Major Trauma Centre Integrated Psychological Coordination of Major Incidents Response Framework

V0.13

Contents

Contents 2

Document control 3

Document change history 3

Acknowledgements 4

1. Introduction 6

1.1 Purpose 6

1.2 Background 6

1.3 Scope 8

1.4 Aim 9

1.5 Overarching principles of the framework 9

1.6 Roles – Overview of Key organisational roles 12

1.7 Escalation 13

2. Roles and responsibilities 14

2.1 Psychology Recovery Forum 14

3. Resources 25

Copyright © 2026 NHS England

Document control

Document title	Major Incident, Major Trauma Centre, Mental Health Pathway SOP V0.1
Document Owner	Dr Idit Albert, Pan London Major Trauma Psychology Clinical Network Lead
Document author	Dr Idit Albert, Pan London Major Trauma Psychology Clinical Network Lead Katy John, Senior EPRR Manager and Claire Ruiz, Senior Programme Manager, London Violence Reduction Programme
Version	V012
Date	March 2026

Document change history

Version	Changes	Made by
0.1	New document	Katy John, Senior EPRR Manager, NHSE London
0.2	Development of additional content following 24.01 workshop	Claire Ruiz, Senior Programme Manager, London Violence Reduction Programme
0.3	Development of additional content following flow diagram, discussion with Psych leads, amended following exercise Centum July 2025	Claire Ruiz, Senior Programme Manager, London Violence Reduction Programme

0.4-0.8	Additional checks and changes post system engagement	Claire Ruiz, Senior Programme Manager, London Violence Reduction Programme

Acknowledgements

We would like to thank and acknowledge the following individuals and organisations for their valuable contributions to the development of this document.

- Amanda Wixon, Head of EPRR and Health & Safety, SE London ICB
- Catherine Pollard, Emergency Preparedness Manager, UK Health Security Agency
- Caroline Bikett, Head of Service, Victim Support
- David Robinson, Head of EPRR Governance, Risk and Compliance NHSE London
- Dina Sahmanovic, Victim Support
- Emma Christie, Deputy Director of Mental Health NHSE
- Emma Kenndy, Community Collaborative Consultant CNWL Foundation trust
- Fatima Elguenuni, Community Collaborative Consultant CNWL Foundation trust
- Gemma Thomas, Met Police, Counter Terrorism Command Embed at the Foreign, Commonwealth & Development Office
- James Quayle Humanitarian Assistance Lead, Resilience Team, Westminster City Council
- John Hanlon NHSE London Communication
- Judith Fairweather, Deputy Director MH UEC, NHS England - London
- Julia Wellby, National Emergency Trust
- Katy John, Senior EPRR Manager, NHSE London
- Lisa Evans, Senior Clinical Site Manager Barts Health NHS Trust
- Lisa Ghiggini, Expert by experience
- Nathan Rutt, Met Police Counter Terrorism Command Embed at the Foreign, Commonwealth & Development Office
- Nicola Shipp London Ambulance Service
- Ninna Bell Head of EPRR Imperial College

Copyright © 2026 NHS England

- Robyn Miller, NHSE London EPRR Manager,
- Rupinder Dev Director, Mental Health, Children and Young People & Health Inequalities South East London Integrated Care System
- Priscillar Batana, Transformation Programme Senior Project Manager, Direct Commissioning, Specialised and Health in the Justice, NHS England – London Region
- Sarah Davidson, Head of Psychosocial and Mental Health, British Red Cross,
- Thelma Stober, Expert by experience
- Thomas Dell, London Humanitarian Assistance Programme Coordinator, London Resilience Partnership Humanitarian Assistance Working Group,
- Tony Andrews Emergency Planning Manager London Resilience Partnership

Authors: Claire Ruiz, NHS Violence Reduction Senior Programme Manager and Dr Idit Albert, Clinical Lead Pan London Major Trauma Psychology Network

Copyright © 2026 NHS England

1. Introduction

1.1 Purpose

This document provides London with a clear operational framework for delivering evidence-based, integrated and coordinated psychology services as part of the major incident response pathway.

It outlines the response and actions of the London Major Trauma Centre Psychological teams, Pan London Major Trauma Psychology Network, Integrated Care Boards (ICBs) and acute, mental health and specialist Trusts responses as well as how this coordination framework links with responses required from Local Authorities and voluntary, community and social enterprise (VCSE) organisations

It is designed to be adaptable to diverse incidents and implemented in ways that meet the cultural and social needs of affected populations. This framework is intended to be read in conjunction with the London Health Resilience Partnership (LHRP) – Psychosocial Support Framework, building upon the principles to describe what integrated psychological coordination looks like. This coordination framework is also intended to be read alongside the *Planning Psychosocial and Mental Health Response to Communities Affected by Major Incidents in London* document and *Guiding Principles for Wellbeing Support for Responders to London Major Incidents*.

Having proactive psychological support embedded within emergency response planning is not intended to over medicalise the support that is provided to communities, nor is psychological treatment expected to be at the forefront of the initial care during the immediate aftermath of an incident. Rather it is intended to provide a clinical framework that ensures that communities receive high quality evidence based, healthcare and wellbeing support.

The coordination framework sets out key principles and actions; how these actions are implemented, may vary depending on the local system.

1.2 Background

Major Incidents can have widespread and long-lasting mental health and wellbeing impacts for those directly impacted by the incident, professional responders providing care and support and on communities that may even be geographically distant from the attacks.

This integrated psychological coordination response framework has been developed by the NHS London Violence Reduction Programme in Partnership with NHS London's Major Trauma Clinical Network and Emergency Preparedness, Resilience and Response Team.

In 2019, NHS London's Violence Reduction programme began to explore what psychological support is available across London (both in the community and within acute care) for those that are impacted by violence. In parallel, discussions were taking place within the region as

to how we ensure London is a healthy resilient city with a sustainable approach to providing psychological support to victims of major incidents. As part of the commitment to the implementation of the NHS People Plan[1] it was also recognised that better support is required for staff who are at the front end of trauma care.

It was clear from review of services that there is significant disparity of care between psychological and physical health pathways for victims of trauma in London's Major Trauma Centres (MTCs), no matter what traumatic injury the patient faced. It also showed the inequities of psychological support across London, whereby victims of major incidents were receiving a world class psychological trauma outreach, screen and support service whilst patients in London's MTCs facing trauma every day, whether from a road traffic accident or gunshot wound were not receiving early, proactive support and interventions. London's major trauma system provides a platform to develop an integrated model of physical and psychological care for victims of trauma. In 2023 NHS London's Violence Reduction programme founded the London Major Trauma Psychology team that provides day to day psychological care for patients with traumatic injuries and is ready to be stepped up to respond to major incidents.

There have been several bespoke screen-and-treat programmes implemented in London set up to support psychological responses to major incidents. These response programmes were established following the London bombings (2005), the Health and Well-being Service after the Grenfell Tower fire (2017), and Outreach, Screen and Support service for the London Bridge Attack (2017 and 2019). A review of Screen and Treat Programmes in England suggest these models are cost effective[2].

Londoners that received this active outreach service following the London terrorist attacks[3] had 78%-91% reliable improvement in PTSD symptoms and 55%-62% reliable recovery[4]. Patients also repeatedly confirmed high levels of satisfaction from the psychological active outreach service with requests for this to be offered early.

Delays in service provision were linked to lack of preplanned coordinated response. In addition, once screen and treat services were commissioned, the lack of agreed arrangements for data sharing from acute hospitals, the police and voluntary organisations delayed contact with survivors.

The need for proactive support was also highlighted by survivors' reports of barriers to seeking mental health support following major incidents due to perceived stigma, shame and

[1] NHS England » We are the NHS: People Plan for 2020/21 – action for us all

[2] Hogan N, Knapp M, McDaid D, et al. Cost-effectiveness of 'screen-and-treat' interventions for post-traumatic stress disorder following major incidents. BMJ Open 2021;11:e049472. doi:10.1136/bmjopen-2021-049472

[3] The first service was commissioned in October 2017 until December 2019 following the terror attacks in; Westminster Bridge, London Bridge, Finsbury Park Mosque and Parson Green. A second service commissioned in March 2020 following the Fishmongers' Hall attack in November 2019, initially for a year but it was extended until July 2021to cover the period of the inquest.

[4] Unpublished data presented in service reports to NHSE-London and to the Humanitarian Steering Assistance

Copyright © 2026 NHS England

fear of rejection, low mental health literacy, lack of knowledge and treatment-related doubts, fear of negative social consequences, limited resources, time and expenses.

Lessons identified from previous Major Incident Responses highlighted the importance of health and wellbeing responses to be culturally competent and embedded within community responses[5].

Further, previous major incidents evaluation outlined the necessity of training in major incident leadership around mental health response, this is supported by evidence stating that staff struggle when they are put in positions outside their normal experience and their needs for training, and discussion of psychological preparation prior to these events[6].

To ensure that people who are suffering receive the necessary support, there is a need for psychological response to major incidents to be integrated alongside the physical health response with proactive investment to support infrastructure, capacity and capability in advance of a major incident to ensure that responses are well coordinated so that people can obtain the right help at the right time to minimise the long-term effects.

Embedding psychological support proactively into emergency planning and being more responsive to diverse communities' needs is in line with the priorities set out in the UK government's *Fit for the Future*[7] 10-year plan. Supporting people to stay well, manage ill health, improve their quality of life and ensure their psychosocial and wellbeing needs are met, aligns with the 'Sickness to prevention' shift, and the key priorities such as:

- expanding mental health support,
- need for NHS working in closer partnership with local government and other local public services to support population health needs, and
- the training, development and improved resilience of NHS Staff.

This work also supports London's ambitions to be a healthy resilient city.

1.3 Scope

This framework focuses on addressing the needs of those affected by major incident events:

1. Directly Impacted Groups: Survivors, witnesses, bereaved individuals, and their families.
2. Wider Communities: Local residents and businesses, and others indirectly affected.

This includes patients who attend London's Major Trauma Centres, Units and Emergency Departments. The Major Trauma Centre Psychology team is not responsible for delivering

[5] People Power, Lessons From The Grenfell Tower Fire | The King's Fund

6 Samardzic, J., & Royal Free Hospital Major Incident Working Group. (2015). Education and training for major incidents through the medical response to major incidents (MRMI) course. EJManager. Retrieved from https://www.ejmanager.com/fulltextpdf.php?mno=189744

[7] Build an NHS Fit For the Future - GOV.UK

Copyright © 2026 NHS England

psychological support across this network. The Major Trauma Psychology teams are responsible for providing clinical leadership in the coordination of psychological support, providing proactive psychological support in hospital and linking patients to access appropriate mental health support within their local healthcare system.

1.4 Aim

To integrate psychological formulation into the coordination of response to Major Incident events. This framework is intended to foster resilience, reduce long-term psychological impacts, and improve access to support for all individuals and communities affected by major incidents in London.

It is important to note that this framework is not about duplicating, replacing or supplementing existing psychological treatment services. The framework is focussed on appropriate psychological capacity and capability in the coordination of major incidents, ensuring Londoners get support at the front-end to minimise the need of longer-term support and specialist mental health services.

1.5 Overarching principles of the framework

The framework adopts a proactive, evidence-based approach aimed at:

- Providing information and tools to support emotional wellbeing following trauma.
- Actively monitoring and assessing wellbeing.
- Guiding individuals toward appropriate support and evidence-based psychological treatments.

The strategy includes two complementary components:

1. “Push”: Dissemination of appropriate information to broader populations.
2. “Pull”: Proactive outreach to those directly affected by the incident.

Care Strategies

1. “Push” – Dissemination of Information

The goal is to distribute targeted, culturally and age-appropriate information to the affected population.

Key Messages:

- Common emotional responses and challenges after major incidents.
- Practical guidance on self-care and supporting others including children.
- When and how to seek professional help.
- Self-assessment tools to monitor psychological wellbeing (e.g. Check my wellbeing – Self-assess your psychological and emotional wellbeing).

Copyright © 2026 NHS England

Methods of Dissemination:

- Digital Resources: Develop a dedicated website (hosted by West London) to provide up-to-date resources and information. Disseminate the link via NHS platforms, Thrive London, and other partners.
- Workshops and Community Engagement: Offer sessions tailored for specific groups such as schools, faith organisations, and local communities through services like Talking Therapies and Child and Adolescent Mental Health Services (CAMHS).
- Collaborative Outreach: Leverage communication channels from hospitals, local authorities, police casualty bureaus, voluntary organisations (e.g., Red Cross, Victim Support), and NHS 111.

2. "Pull" – Proactive Outreach

This approach involves directly reaching out to groups who have experienced the greatest impact, such as:

- Injured Patients: Hospital Major Trauma Psychology teams to contact patients using hospital records.
- Bereaved Individuals: Coordination with Police Family Liaison Officers (FLOs) and Child Death Overview Panel.
- Survivors: Utilise data from police casualty bureaus, resilience forums, and survivor centres to identify and connect with impacted individuals.

Proactive Care Measures:

- Deliver personalised, culturally sensitive messages based on the individual's status (e.g., injured, bereaved).
- Organise community-based support, such as school workshops, in partnership with resilience forums and local authorities.
- Collaborate with voluntary sector organisations and community connectors to ensure inclusivity and cultural appropriateness.

Key Messages:

- Normalise common responses to trauma.
- Provide self-care guidance.
- Share information on available support options.
- Facilitate screening and referrals for additional care.

Clinical Assessment and Interventions

In-Hospital Support:

Major Trauma Psychology teams to provide or coordinate assessment and offer of early interventions for injured patients during and following hospital stays.

Community-Based Support:

Copyright © 2026 NHS England

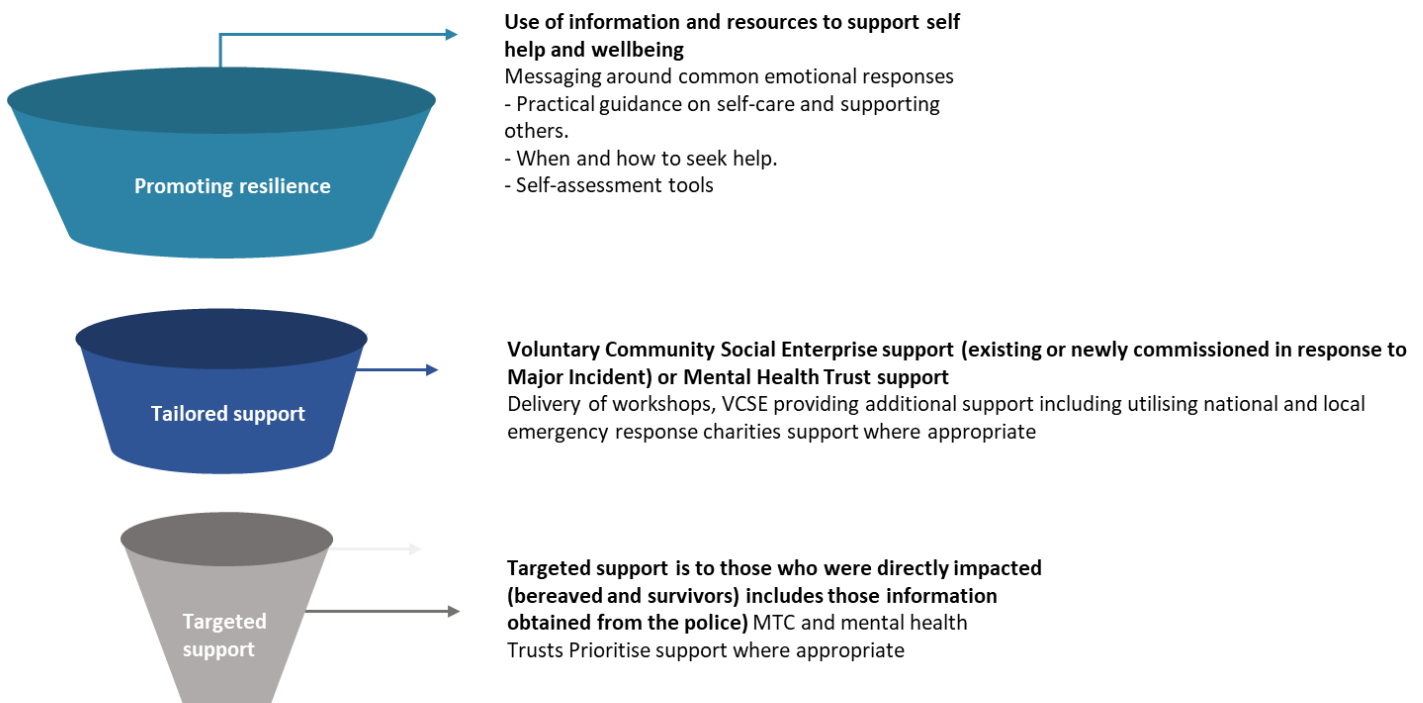
- Talking Therapies: For mild to moderate psychological distress.
- Child and Adolescent Mental Health Services (CAMHS): Specialised care for young individuals.
- Community Mental Health Teams (CMHTs) and Secondary Care: For complex or severe cases.
- Voluntary Organisations: Programs tailored to meet survivors' unique needs.

Additional Support Mechanisms

1. National Trust Funds: Provide funding to support tailored interventions for affected communities.
2. Voluntary Sector Programs: Organisations such as Victim Support offer dedicated program for survivors of terrorism and other major incidents.

Figure 1 provides an overview of the psychological support required for people impacted by Major Incidents in line with the push and pull strategy. For many people, pushing information that promotes resilience will provide effective support. However for those most affected by the Major Incident, tailored support and additional strategies will be required to provide greater mental health support.

Figure 1. An overview of the psychological support required for people impacted by Major Incidents in line with the push and pull strategy



Copyright © 2026 NHS England

1.6 Roles – Overview of Key organisational roles

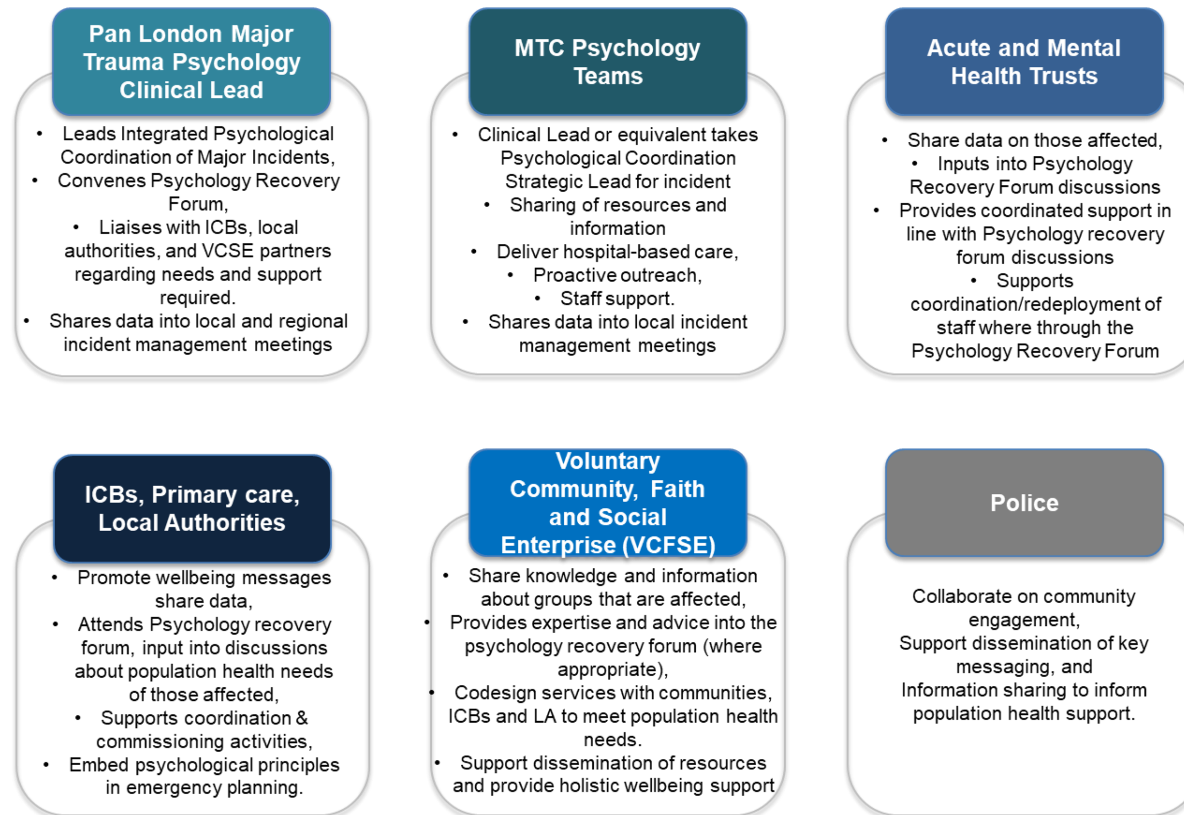


Figure 2 Overview of key roles played by Partners across the system to support the Integrated Coordination of Psychology into Major Incident Planning and Response.

1.7 Escalation

ICBs are expected to directly escalate any major incident that is declared by their providers for to NHSE – London, for information and awareness. This includes Business Continuity Incidents (BCI), Critical Incidents (CI) and Major Incidents (MI).
It is the responsibility of the director leading the NHS response at any particular time to decide, in conjunction with health colleagues, what level of command and control is appropriate for the local NHS in conjunction with the incident levels.

Critical and Major Incidents

The declaration of a critical or major incident (definitions shown in Table 1) by an NHS organisation in London must be escalated from the Provider to the ICB and then to NHS England – London via the Critico call sign, NHS01.

Critical incident declarations should be supported by an SBAR (Situation, Background, Assessment and Recommendation) form - see Figure 3: SBAR. This will assist with making an initial assessment of the risk and any action required..

Table 1: Incident terminology definitions

Standard Message	Definition
Critical Incident (Declared)	**Disruption results in the temporary or permanent loss of critical service delivery. Patients and staff may be at risk of harm, or the environment is not safe, requiring special measures and support from other agencies.**
Major Incident (Declared)	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.
Major Incident (Stand Down)	It is the responsibility of each organisation to assess when it is appropriate for them to stand down.

Figure 3: SBAR

SBAR report	
Situation	Describe situation/incident that has occurred
Background	Explain history and impact of incident on services/patient safety
Assessment	Confirm your understanding of the issues involved
Recommendation	Explain what you need, clarify expectations and what you would like to happen
If the message is passed by voice message, ask the receiver to repeat information to ensure understanding	

2. Roles and responsibilities

2.1 Psychology Recovery Forum

The role of the Psychology recovery forum is to plan and coordinate all stages of the psychosocial and mental health response, focusing on appropriate targeting of trauma support, mitigating care and ensuring that those needing specialist interventions receive it. The psychology recovery forum is chaired by the Pan London Major Trauma Psychology network clinical lead clinicwho is responsible to bring together key stakeholders to understand the impact of the incident on communities and lead the coordinated proactive offer of psychological support across London. The membership of the forum will include representatives from; ICBs, local authorities VCSE, Third sector organisations and faith groups. The group will:

- Share data and intelligence around group affected and needs.
- Provide updates on local capacity of Primary Care, NHS Trusts, local authority and wider community groups support.
- And support commissioning conversations about what services are needed and where capacity exists.

The Psychology Recovery Forum is responsible to ensure:

- Culturally appropriate evidence-based messages and communication are disseminated
- Plan and coordinate appropriate psychosocial support to affected communities including links with schools and relevant community organisations
- Confirming appropriate care pathways from acute hospitals, emergency services, primary care, VCSE and communities across to services including CAMHS, Talking Therapies, secondary, and tertiary services
- Develop and coordinate case identification processes i.e. screening
- Assess systems capacity and coordinate training and flow

Copyright © 2026 NHS England

- Link with professional responders' wellbeing organisations to support coordination of care
- Establish a recovery plan that is designed to address long-term needs and funding implications
- Plan and embed ongoing evaluation of the response to affected population needs.

Table 2: MTC Integrated Psychology coordination framework - list of actions to be incorporated into organisational/team action cards and/or principles used to inform planning to support the psychological coordination of major incidents.

Organisation/Team	Actions/Tasks to include in action cards/response plans
West London (WL) Trust (Host for the Pan London Psychology Network)	• Activation of MTC Pan London Major Trauma Psychology Clinical Lead via following email: wlt.london.major-incident-psychology@nhs.net • If Major Incident has been activated within MTCs Pan London Major Trauma Psychology Clinical Lead assumes coordination lead role, if unavailable :WL Trust Head of Psychology for the Psychological Medicine Service Line or Imperial Head of Department of Clinical Health Psychology & Neuropsychology • WLT to ensure Band 6 or 7 Project Manager deployed to support Pan London Psychology coordination activities • Pan London Major Trauma Psychology Clinical Lead to confirm with relevant ICB Emergency Planning Officer leads that Pan London Psychology Coordination Pathway has been activated. **WL Trust Comms incident plan** • WL Trust Comms Team alerted of MI. WL Trust Comms lead on call activates Psychology public facing website with appropriate messaging and messaging shared with NHS 111 press 2 resource. Template to be adapted with information (dependent on the nature of the incident). Template messaging needs to be adapted with input from a Clinical Psychologist from the Pan London Psychology Network if out of hours • Messaging needs to be adapted to key organisations depending on the MI including advice to schools/social services • Comms messaging to be disseminated to Police, London Ambulance Service, London Fire Brigade, Local Authorities, NHS England-London, ICBs, NHS111 and VCSE groups.
MTC Psychology Clinical Lead/Team	• Following the activation of a Major Incident the MTC Clinical Psychology Lead assumes the MTC Psychology Strategic Coordination (lead) role. (See Trust action below). *In some MTCs the Trust Head of Psychology or other Clinical lead role may take the Strategic Coordination role, whilst the MTC Clinical Lead*

Copyright © 2026 NHS England

	manages and coordinates capacity in MTCs. This needs to be discussed and agreed at local level. Action cards need to contain roles and contact information. • MTC Clinical Psychology lead attends/inputs into daily sitrep meetings with the Pan London Major Trauma Psychology Clinical Network Lead to discuss the nature of the incident, groups affected, which MTCs are affected and agree coordination support for local teams. • MTC Clinical Psychology lead links into and attends (where relevant) the Trust strategic and operational response groups, to update them/feed them information on levels of need. • MTC Clinical Psychology lead to liaise with Liaison Psychiatry, Critical Care, Psychology, Chaplaincy/spiritual care and staff support regarding understanding of need for support to victims, where appropriate • MTC Clinical Psychology Leads links and provides supportive messaging to nominated bereavement leads and family liaison officers. • MTC Clinical Psychology team provides and coordinates psychological care and support for people in hospital and their families (linking with Family Liaison Officers and NHS Staff including bereavement leads) • MTC Psychology teams provide proactive outreach according to the London MTC Psychology Network proactive outreach protocols – 4 weeks and 6 months discharge. • MTC Psychology team facilitate and when appropriate provide support to NHS Staff within their Trust who are involved in responding to the MI. This will include debriefs with relevant teams, prompting team leads and peers to check in as well as link with support from Staff wellbeing teams. • MTC Psychology teams to work with local staff health and wellbeing support teams to promote engagement with their Trust Wellbeing offer. • Following agreement at the Pan London Psychology recovery forum, MTC Clinical Psychology Lead engages local Mental Health Trusts regarding support needs and prioritisation
Pan London Major Trauma Psychology Clinical Network Lead	• Following activation of a Major Incident (see MTC located Trust actions) the Pan London Major Trauma Psychology Clinical Network Lead assumes a Pan London lead role for Psychological coordination across the London Trauma Psychology Network (if Pan London Major Trauma Psychology Clinical Network Lead is not available WLT Head of Psychology for the Psychological Medicine Service Line or Imperial Head of Department of Clinical Health Psychology and Neuropsychology to assume coordination lead in their absence). • Host organisation (WL Trust) to provide Band 6 or 7 Project Manager (PM) resource, to be deployed to assist the lead with the Pan London Major Trauma Psychology Clinical Network Lead with coordination activities. The role of the PM will include supporting the development of briefing reports, setting up Recovery Forum meetings and taking actions, supporting coordination activities and liaising

Copyright © 2026 NHS England

	with key stakeholders where directed by the Pan London Psychology Network Lead. • Pan London Major Trauma Psychology Clinical Network Lead to establish regular psychology incident management meetings [template agenda & action record] with relevant MTC psychology teams to discuss capacity and need requirements to support patients across the Trauma Psychology Network. • Pan London Major Trauma Psychology Clinical Network Lead to hold a Psychology Recovery Forum [template agenda & action record] (possibly every day in first week, with frequency to be reviewed thereafter and/or based on the nature of the incident) with Local Authorities, ICB MH and primary care Leads to discuss what groups are affected, coordinates the delivery of support offers required for patients, affected communities and professional responders. Additional attendance from community/VCSE and other key stakeholder groups may also be required. For example, Faith groups, VCSE groups, Casualty Bureau, Red Cross, Victim Support, National Emergency Trust and the London Emergency Trust. The recovery forum will discuss what support communities require, what is the existing provision of support in the community, what VCSE or local resource capacity can provide support, what are the gaps and what additional capacity, if any, is required from wider teams such as acute and mental health psychology services to host workshops, provide well-being support. • Pan London Major Trauma Psychology Clinical Network Lead to feed data into the Regional Incident Management Team Meeting via a sitrep report or attend the meeting in person. Depending on the nature of the Major Incident. • Pan London Major Trauma Psychology Clinical Network Lead reviews psychological coordination of Major Incident response and business as usual capacity, drawing on extra resources as agreed with key partners. • Pan London Major Trauma Psychology Clinical Network Lead coordinates proactive outreach follow up for people identified by LA, Emergency Response organisations and NHS 111 press 2. • Pan London Major Trauma Psychology Clinical Network Lead alerts Pan London Psychology professional responders network to major incident declaration. Touchpoint meetings to be held as agreed by the network • Pan London Major Trauma Psychology Clinical Network Lead liaises with NHS & Local Authority resilience forums to share psychologically informed principles that should be built into current EPRR training arrangements. • Pan London Major Trauma Psychology Clinical Network Lead to work with WL comms team to ensure appropriate messaging is provided as part of the local, regional, national messaging of incident, especially with regards to media reports. • At time points within the Major Incident and once the major incident has been stood down and long term recovery plans are being implemented, the Pan London Major Trauma Psychology Clinical Network Lead will link with NHSE, ICB and Acute Trust EPRR ~~recovery~~ directors to participate in system debriefs and undertake psychology led debriefs on behalf of the network to identify learning to

Copyright © 2026 NHS England

	help continuously improve the Integrated Psychological coordination of Major Incidents.
NHSE London	• Depending on the nature of the incident, if NHS E London are leading on the communication on behalf of the system, then NHSE Comms lead messaging (developed with Pan London Major Trauma Psychology Clinical Network Lead input) needs to be disseminated to Police, LAS, LFB, LA, ICBs, NHS NHS111 and VCSE groups • NHSE London 01 on-call will check at Regional Incident Management Team (RIMT) Meeting (if held), that the Pan London Integrated Psychology Coordination pathway has been activated. If confirmation has not been obtained the NHSE London 01 should contact the Pan London Major Trauma Psychology Clinical Network Lead to notify them that a Major Incident pathway has been activated. Pan London Major Trauma Psychology Clinical Network Lead will assume coordination lead role, if unavailable: WL Trust Head of Psychology for the Psychological Medicine Service Line or Imperial Head of Department of Clinical Health Psychology & Neuropsychology • NHSE London to ensure they have the MTC Psychology Clinical leads and Pan London Major Trauma Psychology Clinical Network Lead contact information is available in case contact is required. • Psychology to be added as part of the 'clinical group specialisms' for people to consider as part of the Regional Incident Management Team meetings in terms of understanding updates on level of need and what support is being offered. • NHSE London to consider inviting Pan London Major Trauma Psychology Clinical Network Lead. to Regional Incident Management Team (RIMT) meetings depending on the nature of the incident. • NHSE London to use data fed to the RIMT from the Pan London Psychology Network Lead to understand levels of need and psychology coordination activities taking place. • NHS01 to provide the first point of contact for NHS England - London for Integrated Care Boards (ICBs) and partner agencies. • Point of contact for partner agencies for cross-border / regional issues. • Maintain a contemporaneous log of all activity related to the on-call period • Provide management support to the Senior Manager on-call and NHS England – London Gold. • Take part in debriefing activities as required.
ICB Leads	• ICB Incident Command Lead checks at ICB Incident Management meeting (if held) to see if their local MTC Psychology Pathway has been activated. • ICB to ensure they have the MTC Psychology Clinical leads and Pan London Major Trauma Psychology Clinical Network Lead contact information is available in case contact is required.

Copyright © 2026 NHS England

<table>
<tr><td></td><td>

- Psychology to be added as part of the ‘clinical group specialisms’ for people to consider as part of the ICB Incident Management Team meetings in terms of understanding updates on level of need and what support is being offered.
- ICB communications teams to support appropriate comms messaging.
- ICBs alerts on call Primary Care and MH Trusts on call incident command leads that a Major Incident has been declared. (see Primary care and Mental Health Trust roles and responsibilities to understand expectation on how they can support with the response.
- MH ICB leads to liaise with Head of Psychological Therapies re psychological capacity within the MH Trusts.
- MH ICB Lead to attend London Psychology Recovery Forum meetings chaired by the Pan London Psychology Network Lead (every day in first week or as agreed) to discuss what groups are affected, what support communities require, what is the existing provision of support in the community, what are the gaps and what capacity if any is required from wider teams such as acute and mental health psychology services. These meetings will be held within hours. MH ICB leads to feed in capacity of Mental Health Psychology Capacity to support in the coordination of the Major Incident.
- ICBs support the redeployment of MH staff within Trusts (where appropriate) to help groups that have been affected as agreed as part of the Pan London Psychology Recovery Forum.
- ICBs support the prioritisation of patients to access MH talking therapies or secondary care MH support (where appropriate) to help groups that have been affected as agreed as part of the Pan London Psychology Recovery Forum.
- ICB incident management team to share information about the groups/people affected with the Pan London Major Trauma Psychology Clinical Network Lead.
- ICB Emergency Preparedness Officers/Leads (EPO’s) to ensure the principles to support communities and professional responders impacted by Major Incidents are embedded in planning and implemented as part of their emergency planning and response processes.

</td></tr>
<tr><td>NHS Trust’s with Major Trauma Centres (MTCs)</td><td>

- MTC Clinical Psychology Lead or equivalent agreed (See MTC Clinical Psychology Lead roles and responsibilities) and Pan London Major Trauma Psychology Clinical Lead contact details to be added to the Trust’s automated call out system that activates individuals that a Major Incident has been declared.
- For MTC Psychology Clinical Lead information, ICB EPRR contact details are:

<table>
<tr><td>WNL</td><td>nclicb.eprr@nhs.net;
nhsnwl.scc@nhs.net;</td><td>Nathan.welch1@nhs.net;
stuart.allen10@nhs.net
Robyn.cassidy@nhs.net;</td></tr>
</table>

</td></tr>
</table>

NEL	nelondonicb.eprr@nhs.net;	Sophia.beckingham@nhs.net jo.scott-jones@nhs.net; zara.hollingsworth@nhs.net
SEL	eprr@selondonics.nhs.uk;	Amanda.wixon@selondonics.nhs.uk;
SWL	scc@swlondon.nhs.uk;	Eduffy1@nhs.net; Christy.keen@nhs.net; lauren.field@swlondon.nhs.uk

- MTC Clinical Psychology lead or Head of Psychology lead (or cover/other nominated person within the Trust see MTC Clinical Psychology Lead roles and responsibilities above) assumes lead MTC Integrated Psychology coordination role.
- Trust comms to support appropriate messaging (linking with NHSE, ICBs and WL on public facing website and adapted templates)
- If the Major Incident occurs out of hours, there is no immediate need for MTC Psychology teams to provide psychological care. What is important is that after 48 hours, data is shared with the Psychology teams of people who have been affected by the Major Incident. This data may be provided, for example by ED receptionists or via the Trust Silver command Lead.
- *(Some Trusts may tag all people coming through the door as affected by MI as a default. Those attending the hospital setting for non MI medical emergency need to be reconciled before the MI list is shared with the MTC Clinical Psychology Leads.*
- Trust to ensure that the major incident patient list is stored in a safe accessible place as per local information governance arrangements.
- Trust to ensure there is a friends and family designated area (with appropriate security provision. For further guidance on friends and family area support please see the best practice guidance developed by North West London NHS that sets out advice the provision of Family and friends waiting area within NHS acute and specialist trust settings
- MTC Psychology patient leaflets/links to website and resources to be shared in waiting areas.
- Trust to provide appropriate bereavement support. Clinical nurses could be deployed from Bereavement Services (if applicable), Brain Injury, After Trauma, Palliative Care and organ donation.
- Nominated bereavement leads and family liaison officers to share lists of people affected by the major incident that they are supporting with the MTC psychology teams.

Copyright © 2026 NHS England

	• Staff Wellbeing teams/offers to ensure that staff support provided is in line with the principles outlined in the Major Incident Psychology Professional Responders Framework. • Staff Wellbeing teams to check in with MTC lead Psychologist re level of staff needs and support that can be provided.
NHS Trusts that do not have the Major Trauma Psychology Service located on site	• Trust comms to support appropriate messaging (linking with NHSE, ICBs and WL on public facing website and adapted templates) • Trusts to share data of patients who have been impacted by the Major Incidents to the Pan London Major Trauma Psychology Clinical Lead. • Trust to ensure that the major incident patient list is stored in a safe accessible place as per local information governance arrangements. • Trust to ensure there is a friends and family designated area (with appropriate security provision. For further guidance on friends and family area support please see the best practice guidance developed by North West London NHS that sets out advice the provision of Family and friends waiting area within NHS acute and specialist trust settings • MTC Psychology patient leaflets/links to website and resources to be shared in waiting areas. • Nominated bereavement leads and family liaison officers to share lists of people affected by the major incident that they are supporting with the MTC psychology teams. • Trusts should support the redeployment of Psychology staff from within their Trust (where appropriate), to help patients admitted to their Trust who have been affected by the major incident, where this has been agreed as part of the Pan London Psychology Recovery Forum. • Staff Wellbeing teams/offers to ensure that staff support provided is in line with the principles outlined in the Major Incident Psychology Professional Responders Framework.

Copyright © 2026 NHS England

Mental Health Trusts	• Mental Health EPO to ensure that NHS111 press 2 service leads are alerted if a Major Incident occurs. This allows leads to monitor service activity and support appropriate tagging of patients. • Head of Psychological Therapies or Psychological Therapies Service lead to engage with MH ICB leads regarding the support needs and prioritisation that arise from the Pan London Psychology Recovery forum discussions. This could include Psychology capacity used to support workshops, prioritisation into Talking Therapies or secondary mental health services. • Head of Psychological Therapies to attend London Psychology Recovery Forum meetings (if required) to discuss what groups are affected, what support communities require, what is the existing provision of support in the community, what are the gaps and what capacity if any is required from wider teams such as acute and mental health psychology services. These meetings will be held in office hours. • MH Trust's to support the redeployment of Mental Health staff (where appropriate) to help groups that have been affected as agreed as part of the Pan London Psychology Recovery Forum. • MH Trust's to support the prioritisation of patient to access MH talking therapies or secondary care MH support (where appropriate) to help groups that have been affected as agreed as part of the Pan London Psychology Recovery Forum. • MH Trust talking therapy leads or secondary care psychology leads to support proactive follow up of people agreed by the Pan London Psychology Recovery Forum. • MH Trust communications team to support appropriate comms messaging • Staff Wellbeing teams/offers to ensure that staff support provided is in line with the principles outlined in the Major Incident Psychology Professional Responders Framework.
Primary Care	• Primary care to promote and disseminate key messages, availability of NHS services and feedback on barriers and solutions in accessing these. • GPs to enquire with patients if they have been impacted by Major Incidents. • GPs to talk through with patients any health concerns they may have, discuss and agree a treatment plan, refer to specialist services (physical or mental health) in the community or hospital if needed.. • Social Prescribers (appropriately training on supporting people affected by Major Incidents) should provide tailored health and wellbeing support in the community. • GPs to provide ICBs with data on any important health trends they are identifying with local communities impacted by Major Incidents.
LA	• LA comms to support appropriate communication messaging linking in with local ICB messaging.

Copyright © 2026 NHS England

	• LA to develop a list of local accommodation places where people can stay that can be used to signpost people displaced by a Major Incident. • LA to share the accommodation lists with NHS Trust EPOs • LA Population Health and or Integration lead to attend London Psychology Recovery Forum meetings chaired by the Pan London Psychology Network Lead (every day in first week or as agreed) to discuss what groups are affected, what support communities require, what is the existing provision of support in the community, what are the gaps and what capacity if any is required from wider teams such as LA psychology support or NHS acute and mental health psychology services. • LA incident management team to share information about the groups/people affected with ICB Lead and this information is shared with the Pan London Psychology Network Lead. • LA leads to ensure the principles to support communities and professional responders impacted by MI are built into emergency planning and response protocols
Psychology Professional Responders Network	• Chair and Members of the Psychology Professional Responders Network to meet regularly (frequency to be determined depending on the scale and nature of the incident) to share overview of need, support being provided and sharing best practice and knowledge. • Psychology Responders Network updates to be fed back into Operational command by Pan London Psychology Network lead
Police	• The police (as the lead agency for coordinating information during major incidents involving casualties) should activate the Casualty Bureau when appropriate depending on the nature of the incident. • Casualty Bureau to share information about the groups/people affected with the Pan London Psychology Network Lead. • A representative from the Casualty Bureau should attend London Psychology Recovery Forum meetings chaired by the Pan London Psychology Network Lead where relevant. • Police communications teams to support appropriate comms messaging • Police link with the MTC Psychology Leads at each MTC re support that is being offered through Family Liaison Officers. Insights into any potential well-being needs. MTC Clinical Psychology Leads will feed this into the sitrep meetings with the Pan London Psychology Network Lead. • Staff Well-being teams to ensure that staff support provided is in line with the principles outlined in the Major Incident Psychology Professional Responders Framework.

Copyright © 2026 NHS England

VCSE	• VCSE comms to support appropriate psychology informed communication messaging. Signposting community members on resources that help outline – signs and symptoms to look out for, the normal responses to making sense of traumatic events, how and where to seek further help • VCSE and other key Community or Emergency response partners (Red Cross, Victim Support, National Emergency Trust and the London Emergency Trust) to attend London Psychology Recovery Forum meetings chaired by the Pan London Psychology Network Lead where relevant. The purpose of the meeting is to discuss what groups of people have been affected, what support communities require, what is the existing provision of support is available in the community, what are the gaps and what capacity if any is required from wider teams such as LA psychology support or NHS acute and mental health psychology services? • VCSE and other key Community or Emergency response partners Red Cross, Victim Support, National Emergency Trust and the London Emergency Trust) to share information about the groups/people affected with the Pan London Psychology Network Lead. • VCSE groups to understand and implement the Major Incident Psychology community principles within their plans to support their local communities impacted by major incidents.
NHS 111 press 2 service	• Relevant Mental Health Trusts alert NHS 111 press 2 service managers that a Major Incident has been declared. • NHS 111 press 2 service leads share emerging themes and summary of volumes of calls relating Major Incident with the Pan London Major Trauma Psychology Clinical Network Lead so that this information can be fed into the Psychology Recovery Forum discussions. • NHS 111 press 2 service to provide triage advice, supportive messaging and signposting for patients affected by a Major Incident, as outlined in the Integrated Psychology Triage protocol. • Depending on Triage level, tag patients to record they have been involved in a Major Incident and share information of patients identified through NHS111 press 2 service with Pan London Major Trauma Psychology Clinical Network Lead.

Copyright © 2026 NHS England

3. Resources

- Link to website and public facing resources
  - Help and support during and after a major traumatic incident :: West London NHS Trust
  - Support in response to Flooding (Livid experience recommendations and learning (National Emergencies Trust)
  - Bee the difference – learning from the Manchester Arena Terror Attack
- This document is intended to be read in conjunction:
  - London Health Resilience Partnership Psychosocial Support Framework
  - NHS England London ‘Integrated Psychology Major Incident Response Framework, and
  - Guiding principles for support of professional responders involved in responding to Major Incidents
  - LRF Mass Casualty Framework and other response documentation