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# **Incident Response Plan (National)**

## **Annex A – Protracted Incidents**

Version 1.0, November 2022

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# 1. Introduction

This annex to the Incident Response Plan (National) describes the arrangements that may be put in place nationally following a declaration of a protracted incident. It should be read in conjunction with the Incident Response Plan (National) and associated standard operating procedures (SOPs).

It should be noted that the Incident Co-ordination Centre (National) (ICC(N)) and Incident Management Team (National) (IMT(N)) arrangements will have already been established as part the initial incident response prior to a protracted incident being declared.

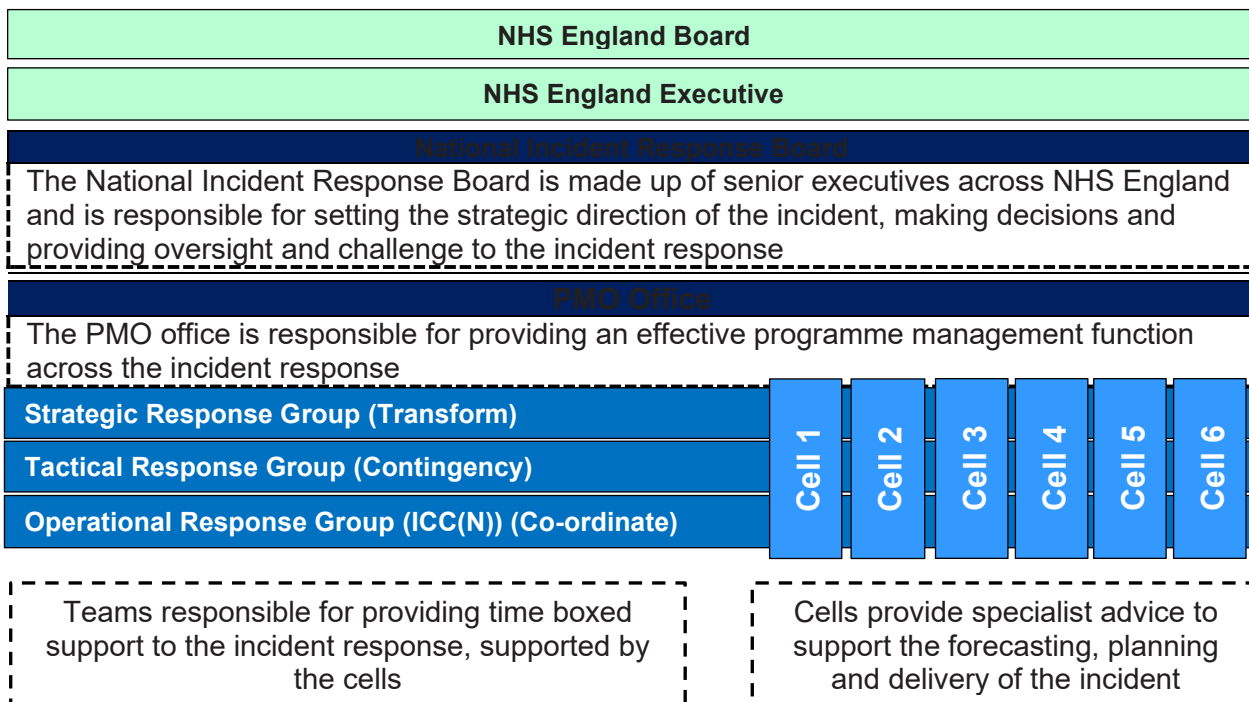
Regions will be expected to augment their incident management arrangements to support the response to a protracted incident.

## 2. Definition of a protracted incident

An incident lasting for an extended duration, of significant complexity and which may require enhanced measures, resources and/or mutual aid over and above those required to respond to an isolated incident. This will necessitate the activation of additional national governance and operational structures, including the establishment of the National Incident Response Board.

Figure 1 shows the typical response structures that will be implemented in response to a protracted incident.

**Figure 1: NHS England typical response structure**



A recent example of a protracted incident is the response to coronavirus (SARS-CoV-2).

When considering this type of protracted incident, it can be thought of in terms of a crisis which is defined as “an abnormal and unstable situation that threatens the organisation’s strategic objectives, reputation or viability” (BS11200:2014). This definition captures the essence of crises, notably their extraordinary nature and strategic implications for an organisation. Crises challenge organisations, their people, functions and processes unusually, and require dedicated and dynamic management and response.

Response arrangements for a protracted incident (crisis) will augment the response to an incident (as described in the main body of the Incident Response Plan (National)).

Table 1 (adapted from BS11200:2014) illustrates the differences between an incident and a protracted incident.

**Table 1: Incident versus protracted incident**

<b>Characteristics</b>	<b>Incidents</b>	<b>Protracted incidents (crisis)</b>
Predictability	Generally foreseeable and amenable to pre-planned response measures, although their specific timing, nature and spread of implications are variable and therefore unpredictable in detail	Unique, rare, unforeseen or poorly managed events, or combinations of such events, that can create exceptional challenges for an organisation and are not well-served by prescriptive, pre-planned responses
Onset	Can be no-notice or short notice disruptive events or can emerge through a gradual failure or loss of control of some type. Recognising the warning signs of potential, actual or impending problems is a critical element of incident management	Generally, emerge from an incident that has not been contained or has escalated with immediate strategic implications
Urgency and pressure	Response usually spans a short timeframe of activity and are resolved before exposure to longer-term or permanent significant impacts on the organisation	Have a higher sense of urgency and might require the response to run over longer periods of time to ensure that impacts are minimised
Impacts	Adverse events that are reasonably well understood and are therefore amenable to a predefined response. Their impacts are potentially widespread	Due to their strategic nature, crises can disrupt or affect the entire organisation, and transcend organisational, geographical and sectoral boundaries. Because crises tend to be complex and inherently uncertain, e.g. because a decision needs to be made with incomplete, ambiguous information, the spread of impacts is difficult to assess and appreciate
Media scrutiny	Effective incident management attracts little, but positive, media attention where adverse events are intercepted, impacts rapidly mitigated and business as usual quickly restored. However, this is not always the case and negative	Events that cause significant public and media interest, with the potential to negatively affect an organisation's reputation. Coverage in the media and on social networks might be inaccurate and damaging, with the

Characteristics	Incidents	Protracted incidents (crisis)
	media attention, even when the incident response is effective and within agreed parameters, has the potential to escalate an incident into a crisis	potential to rapidly and unnecessarily escalate a crisis
Manageability through established plans and procedures	Can be resolved by applying appropriate, predefined procedures and plans to intercept adverse events, mitigate their impacts and recover to normal operations. Incident responses are likely to have available adequate resources as planned	Through a combination of their novelty, inherent uncertainty and potential scale and duration of impact, crises are rarely resolvable through the application of predefined procedures and plans. They demand a flexible, creative, strategic and sustained response that is rooted in the values of the organisation and sound crisis management structures and planning

Protracted incident management and normal business/incident management differ in the:

- tempo of the crisis
- critical need for timely decisions
- complexity of the problems being faced
- severity of those problems
- prevailing atmosphere of uncertainty and anxiety.

## 3. Declaration and activation

### 3.1 Declaration

Declaration of a protracted incident will be determined based on a situational risk assessment of the incident and its potential impacts.

The decision to declare a protracted incident will be led by the NHS England Accountable Emergency Officer (AEO), and the Incident Director (National) based on the evidence, information and intelligence available at the time.

Factors that may contribute to the declaration of a protracted incident include (not exhaustive, or in any particular order):

- the incident is open ended and additional resources are required to prevent fatigue or overworking of response resources, e.g. shifts, additional support, etc.
- resource is insufficient within regional or national teams to respond to the incident effectively
- the incident impacts on a number of regions and they require mutual aid/support from neighbouring regions or national resources
- the incident may impact core NHS activities for a sustained period, including but not limited to elective care waiting lists and access to diagnostic services.

Consideration should be given to:



## 3.2 Activation

Once a protracted incident is declared, authority to activate protracted incident response arrangements is the responsibility of the:

- a) NHS Chief Executive
- b) NHS England Accountable Emergency Officer (AEO).

Table 2 shows the responsibility assignment matrix.

**Table 2: RACI**

<b>Action</b>	<b>Responsible</b>	<b>Accountable</b>	<b>Consulted</b>	<b>Informed</b>
Situational risk assessment and declaration	Incident Director (National)	AEO	IMT(N) Regions	Chief Executive
Activation	AEO	Chief Executive	Incident Director (National)	Chief Executive DHSC, UKHSA External partners
Alerting	Incident Director (National)	AEO	IMT(N)	Chief Executive All staff required to respond

On activation all relevant staff and partner organisations will be informed via the ICC(N), and the AEO will establish the National Incident Response Board.

Depending on the scale and complexity of the incident, the AEO may choose to activate a number of additional operational structures, including specialist response cells and support functions as part of the IMT(N) to respond to the incident.

### **3.2.1 Activation of additional staff**

In addition to the normal requirements for alerting within an incident as set out in section 4 of the Incident Response Plan (National), where a protracted incident is declared, it is the AEO's responsibility to ensure that the organisation and/or relevant individuals are alerted to the incident and any ongoing developments, including where any additional requirements should be put in place such as:

- incident level and implications
- staffing requirements
- operational structures
- additional health and wellbeing support available
- specific requirements, e.g. logging decisions, etc.

Directorates and teams will invoke their business continuity plans to ensure that they can appropriately support the incident response, with support from the internal Business Continuity team.



## 4. Operations within a protracted incident

Within a protracted incident, the scale and structure of the IMT(N) may be increased with the ownership of specific functions spread across accountable groups to reflect the size and complexity of the incident. Once a protracted incident has been declared additional operational structures may be required to respond to the incident and must be agreed by the AEO and signed off by the National Incident Response Board. It is the responsibility of the AEO to communicate these operational structures and any specific requirements for set up to the relevant individuals.

Detailed requirements for data, reporting and additional meeting cadence should also be established, informed by the need to meet the obligations to external requirements such as COBR.

Required roles to respond to the incident should be based on a collapsible hierarchy model within each structure, to ensure they can scale and retract as required with the changing demands of the incident response.

### 4.1 National Incident Response Board

The NHS England National Incident Response Board is accountable to the NHS Executive and NHS England Boards.

The board is chaired by the NHS England AEO and is accountable to the NHS Chief Executive for the national direction and delivery of the NHS response. The board will be responsible for:

- setting strategic direction in response to the incident
- identifying work streams with other relevant bodies to minimise health impacts
- agreeing options and implementation for national response measures, targets for regional and local response, and monitoring delivery
- overseeing reactive re-allocation of resources, deciding on longer-term or contentious issues
- providing oversight and challenge to NHS England work, costs and communications
- reviewing incident response risks and barriers to progress

- agreeing and overseeing recovery work.

The board should be made up of the key members within the response including but not limited to:

- Accountable Emergency Officer (AEO)
- Strategic Incident Director (National)
- Incident Director (National)
- National Medical Director
- Chief Nursing Officer
- specialist response cell senior responsible officers (SROs)
- Director of Communications
- Director of Governance and Legal
- Chief Financial Officer
- Chief Workforce Officer
- regional directors (as appropriate)
- attendees from relevant external parties, e.g. Department of Health and Social Care (DHSC) and United Kingdom Health Security Agency (UKHSA).

National Incident Response Board meetings will be documented by the Board Secretariat.

## 4.2 Response groups

### 4.2.1 Operational Response Group – Incident Co-ordination Centre (National) (ICC(N))

The ICC(N) will form the Operational Response Group and will be required to carry out the co-ordination and resolution of any national operational challenges within the last and next 24-hour periods. The Operational Response Group will:

- a) operate based on requests from the relevant parties, i.e. NHS England regions, DHSC, UKHSA

- b) operate based on issues and risks raised by the regional directors/relevant owners through their daily situation reports (SitReps) and/or through daily reporting
- c) be the route through which tasking from COBR via DHSC is implemented
- d) manage incident relevant information, sharing this as necessary for shared situational awareness
- e) liaise with DHSC, UKHSA and other partner organisations, as required
- f) provide SitReps and briefings to DHSC, which may also be shared with COBR, NHS Executive Group and the NHS in England
- g) assist DHSC incident arrangements and DHSC communications with the information flow to the public domain via the media and the other key stakeholders
- h) track and manage tasking as directed by the Incident Director (National) and Incident Manager (National).

Additional roles may be required over and above the previous ICC(N) arrangements.

#### **4.2.2 Tactical Response Group (Contingency)**

The Tactical Response Group is responsible for problem solving and look-ahead planning (i.e. contingency planning) over the medium term, e.g. a 24-hour to two-week period.

The group works with relevant specialist response cells to enact short- and medium-term deliverables, including:

- resolution of regional challenges in support of regional ICCs
- ownership of any short/medium term look-ahead information for briefings/updates
- development or revision of guidance, letters, instructions, SOPs, etc.

The Tactical Response Group will be led by the Contingency Director.

#### **4.2.3 Strategic Response Group (Transform)**

A strategic response group should be established to focus on the longer-term requirements (i.e. 14 days onwards). This group should be led by an SRO who will be accountable to the AEO. It will consist of the specialist response cell SROs and will be responsible for leading and co-ordinating solutions based on:

- key issues arising within the Tactical Response Group that may have a longer-term or strategic impact, i.e. longer than 14 days
- modelling predictions for capacity, health requirements, supply chain, etc.

Pieces of work should be commissioned to respond to potential future challenges and will be assigned to the relevant specialist response cell SRO to respond.

The group should provide an understanding of the new and emerging strategic challenge. Key decisions will then be taken to the National Incident Response Board.

### 4.3 Specialist response cells

Specialist response cells provide functional support to the incident response and are formed based on a common purpose/area of specialism to respond to the incident. They utilise the skills and functionality available across NHS England.

Responsibilities could include:

- **leading responses:** work with response groups. Offer advice from the specialist lead area to address any problems that arise in relation to the cell specialism
- **contributing to projects:** integrate themselves across projects to ensure ongoing specialist inputs as required
- **developing frameworks:** identify the need for and develop new frameworks
- **providing advice:** provide specialist advice to all the response groups and cells
- **planning recovery:** identify and develop action plans for recovery post incident.

Specialist response cells may include:

- workforce
- modelling
- testing
- safe hospital services
- supply chain
- out of hospital
- others as required.

## 4.4 Project Management Office (PMO)

The PMO Office, led by the PMO Director, is responsible for providing an effective programme management function for the incident response. The PMO will design, manage and continuously improve the programme governance, reporting, decision-making, escalation and planning frameworks to serve the agreed operating model. Key activities within the PMO include:

- provision of support for meetings
- collation and preparation of all inputs and outputs for meetings within the incident
- collation of information from the response groups on progress
- monitoring and managing the portfolio of projects and programmes across the incident response, and any external dependencies on the portfolio.

## 5. Meeting arrangements to support response groups

To ensure co-ordination and appropriate routes of escalation and information flows incident management groups will be established to support the incident response.

Cadence for meetings will be determined in line with the demands of the incident response and will remain flexible and responsive to need. Specific terms of reference will be developed for each group as they are established. Secretariat for the meetings will be provided by the PMO.

### 5.1 Operational Incident Management Group

The Operational Incident Management Group supports the IMT(N) and Operational Response Group by co-ordinating the cross-regional and specialist response cell workstream operational activity at a national level.

The Operational Incident Management Group is a forum for the discussion and dissemination of key messages, guidance and direction to regions and national workstreams, and for the escalation of issues from regions and national workstreams. The information collated from it facilitates timely and effective decision-making and ensures ongoing shared situational awareness.

The Operational Incident Management Group will be chaired by the Incident Director (National) and will include the following membership:

- Incident Manager (National)
- Communications Response Team
- NHS England regions
- specialist response cells, as appropriate to the incident.

External participants, such as UKHSA, may also be invited to attend.

Responsibilities may include:

- operationalising tactical response plans
- receiving operational updates from regions and workstreams including:
  - operational assessment of last and next 24 hours
  - operational assessment of next 48 hours
  - risks and mitigations
  - issues and resource requests
- escalating of identified issues and risks to tactical command
- providing operational support and guidance to regions and workstreams
- cascading and receiving relevant information to ensure ongoing shared situational awareness.

## 5.2 Tactical Incident Management Group

The Tactical Incident Management Group will develop the tactical response plan to achieve the strategic aims of the incident response and will provide support to the Tactical Response Group.

The Tactical Incident Management Group will provide a forum for the discussion, resolution and escalation of issues and ensure shared situational awareness of priorities.

The Tactical Incident Management Group will be chaired by the Incident Director (National) and will include the following membership:

- Contingency Director
- specialist response cell leads
- national programme leads for areas not covered by specialist response cells
- Chief Operating Officer's Office
- Business Continuity Lead.

Additional representation will be invited to attend as required.

Responsibilities may include:

- receiving strategic objectives and developing tactical response plan
- ensuring delivery of the incident response and other national priorities
- receiving status updates from specialist response cells including:
  - forward look for next 48 hours to 14 days
  - risks and mitigations
  - support and/or guidance required
- allocating resource
- escalating issues and risks to strategic command
- cascading and receiving information to ensure shared situational awareness.

## 5.3 Strategic Incident Management Group

The Strategic Incident Management Group will support the Strategic Response Group and National Incident Response Board to implement the strategic objectives of NHS England in response to a protracted incident and ensure cohesive delivery of nationally agreed priority strategies and programmes, including recovery.

The Strategic Incident Management Group will provide a forum for the discussion, resolution and escalation of strategic issues and ensure shared situational awareness of priorities.

The Strategic Incident Management Group will be co-chaired by the Strategic Incident Director (National) and Director of EPRR (National) and will include the following membership:

- Chief Operating Officer

- Chief Commercial Officer
- National Medical Director
- Chief Nursing Officer
- Chief Financial Officer
- National Director of Patient Safety
- National Director of Primary Care, Community Services and Strategy
- National Director of Emergency and Elective Care
- National Director of Mental Health
- Director of Specialised Commissioning
- Office of the Chief Executive
- Director of Communications

Additional representation will be invited to attend as required.

Responsibilities may include:

- receiving strategic objectives from the National Incident Response Board and developing the strategic response plan
- reviewing and seeking to resolve issues escalated from the Tactical Incident Management Group or other routes and, where necessary, escalating these to the National Incident Response Board
- sharing information around key areas of interdependency to support alignment in planning and delivery
- agreeing national strategic key lines and actions on urgent priorities and issues.

## 6. Protracted incident roles

In addition to the roles outlined in section 6 of the Incident Response Plan (National), within a protracted incident, additional roles may be required to support the operations and delivery of the NHS England incident response.

The roles should be based on a collapsible hierarchy that can be scaled to enable sufficient capacity to manage the response based on the demand and scale of the



incident. It is likely that a number of people will be required to undertake each role, on a shift basis.

The decision on the staffing resource requirements to respond to an incident is the responsibility of the AEO in consultation with the Strategic Incident Director (National).

Staff from across NHS England may be used to supplement key roles where feasible. Additional alternative resourcing options may be utilised where demand within a response exceeds the availability of NHS England resource. The decision to either redeploy resource internally or bring in external resource should be made by the AEO and signed off by the National Incident Response Board.

Action cards for key roles are provided in the Appendix. Additional action cards and SOPs will be developed as required to support roles during the response to a protracted incident.

## 6.1 Leadership roles

### 6.1.1 NHS England Strategic Incident Director (National)

Within a protracted incident, a Strategic Incident Director (National) should be appointed. They will be responsible for delivering the strategic direction, set by the National Incident Response Board, of the NHS response to the incident with oversight across all ongoing incidents.

In the event of concurrent incidents, the Strategic Incident Director (National) will, in consultation with the Chief Executive or AEO as appropriate, appoint an Incident Director (National) and IMT(N) to manage each individual incident.

The Strategic Incident Director (National) should be an experienced senior officer with extensive knowledge of emergency preparedness, resilience and response (EPRR) and incident management. The Strategic Incident Director (National) will be accountable to the AEO.

[\(see action card P-1\)](#)

### 6.1.2 NHS England Incident Director (National)

The Incident Director (National) has overall tactical command of the NHS response to the incident and will lead the NHS England incident (IMT(N)) and is accountable to the Strategic Incident Director.

In the event of concurrent incidents, additional Incident Directors (National) will be appointed to lead the response to each incident. They will remain accountable to the Strategic Incident Director (National).

### **6.1.3 NHS England Incident Manager (National)**

The Incident Manager (National) has operational command of the NHS England response to the incident and will lead the ICC(N).

In the event of concurrent incidents, additional Incident Managers (National) will be appointed for each incident, accountable to the respective Incident Director (National).

## **6.2 Response group roles**

### **6.2.1 Operational Response Group (Incident Co-ordination Centre (National))**

In addition to the roles outlined in section 6 of the Incident Response Plan (National) the following additional roles may be required to support a protracted incident response.

#### **6.2.1.1 SPOC support**

The SPOC support will augment the SPOC given the demands on this role during a protracted incident.

#### **6.2.1.2 Task support**

The task support will augment the Task Manager given the demands on this role during a protracted incident.

#### **6.2.1.3 Information Manager**

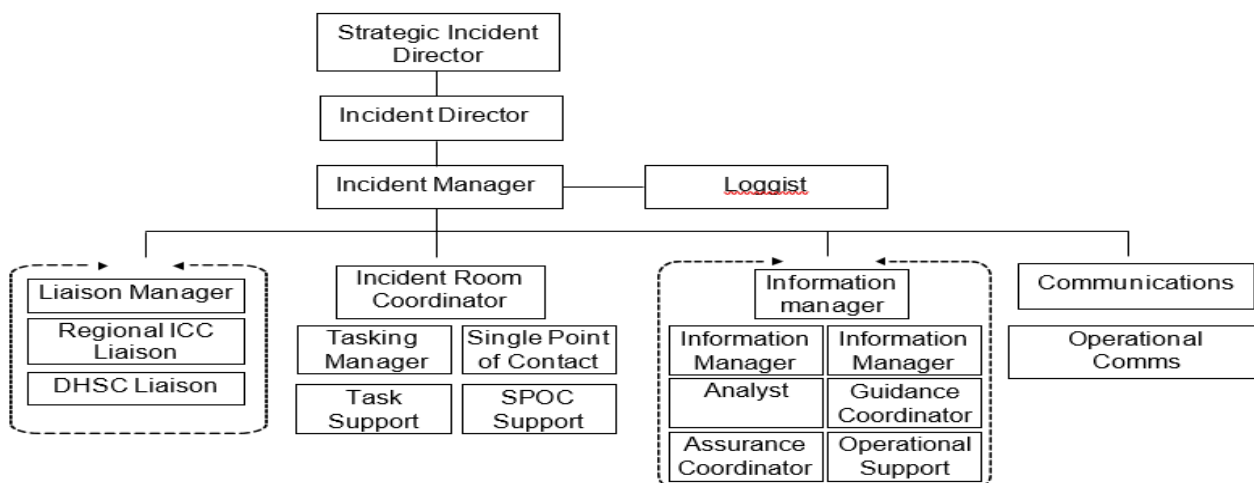
The Information Manager will be responsible for all aspects of information management for the protracted response. They will be supported by the following roles:

- Assurance Co-ordinator – responsible for the issue and collation of returns for assurance purposes ([see action card P-2](#))
- Guidance Co-ordinator – responsible for the collation of relevant guidance
- Analyst – dedicated specialist resource to support analysis of data.

The Sitrep Manager and Records Manager will also form part of this team.

Figure 2 shows an example ICC(N) structure during a protracted incident.

**Figure 2 Example ICC structure during a protracted incident**



Additional roles may be introduced as required.

In the event of concurrent incidents, additional IMT(N)s will be established to support the response to individual incidents. They will be accountable to the respective Incident Director (National).

## 6.2.2 Tactical Response Group (Contingency)

### 6.2.2.1 Tactical Response Group (Contingency) Director

The Contingency Director is accountable to the Incident Director (National) for overseeing medium-term projects, either discrete work or co-ordinating across specialist response cells where relevant. The Contingency Director is responsible for setting up the NHS England Tactical Response Group (Contingency) and overseeing its operation. [\(see action card P-3\)](#)

### 6.2.2.2 Tactical Response Group (Contingency) Manager

The Contingency Manager is responsible for the day-to-day running of the Contingency Team, ensuring oversight of their work. [\(see action card P-4\)](#)

### 6.2.2.3 Tactical Response Group (Contingency) Point of Contact

Responsible for co-ordinating information and communications into and out of the group and ensuring that any tasks that need to be captured or updated are moved to contingency tasking and the wider Contingency Team, and key items are flagged to the incident team. [\(see action card P-5\)](#)

#### **6.2.2.4 Tactical Response Group (Contingency) Task Manager**

Responsible for the tasking and monitoring of all tasks related to an incident that sit with the Contingency Team. Once a response is provided to a task, the Task Manager will prepare the response and send it to the Contingency Point of Contact to forward to the enquirer. ([see action card P-6](#))

#### **6.2.2.5 Tactical Response Group (Contingency) Information Manager**

Responsible for ensuring oversight of the contingency information team (Guidance Co-ordinator and contingency information support) and the appropriate development and management of information, data and related work. ([see action card P-7](#))

#### **6.2.2.6 Tactical Response Group (Contingency) Information Support**

As required, the contingency information support role will support the Contingency Information Manager in ensuring that the solutions leads have the information they need.

#### **6.2.2.7 Tactical Response Group (Contingency) Guidance Co-ordinator**

Responsible for ensuring oversight of the Tactical Response Group (Contingency) planning team's commentary or input to any guidance. ([see action card P-8](#))

#### **6.2.2.8 Tactical Response Group (Contingency) Solutions Lead**

Responsible for problem solving and short-term look-ahead planning (i.e. contingency planning) over a 24-hour to two-week period, reporting to the Contingency Manager. ([see action card P-9](#))

#### **6.2.2.9 Tactical Response Group (Contingency) Solutions Support**

Reports to the Contingency Solutions Lead and ensures the delivery of specific projects and work associated with the incident, working independently with specialist response cells brokering solutions and ensuring alignment across an area of work. ([see action card P-10](#))

#### **6.2.2.10 Tactical Response Group (Contingency) Project Management Office (PMO) Liaison**

Reports into the PMO structure. Supports response groups in governance, tracking and reporting.

## 6.3 Specialist response cell roles

### 6.3.1 Senior Responsible Officer

Senior responsible officers (SROs) should be national directors and are accountable to the AEO. The SRO will be responsible for setting the direction of specialist response cell activity in line with programme strategic goals. Specialist response cell activity will be aligned to the SRO national portfolios within NHS England. This may be required as a result of NHS England requirements or through government or external requirements.

The SRO is accountable for ensuring that the appropriate governance and documentation of specialist response cells are carried out. The SRO may delegate to a deputy SRO where required.

The number and focus of specialist response cells will vary depending on the nature of the protracted incident; the required specialist response cells and activation of these is the responsibility of the AEO and must be signed off at the National Incident Response Board. ([see action card P-11](#))

### 6.3.2 Specialist Response Cell Lead

The Specialist Response Cell Lead is responsible for the day-to-day leadership of the cell. They will provide oversight and co-ordination across all sub-cells and will be accountable to the SRO.

The lead will also be responsible for all reporting and governance requirements within the specialist response cell and should represent the cell at all relevant meetings or provide a delegate.

They are responsible for the operational workplan and delivery of the sub-cells. ([see action card P-12](#))

### 6.3.3 Specialist response cell subject matter experts (SMEs)

Depending on the nature of the protracted incident, SMEs may be required across specialist response cells to provide specific input across their areas of expertise.

### 6.3.4 Specialist response cell support

The number of resources required will depend on the scale of the incident. Should cells require additional support, employees can be deployed to support. This must be agreed

with the AEO. Specialist response cell resources will provide support to the lead and support the delivery of the response to the incident. ([see action card P-13](#))

## 6.4 Project Management Office (PMO) roles

### 6.4.1 PMO Director

An incident programme management lead should be assigned for the duration of the incident and will be responsible for providing overall programme management support to the incident.

### 6.4.2 PMO Assistant Director

Accountable to the PMO Director. Responsible for the day-to-day management of the PMO team, and monitoring check and challenge of the incident programme plan. They are also responsible for supporting the leadership of the incident meetings.

### 6.4.3 Tactical PMO Lead

Accountable to the PMO Director. Provide day-to-day support to the PMO Director and PMO Assistant Director through leadership of the PMO meetings and represent the PMO in daily incident meetings. They provide a link into the ICC(N) and Tactical Response Group (Contingency).

### 6.4.4 PMO Secretariat Lead

Accountable to the PMO Assistant Director. Responsible for the leadership of the incident secretariat function and the management of the secretariat team. Has oversight of the PMO mailbox.

### 6.4.5 PMO Secretariat support

Accountable to the PMO Secretariat Lead. Responsible for the set up and management of incident meetings. Provides Loggist support for each meeting, ensures circulation of notes and minutes, and manages PMO inbox.

### 6.4.6 PMO Secretariat Communications Lead

Accountable to the PMO Secretariat Lead. Has primary responsibility for the PMO inbox and is responsible for all communications and updates to the programme. Liaises with the incident Communications Manager.

#### **6.4.7 PMO Risk Lead**

Accountable to the PMO Director. Responsible for monitoring, recording and tracking of programme risks.

#### **6.4.8 PMO Records Lead**

Accountable to the PMO Director, Responsible for establishing and maintaining accurate and compliant record keeping for all programme meetings plans and artefacts.

#### **6.4.9 PMO Records Support**

Accountable to the Records Lead. Providing support to the Records Lead for training teams on record keeping and compliance and supporting audits to provide assurance.

#### **6.4.10 PMO Reporting Lead**

Accountable to the PMO Director. Responsible for developing and maintaining the programme reporting and accountability framework, collating summary reports and drafting any programme oversight updates or external requests.

#### **6.4.11 PMO reporting support**

Accountable to the Reporting Lead. Provides support to the reporting function including supporting the reporting rhythm such as by maintaining the programme reporting and collating summary reports and drafting any programme oversight updates or external requests.

#### **6.4.12 PMO Cell Liaison**

Accountable to the PMO Assistant Director. Responsible for supporting specialist cells and response groups in the development of programme plans, milestones and key performance indicators. Responsible for monitoring and reporting on cell progress and developments.

#### **6.4.13 PMO cell liaison support**

Accountable to the PMO Cell Liaison. Responsible for supporting cell liaison in the monitoring and reporting on cell progress, the development of cell programme plans, tools and templates.

## 7. De-escalation within a protracted incident

Within a protracted incident, the de-escalation or removal of the protracted nature of the incident will be agreed by the National Incident Response Board and authorised by the:

- Chief Executive
- AEO

### 7.1 Debriefs and reports

A hot debrief should be held at the end of each period of duty and a final hot debrief within 48 hours of the stand down of an incident, in each group/cell.

Within a protracted incident, structured debriefs will be held at regular intervals, e.g. between waves during a pandemic response, to identify any relevant lessons. This will take place at all levels of response as activity allows.

A final structured debrief should occur at the earliest possible opportunity within three months of de-escalation and stand down. Participants must be given every opportunity to contribute their observations freely and honestly. The Strategic Incident Director (National) must ensure that the full debriefing process is followed.

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

- nature of the incident
- involvement of NHS England
- involvement of other responding agencies
- implications for strategic management of the NHS
- actions undertaken
- future hazards and threats/forward look
- chronology of events.

The initial incident report will be produced within 28 days after the structured debrief.

Further multi-agency debriefs associated with the incident may also occur. Information from these will be used to inform the final post-incident report.



Debriefing and reporting processes require commitment of time, resources and attention towards the end of a difficult and challenging experience.

## 8. Recovery

Recovery is defined as the process of rebuilding, restoration and rehabilitation following an emergency, but it is more than simply the replacement of what has been destroyed and the rehabilitation of those affected.

Managing a protracted incident will require sustained effort; if adequate strategic attention is not given to recovery this can result in adverse outcomes such as the undoing of good work during the response, leading to failure to regenerate the organisation, cease problematic activities, bring forward long-term development plans or even lead to another crisis if not well managed.

Recovery should:

- start as early as possible
- have a strategic direction from the outset
- create strategic opportunities

The recovery effort might be long term, and it should be expected to require allocation of resources long after the response phase is over. There are likely to be ongoing issues that can run for a considerable period of time, often characterised by reputational damage and ongoing legal and insurance challenges and/or investigations by the police or regulatory authorities, and public inquiries that NHS England will be required to support.

However, recovery can present opportunities to regenerate, restructure or realign the organisation towards business models and organisational structures that represent a new normality.

All recovery work will be managed by a specialist cell and overseen and agreed by the National Incident Response Board.

## 9. Training

The roles staff are expected to carry out in response to a protracted incident should, whenever possible, be broadly comparable to (or a natural extension of) those they normally carry out.

Further training will be delivered, both proactively and reactively, in line with any requirement to increase staffing.

# Appendix: Protracted response role action cards

The below action cards provide descriptions for additional roles required during an NHS England protracted incident response. Further action cards will be developed as required.

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### Action Card P-1

#### NHS England Strategic Incident Director (National) (Strategic Commander)

**Accountable to:** NHS England Accountable Emergency Officer (National) (AEO)

#### Responsibilities

- Provide strategic direction and oversight of the NHS response to the protracted incident and any concurrent incidents that may occur
- Deputise for the AEO in their absence
- Chair meetings related to the strategic direction of the incident

#### Initial actions

- Start and maintain a personal log
- Liaise with the AEO to determine ways of working
- Liaise with the Incident Director (National) to enact the strategic direction of the incident, as set by the National Incident Response Board

#### Operational actions/duties

- Chair strategic meetings within the incident response
- Attend external meetings in relation to the incident and represent the NHS incident response, where required
- Sign off documents relating to the incident

#### End of shift/post incident

- Ensure accurate handover notes are produced and incoming shift are aware of any urgent/outstanding issues
- Ensure all records are collated and stored in an appropriate manner
- Participate in hot and cold debriefs

## Action Card P-2

### NHS England Operational Response Group (Co-ordination) Assurance Co-ordinator

**Accountable to:** NHS England Operational Response Group (Co-ordination)  
Information Manager

#### Responsibilities

- Support the Operational Response Group (Co-ordination) Information Manager in delivery of assurance reports
- Co-ordinate the completion and return of assurance reports
- Co-ordinate questions from the IMT(N)
- Ensure the information governance policy is being adhered to and maintained

#### Initial actions

- Identify the assurance reports required to be collected and co-ordinated from the IMT(N)
- Identify key stakeholders for completion and receipt of assurance reports

#### Operational actions/duties

- Record assurance templates that are sent out for completion
- Co-ordinate and communicate any questions related to assurance
- Escalate any delays in completion of assurance reports to the Information Manager
- Collate assurance returns
- Undertake any additional tasks as directed by the Operational Response Group (Co-ordination) Information Manager

#### End of shift/post incident

- Ensure accurate handover notes are produced and incoming shift are aware of any urgent/outstanding issues
- Ensure all records are collated and stored in an appropriate manner
- Participate in hot and cold debriefs

### Action Card P-3

#### NHS England Tactical Response Group (Contingency) Director (National)

**Accountable to:** NHS England Incident Director (National)

#### Responsibilities

- Set up NHS England Tactical Response Group and oversee its operation
- Provide regular updates to the Incident Director (National)
- Ensure adequate resources for the Tactical Response Group

#### Initial actions

- Start and maintain a personal log
- Ensure the Tactical Response Group log is initiated
- Set up the Tactical Response Group (National) and appoint the Tactical Response Group (Contingency) Manager (National)
- Provide initial briefing for the Tactical Response Group
- Establish the battle rhythm

#### Operational actions/duties

- With the Tactical Response Group Manager (National) identify objectives for the Tactical Response Group
- Ensure situation reports and briefings are produced in time with the battle rhythm and approve them for distribution
- Ensure lessons identified process is initiated

#### End of shift/post incident

- Ensure accurate handover notes are produced and incoming shift are aware of any urgent/outstanding issues
- Ensure all tasks have been logged and allocated to appropriate staff for action within specified timescales
- Participate in hot and cold debriefs

### Action Card P-4

#### NHS England Tactical Response Group (Contingency) Manager (National)

**Accountable to:** NHS England Tactical Response Group (Contingency) Director (National)

#### Responsibilities

- Provide leadership, support and guidance to the Tactical Response Group
- Ensure Tactical Response Group logs are maintained

#### Initial actions

- Start and maintain a personal log
- Ensure Tactical Response Group logs are started
- Commence rolling brief

#### Operational actions/duties

- Support the Tactical Response Group (Contingency) Director
- Ensure all records and logs are completed and up to date
- With the Tactical Response Group (Contingency) Director ensure situation reports and briefings are produced in time with the battle rhythm for approval and distribution
- Ensure Tactical Response Group briefings take place

#### End of shift/post incident

- Ensure accurate handover notes are produced and incoming shift are aware of any urgent/outstanding issues
- Ensure all records are collated and stored in an appropriate manner
- Participate in hot and cold debriefs

### Action Card P-5

#### NHS England Tactical Response Group (Contingency) Point of Contact (National)

**Accountable to:** NHS England Tactical Response Group (Contingency) Manager (National)

#### Responsibilities

- Act as the point of contact for incoming telephone calls, emails and other communications into the Tactical Response Group

#### Initial actions

- Set up an allocated workstation within the Tactical Response Group
- Inform the Tactical Response Group (Contingency) Manager (National) that the appropriate incident email account and telephones are active
- Inform appropriate staff and partner organisations of the email address and telephone number(s) to be used to contact the Tactical Response Group

#### Operational actions/duties

- Manage email and telephone communications
- Work with the Task Manager to ensure any actions required are logged

#### End of shift/post incident

- Ensure accurate handover notes are produced and incoming shift are aware of any urgent/outstanding issues
- Ensure all records and logs are completed, up to date and saved in the appropriate locations
- Participate in hot and cold debriefs



### Action Card P-6

#### NHS England Tactical Response Group (Contingency) Task Manager (National)

**Accountable to:** NHS England Tactical Response Group (Contingency) Manager (National)

#### Responsibilities

- Set up and maintain a task log for the Tactical Response Group during an incident
- Ensure all Tactical Response Group tasks are recorded, tracked and managed in an appropriate and timely manner

#### Initial actions

- Set up a task log, in accordance with standard operating procedures
- Record tasks and allocate to individuals as appropriate

#### Operational actions/duties

- Ensure all tasks have an appropriate and unique reference number
- Ensure all tasks have an owner and deadline assigned to them
- Provide a summary of open actions to the Tactical Response Group Manager (National)

#### End of shift/post incident

- Ensure accurate handover notes are produced and incoming shift are aware of any urgent/outstanding issues
- Ensure all tasks have been logged and allocated to appropriate staff for action within specified timescales
- Participate in hot and cold debriefs

### Action Card P-7

#### NHS England Tactical Response Group (Contingency) Information Manager (National)

**Accountable to:** NHS England Tactical Response Group (Contingency) Manager (National)

#### Responsibilities

- Provide oversight of the Tactical Response Group Information Team
- Ensure information governance processes are in place and are implemented
- Development and management of information within the Tactical Response Group
- Obtain any information required for the development of solutions

#### Initial actions

- Liaise with the Tactical Response Group manager and the Operational Response Group Information Manager to establish requirements
- Establish log for information requests

#### Operational actions/duties

- Ensure any information requests from the solutions teams are identified and collated
- Ensure information set issues are identified and solutions and support are put in place
- Ensure information requests are logged and tracked
- Act as the key link between the Tactical Response Group and Operational Response Group information teams
- Identify when specialist analytical support is needed

#### End of shift/post incident

- Ensure accurate handover notes are produced and incoming shift are aware of any urgent/outstanding issues
- Ensure all records are collated and stored in an appropriate manner
- Participate in hot and cold debriefs

<b>Action Card P-8</b>	
<b>NHS England Tactical Response Group (Contingency) Guidance Co-ordinator (National)</b>	
<b>Accountable to:</b>	NHS England Tactical Response Group (Contingency) Information Manager (National)
<b>Responsibilities</b>	<ul style="list-style-type: none"> <li>• Provide oversight of the Tactical Response Group commentary or input into guidance</li> </ul>
<b>Initial actions</b>	<ul style="list-style-type: none"> <li>• Set up process and sign off requirements for guidance update and review and communicate this to the relevant team</li> </ul>
<b>Operational actions/duties</b>	<ul style="list-style-type: none"> <li>• Provide input and oversight of any guidance contributions produced by the Tactical Response Group</li> <li>• Document any inputs to guidance</li> <li>• Ensure sign off of relevant guidance updates</li> </ul>
<b>End of shift/post incident</b>	<ul style="list-style-type: none"> <li>• Ensure accurate handover notes are produced and incoming shift are aware of any urgent/outstanding issues</li> <li>• Ensure all records are collated and stored in an appropriate manner</li> <li>• Participate in hot and cold debriefs</li> </ul>

<b>Action Card P-9</b>	
<b>NHS England Tactical Response Group (Contingency) Solutions Lead</b>	
<b>Accountable to:</b> NHS England Tactical Response Group (Contingency) Manager	
<b>Responsibilities</b>	
<ul style="list-style-type: none"> <li>• Problem solving and short-term forward planning (24-hour to two-week period)</li> </ul>	
<b>Initial actions</b>	
<ul style="list-style-type: none"> <li>• Confirm the parameters of allocated tasks</li> </ul>	
<b>Operational actions/duties</b>	
<ul style="list-style-type: none"> <li>• Lead the Solutions Team</li> <li>• Support the wider Tactical Response Group as required</li> <li>• Maintain a log of task-related activity specific to the role</li> <li>• Escalate risks to delivery to the Tactical Response Group (Contingency) Manager</li> </ul>	
<b>End of shift/post incident</b>	
<ul style="list-style-type: none"> <li>• Ensure accurate handover notes are produced and incoming shift are aware of any urgent/outstanding issues</li> <li>• Ensure all records are collated and stored in an appropriate manner</li> <li>• Participate in hot and cold debriefs</li> </ul>	

**Action Card P-10**

**NHS England Tactical Response Group (Contingency) Solutions Support**

**Accountable to:** NHS England Tactical Response Group (Contingency) Solutions Lead

**Responsibilities**

- Support the Tactical Response Group (Contingency) Solutions Lead in project delivery
- Communicate with workstreams and other stakeholders
- Provide briefing and reporting on project progress
- Produce plans and other documents outlining the solutions being created

**Initial actions**

- Support the Tactical Response Group (Contingency) Solutions Lead in any activity required to establish the Solutions team
- Identify establishment tasks that need to be completed for the Solutions Team

**Operational actions/duties**

- Support the Solutions Lead to deliver the tasks assigned to the Solutions Team
- Support any work specified by the Tactical Response Group (Contingency) Solutions Lead and the wider Tactical Response Group (Contingency) Team
- Escalate risks to delivery to the Tactical Response Group (Contingency) Solutions Lead

**End of shift/post incident**

- Ensure accurate handover notes are produced and incoming shift are aware of any urgent/outstanding issues
- Ensure all records are collated and stored in an appropriate manner
- Participate in hot and cold debriefs

## Action Card P-11

### NHS England Specialist Response Cell Senior Responsible Officer (National)

**Accountable to:** NHS England Accountable Emergency Officer (National)

#### Responsibilities

- Responsible for setting the direction of the cell and providing strategic oversight to cell activities
- Oversee the resourcing of the cell and ensure sufficient resource is available to complete the programme of work
- Maintain oversight of any risks that may impact the cell and put mitigating actions in place or escalate as appropriate
- Sign off deliverables and reports that will be shared outside the cell
- Represent the cell at relevant meetings

#### Initial actions

- Start and maintain a personal log
- Liaise with the AEO and Strategic Incident Director (National) to understand the strategic direction of the incident
- Establish cell programme of work and associated activities
- Develop an immediate resourcing plan for the cell
- Establish initial internal cell governance

#### Operational actions/duties

- Support the Strategic Incident Director (National), as required
- Ensure all requests for information or tasking for NHS England are done through the NHS England Incident Single Point of Contact (National)

#### End of shift/post incident

- Ensure all records are collated and stored in an appropriate manner
- Participate in hot and cold debriefs
- Ensure lessons identified process is initiated and involves all staff within the cell

**Action Card P-12**

**NHS England  
Specialist Response Cell Lead (National)**

**Accountable to:** NHS England Specialist Response Cell SRO (National)

**Responsibilities**

- Support the cell SRO as required
- Provide leadership of the Specialist Response Cell
- Oversee the resourcing of the cell and ensure sufficient resource is available to complete the programme of work
- Maintain oversight of any risks that may impact the cell and put in mitigating actions or escalate as appropriate

**Initial actions**

- Start and maintain a personal log
- Liaise with cell SRO
- Establish cell programme of work and associated activities
- Develop an immediate resourcing plan for the cell
- Establish internal cell governance

**Operational actions/duties**

- Support the cell SRO as required
- Attend meetings on behalf of cell SRO as required
- Provide specialist advice and support to the cell teams
- Ensure cell reports and briefings are produced in time with the battle rhythm and approve them for distribution

**End of shift/post incident**

- Ensure accurate handover notes are produced and incoming shift are aware of any urgent/outstanding issues
- Ensure all records are collated and stored in an appropriate manner
- Participate in hot and cold debriefs

**Action Card P-13**

**NHS England Specialist Response Cell Support (National)**

**Accountable to:** NHS England Specialist Response Cell Lead (National)

**Responsibilities**

- Provide support to the activities within the cell, e.g. business analysis, change management, communications, etc to support the overall objectives and purpose of the cell
- Own and manage tasks within the cell under the direction of the Cell Lead

**Initial actions**

- Meet with the Cell Lead (National) to understand ways of working and the purpose of the cell
- Receive initial tasking

**Operational actions/duties**

- Provide support as required to meet the objectives of the cell
- Own and manage tasks to meet cell purpose
- Liaise with SMEs within and outside the NHS England to perform tasks

**End of shift/post incident**

- Ensure accurate handover notes are produced and incoming shift are aware of any urgent/outstanding issues
- Ensure all records are collated and stored in an appropriate manner
- Participate in hot and cold debriefs



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