

NHS England

Emergency Preparedness, Resilience and Response

Incident Response Plan (National)



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Medical	Operations and Information	Specialised Commissioning
Nursing	Trans. & Corp. Ops.	Commissioning Strategy
Finance		

Publications Gateway Reference: 07004

Document Purpose	Resources
Document Name	NHS England Incident Response Plan (National)
Author	NHS England Emergency Preparedness, Resilience and Response
Publication Date	21 July 2017
Target Audience	NHS England Regional Directors, NHS England Directors of Commissioning Operations, EPRR
Additional Circulation List	This document may be shared with responders and relevant organisations, as required to meet the requirements of the Civil Contingencies Act 2004
Description	The NHS England Incident Response Plan (National) sets out the arrangements that are in place to enable an effective and appropriate response in the event of a health related incident
Cross Reference	NHS England Emergency Preparedness, Resilience and Response Framework
Superseded Docs (if applicable)	NHS England Incident Response Plan (National)
Action Required	None
Timing / Deadlines (if applicable)	N/A
Contact Details for further information	National Head of EPRR EPRR Unit Skipton House 80 London Road SE1 6LH https://www.england.nhs.uk/ourwork/epr/

Document Status

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NHS England Incident Response Plan (National)

Version number: 3.0

First published: 22 March 2013

Updated: 21 July 2017

Prepared by: NHS England National Emergency Preparedness, Resilience and Response Unit

Classification: OFFICIAL

This plan should be read in conjunction with the following documents:

- [NHS England Emergency Preparedness, Resilience and Response Framework](#)
- NHS England Incident Coordination Centre (National) Standard Operating Procedures (OFFICIAL: SENSITIVE, not publically available)
- NHS England Incident Management Team (National) Handbook (OFFICIAL: SENSITIVE, not publically available)
- NHS England EPRR Communications Protocol

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1 Introduction

The NHS needs to be able to plan for, respond to and recover from a wide range of incidents, emergencies or disruptive challenges that could impact on health or patient care. These could range from extreme weather conditions, to an outbreak of an infectious disease, or a major transport incident. The Civil Contingencies Act 2004 (CCA) and the NHS Act 2006 as amended by the Health and Social Care Act 2012 (NHS Act 2006 as amended) requires NHS England, NHS organisations and providers of NHS funded care to demonstrate that they can deal with such incidents while maintaining services to patients. This programme of work is referred to in the health community as emergency preparedness, resilience and response (EPRR).

During times of pressure and in response to incidents and emergencies, NHS organisations require a mechanism to operate enhanced leadership and decision making in a structured manner. This structure provides a clear leadership pathway with accountable decision making that relies on an accurate and timely shared understanding of the situation which can be problematic in a potentially information poor environment. The structured approach to leadership under pressure is commonly known as 'command and control'.

The NHS England Incident Response Plan (National) (IRP(N)) is the overarching generic plan that details how NHS England, as a single organisation, reviews and responds to any health related incident or emergency at the national level. It is intended for use by NHS England Executive Management Team, the Director of NHS Operations and Delivery and the National Head of EPRR and acts as a reference and signposting document to provide appropriate guidance in planning and response. The IRP(N) recognises that the NHS follows the principles of subsidiarity in that the management of an incident should be at the level closest to the people affected by the incident as is reasonably practical.

This plan sets out the NHS England national response to an incident within the NHS. Regional and Director of Commissioning Operations (DCO) teams', at a local level, incident response plans will be modelled on this National plan to ensure consistency and standardisation of NHS England's response plans and functions across the NHS.

This Plan enables NHS England to deliver its corporate responsibilities in response to any incident or disruptive challenge. The key objective is to provide confidence through effective oversight, direction and co-ordination of the NHS to enable it to provide a resilient response to incidents and emergencies that could have a national impact upon the NHS. This will be achieved by working with and supporting the Department of Health (DH), NHS England regional and DCO teams, Public Health England (PHE) and other collaborating agencies, as appropriate.

This plan does not cover the NHS England central response to an internal business continuity incident.

NHS organisations are required to fulfil the requirements as Category 1 or 2 responders, as appropriate, under the CCA and the NHS Act 2006 (as amended) as well as the NHS England Emergency Preparedness Resilience and Response

Framework and to apply the principles of integrated emergency management in their preparation for and in response to incidents and emergencies.

Aligned to the NHS response, operating at the national and strategic level, NHS England is responsible for providing national oversight, direction and co-ordination of the NHS response to health incidents and emergencies where appropriate.

The NHS England IRP(N) is supported by its related Standard Operating Procedures (SOPs) and Incident Management Team (National) Handbook which contain the operational detail and procedures to be put in place during a response.

The NHS England IRP(N) details roles, accountabilities and responsibilities and then is structured in five sections, which cover the recognised phases of response:

- Alerting
- Activation
- Operation
- Escalation and De-escalation
- Stand Down

The final section covers review, maintenance, training and exercising.

Annex A contains Action Cards for the defined roles.

2 Roles, Accountabilities and Responsibilities

This section describes the roles, accountabilities and responsibilities of those functions required to deliver a response under the NHS England IRP(N).

The actual roles required for response may vary depending upon the level of response and the nature of the incident and in smaller scale incidents roles may be combined in line with required staffing.

Full details of roles, accountabilities, responsibilities and associated actions can be found on the Action Cards for each role at Annex A.

2.1 NHS England Chief Executive

Overall accountability for the direction of an incident rests with the NHS England Chief Executive (CE). In the absence of the CE, this responsibility defaults to the NHS England Accountable Emergency Officer (AEO). The CE will delegate responsibility to the AEO to oversee NHS responses to health related incidents in the majority of national (level four) incidents. The CE has national security vetting at the Developed Vetting (DV) level.

2.2 NHS England Accountable Emergency Officer

The AEO is accountable to the CE for the national direction and delivery of the NHS response to an incident. As appropriate the AEO will either assume the role of NHS England Incident Director (National) (ID(N)) or delegate this role to an appropriate person. The AEO is ultimately responsible for determining the escalation/de-escalation of the national NHS response. The AEO should have national security vetting at the Developed Vetting (DV) level.

The AEO will be supported in their role by a Senior Responsible Officer (SRO) for EPRR. The SRO may deputise for the AEO in their absence.

2.3 NHS England Incident Director (National)

Once appointed, the ID(N) is the single Strategic Commander for NHS England across the organisation and is accountable to either the CE or AEO, as appropriate.

The ID(N) has overall strategic command of the NHS response to an incident and will lead the NHS England Incident Management Team (National) (IMT(N)). The ID(N) is responsible for the sign off of all advice, briefing documents and communications relating to the incident. Additionally the ID(N) is responsible for activating the lessons identified process.

They will have appropriate national security vetting to a minimum of Security Check (SC) level.

Until the ID(N) is formally appointed the NHS England National Second On Call will assume the role of ID(N), with full delegated authority.

2.3.1 NHS England Deputy Incident Director (National)

The NHS England Deputy Incident Director (National) (DID(N)), when appointed, is accountable to, and will support, the ID(N) and deputise in their absence.

The DID(N) will have appropriate national security vetting to a minimum of SC level.

2.3.2 NHS England Strategic Adviser

The ID(N) and DID(N) will be supported in their role by a strategic adviser who will provide specialist technical EPRR support and advice.

The strategic adviser will have appropriate national security vetting to Developed Vetting (DV) level.

2.4 Other Roles

In addition to the roles outlined above the management of a response will be supported by a number of senior NHS England staff who will provide the required expertise with respect to NHS Operations and Delivery. Staff from across NHS England will be used to supplement key roles as required.

2.4.1 Incident Manager (National)

The Incident Manager (National) (IM(N)) is accountable to the ID(N) and provides senior operational management support to the ID(N), DID(N) and the IMT(N). The IM(N) will provide leadership to, and is responsible for the overall management of, the NHS England Incident Coordination Centre (National) (ICC(N)) and will ensure appropriate representation at all operational briefings and will oversee the gathering of all information related to the incident.

The IM(N) will have appropriate national security vetting to a minimum of SC level.

2.4.2 Incident Single Point of Contact (National)

The Incident Single Point of Contact (National) (SPOC) is accountable to the IM(N) and acts as the point of contact for all incoming and outgoing communications within the ICC(N).

2.4.3 Incident Coordinator (National)

The Incident Coordinator (National) IC(N) is accountable to the IM(N) and is responsible for supporting and managing the function of the ICC(N) and supporting other roles in discharging their duties.

2.4.4 IMT(N) Operational Support Officer

IMT(N) Operational Support Officers are accountable to the IM(N) and will work within the ICC(N) to support the NHS England IMT(N) through facilitating effective

communication and information flows both internal and external, along with the maintenance and management of briefings, records and tasking associated with the incident response.

For the majority of national (level four) incidents a minimum of two Operational Support Officers will be required.

2.4.5 Strategic Communications Lead

The Strategic Communications Lead is accountable to the ID(N) and is responsible for overseeing NHS England's communication strategy for an incident. They will provide direction and leadership to the NHS England communications team and support NHS England senior personnel, as required, and ensure that the communications team has the staffing resource needed to respond to the incident.

2.4.6 Incident Communications Manager (National)

The Incident Communications Manager (National) (ICM(N)) is accountable to the IM(N) and the Strategic Communications Lead and is the liaison between the IMT(N) and the NHS England communications team providing coordination of all NHS England communications during an incident. The ICM(N) will act as the key interface with communications colleagues across partner organisations and will ensure that all communications are agreed and signed off by the ID(N) before they are issued.

The ICM(N) will be located in the ICC(N).

The ICM(N) will have appropriate national security vetting to a minimum of SC level.

2.4.7 Press Office Lead

The Press Office Lead (POL) is accountable to the Strategic Communications Lead and is responsible for managing the NHS England press office response during an incident. The POL is responsible for coordinating all press office activity and delivery and ensures all media enquiries are responded to in a timely and efficient manner. They will liaise with the ICM(N) to ensure that all communications materials have appropriate sign off before being issued externally.

3 Alerting

This section covers all aspects of the alerting process for NHS England to respond to an incident and for notifying staff of a requirement to support a response. As part of the alerting process, communication will be prefixed as shown in the following table.

INFORMATION	No action required, but information needs to be shared
ALERT	No immediate action required, however information is important and the situation may develop
For ACTION	Action necessary, an incident has occurred or a request has been made that requires a response

3.1 Initial Alerting

NHS England National EPRR Team maintain a 24/7 Duty Officer and Second on call, contactable through a pager system.

During working hours, initial alerting to NHS England may be the result of an incident notification from DH EPRR or NHS England regional and DCO teams. In addition alerts may be received from Other Government Departments (OGDs) and agencies, Public Health England (PHE), Devolved Administrations (DAs), international bodies or the media.

Out of hours alerting will be initiated through the 24/7 Duty Officer system.

3.2 NHS England Internal Staff Alerting

The alerting process notifies NHS England staff of an increased likelihood that they may be required to respond to an incident (standby alert) or that an incident has taken place and what action is required.

On receipt of an alert the Duty Officer will inform the Second On Call and advise of the current situation.

The Second On Call will initially assume the role of ID(N) and undertake, in conjunction with the Duty Officer, a situational risk assessment to determine the level of response required. As soon as reasonably practical and within 30 minutes of the alert the ID(N) will inform the CE's office of the incident and confirm appointment of ID(N) and the required response arrangements.

The AEO, SRO and Director of NHS Operations and Delivery will be informed, as appropriate. The CE will be informed personally of any Level 4 incident immediately, and certainly within 30 minutes.

3.3 Alerting External Agencies

In certain circumstances, external agencies will need to be notified of a health incident which may require their action. This will be the responsibility of the ID(N) and the Duty Officer.

3.4 NHS England Incident Levels

The following table describes the incident levels in use across the NHS.

Incident level	
Level 1	An incident that can be responded to and managed by a local health provider organisation within their respective business as usual capabilities and business continuity plans in liaison with local commissioners.
Level 2	An incident that requires the response of a number of health providers within a defined health economy and will require NHS coordination by the local commissioner(s) in liaison with the NHS England local office.
Level 3	An incident that requires the response of a number of health organisations across geographical areas within a NHS England region. NHS England to coordinate the NHS response in collaboration with local commissioners at the tactical level.
Level 4	An incident that requires NHS England National Command and Control to support the NHS response. NHS England to coordinate the NHS response in collaboration with local commissioners at the tactical level.

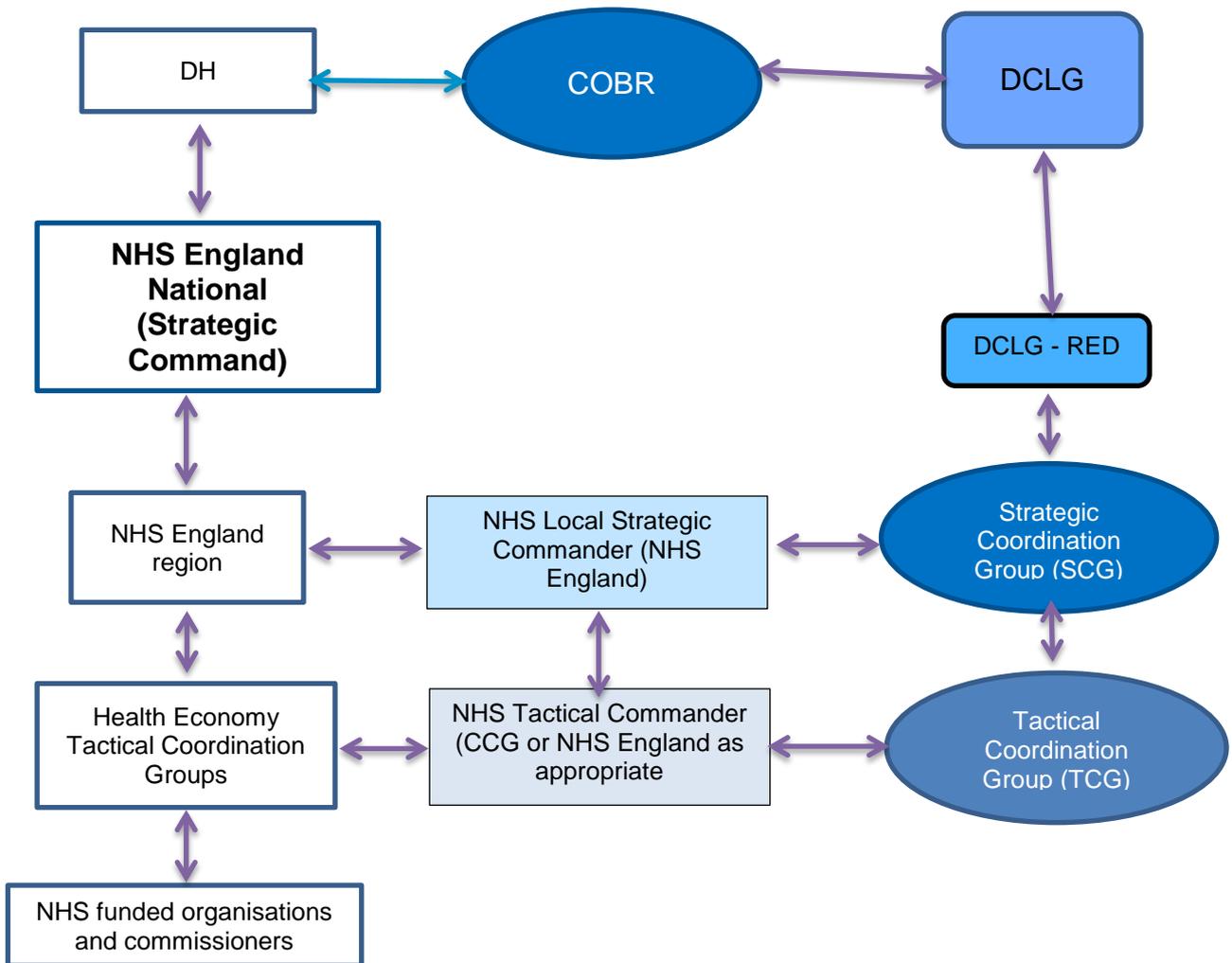
3.4.1 Subsidiarity

Decisions related to the management of an incident should be taken at the lowest appropriate level, with coordination at the highest necessary level.

In practice, this means that whilst the ID(N) retains overall responsibility for an incident the ID(Region) and local teams may continue command and control of the NHS at their local level.

The ID(N) will ensure consistent reporting and communication messages both within and external to NHS England and the NHS in England.

EPRR response structure for the NHS in England



4 Activation

The level and organisation of the NHS England response will be determined through the use of the situational risk assessment criteria detailed below. The following is not an exhaustive list but indicate the form of assessment that will be undertaken when the AEO determines both the appropriate level of response and any subsequent escalation or de-escalation.

The CE, AEO or ID(N), as appropriate, will consider using powers under section 252a of the NHS Act 2006 as amended by the Health and Social Care Act 2012 to ensure a coordinated response across Clinical Commissioning Groups and providers of NHS funded services.

The CE will inform the NHS England Board of activations of this IRP(N), as soon as reasonably practical.

4.1 Situational Risk Assessment Criteria

- a) The significance of the impact upon the NHS in terms of resources required to manage the response
- b) Public perception/concern, issues of public confidence e.g. an incident with limited risk to the whole NHS might be escalated to a higher level if there is widespread community or media interest
- c) Impact on NHS reputation and relationships
- d) Implications for partners and partnerships – resources, reputation, reciprocity
- e) Media attention – national, international
- f) Complexity of the situation and associated competencies for handling
- g) Potential malicious incidents (act of terrorism, deliberate release, hoaxes) will escalate the response level to Level four and national command and control will be established
- h) Possibility of subsequent adverse events
- i) In the initial stages, full implications of the incident may not be evident. Consideration should be given to providing a response and de-escalation when appropriate
- j) A state of readiness following de-escalation of an incident in case the situation escalates again (e.g. public riots) or a very low level response and protracted 'tail' that still requires national coordination

- k) Establishment of Central Government emergency arrangements and the Cabinet Office Briefing Rooms (COBR) will escalate the response level to level four and national command and control will be established
- l) Escalation of threat level to the United Kingdom (UK) to Critical will initiate a level four national response

Appendix one of the NHS England Emergency Preparedness, Resilience and Response Framework should also be used in determining appropriate incident levels.

4.2 Authority to Activate

Authority to activate a national response lies with any of the following:

- a) NHS England Chief Executive
- b) NHS England Accountable Emergency Officer or SRO
- c) NHS England Director of NHS Operations and Delivery
- d) NHS England Head of NHS Operations
- e) NHS England National Head of EPRR
- f) NHS England EPRR Duty Officer, in conjunction with the Second On Call

4.3 Activation of the IMT(N) and ICC(N)

An initial situational risk assessment should inform the discussions between senior staff with regard to defining an appropriate level of response

One outcome of the situational risk assessment is the declaration of a NHS national (level four) incident.

For the purposes of this plan a NHS national (Level 4) incident is one that requires national command, control, coordination, communications and management processes to both support and ensure that the NHS as a whole is effective in managing a large scale, complex or evolving incident that could result in an adverse impact on the services' effective delivery of care to the public.

NHS England national management of an incident may also be in response to external partner organisation's requirements placed upon NHS England.

The response may require the activation of one or more NHS England ICC. The function of the ICC is to provide a focal point for the coordination of the response and gathering, processing, archiving and disseminating of information across the NHS and externally, as appropriate.

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The decision to establish the IMT(N) rests with the ID(N). Dependent upon differing response requirements the IMT(N) will be supported by an ICC(N) which will be located at either Quarry House, Leeds (primary location) or Skipton House, London or both. Dependent upon the nature of the incident the IMT(N) could also operate virtually.

The decision will be determined by a number of factors:

- a) Location and ease of access to COBR and central government
- b) The nature of the emergency
- c) Security considerations
- d) The potential for the ICC(N) to be compromised by infrastructure restrictions
- e) The scale, duration and complexity of the response

The IMT(N) supported by the ICC(N) will provide an enhanced level of operational support to the NHS and DH.

Once the IMT(N) is established the ID(N) will ensure that a written briefing is submitted to CE's office, AEO, SRO and Director Operations and Delivery within one hour outlining the current situation.

5 Operation

5.1 NHS England Incident Management Team (National)

The IMT(N) is structured to be accountable to and operationally support the ID(N) and facilitate effective national direction, coordination, communication and operational management of an incident.

The IMT(N) will work with the relevant NHS England Regional Team Incident Director (Regional) (ID(R)) and their Incident Management Team (Regional) (IMT(R)) in the management of an incident, as required.

Strategic direction and coordination of NHS England will be provided by the ID(N).

NHS England IMTs may be required to provide an appropriate response to a widespread incident or individual centres to specific incidents.

In certain circumstances during the response and following a dynamic risk assessment the ID(N), in consultation with the AEO, may decide to modify the responsibilities of the IMT(N) such as the function may be reduced in order to reflect specific strategic demands. This may be applicable at the start of a low-level national incident where a fully staffed IMT(N) and ICC(N) would not be required.

5.1.1 Primary Functions of IMT(N)

Supported by the ICC(N) the primary functions of the IMT(N) are:

- a) To support the ID(N) to direct and coordinate the response strategy and operations across the NHS in accordance with the established schedule
- b) To provide corporate and strategic support to the operational delivery of the NHS
- c) To be the route through which tasking from COBR via DH is implemented
- d) To advise on policy as required
- e) To manage information relevant to the incident and to disseminate as necessary to ensure shared situational awareness
- f) To liaise with DH and PHE, as required
- g) To provide situation reports (SitReps) and briefings to DH, for sharing with COBR, NHS England Senior Management Team and to the NHS
- h) To provide a forward look to issues that may arise, their consequences and forecasting the NHS response
- i) To coordinate and direct strategic meetings and/or teleconferences

- j) To assist DH EPRR Incident Response Centre and DH communications with the information flow to the public domain via the media and the other key stakeholders
- k) To operate the ICC(N) which is the operational hub through which information flows, both internally and externally.
- l) To track and manage tasking as directed by the ID(N) and IM(N)

5.2 Records Management

An essential element of any response to an incident is to ensure that all records and data are captured and stored in a readily retrievable manner. This is fundamental to the NHS England response and these records will form the definitive record of the response and may be required at a future date as part of an inquiry process (judicial, technical, inquest or other). Such records are also invaluable in identifying lessons that would improve future response.

Regardless of the scale of an incident the ID(N) is responsible for the sign off and approval of all briefing papers and documents relating to the incident. All such documents must be logged by the IMT(N).

5.3 Shift Arrangements

In the event of an incident having substantial impact it may be necessary to continue operation of the ICC(N) for a number of days, weeks or months. In particular, in the early phase of an incident the IMT(N) and the ICC(N) may be required to operate continuously for an extended period of time. Responsibility for deciding on the scale of response, including maintaining overnight teams, rests with the ID(N).

A robust and flexible shift system will need to be in place to effectively manage an incident through each phase. The ICC(N) will operate shift working arrangements as required.

These shift arrangements will depend on the nature of the incident and must take into consideration any requirements for preparatory work to support external (e.g. COBR) meetings and activities. It is important that there is rotation of staff to prevent fatigue and 'burn out' in protracted incidents.

Outline shift requirements are as follows:

- a) The key roles identified in Section 2.4 must be established for each shift
- b) Requirements for each shift should be monitored at each handover
- c) Handover briefings must be appropriately detailed (template and standard operating procedures (SOPs))
- d) Sufficient time must be allowed for handover

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- e) The IM(N) is accountable for ensuring appropriate staffing of all shifts
- f) Shift changes should be considerate of both staff welfare and operational requirements
- g) Initial shift changes in teams should be staggered
- h) Where possible there should be continuity of staffing
- i) Staff welfare and health and safety policies must be followed

6 Escalation and De-Escalation

Escalation or de-escalation through the incident levels need not occur sequentially but will be driven by the nature, scale and complexity of incidents combined with the expectations of the NHS England response. Any incident response can be changed following a review, including a risk assessment, of the strategic direction and operational management of the incident.

The level of response may need to be escalated or de-escalated for a number of reasons. These may include:

Criteria for Escalation	Criteria for De-escalation
<ul style="list-style-type: none"> • Increase in geographic area or population affected • The need for additional NHS external or internal resources • Increased severity of the incident • Increased demands from DH, partner organisations or other responders on the NHS • Heightened public or media interest • Establishment of COBR • Increased UK threat level 	<ul style="list-style-type: none"> • Reduction in incident resource requirements • Reduced severity of the incident • Reduced demands on the NHS from DH, partner organisations or other responders • Reduced public or media interest • Decrease in geographic area or communities affected • Decreased UK threat level

Appendix one of the NHS England Emergency Preparedness, resilience and Response Framework should be used to assist with the determination of escalation and de-escalation.

Changes in incident level can only be authorised by the ID(N).

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

7 Stand Down

Once it has been decided that the NHS England national response structure is no longer appropriate the stand down process will be initiated by the ID(N).

7.1 Administration

Once the decision has been taken to stand down the response the ID(N) will ensure that appropriate elements of the response are stood down, this may be a staged process.

It is important to ensure that where communication channels have been specifically created for the incident mechanisms are in place to ensure that no communications are lost.

7.2 Debriefs and Reports

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

Structured debriefs should be held with involved staff as soon as possible, within 28 days, after de-escalation and stand down. Participants must be given every opportunity to contribute their observations freely and honestly. The ID(N) 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:

- 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.

7.3 Lessons Identified

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

A separate lessons identified report will focus on areas where response improvements can be made in future. This report will include:

- Observations
- Action plan – recommendations, actions, timescales, owner

8 Review, Maintenance, Training and Exercising

The CCA requires that every plan maintained by a Category 1 responder must include provision for:

- The carrying out of exercises for the purpose of ensuring that the plan is effective
- The provision of training of:
 - An appropriate number of suitable staff and
 - Such other persons considered appropriate, for the purposes of ensuring that the plan is effective

To meet these requirements this plan will be exercised to ensure its validity and effectiveness.

NHS England staff with emergency response roles in the plan and those who potentially have a role within an incident response will participate in a targeted training programme to ensure competency in those roles.

The maintenance of the document is the responsibility of the NHS England National Head of EPRR. It will be reviewed as required by the NHS England AEO.

Annex A Action Cards

NHS England Incident Response Roles Action Cards

	Red	Essential (Core) Role
	Orange	Critical Role
	Green	Supporting Role

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Action Cards for communications team are contained within the NHS England EPRR Communications Protocol

ACTION CARD 1

NHS England Chief Executive

Accountable to: Secretary of State for Health

Responsibilities

- To ensure the NHS continues to deliver its core functions during the response and recover phases of any incident
- Overall responsibility and command and control of the NHS response to a national incident
- Provides liaison between the NHS and DH and Central Government
- Inform NHS England Board of activations of IRP(N), as appropriate

Initial Actions

1. In discussion with the NHS England Accountable Emergency Officer and following a dynamic risk assessment, decide or review the appropriate level and scale of response to an incident
2. Delegate authority to the NHS England Accountable Emergency Officer and the Incident Management Team (National) to oversee the delivery of the NHS England response to an incident
3. Consider using powers under section 252a of the NHS Act 2006 as amended by the Health and Social Care Act 2012 to ensure a coordinated response across Clinical Commissioning Groups and service providers.

Post Incident

- Debrief with the NHS England Accountable Emergency Officer on the NHS response to an incident and agree lessons identified to be taken forward

ACTION CARD 2

NHS England Accountable Emergency Officer

Accountable to: NHS England Chief Executive

Responsibilities

- As directed by the NHS England Chief Executive, to ensure that the NHS continues to deliver its core functions during the response and recovery phases of any significant health related incident
- Overall responsibility and control of the NHS response to a national incident
- Provides liaison between the NHS and DH and Central Government

Initial Actions

1. Start and maintain personal log
2. In discussion with the NHE England Chief Executive, and following a dynamic risk assessment decide and agree the appropriate level and scale of the response
3. Appoint the NHS England Director of NHS Operations and Delivery, or any other at the discretion of the Accountable Emergency Officer, to the role of Incident Director (National) to direct the NHS England national response
4. Ensure that the NHS England Incident Director (National) has set up the NHS England Incident Management Team (National) and appointed appropriate response leads as required for the incident
5. Agree with the Incident Director (National) the NHS England national battle rhythm and situation reporting requirements
6. Consider using powers under section 252a of the NHS Act 2006 as amended by the Health and Social Care Act 2012 to ensure a coordinated response across Clinical Commissioning Groups and service providers.

ACTION CARD 2

NHS England Accountable Emergency Officer

Post Incident

- Ensure that the Incident Director (National) has followed the procedures set out in the Incident Response Plan (National) and that all respective responding elements have been stood down
- Debrief with the NHS England Chief Executive Officer on the NHS response to the incident and agree lessons identified

ACTION CARD 3

NHS England Incident Director (National)

Accountable to: NHS England Accountable Emergency Officer

Responsibilities

- Perform a dynamic risk assessment depending on the context of the overall situation
- Set up NHS England Incident Management Team (National) and oversee its operation
- Maintain regular dialogue with the NHS England Accountable Emergency Officer regarding the progress of the incident
- Assurance that required resources are secured
- The health, safety and welfare of NHS England staff involved in the incident response
- Sign off of all Situation Reports, Briefings media and communications statements

Initial Actions

1. Start and maintain personal log
2. Ensure that the incident log is initiated
3. In discussion with the NHS England Accountable Emergency Officer, decide or review the appropriate level and scale of the response
4. Set up the Incident Management Team (National) and appoint Incident Manager (National), activate the Incident Coordination Centre (National) and confirm its location
5. Inform Chief Executive's Office, within 30 minutes of initial alert
6. Set up and chair the first incident coordination briefing meeting
7. Establish the battle rhythm

ACTION CARD 3

NHS England Incident Director (National)

8. Consider using powers under section 252a of the NHS Act 2006 as amended by the Health and Social Care Act 2012 to ensure a coordinated response across Clinical Commissioning Groups and service providers.

Actions when NHS England Incident Management Team (National) established

1. Establish contact with any NHS England Incident Coordination Centres already involved in the response
2. With the Incident Manager (National) identify initial objectives for the response
3. Ensure Situation Reports and Briefings are produced in time with the battle rhythm and approve them for distribution
4. Provide initial briefing to Chief Executive's office, within one hour of establishment
5. Chair regular response meetings
6. Ensure tasking is logged and priorities assigned and review at response meetings
7. If the nature of the incident requires NHS England representation at COBR arrange an appropriate representative to attend
8. Assess the strategic direction of the incident and determine the need to escalate/de-escalate response level
9. Ensure lessons identified process is initiated
10. Ensure detailed handover at the end of each shift to maintain situational awareness

ACTION CARD 3

NHS England Incident Director (National)

Post Incident

- Close incident log
- Ensure post incident debriefs are carried out and action log created from lessons identified
- Ensure any post incident recovery or remediation issues are addressed
- Ensure post incident report completed

ACTION CARD 4

NHS England Incident Manager (National)

Accountable to: NHS England Incident Director (National)

Responsibilities

- To provide support and guidance to the Incident Management Team (National) and expertise and knowledge of the NHS response functions and processes
- To assist new staff to develop in their role within the Incident Coordination Centre (National)
- Ensure incident management and decision logs are maintained
- Set up of the Incident Coordination Centre (National) and the Incident Management Team (National)
- Ensure all Incident Coordination Centre (National) staff are briefed and aware of any specific security requirements
- Coordinate written briefs, situation reports and effective flow of information
- To provide senior operational and tactical management support to the Incident Director (National)
- To ensure that communications between the Incident Coordination Centre (National), NHS England Regional Teams, Department of Health, Public Health England and other partner organisations are dealt with in a prompt and appropriate manner
- To provide broad forward look strategy options
- To observe and review any lessons identified during the incident and develop action plans for incorporation into future planning
- To identify any resource impacts arising from the incident
- To ensure that all incident plans and standard operating procedures and adhered to by the Incident Coordination Centre (National)

ACTION CARD 4

NHS England Incident Manager (National)

Initial Actions

1. Start and maintain a personal log
2. Ensure incident and decision logs are started
3. To gather battle rhythm information and disseminate across the Incident Coordination Centre (National)
4. Commence rolling brief
5. Ensure that the staffing rota for the Incident Coordination Centre (National) is populated

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 completed and up to date
- Assist in briefing incoming shift
- Assist in debriefing outgoing shift
- Ensure all staff aware of arrangements for cold debrief

ACTION CARD 5**NHS England Incident Single Point of Contact (National) (SPOC)**

Accountable to: NHS England Incident Manager (National)

Responsibilities

- To act as the point of contact for incoming telephone calls, email and other communications into the Incident Coordination Centre (National)
- To work closely with the Incident Manager (National) and the Task Manager (National) to ensure that messages are directed to the appropriate recipient(s)

Initial Actions

1. Set up allocated workstation within the Incident Coordination Centre (National)
2. Inform the Incident Manager (National) that the appropriate incident email account and telephones are active
3. Inform appropriate staff and partner organisations of the email address and telephone number(s) to be used to contact the Incident Coordination Centre (National)
4. Send appropriate Situation Report template to NHS England Incident Coordination Centre (Region) for use during the incident

Operational Actions/Duties

1. Manage incoming email communications by flagging the message using the system define in the standard operating procedures and allocate, in conjunction with the Task Manager (National)
2. Manage outgoing email communication by sending as required and alerting team members who need to know when communications have been sent
3. Maintain files in the email account and shared drive as required
4. Maintain an overview of incoming and outgoing communications

ACTION CARD 5

NHS England Incident Single Point of Contact (National) (SPOC)

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 completed and up to date and saved in the appropriate locations
- Assist in briefing incoming shift
- Participate in hot and cold debriefs

ACTION CARD 6

NHS England Incident Coordinator (National)

Accountable to: NHS England Incident Manager (National)

Responsibilities

- Support and manage the function of the Incident Coordination Centre (National)
- Assist the Incident Manager (National) in ensuring that critical actions are not missed and progress towards delivery is monitored
- Assist the Incident Manager (National) in managing the workload of Incident Coordination Centre (National) staff and to ensure that welfare needs are met
- To support Incident Management Team (National) critical roles and to ensure that in smaller scale incidents the responsibilities of these roles are achieved

Initial Actions

1. Ensure that the Incident Coordination Centre (National) facilities are set up and functioning
2. Establish signing in procedure, recording of staff role allocation and issue of equipment, in accordance with standard operating procedures
3. Ensure records management procedures are implemented and files set up on shared drive for recording electronic records

Operational Actions/Duties

1. Maintain shift records and contact lists within the Incident Coordination Centre (National)
2. Ensure all staff have regular and adequate rest breaks, arrange/provide cover for staff as appropriate
3. Ensure all equipment is functioning correctly and support staff in the use of processes and procedures
4. Ensure rolling brief is maintained
- 5.

ACTION CARD 6

NHS England Incident Coordinator (National)

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 completed and up to date and saved in the appropriate locations
- Ensure all personal logs and notes from all staff are collected and stored appropriately
- Assist in briefing incoming shift
- Participate in hot and cold debriefs

ACTION CARD 7

Records Manager (National)

Accountable to: NHS England Incident Manager (National)

Responsibilities

- To ensure that all records and data are captured and stored in a readily retrievable manner
- To ensure awareness of NHS England Records Management policy and procedure and ensure compliance across the Incident Management Team (National)
- To provide a file architecture for storing electronic information and appropriate storage of hard copy data
- To ensure post incident archive and secure storage of records, information and all data associated with the incident

Initial Actions

1. Set up file structure for the storage of electronic information and ensure all members of the Incident Management Team (National) are aware of the system for filing
2. Ensure all members of the Incident Management Team (National) are aware of the naming conventions as detailed in the standard operating procedures
3. Set up filing system for hard copy information, including all notes made

Operational Actions/Duties

1. Collate and coordinate information data flows throughout the incident to ensure that there is an audit trail and accurate and contemporaneous records of all actions and decisions are maintained
2. Ensure no materials are taken or disposed from the Incident Coordination Centre (National) and all materials archived

ACTION CARD 7

Records Manager (National)

End of Shift/Post Incident

- Ensure accurate handover notes are produced and incoming shift are aware of any urgent/outstanding issues
- Ensure that all records, notes and documents associated with the incident are collated and archived and stored in a secure location
- Participate in hot and cold debriefs

ACTION CARD 8

Situation Report (SitRep) Manager (National)

Accountable to: NHS England Incident Manager (National)

Responsibilities

- To ensure that accurate and timely incident situation reports are produced in accordance with the established battle rhythm
- To monitor input from NHS England Regions, Department of Health and other partner organisations to ensure that relevant information is received into the Incident Coordination Centre (National)
- To assist in maintain shared situational awareness and the rolling brief in the Incident Coordination Centre (National)

Initial Actions

1. Set up the situation report template to be used across the NHS for the incident
2. Plan receipt of information and compilation of national situation report in line with battle rhythm

Operational Actions/Duties

1. Continually monitor information flows and situation reports received from NHSEngland regions and partner organisations
2. To ensure that all versions of situation report are stored in the appropriate manner
3. Produce updated situation reports in line with battle rhythm and in response to significant changes in the incident or additional request for information
4. Ensure that the Incident Manger (National) and Incident Director (National) have signed off the situation report prior to distribution to partner organisations and the NHS
5. Ensure the latest version of the situation report is displayed in the Incident Coordination Centre (National)

ACTION CARD 8

Situation Report (SitRep) Manager (National)

End of Shift/Post Incident

- Ensure accurate handover notes are produced and incoming shift are aware of any urgent/outstanding issues
- Ensure situation report folders are accurate and up to date and that the current version is displayed in the Incident Coordination Centre (National)
- Participate in hot and cold debriefs

ACTION CARD 9

Task Manager (National)

Accountable to: NHS England Incident Manager (National)

Responsibilities

- To set up and maintain task log during an incident
- To ensure that all tasking is recorded, tracked and managed in an appropriate and timely manner
- To ensure that critical actions are not missed and that progress towards delivery is monitored

Initial Actions

1. Set up task log, in accordance with standard operating procedures
2. Record initial tasks and allocate to individuals as appropriate

Operational Actions/Duties

1. Receive information from the Single Point of Contact and the Incident Manager (National)
2. Record all tasks on the task log and allocate to appropriate staff for action within specified timescales
3. Track tasks and ensure required outputs are produced and deadlines met, in line with battle rhythm. Follow up with staff as appropriate
4. Advise Incident Manager (National) of any time critical delays or additional requests from partner organisations

ACTION CARD 9

Task 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 10

Loggist (National)

Accountable to: Decision Maker either – NHS England Incident Director (National) or NHS England Incident Manager (National)

Responsibilities

- To record and document all decisions and the rationale for the decision made by the decision maker

Initial Actions

1. Meet with allocated decision maker to agree ways of working
2. Start decision log, including full names and signatures of Loggist and decision maker

Operational Actions/Duties

1. Maintain full and accurate decision log
2. Ensure all persons involved in decision process recorded in log
3. Ensure all supporting materials are recorded in the log
4. Follow best practice for Loggists
5. Ensure decision maker signs and dates log, as required

End of Shift/Post Incident

- Ensure accurate handover notes are produced and incoming shift are aware of any urgent/outstanding issues
- Ensure decision log is complete and accurate
- Sign off log to ensure no further additions or alterations can be recorded
- Participate in hot and cold debriefs

ACTION CARD 11

Incident Management Team (National) Operational Support Officer

Accountable to: NHS England Incident Manager (National)

Responsibilities

- To provide general support within the Incident Coordination Centre (National)

Initial Actions

1. Set up workstations within the Incident Coordination Centre (National) as required

Operational Actions/Duties

1. Undertake tasks as required by the Incident Manager (National)
2. Assist in the production of information including briefings, rolling brief and situation reports
3. Assist with general administrative tasks, as required

End of Shift/Post Incident

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

ACTION CARD 12**NHS England Liaison Officer to Department of Health**

Accountable to: NHS England Incident Manager (National)

Responsibilities

- To provide a link into Department of Health Incident Response Management Team

Initial Actions

1. Start and maintain personal log
2. Obtain NHS England Incident Single Point of Contact (National) telephone number and email address

Operational Actions/Duties

1. Support the Incident Manager (National) and the Incident Management Team (National) in maintaining links between NHS England Incident Coordination Centre (National) and Department of Health
2. Ensure all requests for information or tasking for NHS England is done through the NHS England Incident Single Point of Contact (National)
3. Ensure that all advice and information provided to partner organisations is logged and the Incident Management Team (National) are aware

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 13

NHS England Medical Director

Accountable to: NHS England Chief Executive

Reports to: NHS England Incident Director (National)

Responsibilities

- To support the NHS England Incident Director (National) and the Incident Management Team (National) as required during an incident
- Provide medical advice and support as appropriate to the incident

Initial Actions

1. Agree with the Incident Director (National) any specialist medical resources that may be required to support the incident
2. Provide medical leadership throughout the incident
3. Represent NHS England during any media interviews, as required
4. Maintain personal log

Post Incident

- Participate in hot and cold debriefs

ACTION CARD 14

NHS England Chief Nurse

Accountable to: NHS England Chief Executive

Reports to: NHS England Incident Director (National)

Responsibilities

- To support the NHS England Incident Director (National) and the Incident Management Team (National) as required during an incident
- Provide nursing advice and support as appropriate to the incident

Initial Actions

1. Agree with the Incident Director (National) any specialist nursing resources that may be required to support the incident
2. Provide nursing leadership throughout the incident
3. Represent NHS England during any media interviews, as required
4. Maintain personal log

Post Incident

- Participate in hot and cold debriefs

ACTION CARD 15**NHS England Strategic Adviser**

Accountable to: NHS England Incident Director (National)

Responsibilities

- To provide specialist technical support and advice to the NHS England Incident Director (National), and Deputy Incident Director (National) where appointed

Initial Actions

1. Start and maintain personal log
2. Liaise with Incident Director (National)

Operational Actions/Duties

1. Support the Incident Director (National) by providing specialist technical advice, as required
2. Ensure that all advice provided is recorded in log
3. Attend meetings with, or on behalf of, the Incident Director (National), as required
4. Ensure all requests for information or tasking for NHS England is done through the NHS England Incident Single Point of Contact (National)
5. Ensure that all advice and information provided to partner organisations is logged and the Incident Management Team (National) are aware

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 16**NHS England Deputy Incident Director (National)**

Accountable to: NHS England Incident Director (National)

Responsibilities

- To support the Incident Director (National)
- To deputise for the Incident Director (National), in their absence
- To provide specialist advice to the Incident Management Team (National)

Initial Actions

1. Start and maintain personal log
2. Liaise with Incident Director (National)

Operational Actions/Duties

1. Support the Incident Director (National), as required
2. Attend meetings on behalf of the Incident Director (National), as required
3. Ensure all requests for information or tasking for NHS England is done through the NHS England Incident Single Point of Contact (National)
4. Provide specialist advice and support to the Incident Management Team (National)

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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