. **Assist in the development and implementation of strategies to achieve efficient recovery, working with the IRRT Recovery Management Advisor** as required	
g. **Handover:** provide the relief Primary Care Advisor with as comprehensive a handover as possible to include a status report on outstanding and discharged actions and issues. Ensure all breaks are appropriately covered and sign-on and sign-off of the log before and after commencing duties/shift. *It may be useful to use the above list of actions and any logs kept as a guide*	

h. **Stand down** when instructed to do so by the Incident Director	
i. **Close Personal Log** at stand down, returning your log to the Incident Coordination Centre (ICC) Manager	
j. **Participate in hot and cold debriefs** as required	

Information and Communications Technology (ICT) Support

Your role	To provide staff within the Incident Coordination Centre (ICC) with timely and appropriate IT and telecommunications support
Your location	CCG Incident Coordination Centre (ICC)
You are managed/supervised by	CCG Incident Coordination Centre (ICC) Manager

Actions and Responsibilities	Time Completed or N/A
a. To provide support as required in relation to	
i. IT systems	
ii. Data capture and access	
iii. Telecoms	
iv. Software usage	
v. Equipment procurement/replacements	

CCG Incident Liaison Officer

Initially carried out by the remaining Birmingham, Solihull and the Black Country CCG Director who <u>would not</u> be assuming the role as the locally combined CCG Incident Director

Your role	To provide on-going strategic liaison and support, operating within agreed levels of authority and acting as the CCGs / NHS Incident Director's representative to assist with the response and recovery of the incident
Your location	Incident Coordination Centre (ICC) NHS England, West Midlands – to be determined by the Incident
	Multi Agency Strategic Coordination Group – Recovery Cell – as directed by the NHS West Midlands Incident Director
Incident progress is reported to you by	Whichever Command Cell Chair / Team you are attending and via combined CCGs Incident Director
You report on incident progress to and take direction from	NHS England West Midlands's Incident Director and Combined CCGs Incident Director

.

Actions and Responsibilities	Time Completed or N/A
a. **Start an official personal log**: commence a personal log for all your decisions and note associated justifications	
b. **As agreed/directed by the CCG Incident Director, attend the NHS England West Midlands ICC / SCG Recovery Cell as required** as the CCG strategic representative.	
c. **Provide CCG support to the NHS England West Midlands ICC / SCG Recovery Cell as required** within agreed brief limits. Refer back to **CCG Incident Director** in the event of a decision being required that exceeds agreed authority	
d. **Adhere to the agreed CCG battle rhythm** providing strategic updates/SITREPS from the NHS England West Midlands ICC to the **CCG IRRT** direct to the **CCG Incident Director**	
e. **Handover:** provide the relief Provider Liaison Officer with as comprehensive a handover as possible to include a status report on outstanding and discharged actions and issues. Ensure all breaks are appropriately covered and sign-on and sign-off of the log before and after commencing duties/shift. It may be useful to use the above list of actions and any logs kept as a guide.	
f. **Stand down** when instructed to do so by the CCG's Incident Director	

g.	**Close Personal Log** at stand down, returning your log to the CCG Incident Coordination Centre (ICC) Manager	
h.	**Participate in hot and cold debriefs** as required	

Provider Liaison Officer

Your role	To provide on-going strategic liaison and support at Provider Gold, operating within agreed levels of authority and acting as the Incident Director's representative.
Your location	Provider Gold Group location as determined by the incident
Incident progress is reported to you by	Members of Provider Gold
You report on incident progress to and take direction from	CCG Incident Director

.

	Actions and Responsibilities	Time Completed or N/A
a.	**Start an official personal log**.	
b.	**As directed by the Incident Director, attend Provider Gold** as the CCG strategic representative.	
c.	**Provide CCG support to the provider** within agreed brief limits. Refer back to **CCG Incident Director** in the event of a decision being required that exceeds agreed authority	
d.	Adhere to the agreed CCG battle rhythm providing strategic updates/SITREPS from Provider to CCG IRRT direct to the **Incident Director**	
p.	**Handover:** provide the relief Provider Liaison Officer with as comprehensive a handover as possible to include a status report on outstanding and discharged actions and issues. Ensure all breaks are appropriately covered and sign-on and sign-off of the log before and after commencing duties/shift. It may be useful to use the above list of actions and any logs kept as a guide.	
q.	**Stand down** when instructed to do so by the CCG's Incident Director	
r.	**Close Personal Log** at stand down, returning your log to the CCG Incident Coordination Centre (ICC) Manager	
s.	**Participate in hot and cold debriefs** as required	

Public Health/Outbreak Incident Management Team Liaison Officer

Your role	To provide on-going strategic liaison and support at **Public Health/Outbreak Incident Management Team**, operating within agreed levels of authority and acting as the Incident Director's representative.
Your location	Public Health/Outbreak Incident Management Team as determined by the incident
Incident progress is reported to you by	Public Health/ Outbreak Incident Management Team
You report on incident progress to and take direction from	CCG Incident Director

.

Actions and Responsibilities	Time Completed or N/A
a. **Start an official personal log**	
b. **As directed by the Incident Director, attend Public Health/Outbreak Incident Management Team** as the CCG strategic representative	
c. **Provide CCG support to the Public Health/Outbreak Incident Management Team** within agreed brief limits. Refer back to the **CCG Incident Director** in the event of a decision being required that exceeds agreed authority	
d. Adhere to the agreed CCG battle rhythm providing strategic updates/SITREPs from **Public Health/Outbreak Incident Management Team** to CCG IRRT direct to the **Incident Director**	
e. **Handover:** provide the relief Liaison Officer with as comprehensive a handover as possible to include a status report on outstanding and discharged actions and issues. Ensure all breaks are appropriately covered and sign-on and sign-off of the log before and after commencing duties/shift. *It may be useful to use the above list of actions and any logs kept as a guide*	
f. **Stand down** when instructed to do so by the Incident Director	
g. **Close Personal Log** at stand down, returning your log to the CCG Incident Coordination Centre (ICC) Manager	
h. **Participate in hot and cold debriefs** as required	

5   FORMS AND TEMPLATES

This Section contains:
    a. Electronic copy of NHS Personal Log Book
    b. METHANE Incident Report Form
    c. Incident Impact and Risk Assessment Template
    d. Incident Response & Recovery Team (IRRT) Management Meeting Agenda
    e. Draft initial Incident Coordination Centre (ICC) Briefing Agenda
    f. Ongoing ICC Briefing Agenda
    g. NHS England Acute (Casualties) Situation Report (SITREP)
    h. NHS England Generic Situation Report (SITREP)

NHS

Emergency Personal Log Book

ROLE TO WHICH THIS LOG REFERS:

NAME OF THE PERSON PERFORMING THE ROLE:

This log-book started:

BY (Print Name)	DATE	TIME

Basic description of initiating incident:

Log-book URN:

Log-book of

*This log-book represents a note of key actions, decisions communications and assumptions made by the designated officer identified on the front of this document. It is **not** a verbatim transcript of that officer's time in post.*

THIS LOG-BOOK MUST NOT HAVE ANY PAGES REMOVED FROM IT. IT MUST BE COMPLETED IN BLACK INK TO ALLOW PHOTOCOPYING AS REQUIRED AND MUST BE HANDED INTO THE EOC OPERATIONS MANAGER FOR REFERENCE & SAFE KEEPING ONCE IT HAS BEEN COMPLETED.

Entry No.	Date	Time (24hr)	Information / Message to Post Holder	From	Contact Details	Action by Post Holder	Contact Details	Time (24hr)	Initial

Page 79

This log-book represents a note of key actions, decisions communications and assumptions made by the designated officer identified on the front of this document. *It is **not** a verbatim transcript of that officer's time in post*.

Entry No.	Date	Time (24hr)	Information / Message to Post Holder	From	Contact Details	Action by Post Holder	Contact Details	Time (24hr)	Initial

Page 80

This log-book completed:

BY (Print Name)	Signed	DATE	TIME

Log-book of

METHANE Report Template

Name of Caller:	
Originating Organisation:	
Date & Time of call:	
Contact Number:	

Major Incident	**DECLARED / STANDBY** (Delete as Appropriate)
Exact Location of Incident	
Type of Incident: i.e. Road Traffic Collision (RTC) CBRN (Chemical, Biological, Radiation, Nuclear), Terrorism, Disaster	
Hazard: To rescuers, general population, A&E Departments, the need to evacuate	
Access / Egress To scene, to hospitals & general movement (Hospital A= Estimated Arrival time of first casualties)	
Number of casualties involved or likely to be affected: And/or number of persons displaced, evacuated or at risk	
Emergency Services Activated and Responding: Please tick appropriate box	Ambulance ☐ Police ☐ Fire & Rescue ☐ PHE ☐ Other Agencies (Please Specify)

Use __one template for each risk__
This is template number [ ] *of* [ ]

Completed by (name). [   ]

Description of risk

Level of Risk = Likelihood x Consequence

Level of Consequence	Rare	Unlikely	Possible	Likely	Almost Certain
Catastrophic	5	10	15	20	25
Major	4	8	12	16	20
Moderate	3	6	9	12	15
Minor	2	4	6	8	10
Negligible	1	2	3	4	5

Likelihood of Occurrence (Impact or Severity)

KEY	KEY	KEY	KEY
Range 12 – 25 (High) Un-acceptable risks	Range 8 – 10 (Moderate) Un-acceptable risks	Range 4 - 6 (Low) Acceptable risks	Range 1 – 4 (Very Low) Minor acceptable risks

Rate the described risk (Likelihood x Consequence = Final Score)

Likelihood [ ] Consequence [ ] **Final Score/Level of Risk** [ ]

Detail controls for this risk that are already in place (if any)

List and number further actions required to reduce the risk

Actions allocated to (indicate number if multiple individuals)	Deadline for actions to be competed

Incident Response & Recovery Team (IRRT) Management Meeting Agenda

ALL meetings MUST be attended by a trained Decision Loggist. ALL decisions MUST be recorded in the official Decision Log ("Red Book")

Meeting Number
Time/Date
Venue or Teleconference details

1. Current situation report

2. Impact on the NHS

3. Current command and control 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

Draft Initial ICC Briefing

This initial briefing should include ALL ICC STAFF with the exception of 1x competent person to cover the main ICC telephone and email account.

No.	Item	Lead	Timing
1.	**Introductions** • Names and normal job title/role	Incident Director (Director On-Call)	2 min
2.	**Allocation of roles & issuing of action cards** • Incident Director • ICC Manager • Operations Officer(s) • Coordination Officer • Staff Officer / EPRR Advisor • Communications Officer • Loggist • ICC Admin	Incident Director (Director On-Call)	5 min

3.	**Reminder of record keeping requirements**
	Note:
	• TIMES (24 hr clock)
	• **C**lear-**I**ntelligible-**A**ccurate information
	• Use of message log books, decision log book and personal log books
	• No ELBOWs:
	   ○ **E**rasures
	   ○ **L**eaves torn out
	   ○ **B**lank spaces
	   ○ **O**verwriting
	   ○ **W**riting above or below lines
		Incident Director / ICC Manager	5 min

4.	**Situation Report** Summary of incident history and latest confirmed position, including: • Strategy & priorities • Reporting requirements and schedule • Stakeholder communication coordination & cascade requirements (UP & DOWN)	Incident Director	10 min
5.	**Outstanding ICC requirements** • Issues, bugs & glitches • Welfare & shifts	All	2 min
6.	**Role & Action Confirmation** • Include next briefing time	ICC Manager	2 min

Ongoing ICC Briefing Template

Format: 'Bird Table' format

Attendees: All members of ICC currently on-shift except 1x competent person to cover the main ICC telephone and email account

Timing: Hold at 30-60 minute intervals for no longer than 15 minutes to ensure currency of information. Consider teleconferencing with Health Economy / Liaison Officers for live updates

No.	Item	Lead	Timing

1.	**Situation Report**
	Summary of current known situation by incident site:
	• **What is the situation now?**
	    ○ METHANE
	    ○ Action progress
	• **What does this mean for us?**
	    ○ Identify reasonably foreseeable impacts
	• **What do we need to consider for the future?**
	    ○ Consider potential impacts & options
		Incident Director	8 min max

2.	**Action Confirmation** • Confirm actions, owners & timescales • Confirm information for situation report • Re-iterate strategy & priorities • Confirm next briefing time	Incident Director	5 min max
3.	**Welfare check** • Confirm abilities, issues and breaks	ICC Manager	2 min max

NHS England Acute (Casualties) 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[2]	Location	P1:	P2:	P3	P4:	Disch'd	Dead
Pre-Hospital							
List Receiving Hospitals	Location	P1:	P2:	P3		Disch'd	Dead[3]
Birmingham Children's Hospital							
Birmingham Women's Hospital							
City Hospital							
Good Hope Hospital							
Heartlands Hospital							
New Cross Hospital							
Royal Orthopaedic Hospital							
Russell's Hall Hospital							
Sandwell General Hospital							
Solihull Hospital							
University Hospital Birmingham							
Walsall Hospital							
Total at Receiving Hospitals							

Impact on Critical Functions[4]	
Capacity Issues[5]	

Capability Issues[5] (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 Generic 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:**	

Annex A: Aggregated CCGs Incident Response & Recovery Team (IRRT) Contact Details

[To be developed and added]

Annex B: West Midlands CCGs ICC Locations and Access Details

[To be developed and added]

Annex C: NHS England West Midlands ICC Location Details

[To be inserted or linked]

Annex D: NHS England West Midlands Incident Response Plan

[To be inserted or linked]

Annex E: West Midlands Strategic Coordination Group (SCG) Plan

[To be added - including Recovery Cell Plan if available]

Annex F: West Midlands Local Authority Area Public Health/Outbreak Incident Management Plans

[To be inserted or linked]