NHS England

Incident Response Plan (National)

Version 5.0, July 2025

Contents

1. Introduction

1.1 Background

The NHS needs 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 range from extreme weather conditions, an infectious disease outbreak to a major transport accident, a cyber security incident or a terrorist act. The Civil Contingencies Act 2004 (CCA 2004), the NHS Act 2006 (as amended) require NHS England and NHS-funded organisations 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, NHS-funded organisations require a structured approach to support effective decision-making. This structure provides a clear leadership pathway with accountable decision-making in response to information about the incident. This approach to leadership is commonly known as 'command and control'.

1.2 Purpose

The Incident Response Plan (National) is the overarching generic plan that details how NHS England prepares for, reviews and responds to any health-related incident at a national level. It is for use by the NHS Executive Group, directorates and teams, and the National Director of NHS Resilience. The plan acts as a reference and signposting document to provide appropriate guidance in planning and response and recognises that the NHS follows the principles of subsidiarity in that an incident should be managed at the level closest to the people affected so far as is reasonably practicable.

NHS England regional teams' incident response plans supplement 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 corporate responsibilities in response to any incident. The objective is to provide effective oversight, direction and co-ordination of the NHS, where appropriate, to enable it to provide a resilient response to incidents that could have a national impact on the NHS. This will be achieved by working with and supporting the NHS England regional teams, Department of Health and Social Care (DHSC), United Kingdom Health Security Agency (UKHSA) and other collaborating agencies, as appropriate.

This plan does not cover NHS England's response to business continuity incidents and should be read in conjunction with NHS England's Business Continuity Plans.

NHS-funded organisations are required to fulfil the requirements as Category 1, as appropriate, under the CCA 2004, the NHS Act 2006 (as amended) as well as the NHS EPRR Framework, and to apply the principles of integrated emergency management (IEM) in their preparation for and response to incidents and emergencies.

The NHS England Incident Response Plan (National) is supported by standard operating procedures (SOPs), Incident Management Team (National) (IMT(N)) handbook and NHS England EPRR communications protocol, which contain the operational detail and procedures to be put in place during a response. Any reference in this document to the Incident Management Team or Incident Coordination Centre refers to the NHS England national arrangements unless otherwise stated.

The plan is structured around the recognised phases of response:

- alerting
- activation
- operation
- escalation and de-escalation
- stand down.

Within this, there is consideration of roles, accountabilities and responsibilities and where any changes may be needed should a protracted incident be declared (see section 3 for the definition of an incident and a protracted incident).

The Appendix provides action cards for the defined roles.

Operational details for protracted incidents are contained in Annex A: Incident Response Plan (National) – Protracted Incidents (published separately).

1.3 Review, maintenance, training and exercising

The CCA 2004 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; this will be
- Training of:

a. an appropriate number of suitable staff

b. such other persons considered appropriate for the purposes of ensuring that the plan is effective.

NHS England staff with incident response roles in the plan and those who potentially have a role in an incident response will take part in a targeted training and exercising programme to ensure their competency in those roles.

The annual maintenance and review of this document is the responsibility of the NHS England National Director for NHS Resilience. It will be endorsed by the NHS England Accountable Emergency Officer (AEO) and signed off by the Quality and Performance Committee.

1.4   Summary of changes

The main changes since the fourth version of the Incident Response Plan (National), published in 2022, are:

- update to job titles (throughout document)
- reference to governance sign off added (section 1.3)
- update to roles and responsibilities (section 4.1 and 4.2)
- DLUHC replaced with MHCLG and UK Civil Contingencies Committee (COBR) to COBR (ministerial/ officials) (Figure 1)
- reference to the National Operations Centre added in context of ICC(N) role (section 5.3)
- communications roles added to structures (Figure 2 and Figure 3)
- other minor editorial changes to improve flow

2. Applicable legislation and guidance

This document should be read in the context of:

- CCA 2004
- CCA 2004 (Contingency Planning) Regulations 2005
- associated Cabinet Office guidance
- NHS Act 2006 (as amended by the Health and Social Care Act 2012 and Health and Care Act 2022)
- the NHS Constitution
- NHS Emergency Preparedness, Resilience and Response Framework

- NHS England EPRR guidance and supporting materials including:
  - [NHS core standards for emergency preparedness, resilience and response](#)
  - [other guidance](#)
- the requirements for EPRR as set out in the [NHS Standard Contract(s)](#).

3. Definitions

3.1 Incident

For the NHS, incidents are classed as either:

- business continuity incident
- critical incident
- major incident.

Each will impact on service delivery within the NHS, may undermine public confidence and require contingency plans to be implemented. NHS-funded organisations should be aware of the escalation triggers and measures of any incident that may warrant a major incident declaration.

3.1.1 Business continuity incident

A business continuity incident is an event or occurrence that disrupts, or might disrupt, an organisation's normal service delivery, below acceptable predefined levels. This would require special arrangements to be put in place until services can return to an acceptable level. This could be a surge in demand requiring resources to be temporarily redeployed within the organisation.

3.1.2 Critical incident

A critical incident is any localised incident where the level of disruption results in the organisation temporarily or permanently losing its ability to deliver critical services; or where patients and staff may be at risk of harm. It could also be down to the environment potentially being unsafe, requiring special measures and support from other agencies to restore normal operating functions.

A critical incident is principally an internal escalation response to increased system pressures/disruption to services.

3.1.3 Major incident

The Cabinet Office and JESIP define a major incident as an event or situation, with a range of serious consequences, that requires special arrangements to be implemented by one or more emergency responder agencies.

In the NHS this will cover any occurrence that presents serious threat to the health of the community or causes such numbers or types of casualties, as to require special arrangements to be implemented. For the NHS, this will include any event defined as an emergency under section 3.2.

A major incident may involve a single agency response, although it is more likely to require a multi-agency response, which may be in the form of multi-agency support to a lead responder.

The decision to declare a major incident will always be made in a specific local and operational context. There are no precise and universal thresholds or triggers. When making the decision to declare an incident the person making the decision should be clear on what the declaration of an incident will achieve.

3.2 Emergency

Under Section 1 of the CCA 2004 an 'emergency' is defined as:

"(a) an event or situation which threatens serious damage to human welfare in a place in the United Kingdom.

(b) an event or situation which threatens serious damage to the environment of a place in the United Kingdom.

(c) war, or terrorism, which threatens serious damage to the security of the United Kingdom".

3.3 NHS incident response levels

Table 1 describes the incident response levels in use across the NHS. The levels describe where co-ordination takes place.

Table 1: NHS incident response levels

Level 1	An incident that can be responded to and managed by an NHS-funded organisation within its respective business as usual capabilities and business continuity plans.
Level 2	An incident that requires the response of a number of NHS-funded organisations within an integrated care system (ICS) and NHS co-ordination by the integrated care board (ICB) in liaison with the relevant NHS England region.
Level 3	An incident that requires a number of NHS-funded organisations within an NHS England region to respond. NHS England to co-ordinate the NHS response in collaboration with the ICB. Support **may** be provided by the NHS England Incident Management Team (National).
Level 4	An incident that requires NHS England national command and control to lead the NHS response. NHS England Incident Management Team (National) to co-ordinate the NHS response at the strategic level. NHS England (Region) to co-ordinate the NHS response, in collaboration with the ICB, at the tactical level.

Alongside these response levels, an incident may also be determined to be protracted; see section 3.4 for the definition.

3.4 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.

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

Further guidance and information is contained within the Incident Response Plan (National) Annex A – Protracted Incidents.

4. Alerting and declaration

This section covers all aspects of the alerting and declaration process for NHS England to respond to an incident, as defined in section 3.1, and for notifying staff of a requirement to support a response. The incident type alongside the level, as outlined in section 3.3, should be communicated where possible.

As part of the alerting process, notifications will be prefixed as shown in Table 2.

Table 2: Alert notification prefixes

INFORMATION	No action required, for information only.
STANDBY	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.

4.1 Initial alerting

NHS England maintains a 24/7 National Duty Officer and an NHS Operations Director on-call, with support from a Tactical Advisor and Strategic Advisor.

Initial alerting to NHS England may be the result of an incident notification from DHSC, UKHSA or NHS England regional teams. In addition, alerts may be received from other government departments and agencies, devolved administrations, international bodies or the media.

Responsibility for incident declaration in NHS England lies with:

a) NHS England National Duty Officer, in conjunction with the NHS Operations Director on-call

b) NHS England National Director of NHS Resilience

c) NHS England Accountable Emergency Officer

d) NHS Chief Executive.

In the event of a declared incident, the NHS Operations Director on-call will assume the role of Incident Director (National) and, in conjunction with the Duty Officer, conduct a situational risk assessment to determine the level of response required. They will continue in this role until an Incident Director (National) is formally appointed.

4.2 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) or that an incident has taken place, requires a response and what action is required.

The NHS England National Duty Officer will ensure the regions are informed and clarify their role if appropriate in relation to a Level 4 incident.

Within 30 minutes of the alert, the Incident Director (National) will inform the Chief Executive's office, AEO and appropriate senior responsible owner (SRO) of the incident and confirm the required response arrangements.

4.2.1 Subsidiarity

Decisions related to the management of an incident should be taken at the lowest appropriate level, with co-ordination and oversight at the highest necessary level.

In practice, this means that while the Incident Director (National) retains overall responsibility for an incident, the Incident Director (Region) may continue command and control of the NHS within their region.

The Incident Director (National) will ensure reporting and communication messages are consistent both within and external to NHS England and the NHS in England.

4.3 Alerting external partner organisations

In certain circumstances, external partner organisations will need to be notified of a health incident that may require their action. This will be the responsibility of the Incident Director (National) and the Duty Officer.

4.4 Incident response structure for the NHS in England

Figure 1 shows the incident response structure for the NHS in England and where NHS England (National) fits into the overall response.

Figure 1: Incident response structure for the NHS in England
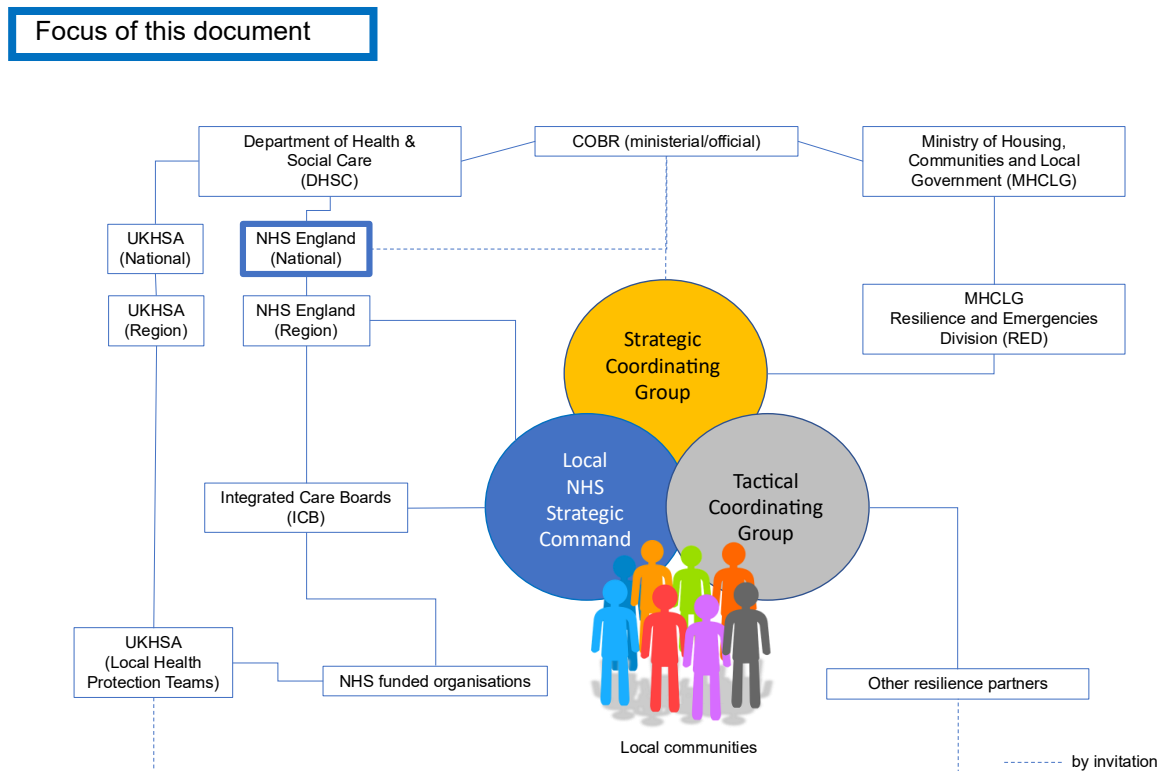
5. Activation

The level and organisation of the NHS England response will be determined using the situational risk assessment criteria detailed in section 5.1. This is not an exhaustive list but indicates the form of assessment that will be undertaken when the Incident Director (National) determines both the appropriate level of response and any subsequent escalation or de-escalation.

The Chief Executive, AEO or Incident Director (National), as appropriate, reserves the right to use powers under Section 252A of the NHS Act 2006 to ensure a co-ordinated response across integrated care boards (ICBs) and providers of NHS-funded services.

The Chief Executive will inform the NHS England Board of activations of this Incident Response Plan (National), as soon as reasonably practicable.

5.1 Situational risk assessment considerations

The following should be considered when undertaking an initial situational risk assessment:

a) The significance of the impact on the NHS in terms of resources required to manage the response.

b) Public perception/concern, issues of public confidence in its ability to deliver safe patient care: for example, 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) Implications for relationships with our partners and partnerships – resources, reputation, reciprocity.

d) Complexity of the situation and associated competencies for handling.

e) Potential malicious incidents (such as acts of terrorism, deliberate release, hoaxes) will escalate the response level to Level 4 and national command and control will be established.

f) Possibility of subsequent or secondary adverse events.

g) In the initial stages, the full implications of the incident may not be evident. Consideration should be given to providing a response and de-escalation when appropriate.

h) A state of readiness following de-escalation of an incident in case the situation escalates again (e.g. civil unrest) or there is a protracted 'tail' that still requires national co-ordination.

i) Establishment of central government emergency arrangements and the Cabinet Office will escalate the response level to Level 4 with national command and control being established.

j) Escalation of the threat level to the UK to critical will initiate a Level 4 national response.

Alongside the above risk assessment considerations, should an incident be determined as a Level 3 or 4 incident, the criteria in the Incident Response Plan (National) Annex A – protracted incidents should be considered to determine whether the incident should be declared as a protracted incident.

5.2 Authority to activate

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

a) NHS Chief Executive

b) NHS England Accountable Emergency Officer

c) NHS England National Director of NHS Resilience

d) NHS England National Duty Officer, in conjunction with the NHS Operations Director on-call.

5.3 Activation of the Incident Management Team (National) (IMT(N)) and the Incident Coordination Centre (National) (ICC(N))

An initial situational risk assessment should inform the discussions between senior staff about defining an appropriate level of response.

For the purposes of this plan an NHS national (Level 4) incident requires national command, control, co-ordination, communications and management processes. This will provide support and ensure that the whole NHS is effective in managing a large-scale, complex or evolving incident that could result in an adverse impact on the service's effective delivery of care to the public.

NHS England may activate national incident co-ordination arrangements to support an external partner organisations' response.

The decision to establish an IMT(N) rests with the Incident Director (National). Dependent on the response requirements, the IMT(N) supported by co-opted members as required may be supported by the National Operations Centre (NOC), performing the role of national Incident Co-ordination Centre (ICC(N)) and operating at Wellington House, London or at Wellington Place, Leeds. Depending on the nature of the incident, the IMT(N)/ ICC(N) may operate virtually, with operating hours extended as needed – up to 24/7 if required. A number of additional operational support structures may also be required where a protracted incident is declared in line with, and to support, the collapsible hierarchy.

The decision will be determined by a number of factors:

a) location and ease of access to central government and COBR
b) nature of the incident
c) security considerations
d) potential for the ICC(N) to be compromised by infrastructure restrictions
e) scale, duration and complexity of the response.

The response may require support of an ICC delivered by the NOC. The function of an ICC is to provide a focal point for the co-ordination of the response; gathering, processing, archiving and disseminating information across the NHS and externally, as appropriate.

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

Once the IMT(N) is established, the Incident Director (National) will ensure a written briefing outlining the current situation is submitted to the Chief Executive's office and AEO.

# 6. Roles, accountabilities and responsibilities

This section describes the accountabilities and responsibilities of those roles required to deliver a response under the NHS England Incident Response Plan (National).

The actual roles required for response may vary depending on the level of response and the nature of the incident. In smaller scale incidents and the early stages of an incident roles may be combined in line with required and available staffing.

Full details of roles, accountabilities, responsibilities and associated actions can be found on the action cards for each role at the Appendix.

The typical structure of an IMT(N) is shown in Figures 2 (below) and 3 (section 6.4).

Figure 2: Typical structure of an IMT(N)
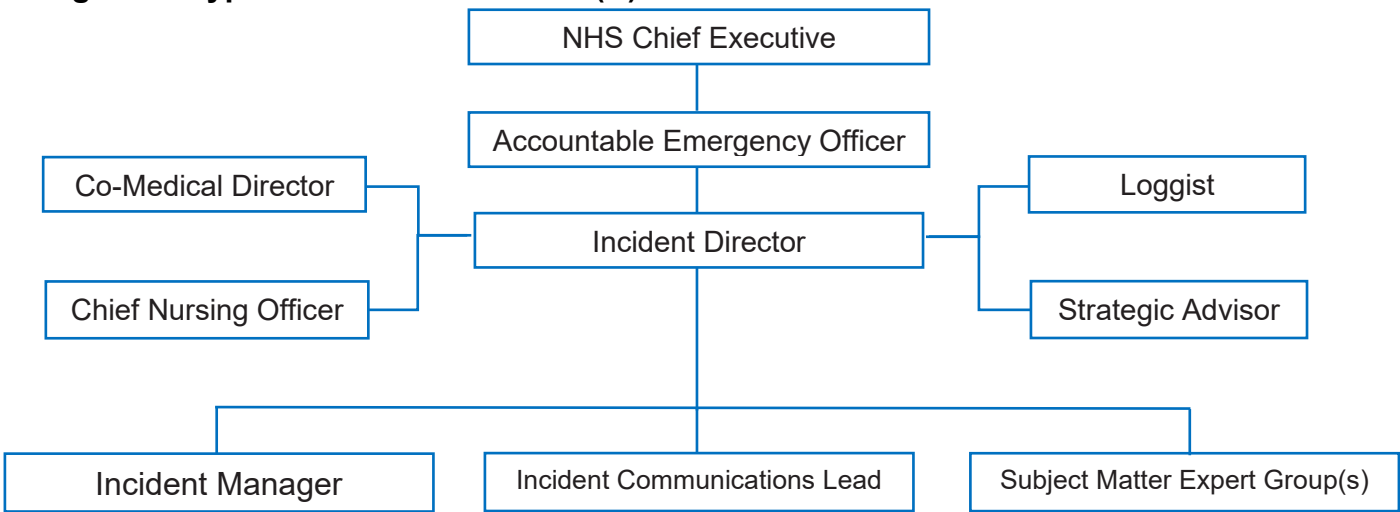
6.1 NHS Chief Executive

Overall accountability for the direction of an incident rests with the NHS Chief Executive. In the absence of the Chief Executive, this responsibility defaults to the NHS England AEO. The Chief Executive will delegate responsibility to the AEO to oversee NHS responses to health-related incidents in the majority of national (Level 4) incidents. (see action card 1)

6.2 NHS England Accountable Emergency Officer (AEO)

The AEO is accountable to the Chief Executive for the national direction and delivery of the NHS response to an incident. The AEO will either assume the role of NHS England Incident Director

(National) or delegate this role to an appropriate person. The AEO is ultimately responsible for determining the escalation/de-escalation of the national NHS response.

During a protracted incident, the AEO will also be responsible for chairing the National Incident Response Board. (see action card 2)

6.3 NHS England Incident Director (National)

The Incident Director (National) may be appointed from any NHS England directorate to lead the response to an incident, as appropriate to their business area.

Once appointed, the Incident Director (National) is the single strategic commander for NHS England for the response across the organisation and is accountable to either the Chief Executive or AEO, as appropriate.

The Incident Director (National) has overall strategic command of the NHS response to an incident and will lead the IMT(N). They are responsible for setting the response and initial recovery strategies, and signing off all advice, briefing documents and communications relating to the incident. Additionally, they are responsible for activating the lessons identified process.

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

Until the Incident Director (National) is formally appointed, the NHS Operations Director on-call will assume the role of Incident Director (National), with full delegated authority. (see action card 3)

6.3.1 NHS England strategic advisor

The Incident Director (National) will be supported by a strategic advisor who will provide specialist technical EPRR support and advice. (see action card 16)

6.4 Other roles

In addition to the roles outlined above, a number of senior NHS England staff will provide the required expertise with respect to NHS operations and delivery to support the management of a response. Staff from across NHS England will supplement key roles as required.

Figure 3: provides an example of a potential structure of additional supporting roles
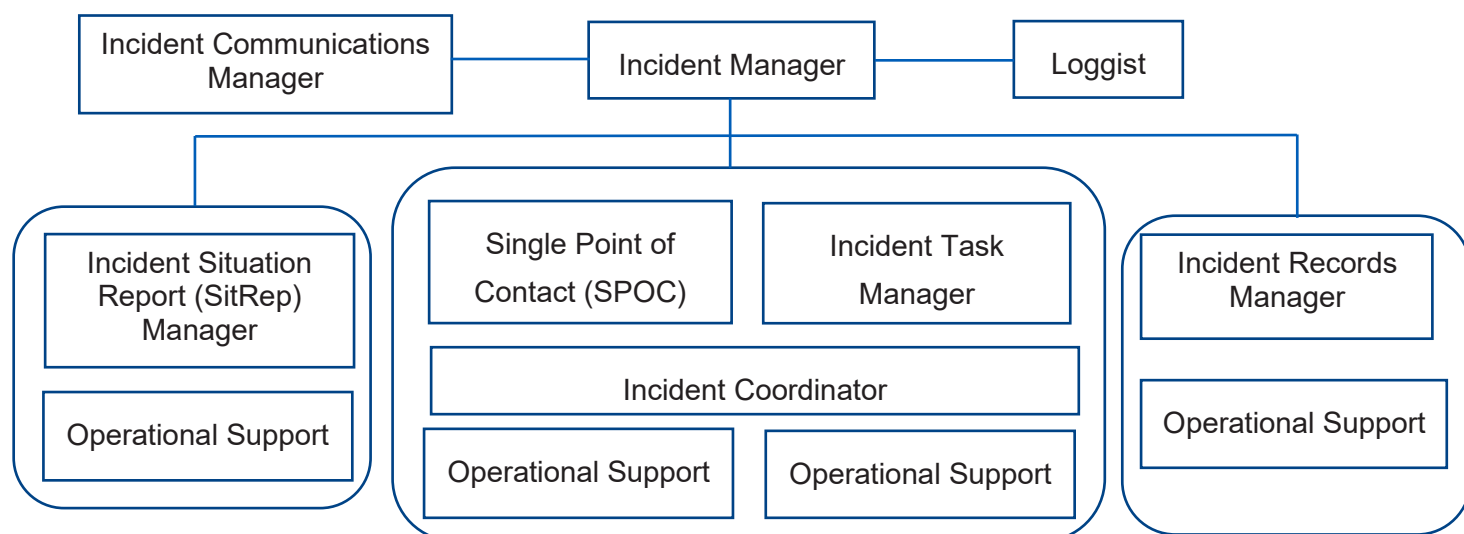
6.4.1 Incident Manager (National)

The Incident Manager (National) is accountable to the Incident Director (National) and provides senior tactical management support to the Incident Director (National) and the IMT(N); will provide leadership to, and is responsible for the overall management of, the ICC(N); and will ensure appropriate representation at all operational briefings and will oversee the gathering of all information related to the incident. (see action card 4)

6.4.2 Incident Single Point of Contact (National)

The incident Single Point of Contact (National) (SPOC) is accountable to the Incident Manager (National) and acts as the point of contact for all incoming and outgoing communications within the ICC(N). (see action card 5)

6.4.3 Incident Coordinator (National)

The Incident Coordinator (National) is accountable to the Incident Manager (National) and is responsible for supporting and managing the function of the ICC(N) and supporting other roles in discharging their duties. (see action card 6)

6.4.4 IMT(N) Operational Support Officer

IMT(N) Operational Support Officers are accountable to the Incident Manager (National) and will work within the ICC(N) to support the IMT(N) through facilitating effective communication. They ensure information flows both internally and externally, along with the maintenance and management of briefings, records and tasking associated with the incident response.

For the majority of national (Level 4) incidents a minimum of two Operational Support Officers will be required. (see action card 11)

6.4.5 Incident Communications Lead

The Incident Communications Lead is accountable to the Incident Director (National) 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; support NHS England senior personnel, as required; and ensure that the Communications team have the staffing resource needed to respond to the incident.

6.4.6 Incident Communications Manager (National)

The Incident Communications Manager (National) is accountable to the Incident Manager (National) and the Incident Communications Lead. They are the liaison between the IMT(N) and the NHS England Communications team providing co-ordination of all NHS England communications during an incident. The Incident Communications Manager (National) is responsible for the delivery of communications in relation to the incident, including the provision of communication co-ordination, advice and support to the Incident Communications Lead and/or Incident Director (National), as well as acting as the key interface with communications colleagues across partner organisations, and will ensure that all communications are agreed and signed off by the Incident Director (National) before they are issued. The Incident Communications Manager (National) will be located in the ICC(N).

6.4.7 Incident Media Lead

The Incident Media Lead is accountable to the Incident Communications Lead and is responsible for managing the NHS England press office response during an incident. They are responsible for the management of media (including social media) activity in relation to the incident: to ensure that correct media processes are followed, all media enquiries are responded to in a timely and efficient manner, and media team activity is aligned to the needs of the IMT.

6.4.8 Subject Matter Expert Group

Certain types of incidents may require specialist advice from subject matter experts (SMEs) to support the response and recovery. The Incident Director (National) may request SMEs from across NHS England and other organisations to join this group to provide specialist knowledge and advice.

The SME Group will be accountable to their individual host organisation, report to the Incident Director (National) and work with the IMT(N) to support the incident response. The Incident Director (National) will have the final decision on implementation of any advice from the SME Group. National clinical directors may be asked to nominate SMEs. (see action card 17)

6.4.9 Health and Wellbeing Coordinator

A Health and Wellbeing Coordinator (or more depending on the scale of the incident) should be assigned at the beginning of the incident and will be responsible for providing support and guidance on health and wellbeing to the teams responding to the incident.

This will include advice and guidance on both professional and pastoral support and may also include directing individuals or teams to other support services available locally or nationally. (see action card 12)

6.4.10 Incident Liaison Officer to DHSC

An Incident Liaison Officer to DHSC will be accountable to the Incident Manager (National), providing a link between the NHS England and DHSC IMTs. (see action card 13)

7. Operation

7.1 NHS England Incident Management Team (National) (IMT(N))

The IMT(N) is structured to be accountable to and operationally support the Incident Director (National), and facilitate effective national direction, co-ordination, communication and operational management of an incident.

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

Strategic direction and co-ordination of NHS England will be provided by the Incident Director (National).

7.1.1 Primary functions of the IMT(N)

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

a) support the Incident Director (National) to direct and co-ordinate the response strategy and operations across the NHS in accordance with the established schedule and requirements of the incident

b) provide corporate and strategic support to the operational delivery of the NHS

c) be the route through which tasking from COBR via DHSC is implemented

d) advise on policy as required

e) manage incident relevant information, sharing this as necessary for shared situational awareness

f) liaise with DHSC, UKHSA and other partner organisations, as required

g) provide situation reports (SitReps) and briefings to DHSC, which may also be shared with COBR, the NHS England Executive Group and the NHS in England

h) provide a forward look to issues that may arise and their consequences, and forecast the NHS response

i) co-ordinate and direct strategic, tactical and operational meetings

j) assist DHSC incident arrangements and DHSC communications with the

information flow to the public domain via the media and the other key stakeholders

k) operate the ICC(N), which is the operational hub through which information flows, both internally and externally

l) track and manage tasking as directed by the Incident Director (National) and Incident Manager (National).

7.2 Response strategy

In determining the strategy, consideration should be given to the end point, the means to achieve this and organisational values:

- the desired end-state
  - this involves clarifying what resolution of the incident should look like and what has been achieved
  - recovery – as a function of the response strategy
- how this can be achieved and what is required to bring it about
- the values to be upheld.

By setting a strategy, leaders can ensure that those working on the response and recovery, within NHS England, the NHS in England and external parties, are working towards a common goal. This will require a consensus and acceptance across incident response leadership.

The strategic aim should look beyond the immediate demands of the response and embrace the longer-term priorities of restoring essential services and helping to facilitate the recovery of the affected communities.

The aim and objectives should be made explicit and disseminated to all decision-makers and supporting staff. As with the current state of the risk assessment and incident levels, the strategy should be continuously reviewed to ensure that it remains appropriate.

7.3 Records management

An essential element of any response to an incident is to ensure that every decision and all data are captured, stored and readily retrievable. This is fundamental to the NHS England response. All information and documentation is a definitive record of the response and may be required in the future 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 Incident Director (National) 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).

Individual decision-makers should be supported by a dedicated Loggist (see action card 10) to ensure best practice in decision logging is followed.

Teams responding to the incident will be supported by dedicated records and information management coordinators where required. This will ensure consistency in records management and reduce the administrative burden on teams responding to the incident. Additional programme management support may be established for the co-ordination of activities and governance across the incident response by the workstreams and key incident response teams.

7.4 Shift arrangements

In the event of an incident having substantial impact, it may be necessary to operate the ICC(N) over extended hours (possibly 24/7) and over a number of days, weeks or months. In the early phase of an incident the IMT(N) and the ICC(N) may be required to operate continuously for an extended time. Responsibility for deciding the scale of response, including maintaining overnight teams, rests with the Incident Director (National).

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 essential that staff are rotated to prevent fatigue and 'burnout' in protracted incidents.

Outline shift requirements are as follows:

a) The key roles identified in Section 6 must be established for each shift.

b) The Incident Manager (National) is accountable for ensuring appropriate staffing of all shifts.

c) Where possible there should be continuity of staffing.

d) Initial shift changes in teams should be staggered.

e) Shift changes should be considerate of both staff welfare and operational requirements.

f) Requirements for each shift should be monitored at each handover.

g) Sufficient time must be allowed for handover and debriefs.

h) Handover briefings must be appropriately detailed (template and standard operating procedures (SOPs)).

i) Staff welfare and health and safety policies must be followed. There must be sufficient staff to allow for breaks during the shift.

8. 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 response. The NHS incident response level describes where co-ordination takes place and is not an indication of severity. 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, including those listed in Table 3.

Table 3: Criteria for escalation and de-escalation

Criteria for escalation	Criteria for de-escalation
- Increase in geographical area or population affected - Need for additional NHS external or internal resources - Increased severity of the incident - Increased demands from DHSC, partner organisations or other responders, on the NHS - Heightened public or media interest - Establishment of COBR - Increased UK threat level	- Reduction in incident resource requirements - Reduction in severity of the incident - Reduction in demands on the NHS from DHSC, partner organisations or other responders - Reduction in public or media interest - Decrease in geographical area or communities affected - Decrease in UK threat level

Changes in incident response level can only be authorised by the Incident Director (National) with the exception of where a protracted incident has or might be declared; these can only be authorised by the AEO. The Incident Director (National) will be supported by the IMT(N) throughout this process.

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.

9. 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 Incident Director (National) who 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 during this process.

9.1 Debriefs and reports

A hot debrief should be held and recorded 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. This should include aspects such as:

- what worked well during the shift
- what could be done differently next time

- any immediate risks or issues that require resolution
- staff health and wellbeing – provide a support mechanism and identify staff welfare needs.

Structured debriefs with involved staff should be facilitated by trained debriefers 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 Incident Director (National) must ensure that the full debriefing process is followed.

Structured debriefs within protracted responses may take place regularly throughout the response. See Annex A for the process.

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 risks/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.

9.2 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 Incident Director (National) is responsible for activating the lessons identified process and may delegate this responsibility to the Incident Manager (National). 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.

In addition to identifying lessons, the NHS England National EPRR team routinely reviews health lessons from a range of incidents as part of a learning cycle to improve and make changes to national EPRR guidance as necessary.

10. Ethics

Ethical considerations are important in determining how to make the fairest use of resources and capacity. Decisions should be in proportion to the demands and pressures and should be aimed at minimising overall harm caused. Many people have and will continue to face, personal dilemmas such as tensions between their personal and professional obligations. Decisions are more likely to be understood, and the need accepted if these have been made in an open, transparent and inclusive way and are based on widely held ethical values. A national DHSC Moral and Ethical Advisory Group (MEAG) exists to provide guidance on health and social aspects of responses.

The decision to request support from MEAG will be taken in consultation with the NHS England Co-National Medical Director.

11. Equality and health inequality considerations

Promoting equality and addressing health inequalities are at the heart of NHS England's values. Throughout the development of the policies and processes cited in this Incident Response Plan and the associated Annex A, by undertaking a detailed equality and health inequalities impact assessment we have:

- given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and

- given regard to the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities.

All supporting documentation developed under this Incident Response Plan and associated Annex A has given due regard to health inequality and equality considerations of local populations during times of preparing for and responding to incidents.

11.1 Health inequalities during an incident

The impact and consequences of an incident will differ across society and its population groups. These differences can stem from a range of single factors, protected characteristic or combinations of these: for example, geographical locations, poverty, health status, age, ethnicity, disability and homelessness. It is vital to explicitly take these and other inequalities into account during a major incident.

Throughout the planning and implementation phase, the AEO will ensure inequalities and the needs of communities by protected characteristics, health requirements and the overall socio-economic and welfare conditions of its populations is considered when preparing for a range of incidents.

Additionally, the Incident Director, as part of their role leading the response to an incident, will consider the impact of their decisions on health inequalities either within the existing population or on the community as a result of an incident. This, along with other decisions, should be appropriately recorded in incident logs along with the rationale underpinning the decision being made.

Appendix: Action Cards for NHS England incident response roles

	Blue **(B)**	Statutory roles that need to be kept informed of the incident	
	Red **(R)**	Essential (core) role – to be established immediately	
	Orange **(O)**	Critical role – to be established as soon as staff become available	
	Green **(G)**	Supporting role – as required	

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

Action Card 1
NHS Chief Executive

Accountable to: Secretary of State for Health and Social Care

Responsibilities

- Ensure the NHS continues to deliver its core functions during the response and recovery phases of any incident
- Take overall responsibility including command and control of the NHS response to a national incident
- Provide liaison between the NHS and DHSC and central government
- Inform NHS England Board of activations of the Incident Response Plan (National), as appropriate

Initial actions

- Decide or review the appropriate level and scale of response to an incident, following a dynamic risk assessment and in discussion with the NHS England Accountable Emergency Officer (AEO)
- Delegate authority to the NHS England AEO and the Incident Director (National) to oversee the delivery of the NHS England response to an incident
- Ensure a co-ordinated response across integrated care boards and providers of NHS-funded services, taking into consideration the use of powers under Section 252A of the NHS Act 2006

Post incident

- Debrief with the NHS England AEO 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 Chief Executive

Responsibilities

- Ensure the NHS continues to deliver its core functions during the response and recovery phases of any health-related incident, as directed by the NHS Chief Executive
- Take overall responsibility and control of the NHS response to a national incident (if delegated from the NHS Chief Executive)
- Provide liaison between the NHS and DHSC and central government
- Chair the Incident Response Board (National), if established

Initial actions

- Start and maintain a personal log
- Decide and agree the appropriate level and scale of the response, following a dynamic risk assessment and in discussion with the NHS Chief Executive
- Appoint, if required, a trained and competent individual to the role of Incident Director (National) to direct the NHS England national response. Within a protracted incident also appoint a Strategic Incident Director (National) to provide strategic direction and support across the NHS in England's Incident Responses
- Ensure the NHS England Incident Director (National) has set up the IMT(N) and appointed appropriate response leads as required for the incident
- Agree with the Incident Director (National) the NHS England national battle rhythm and situation reporting requirements
- Ensure a co-ordinated response across integrated care boards and providers of NHS-funded services, taking into consideration the use of powers under Section 252A of the NHS Act 2006
- Commence stand up of the relevant structures and agree redeployment of resources if required
- Agree and establish an Incident Response Board (National) if required

Post incident

- Ensure 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 Chief Executive on the NHS response to the incident and agree lessons identified

Action Card 3 NHS England Incident Director (National)
Further information in relation to the role can be found in the standard operating procedures
Accountable to: NHS England Accountable Emergency Officer (AEO)
Responsibilities - Provide strategic command for the national NHS response to incidents and emergencies - Perform a dynamic risk assessment depending on the context of the overall situation - Set up IMT(N) and oversee its operation - Maintain regular dialogue with the NHS England AEO regarding the progress of the incident - Receive assurance that required resources are secured - Oversee 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 - Start and maintain a personal log - Ensure the incident log is initiated - Decide or review the appropriate level and scale of the response - Set up the IMT(N) and appoint the Incident Manager (National), activate the ICC(N) and confirm its location - Ensure NHS England regions are informed as appropriate - Inform Chief Executive's Office, AEO and appropriate SRO within 30 minutes of initial alert - Chair the first incident co-ordination meeting - Submit written briefing to the NHS Chief Executive - Establish the battle rhythm - Ensure a co-ordinated response across integrated care boards and providers of NHS-funded services, taking into consideration the use of powers under Section 252A of the NHS Act 2006

Action Card 4
NHS England Incident Manager (National)

Further information in relation to the role can be found in the standard operating procedures

Accountable to: NHS England Incident Director (National)

Responsibilities

- Provide senior operational and tactical management support to the Incident Director (National)
- Provide support and guidance to the IMT(N) and expertise and knowledge of the NHS response functions and processes
- Ensure incident management and decision logs are maintained
- Set up of the ICC(N)
- Ensure all ICC(N) staff are briefed and aware of any specific security requirements
- Co-ordinate written briefs, situation reports and effective flow of information
- Ensure communications between the ICC(N), NHS England Incident Co-ordination Centres (Regional), Department of Health and Social Care, United Kingdom Health Security Agency and other partner organisations are dealt with in a prompt and appropriate manner
- Provide broad forward look strategy options
- Observe and review any lessons identified during the incident and develop action plans for incorporation into future planning
- Identify any resource impacts arising from the incident
- Ensure the ICC(N) adheres to all incident plans and standard operating procedures
- Assist new staff to develop in their role within the ICC(N)

Initial actions

- Start and maintain a personal log
- Ensure incident and decision logs are started
- Gather battle rhythm information and disseminate across the ICC(N)
- Set up the first incident co-ordination meeting
- Commence rolling brief
- Ensure the staffing rota for the ICC(N) is populated

Actions when IMT(N) established

- Ensure situation reports and briefings are produced in time with the battle rhythm and ensure Incident Director (National) sign off for distribution

- Ensure tasking is logged and actioned with priorities assigned and regularly reviewed on each shift to ensure completion and updates provided. This role will be taken on by the Task Manager once appointed
- Arrange appropriate representation at COBR if the nature of the incident requires NHS England attendance
- Provide support and guidance to members of the IMT(N)
- Ensure lessons identified during shift are recorded and managed as per the established process
- Start and maintain detailed handover for the end of each shift to maintain situational awareness

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

Action Card 5 **NHS England Incident Single Point of Contact (National) (SPOC)**

Further information in relation to the role can be found in the standard operating procedures
Accountable to: NHS England Incident Manager (National)
Responsibilities • Act as the point of contact for incoming telephone calls, emails and other communications into the ICC(N) • Work with the Incident Manager (National) and the Task Manager (National) to ensure messages are directed to the appropriate recipient(s)
Initial actions • Set up allocated workstation within the ICC(N) • Inform the Incident 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 ICC(N) • Send appropriate situation report template to NHS England Incident Co-ordination Centre (Region) for use during the incident
Operational actions/duties • Manage incoming email communications and allocate, in conjunction with the Task Manager (National) • Manage outgoing email communications by sending as required and alerting team members who need to know when communications have been sent • Maintain files in the email account and SharePoint site 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 records and logs are completed, 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)

Further information in relation to the role can be found in the standard operating procedures

Accountable to: NHS England Incident Manager (National)

Responsibilities
- Support and manage the function of the ICC(N)
- 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 ICC(N) staff and to ensure welfare needs are met
- Support IMT(N) roles and to ensure in smaller scale incidents the responsibilities of these roles are achieved

Initial actions
- Ensure the ICC(N) facilities are set up and functioning
- Establish signing in procedure, recording of staff role allocation and issue of equipment, in accordance with standard operating procedures
- Ensure action Cards are available for required roles
- Ensure records management procedures are implemented and files set up on SharePoint site for recording electronic records
- Open risk log
- Open lessons log

Operational actions/duties
- Maintain shift records and contact lists within the ICC(N)
- Ensure all staff have regular and adequate rest breaks, arrange/provide cover for staff as appropriate
- Ensure all equipment is functioning correctly and support staff in the use of processes and procedures
- Ensure rolling brief is maintained

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
- 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
NHS England Incident Records Manager (National)

Further information in relation to the role can be found in the standard operating procedures

Accountable to: NHS England Incident Manager (National)

Responsibilities

- Ensure all records and data are captured and stored in a readily retrievable manner
- Ensure awareness of the NHS England corporate document and records management policy and associated procedures and ensure compliance across the IMT(N)
- Manage file architecture for storing electronic information and appropriate storage of hard copy data
- Ensure post-incident archive and secure storage of records, information and all data associated with the incident

Initial actions

- Set up file structure for the storage of electronic information and ensure all members of the IMT(N) are aware of the system for filing
- Ensure all members of the IMT(N) are aware of the naming conventions as detailed in the standard operating procedures
- Set up filing system for hard copy information, including all notes made

Operational actions/duties

- Collate and co-ordinate information data flows throughout the incident to ensure there is an audit trail and accurate and contemporaneous records of all actions and decisions are maintained
- Ensure materials are not taken or disposed from the ICC(N) and all materials are archived

End of shift/post incident

- Ensure accurate handover notes are produced and incoming shift are aware of any urgent/outstanding issues
- Ensure 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

NHS England Incident Situation Report (SitRep) Manager (National)

Further information in relation to the role can be found in the standard operating procedures

Accountable to: NHS England Incident Manager (National)

Responsibilities

- Ensure accurate and timely incident situation reports are produced in accordance with the established battle rhythm
- Monitor input from NHS England regions, Department of Health and Social Care and other partner organisations to ensure relevant information is received into the ICC(N)
- Assist in maintaining shared situational awareness and the rolling brief in the ICC(N)

Initial actions

- Set up the situation report template to be used across the NHS for the incident
- Plan receipt of information and compilation of national situation report in line with battle rhythm
- Establish distribution requirements of situation reports

Operational actions/duties

- Continually monitor information flows and situation reports received from NHS England regions and partner organisations
- Ensure all versions of the situation report are stored in the appropriate manner
- Produce updated situation reports in line with battle rhythm and in response to significant changes in the incident or additional request for information
- Ensure the Incident Manager (National) and Incident Director (National) have signed off the situation report prior to distribution to partner organisations and the NHS
- Ensure the latest version of the situation report is displayed in the ICC(N)

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 the current version is displayed in the ICC(N)
- Participate in hot and cold debriefs

Action Card 9
NHS England Incident Task Manager (National)

Further information in relation to the role can be found in the standard operating procedures

Accountable to: NHS England Incident Manager (National)

Responsibilities

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

Initial actions

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

Operational actions/duties

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

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
NHS England Incident Loggist (National)

Further information in relation to the role can be found in the standard operating procedures

Accountable to: Decision maker, usually either the NHS England Incident Director (National) or the NHS England Incident Manager (National)

Responsibilities

- Record and document all decisions and the rationale for the decision made by the decision-maker, in accordance with logging best practice

Initial actions

- Meet allocated decision-maker to agree ways of working
- Start decision log, including full names and signatures of Loggist and decision-maker

Operational actions/duties

- Maintain full and accurate decision log
- Ensure all persons involved in decision process are recorded in the log
- Ensure all supporting materials are recorded in the log
- Follow best practice for Loggists
- 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
NHS England Incident Management Team (National) Operational Support Officer

Further information in relation to the role can be found in the standard operating procedures
Accountable to: NHS England Incident Manager (National)
Responsibilities • Provide general support within the ICC(N)
Initial actions • Set up workstations within the ICC(N), as required
Operational actions/duties • Undertake tasks as required by the Incident Manager (National) • Assist in the production of information including briefings, rolling brief and situation reports • 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 Health and Wellbeing Coordinator (National)

Further information in relation to the role can be found in the standard operating procedures
Accountable to: NHS England Incident Manager (National)
Responsibilities   • Provide support and guidance on health and wellbeing to the teams responding to the incident. This will include advice and guidance on both professional and pastoral support and may also include directing individuals or teams to other support services available locally or nationally.
Initial actions   • Establish a health and wellbeing office or location that is known to individuals   • Establish health and wellbeing procedures and guidance for staff working on the response
Operational actions/duties   • Provide ongoing support to ensure the wellbeing of staff   • Act as a main point of on-site (where possible) or virtual contact for the people who are working in the IMT(N)   • Answer questions and signpost to important and helpful information for staff equality and diversity and health and wellbeing
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 13
NHS England Incident Liaison Officer to Department of Health and Social Care

Further information in relation to the role can be found in the standard operating procedures
Accountable to: NHS England Incident Manager (National)
Responsibilities • Provide a link into Department of Health and Social Care (DHSC) Incident Response Management Team
Initial actions • Establish contact with relevant staff at DHSC • Start and maintain a personal log • Obtain NHS England Incident Single Point of Contact (National) telephone number and email address
Operational actions/duties • Support the Incident Manager (National) and the IMT(N) in maintaining links between the ICC(N) and DHSC • Ensure all requests and responses for information or tasking for/from NHS England is done through the NHS England Incident Single Point of Contact (National) • Ensure all advice and information provided to partner organisations is logged and the IMT(N) 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 14
NHS England Co-National Medical Director

Further information in relation to the role can be found in the standard operating procedures
Accountable to: NHS Chief Executive **Reports to:** NHS England Incident Director (National)
Responsibilities • Support the NHS England Incident Director (National) and the IMT(N) as required during an incident • Provide medical advice and support as appropriate to the incident • Provide medical leadership throughout the incident • Represent NHS England during any media interviews, as required
Initial actions • Start and maintain a personal log • Agree with the Incident Director (National) any specialist medical resources that may be required to support the incident
Post incident • Participate in hot and cold debriefs

Action Card 15
NHS England Chief Nursing Officer

Further information in relation to the role can be found in the standard operating procedures
Accountable to: NHS Chief Executive **Reports to:** NHS England Incident Director (National)
Responsibilities • Support the NHS England Incident Director (National) and the IMT(N) as required during an incident • Provide nursing advice and support as appropriate to the incident • Provide nursing leadership throughout the incident • Represent NHS England during any media interviews, as required
Initial actions • Start and maintain a personal log • Agree with the Incident Director (National) any specialist nursing resources that may be required to support the incident
Post incident • Participate in hot and cold debriefs

Action Card 16
NHS England Strategic Advisor

Further information in relation to the role can be found in the standard operating procedures
Accountable to: NHS England Incident Director (National)
Responsibilities • Provide specialist technical support and advice to the NHS England Incident Director (National)
Initial actions • Start and maintain a personal log • Liaise with Incident Director (National)
Operational actions/duties • Support the Incident Director (National) by providing specialist technical advice, as required • Ensure all advice provided is recorded in log • Attend meetings with, or on behalf of, the Incident Director (National), as required • Ensure all requests for information or tasking for NHS England is done through the NHS England Incident Single Point of Contact (National) • Ensure all advice and information provided to partner organisations is logged and the IMT(N) 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 17

Subject Matter Expert Group

Further information in relation to the role can be found in the standard operating procedures

Accountable to: Individual host organisation

Reports to: NHS England Incident Director (National)

Responsibilities

- Support the NHS England Incident Director (National) and the IMT(N) as required during an incident
- Provide specialist advice and support as appropriate to the incident

Membership

The membership of the group will be decided by the Incident Director (National) and may be requested from:

- NHS England
- United Kingdom Health Security Agency
- Providers of NHS-funded services
- integrated care boards
- professional bodies
- external partner organisations

Operational actions/duties

- Support the Incident Director (National)
- Attend IMT(N) meetings as required
- Provide specialist advice and information to support the incident response
- Provide written briefing on specialist subject, as required

Post incident

- Participate in hot and cold debriefs