

## Board of Directors' Meeting: 16 January 2025

<b>Agenda item</b>	024/25		
<b>Report Title</b>	Emergency Preparedness, Resilience and Response (EPRR)		
<b>Executive Lead</b>	Ned Hobbs, Chief Operating Officer		
<b>Report Author</b>	Emma-Jane Beattie, Emergency Planning, Resilience and Response Manager		
<b>CQC Domain:</b>	<b>Link to Strategic Goal:</b>		<b>Link to BAF / risk:</b>
Safe	√	Our patients and community	-
Effective	√	Our people	
Caring	√	Our service delivery	<b>Trust Risk Register id:</b>
Responsive	√	Our governance	
Well Led	√	Our partners	
<b>Consultation Communication</b>	N/A		
<b>Executive summary:</b>	This is the final Emergency Preparedness Resilience and Response Report of 2024/25 presented to the Board of Directors' following the outcome of the NHSE assessment of Core Standards for Emergency Preparedness, Resilience and Response (EPRR) following the 2024/25 annual assurance process.		
<b>Recommendations for the Board:</b>	<p>The Board is asked to:</p> <p><b>Note</b> the status of "Partially Compliant" within the report, particularly with regard to the proposed self-assessment of "Partial Compliance" (82%) in Appendix 4 against the NHSE Core Standards for EPRR.</p> <p><b>Approve</b> the following policies:</p> <ul style="list-style-type: none"> <li>• Business Continuity Policy</li> <li>• Major Incident Policy (incorporating EPRR Crisis Communications Plan – Appendix 3)</li> </ul>		
<b>Appendices (Appendices 4 &amp; 5 in Supplementary Information Pack):</b>	<p>Appendix 1: Business Continuity Policy  Appendix 2: Major Incident Policy Statement  Appendix 3: EPRR Communications Plan  Appendix 4: Post Incident and Exercise Learning Log  Appendix 5: Core Standards Self-Assessment</p>		

## **1.0 Introduction**

- 1.1 This paper provides a report on the Trust's emergency preparedness to meet the requirements of the Civil Contingencies Act (2004) and the NHS England Emergency Preparedness, Resilience and Response Framework (EPRR) 2015.
- 1.2 The annual NHS England EPRR Core Standards Assurance is the minimum standard by which all providers and commissioners of NHS services are required to meet with regards to their Emergency Preparedness Resilience and Response (EPRR) portfolio. It forms the basis of assurance against NHS Resilience, seeking to understand whether those organisations will be capable of maintaining critical services whilst responding to or managing disruption. All findings ultimately report through to the Department of Health and Social Care (DHSC) and the Secretary of State for Health and Social Care.

The Civil Contingencies Act (2004) outlines a single framework for civil protection in the United Kingdom. Part 1 of the Act establishes a clear set of roles and responsibilities for those involved in emergency preparedness and response at the local level.

As a category one responder, the Trust is subject to the following civil protection duties:

- assess the risk of emergencies occurring and use this to inform contingency planning.
- put in place emergency plans.
- put in place business continuity management arrangements.
- put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency.
- share information with other local responders to enhance coordination.
- cooperate with other local responders to enhance coordination and efficiency

## **2.0 Overall Level of Compliance**

- 2.1 In accordance with the requirements laid out in the EPRR 2024-25 Assurance Process Letter dated 15th July 2024, all NHS funded organisations are required to undertake a self-assessment against the Core Standards for Emergency Preparedness Resilience and Response and are required to report and present the outcome at a public board meeting which should then be published in the annual report within the organisation's own regulatory reporting requirements.

The overall level of compliance is based on the total percentage of standards that the Trust is Fully Compliant with. NHSE outlined that, as an Acute Provider, The Shrewsbury and Telford Hospitals Trust (SaTH) were this year needed to provide evidence against 62 standards and a 11- standard Deep Dive into Cyber Security arrangements which were published on 16th July 2024. Overall, SaTH self- assessed itself as **partial compliance** noting full compliance against 51 of the standards and partially compliant against 11 of the standards. This return was submitted, along with 194 pieces of supplementary evidence to the Shropshire and Telford and Wrekin ICB and NHSE on 31st August 2024. This position was ratified at the Local Health Resilience Forum on 27<sup>th</sup> November 2024.

The Trust self-assessed as Non-Compliant in 2023/2024, however a robust work programme and action plan was developed and invoked, resulting in increased compliance, and self-assessed as **Partial Compliance** as follows during 2024/25:

Fully Compliant	Partially Compliant	Non Compliant
51 (increased from 29 in 2023)	11 (decreased form 33 in 2023)	0

The Emergency Preparedness, Resilience and Response Team achieved the following in support of this work programme during 2024/25:

- A Trust Mass Countermeasure Plan was developed, trained and exercised.
- 160 Departmental Business Continuity Plans are in place and are in the process of being audited (internally).
- A new High Consequence Infectious Diseases Plan has been developed.
- A new and Emerging Pandemics Plan developed.
- Evacuation and Shelter Plan has been reviewed and exercised.
- Adverse Weather plan aligned and amalgamated (Heatwave ad Cold Weather) in line with national guidance.
- The Trust implemented new Electronic Patient Record system (Careflow).
- The Trust responded to the following incidents, the learning and recommendations from which can be found in the learning log appended to this report.
  - RAAC identified and subsequent Business Continuity Incident declared and remedial works undertaken.
  - Pathology Flood.
  - Unplanned Vitals Downtime.

### **3.0 Gap Analysis and SaTH’s Journey to Substantial Compliance for Emergency Preparedness, Resilience and Response**

In addition to maintaining progress with the current standards the trust have reported compliance with, the key areas of focus for the next 12 months are:

- Training for on call staff.
- Development of a system wide and Local Resilience Forum Information Sharing Protocol.
- Development of a stand alone Mutual Aid Protocol.
- Deveelopment of a Corporate/ Strategic and Tactical Business Continuity Plans.
- Further development and embedding of Domain 7 – Warning and Informing.

### **3.1 EPRR Assurance feedback**

A number of themes emerged throughout the Assurance Process in 2024/25 that still require system wide arrangements and input to support compliance. These themes will inform the Local Health Resilience Partnership (LHRP) and the Trust’s work plan for next year and include further developments in relation to:

- Mass Evacuation and Shelter Plans.
- Mass Countermeasures.

- New and Emerging Pandemics:

All Trusts continue to work in line with the 2017 NHSE Guidance. SaTH has taken the learning from Covid-19 and implemented this into a revised document which has been circulated for consultation in July 2024 and was ratified at HSS&FC on 13.08.2024. This plan will be tested in due course in line with the 2024/25 Training and Exercising programme.

- Major Incident and Mass Casualty Planning.
- Human Infectious Diseases Planning.

System partners have collectively agreed and are working and are engaged in a joint work programme to make improvements in these areas above.

### **3.2 2024/25 Deep Dive – Preparedness for Cyber Incidents**

Each year, alongside the annual assurance process, a ‘deep dive’ is conducted to gain valuable additional insight into a specific area. Following recent incidents and common health risks raised as part of last year’s annual assurance process, the 2024/25 EPRR annual deep dive will focus on responses to cyber security and IT related incidents.

The deep dive questions are applicable to organisations indicated within the EPRR self-assessment tool, including the Shrewsbury and Telford Hospitals Trust.

It should be noted that compliance ratings against individual deep dive questions do not contribute to the overall organisational EPRR assurance rating.

The outcome of the deep dive will be used to identify areas of good practice and further development and as in previous years it is expected that organisations submit evidence to demonstrate compliance with the Deep Dive Standards.

SaTH Self Assessed against the Deep Dive Standards as follows:

	Total	Fully Compliant	Partially Compliant	Non Compliant
Cyber Security	11	7	4	0

The Emergency Preparedness, Resilience and Response Team continue to work closely with the Trust Digital Team in support of these standards.

### **4.0 Training and Exercising Compliance**

In line with Core Standard 3: EPRR Trust Board Reports, the annual report must include details of Training and Exercising that the trust has carried out during 2023/2024. The details of this can be found below:



## **5.0 EPRR Resource**

The Trust maintains resources to support on call mechanisms and incident response in line with Core Standard 5.

The Trust's Incident Response workforce resource is as follows:

Role	Number of Trained Staff
Executive on Call	15
Senior Managers on Call/ Tactical Commanders	46
PRPS Train the Trainers	8
PRPS Wearers	78
Loggists	25

The Trust has also facilitated the appointment of a Level 6 Emergency Planning and Resilience Professional Apprentice who is undertaking their training at Coventry University. This post holder continues to support the Single Point of Contact Role.

## **6.0 The impact of Industrial Action and Critical Incidents**

6.1 The ability for both Operational Teams and Clinical Teams to fully commit time and resources to the EPRR Work Programme has been adversely affected by planning for and responding to ongoing Industrial Action (Junior Doctors and Consultants).

The Trust has also declared and responded to several Critical and Business Continuity Incidents during 2023/24 which continues to limit capacity for EPRR activities. Since the previous report these are outlined below.

Date Incident Declared	Date Incident Stood Down	Reason for Incident Declaration
01.01.2024	05.01.2024	Capacity
22.01.2024	31.01.2024	Capacity
04.03.2024	06.03.2024	Capacity

19.03.2024	21.03.2024	Capacity
03.04.2024	05.03.2024	Capacity
18.06.2024	19.06.2024	Capacity
03.01.2025	04.01.2025	Capacity

## **7.0 Business Continuity Policy and Major Incident Policy**

Following feedback from NSHE during the 2023 Confirm and Challenge Process, the trust has successfully recruited an Emergency Planning and Business Continuity Officer (1 x WTE) who has supported teams to build on and develop a suite of Departmental Business Continuity Plans.

The Trust has 158 departmental Business Continuity Plans. The Trust has developed a set of internal Key Performance Indicators (KPI's) in line with NHSE Core Standard 50 (BCMS monitoring and Evaluation) and the summary of the development of the Trusts Departmental BCP's can be found below from 1 January 2024 - 31 August 2024.

<b>Business Continuity Dashboard</b>			
<b>Subject</b>	<b>Target 2024</b>	<b>Achieved 2024</b>	<b>% Achieved 2024</b>
Target for BCPs submission for review	63	58	92
No. of BCPs reviewed	63	46	73
No. BIA reviewed	63	46	73
No. of BCP Internal audits done	25	20	80
No. of new BCPs written	6	7	116
No. of BCP exercises	5	4	80
No. of BCP leads Trained on BC awareness and toolkit	20	13	65
No. of Tactical and Strategic commanders Trained on BC Awareness	10	10	100
No. of attendees at BCP exercise/workshop	40	20	50

In line with Core Standard 44, the Trust Business Continuity Policy must be approved by the Trust Board and the updated version of this can be found at Appendix 1. This requires sign off at Board in order to achieve compliance in this standard.

The Major Incident Policy has also been amended to reflect the observational comments from NHSE in 2023 along with the requirements of the guidance documents and can be found at Appendix 2. This requires sign off at Board in order to achieve compliance in this standard.

## **6.0 Conclusion**

6.1 During the self-assessment process, the trust reported that 51 standards for Emergency Preparedness, Resilience and Response were assessed as fully compliant, improvements to achieve compliancy in 11 are in development and are therefore rated amber.

- 6.2 Progress against the Core Standards will be tracked and monitored closely, and any areas of concern will be highlighted to the Accountable Emergency Officer.
- 6.3 SaTH will continue to co-chair the Regional Acute Network Group which meets on a bi-monthly basis and provides the opportunity to share good practice and peer support with the Core Standards.

# Business Continuity Policy

## EPRR 003

## Version 10

If this policy has been activated and you have not reviewed this document recently- do not attempt to now. Go to Business Continuity management system EPRR 004 document and follow the instructions from the ICC.

Revised June 2024

Additionally refer to:

- Business Continuity Management system
- Major Incident Policy
- Major Incident Operational Plan
- Departmental Business Continuity Plans

Version:	V10
V1 issued	August 2011
V10 Approved by	Health Security Safety & Fire Committee
V10 date approved	June 2024
V10 Ratified by	Chief Operating Officer ( <b>policy is 'reserved' for Board approval</b> )
V10 Date ratified	August 2024
Document Written by	Emergency Planning & Business Continuity Officer
Document Lead	Chief Operating Officer
Date issued:	June 2024
Next Review date:	June 2027
Target audience:	All staff members with a role during business continuity disruptions & Major Incidents



## Document Control sheet

<b>Document Lead/Contact</b>	Emergency Planning Team
Version	V10
Status	Final
EQIA completed Date	29.07.2023
Issue Date	June 2024
Review Date	June 2027
Distribution	Please refer to the intranet version for the latest version of this policy. Any printed copies may not necessarily be the most up to date.
Key Words	Business Continuity, Major incident, EPRR003, Disruption. Business Impact Analysis, Plan, emergency.
Dissemination plan	Email to Senior Managers EPBC Meetings Staff Meetings Training / Exercising

## Version history

Version	Date	Author	Status	Comment – include reference to Committee presentations and dates
V1	Sept 2011	Keith Lister	Final	
V2	Sept 2012	Keith Lister	Final	
V3	May 2013	Keith Lister	Final	
V4	Nov 2014	Keith Lister	Final	
V5	April 2015	Keith Lister	Final	
V6	Dec 2016	Fran Collins	Final	
V7	March 2019	Stewart Mason	Final	Shared for comment by EPBC Group and SLT
V8	March 2021	Emma-Jane Beattie	Draft	Shared for comment by EPBC Group
V9	July 2023	Emma-Jane Beattie	Final	Shared for comment by HSS&FC Committee
V10	May 2024	Musili Oshevire	Final	Updated to reflect NHSE feedback during core standards assurance 2023

## Review and Amendment log for minor changes

Version	Type of Change	Date	Description of change
V2	Update	18/09/2012	Minor changes to standards and structures
V10	Updates	10/06/2024	Minor feedback from consultation and approval process at HSSFC
V10	Updates	06/12/2024	Minor feedback from core standard assurance. Include definitions for critical functions and list critical services.

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## **1. Document Statement**

This Business Continuity Policy sets out the requirements for Business Continuity (BC) plans at The Shrewsbury and Telford Hospital NHS trust (SaTH). The policy is developed in conjunction with the NHS Trust guidance and aligns to the international standard for business continuity ISO 22301. Whilst the Trust will make every effort to cover everything in relation to all Business Continuity Systems, there will be limitations and unforeseen risk.

A Business Continuity Incident is an event or occurrence that disrupts, or might disrupt, an organisations normal service delivery, below acceptable predefined levels, where special arrangements are required to be implemented until services can return to an acceptable level.

Under the Civil Contingencies Act 2004 and the Health and Social Care Act 2012 all NHS organisations have a duty of care to have in place Business Continuity plans, for when an incident occurs, impacting upon their ability to maintain critical functions. The incident can be anything that has the potential to disrupt normal service delivery but essentially, all events that could cause a loss of a resource (e.g. buildings, people, equipment, systems, supply chain), or a change in demand (e.g. an infectious disease outbreak).

The strategic intent of this policy is to ensure that each division have a tactical BC plans and departments/services have an operational BC Plans that are developed in line with national guidance, the BC toolkit, consulted and exercised accordingly. Within the BCPs there should be a detailed business impact assessments (BIA) of critical function and recovery measures that will be implemented in the event of a business continuity incident.

## **2. Aim of the Policy**

The aim of the Business Continuity Policy is to provide a clearly defined strategic intent to ensure the resilience and continuation of critical functions and dependencies at SaTH's, as well as that of our suppliers and supply chain are planned, monitored and evaluated.

## **3. Key Objectives**

- To define critical activities of the Trust and the resources that should be planned for in the BCPs. This will be achieved by conducting a Business Impact Analysis (BIA) at both tactical (divisional) and operational (Departments/services) levels.
- To ensure that Business Continuity plans are managed at all appropriate levels of the Trust in order to ensure continuity of critical functions in the event of a disruption. The implementation will be

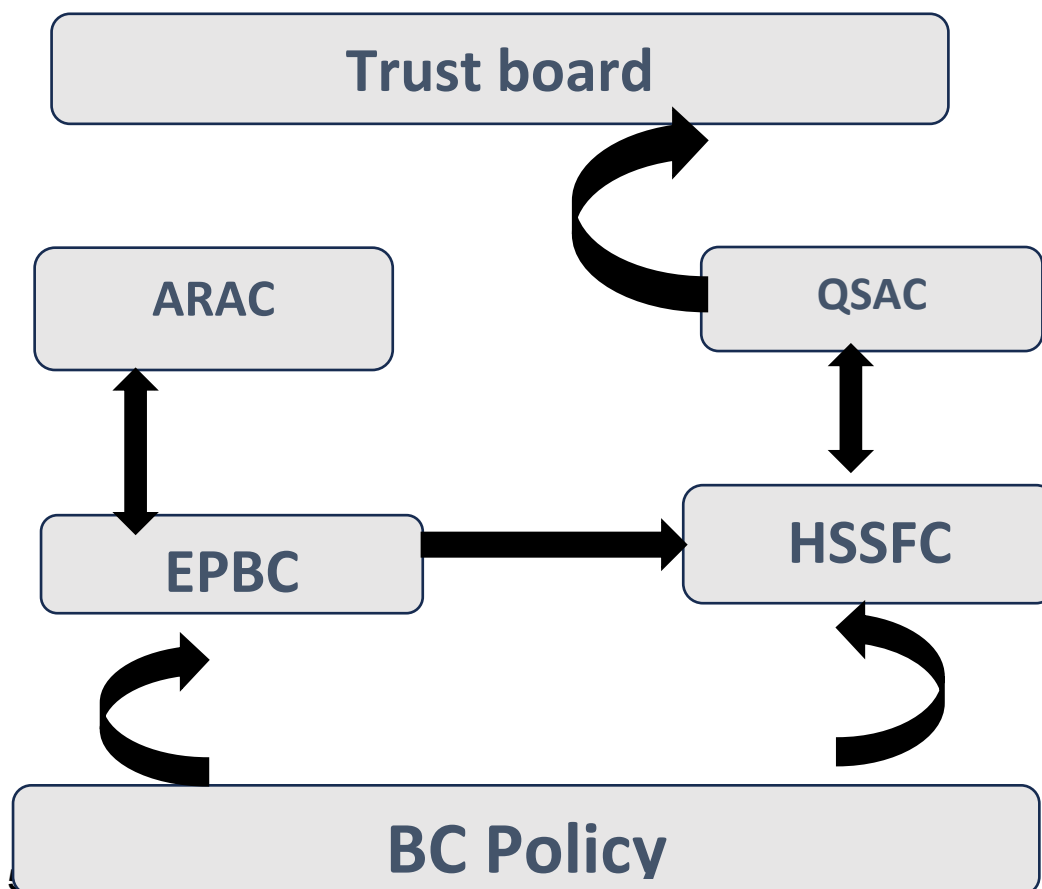
described in the business continuity management system (BCMS) document.

#### 4. Business Continuity Policy Governance structure

The business continuity policy and business continuity management system (BCMS) will go through 2 routes for consultation and governance. The first route is the Emergency Planning and Business Continuity (EPBC) group. This is a working group of all BC plan holders in the trust. They meet every quarter to deliberate on the operations of new guidelines, exercises, workshops, and trainings.

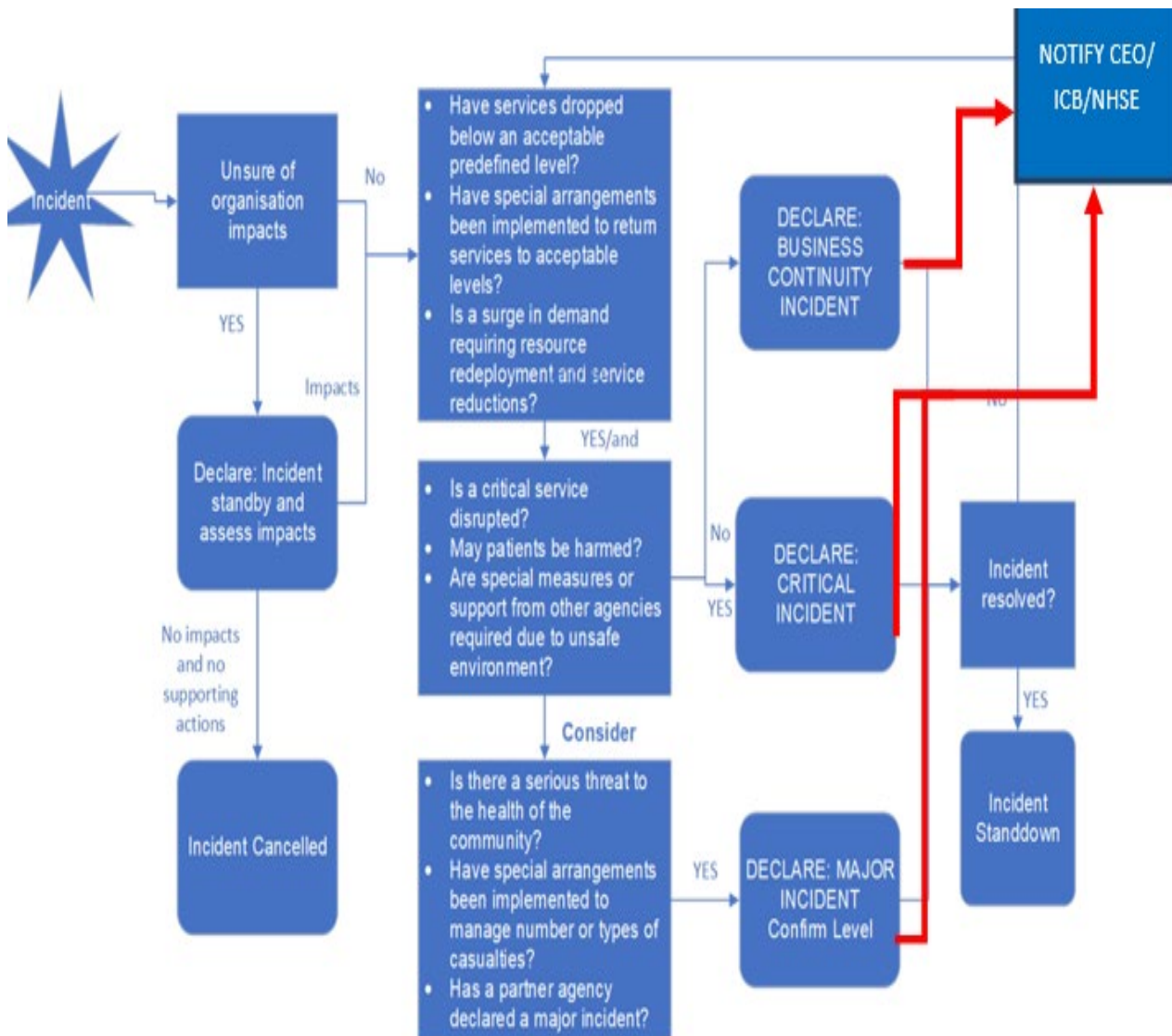
The second route is the Health Security Safety and Fire Committee (HSSFC). This committee meets quarterly to consult on new and updated plans and policies, get update on EPRR core standard compliance, and share information on best practices. EPRR report including the BC policy and dashboard are submitted once a year to Audit, Risk and Assurance Committee (ARAC) or Quality Safety Assurance Committee (QSAC) for approval. ARAC and QSAC is a senior executive level committee that are responsible for ratifying the Business Continuity Policy and arrangements for the trust before going to a trust board meeting. The Accountable Emergency Officer (AEO) who is the chief operating officer (COO) will be responsible for getting the BC policy approved at the trust board.

The BC policy goes into the trust board report through the QSAC route for annual reporting.



Any organisation may declare an incident in accordance with the EPRR Framework. Ambulance services may advise organisations to activate their plan in the event of a major incident the ambulance service is responding to, and the hospital has been put on receiving status. The activation of this policy would include the decision to declare an appropriate incident status in response to a notification of an incident that affect the business as usual or safe delivery of service within the trust.

The COO, emergency planning team, staffs, on-call staffs, partners, command and control personnel should consider the decision tree below to assist with the correct incident declaration:



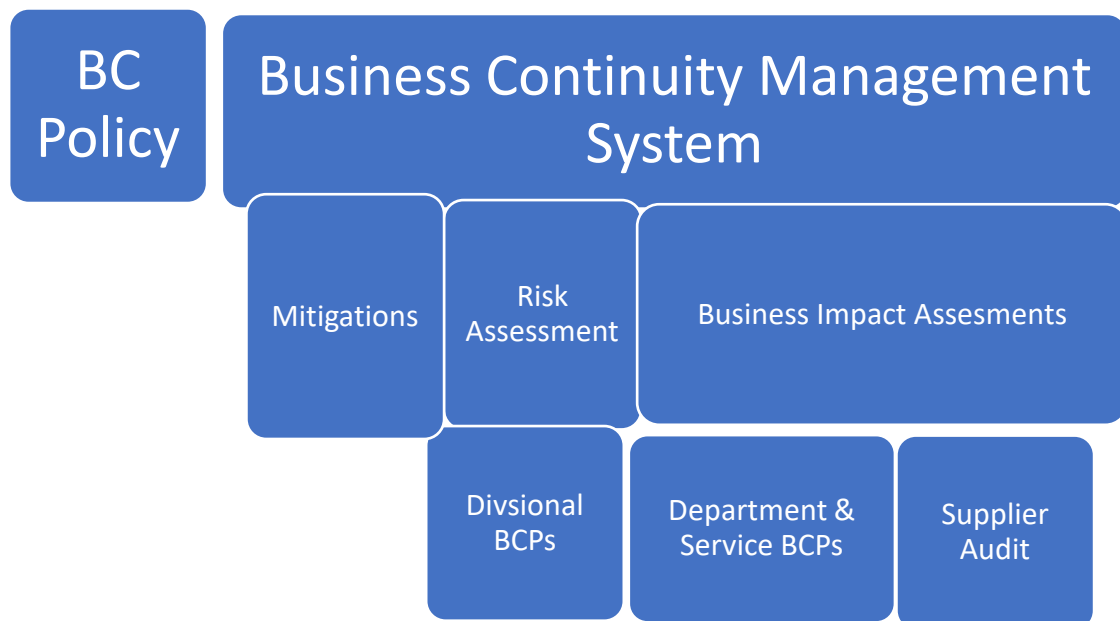
## 6. Business Continuity Overview

Business continuity encompasses the policy, plans (departmental & division) and BC management system. These documents explore the different components of the business continuity toolkit and the ISO 22301 recommendations for management of business continuity. The documents ensure that

guidance and best practices are considered and followed.

This BC policy reflects the core standard 44 guidance that requires adequate arrangement in place for minimum acceptable risk to the business as usual at Shrewsbury and Telford NHS trust.

The Business Continuity Management system (BCMS) document will reflect core standard 28,45-55 detailing arrangements for managing BC issues at corporate, division and departmental level. The BCMS will itemize all the arrangement that should be in place to ensure that risk assessment, business impact assessment, mitigations and supplier audits are done at the right time. The BCMS document should be used for operationalizing of this BC policy.



## 7. Business Impact Analysis

The Business Impact Analysis (BIA) is the foundation work from which the whole Business Continuity Management (BCM) process is built. It identifies all business functions and allows you to distinguish between critical and non-critical functions. The BIA will be done in a bottom-up approach. The analysis is at the department/ services levels and resident in their Business continuity Plans.

Critical functions are those functions or activities.

- which cannot be interrupted.
- where disruption is regarded as unacceptable.
- where the function must resume within a set period of time, usually a short time frame.

Having identified what resources are required to run the service, the BIA should describe what

actions will be taken to recover the service, by whom and within what time period. SaTH documentation will consider impact effect and recovery over the following defined periods post incident:

- First 24 hours
- 24 – 48 hours
- Up to 1 week
- Up to 2 weeks

## **8. Defining essential or critical services**

A business Continuity Incident is an event or occurrence that disrupts, or might disrupt, an organisations normal service delivery, below acceptable predefined levels, where special arrangements are required to be implemented until services can return to an acceptable level.

The below definitions will be used to inform the departmental, services, tactical plans and if possible, a corporate Business continuity Plan. Based on the Maximum Time Period of Disruption (MTPD), this represents the estimated or predefined maximum duration that an organisation's critical business services or operations can sustain a disruption before it reaches a point of critical impact or unacceptable consequences.

### ***Essential Activities: Class 0***

#### **MTPD: None permissible**

Activities which cannot tolerate any disruption. If activities are not resumed immediately it may result in:

- The loss of life
- Significant patient outcome impact
- Significantly impact on other NHS services

### ***High Priority Activities: Class A***

#### **MTPD: 24 Hours**

Activities which can tolerate very short periods of disruption. If activities are not resumed within 24 hours:

- Patient care may be compromised
- Infrastructure may be lost
- There may be a significant loss of revenue

### ***Medium Priority Activities: Class B***

#### **MTPD: 48 Hours**

Activities which can tolerate disruption between 24 hours and 48 hours. If service or functions are not

resumed in this timeframe it may result in the deterioration of:

- Patient condition
- Infrastructure
- Revenue loss

**Low Priority Activities: Class C**

**MTPD: 72 Hours+**

Activities that could be delayed for 72 hours or more but are required in order to return to normal operation conditions and alleviate further disruption to normal conditions.

It may not be possible to recover all the service at once. In such cases, BC plans should be aimed at restoring services to a pre-determined level over a time (e.g. service recovery to 50% within 24 hours, 75% recovery after 3 days, and 100% within 5 days).

Using the define MTPD, the template below should be used to prioritize critical services and functions in all departmental/service BCPs and summarized in the divisional BC Plan. In the event of a business continuity incident that is developing or affecting specific areas of business, this template aims to support information gathering to inform decision making and action as to which function must be continued at all times, to be reinstated first or scaled down.

Activities which must be continued at all times:

Priority	Critical function/service	Resources required	Risk if function is suspended
1			

Activities which could be scaled down if necessary:

Priority	Critical function/service	Resources required	Risk if function is suspended
1			

Activities which could be suspended if necessary:

Priority	Critical function/service	Resources required	Risk if function is suspended
1			

**9. Risk Assessment**

The Trust takes an integrated approach to risk management, regardless of whether risks are clinical, non-clinical, financial, operational, business, or strategic. The Risk Register identifies and prioritises all of the principal risks to the Trust’s strategic objectives and is populated via the risk assessment and evaluation process. Risks are graded and ranked using the Trust’s Risk Matrix to establish a priority level. Action plans are drawn up for each risk in order to reduce the likelihood of occurrence. This is monitored and managed monthly via the Risk Management team. Responsibility for the management



and control of a particular risk lies within the division or department concerned. Risks scoring 15 or over (extreme) must be signed off by the appropriate director or senior executive and then presented to the Risk Management Committee (RMC). The RMC will discuss the risk and agree the risk scoring, considering all known factors. All these extreme risks may require a Business Continuity plan identifying the impact and level of disruption (see Risk Management Strategy on the Intranet). The below template will be used for risk assessment in the departmental and divisional BCPs.

<b>Hazard</b>	<b>Risk</b>	<b>Likelihood (1-5)</b>	<b>Impact (1-5)</b>	<b>Mitigation in Place</b>	<b>Residual Risk Matrix Score (L, M,H,VH)</b>
Loss/ Theft of Data	<b>Data Loss</b>				
Destruction of Paper Files/records					
Temporary loss of connection					
Damage to internal telephone network	<b>ICT Failure</b>				
Localised hardware failure					
Loss of major application					
Loss of mobile/telephone networks					
Loss of switchboard					
Server Failure					
Contamination		<b>Loss of Premises</b>			
Disruption to direct medical gas					
Disruption to water supplies					
Electric supply disruption					
Fire					
Flooding					
Introduction of a Cordon					

Loss of heating/cooling					
Structural defect/failure					
Clustered notice giving	<b>Staffing shortage</b>				
Epidemic					
Industrial Action					
Pandemic Illness					
School closures					
Transport disruption					
Severe weather					
Contamination/product quality		<b>Supplier Failure</b>			
Contract breach					
Failure to fund/supply					
Industrial action by drivers					
Industrial action in supplier					
Stock management failure					
Supplier goes into administration					
Supply chain collapse					
Under production by supplier					

#### 10. SaTH Risk Score Matrix (as per Governance guidelines)

This policy will continually align with the national, regional and local risk register, the trust risk assessments and the minimum acceptable risks as shown below will be the format and guidance that every BCP will be written, tracked, reported and interpreted.

	Negligible (1)	Minor (2)	Moderate (3)	Major (4)	Severe (5)
Almost Certain (5)	5	10	15	20	25
Likely (4)	4	8	12	16	20
Possible (3)	3	6	9	12	15
Unlikely (2)	2	4	6	8	10
Rare (1)	1	2	3	4	5
	Low (1-3)	Moderate (4-6)	High (8-12)	Extreme (15-25)	

## 11. Business Continuity Classifications

Level	Category 1 - External Environment	Category 2 - Internal Environment
		Incidents outside the Trust e.g. utilities, terrorism
<b>Local Disruption</b>	The member of staff managing the incident should inform the relevant Directors (clinical & non-clinical) and/or Divisional Directors who will assess the severity of the incident and its possible consequences. If the incident is unlikely to escalate beyond Level 1 status, then control of the incident will be handled locally.	
<b>Minor Disruption</b>	Where the incident is deemed to be Level 2 by Directors (clinical & non-clinical) and/or Divisional Directors then the Trust's Operational Management Team (COO/DCOO) will be informed of the incident immediately and of the decision to manage the incident centrally or locally.	
<b>Major Disruption</b>	Where the incident is deemed to be Level 3 by the Chief Executive/Duty Executive On Call all other Directors and Divisional Directors must be informed immediately. The decision to convene a SaTH Incident Command and Control response, (strategic, tactical and operational) to manage the Level 3 incident is designated to the Chief Executive, Duty Director or Deputy and will depend on his/her assessment of the threat to the wellbeing of staff, patients or visitors; damage to property or disruption to operations.	

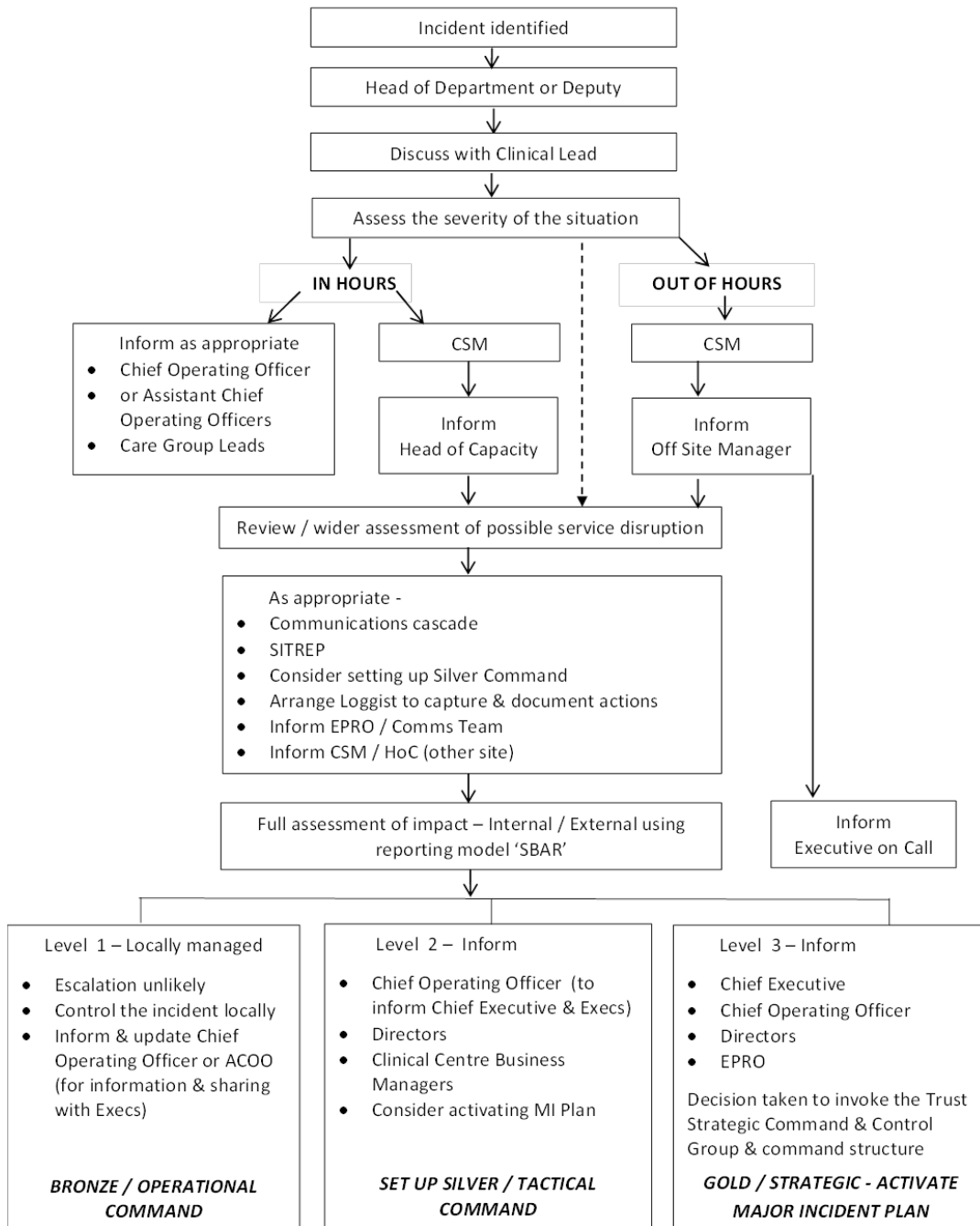
Indication of severity will provide guidance for those officers involved in the management of the incident as to how to manage it most effectively. The list is not exhaustive, representing a small proportion of the potential hazards/threats. Continual reviews of hazards/threats, which have the

potential to cause disruption to the Trust, are monitored by means of information sharing with other Category 1 Responders.

## **12. Business Continuity policy Review Timeline**

This Business Continuity policy is expected to be reviewed every three years. In the event of new guidance requiring update before the stipulated time, an update should be done and goes through the governance structure for approval.

**Appendix  
A. Notification flow chart**



**B. Action Cards**

<b>Action Card</b>		<b>ROLE TITLE</b>
<b>Ref:</b>	<b>xx</b>	
<b>Role function:</b>		
<b>Performed by:</b>		
<b>Alerted by:</b>		
<b>Located:</b>		

<b>Incident declared</b>	<b>Information relating to your role and responsibilities:</b>
<b>Immediate Actions</b>	<ul style="list-style-type: none"><li>• xx</li></ul>
<b>Ongoing</b>	<ul style="list-style-type: none"><li>• xx</li></ul>
<b>Recovery</b>	<ul style="list-style-type: none"><li>• xx</li></ul>

### C. Emergency Response Checklist

For use during an emergency

- Start a log of actions taken:
- Liaise with Senior Management/Emergency Services:
- Identify any damage:
- Identify Functions disrupted:
- Convene your Response / Recovery Team:
- Provide information to staff:
- Decide on course of action:
- Communicate decisions to staff, other departments & management:
- Provide public information to maintain reputation and continuing performance:
- Arrange a Debrief:
- Review Business Continuity Plan:

#### D. SBAR

SBAR is a structured method for communicating critical information that requires immediate attention and action contributing to effective escalation and increased patient safety'

(NHS Institute for Innovation and Improvement)

<b>SBAR REPORT – Critical / Business Continuity Incident declared by:</b>	
<b>S</b>	<b>Situation</b> <i>Describe situation/incident that has occurred</i>
<b>B</b>	<b>Background</b> <i>Explain history / impact of incident on services / patient safety</i>
<b>A</b>	<b>Assessment</b> <i>Confirm your understanding of the issues involved</i>
<b>R</b>	<b>Recommendation</b> <i>Explain what you need, clarify expectations and what you would like to happen</i>
<i>Ask receiver to repeat information to ensure understanding</i>	



**E. Log Sheet**

Date	Time	Information / Decisions / Actions	Initials

**F. Sample Agenda for business continuity Management Meeting**

	<p><b>Immediate Action</b></p> <p>Confirm chair – who will take primacy (normally Agreed SPOC / Facilities Manager if on Site)</p> <p>Nominate individual to meet Emergency Services</p>
1	<p>Confirm loggist/minute taker.</p> <p>Confirm attendees / make introductions if needed</p>
2	<p>Overall situation report including nature and extent of disruption and summary of key events</p>
3	<p>Situation reports to be provided</p> <ul style="list-style-type: none"> <li>• Update from affected services</li> <li>• Building damage – estates, engineers and security</li> <li>• IT/telephone availability</li> <li>• Staffing</li> <li>• Suppliers/contractors</li> <li>• Partner agencies</li> </ul>
4	<p>Patients</p> <ul style="list-style-type: none"> <li>• Do inpatients need to be moved?</li> <li>• Numbers</li> <li>• Organise transport</li> <li>• Does outpatient activity need to be cancelled?</li> <li>• Are patient lists for the day/week available?</li> <li>• Does a helpline need to be set up?</li> </ul>
5	<p>Employees</p> <ul style="list-style-type: none"> <li>• Do staff need to be moved/relocated?</li> <li>• Agree Communications lead / messages / channels</li> <li>• Consider the need for a staff helpline</li> <li>• Inform staff not to speak to the media</li> <li>• Do not let staff leave without taking contact information</li> <li>• Hotel accommodation required?</li> <li>• Transport arrangements</li> </ul>
6	<p>Media and Communications</p> <ul style="list-style-type: none"> <li>• Internal communications – to staff</li> <li>• Stakeholder communications – to patients, families, commissioners etc.</li> <li>• Media communications: agree media message, agree methods of delivery</li> </ul>

8	Suppliers / Sub contractors <ul style="list-style-type: none"><li>• Are suppliers and contractors affected?</li><li>• contact and communicate incident</li></ul>
9	Any other business- Items to escalate to the incident room.
10	Decide date and time of the next meeting

**G. Risk score metric.**

<u>Likelihood</u>	Consequence/Impact				
	1 Insignificant	2 Minor	3 Moderate	4 Severe/Major	5 Critical
<b>5 - Almost Certain</b>	5	10	15	20	25
<b>4 - Likely</b>	4	8	12	16	20
<b>3 - Possible</b>	3	6	9	12	15
<b>2 - Unlikely</b>	2	4	6	8	10*
<b>1 - Rare</b>	1	2	3	4	5*

## H. Internal Audit checklist

No	Procedures	RAG Status	Note
1	Determine whether an adequate Business Impact Analysis (BIA) and risk assessment have been completed.		
2	Has the BCP been updated in line with the organisation's procedures and timescales		
3	Determine if the scope and objectives are documented in the BCP		
4	Determine the support provided by senior management within Divisional / Departmental Business Continuity Plan's (BCPs)		
5	Determine whether appropriate business continuity risks are documented in Divisional / Departmental risk registers and/or the Trusts risk register.		
6	Determine whether the Business Continuity Plan (BCP) includes appropriate testing to ensure the business process will be maintained, resumed, and/or recovered as intended.		
7	Determine whether the Business Continuity Plan (BCP) identifies appropriate backup and/or alternative contingencies for recovery.		
8	Determine whether the Business Continuity Plan (BCP) identifies critical functions.		
9	Determine whether the Business Continuity Plan (BCP) identifies critical outsourced or stakeholder activities.		
10	Determine whether the Business Continuity Plan (BCP) identifies appropriate training requirements		
11	Determine whether corrective and preventative findings have been documented and communicated.		
12	Evidence of embedding BCM in the culture, competency and training records.		
13	Evidence that BIAs and BCPs have been reviewed through internal audit		
14	Determine whether the Maximum Tolerable Period of Disruption (MTPD) and Recovery Time Objectives (RTO) are documented		

## I. New Document Consultation Checklist

Use this form to record the consultation and to ensure your consultation has been adequate for purpose. This list is provided as a prompt. It may not be appropriate to involve all of the below in a consultation – a decision on who should be consulted should form part of the policy development.

### Version history

Version	Date	Author	Status	Comment
VI	04/06/24	Musili Oshevire	Approved	

Name – examples (complete with details)	Date Sent	Date reply received	Modification suggested? Y / N	Modification Made Y/N	2 <sup>nd</sup> draft sent?
Medical Director	04/06/24	NILL	X	No	NA
Chief Operating Officer	04/06/24	NILL	X	No	NA
Director of Nursing and Quality	04/06/24	NILL	X	No	NA
Director of Corporate Governance	04/06/24	NILL	X	No	NA
Finance Director	04/06/24	NILL	X	No	NA
Communications	04/06/24	NILL	X	No	NA
Workforce Director	04/06/24	NILL	X	No	NA
Assistant Chief Operating Officers	04/06/24	NILL	X	No	NA
Divisional Medical Directors	04/06/24	NILL	X	No	NA
Divisional Directors of Nursing	04/06/24	NILL	✓	yes	NA
Divisional Directors of operation (Anna Martin,	04/06/24	09/06/24	✓	yes	NA
Operational Managers	04/06/24	NILL	✓	yes	NA
Clinical Directors	04/06/24	NILL	X	No	NA
Chief Pharmacist	04/06/24	NILL	X	No	NA
Patient Safety Advisors	04/06/24	NILL	X	No	NA
Head of Legal	04/06/24	NILL	X	No	NA
Security Manager (Simpson Jon	04/06/24	05/06/24	✓	No	NA
Medical staff (Andrew Horn,	04/06/24	06/06/24	✓	No	NA
Health and Safety Team Manager	04/06/24	NILL	✓	No	NA
Finance team	04/06/24	NILL	X	No	NA
Corporate Nursing Team	04/06/24	NILL	X	No	NA
Any other affected staff (Tanner Theresa, Jannette Pritchard	04/06/24	04/06/24, 05/06/24	✓	yes	NA
Head of Risk (James Webb	04/06/24	19/06/24	✓	yes	NA
Procurement director (James Richards)	04/06/24	21/06/24	✓	yes	NA
West Mercia Police	04/06/24	NILL	X	No	NA
Shropshire Fire and Rescue	04/06/24	NILL	X	No	NA
West Midlands Ambulance Service	04/06/24	NILL	X	No	NA
Shropshire Council	04/06/24	NILL	X	No	NA
Telford and Wrekin Council	04/06/24	NILL	X	No	NA
Shropshire Community Health Trust	04/06/24	NILL	X	No	NA
STWICB	04/06/24	20/06/24	✓	yes	24/06/24
<b>Dissemination Method</b>	Via Email, Teams, Face to Face				

# SaTH Major Incident EPRR Policy Statement and Overview Policy

**REF ID: EPRR 002**

<b>Date to be reviewed:</b>	August 2025	<b>No of pages:</b>	63
<b>Author(s):</b>	Emma-Jane Beattie	<b>Version:</b>	4.1
<b>Responsible Director:</b>	Chief Operating Officer		
<b>Approved by:</b>	EPBC Group		
<b>Date approved:</b>	November 2023		
<b>Date activated (live):</b>	November 2023		

<b>Date EQIA completed:</b>	November 2023
<b>Documents to be read alongside this policy:</b>	Major Incident and Mass Casualty Operational Plan Business Continuity Policy Heatwave Plan Infectious Diseases Plan Evacuation and Shelter Plan Escalation Policy Lockdown Plan
<b>Purpose of Issue/Description of current changes:</b>	

<b>First operational:</b>	October 2014
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## Version Control

Version:	V4.2
V1 Part issued:	October 2014
V4.2 date approved:	HSS&FC
Document Lead	Accountable Officer Emergency Planning Team
Date issued:	August 2024
Review date:	August 2025 in line with NHS EPRR Core standards requirements
Target audience:	Staff members that have a role to play in a major incident response
Date Equality Impact Assessment completed	November 2023
Distribution	Please refer to the intranet version for the latest version of this policy. Any printed copies may not necessarily be the most up to date
Key Words	Major Incident
Dissemination plan	Printed version in Emergency Folders Staff Meetings Training Exercises



## Version history

Version	Date	Author	Status	Comment
V1	Oct 2014	Keith Lister	Final	
V2	Oct 2016	Fran Collins	Final	
V3	June 2022	James Stuart	Final	Amended to include JESIP principles Amended to reflect the introduction of ICB's General updates through out to reflect organisational changes
V3.1	Nov 2022	Emma-Jane Beattie	Final	Amended reference from PHE to UKHSA
V3.2	Nov 2022	Emma-Jane Beattie	Final	Included reference to MACA arrangements
V3.3	August 2023	Emma-Jane Beattie	Final	Included MACA request form as an annex
V4.0	November 2023	Emma-Jane Beattie	Final	Updated following annual EPRR Core Standards Confirm and Challenge Process.
V4.1	December 2024	Emma-Jane Beattie	Final	Updated to include consultation feedback

## Review and Amendment log for minor changes

Version No	Type of Change	Date	Description of change
V4.2	August 2024	Emma-Jane Beattie	Updated to reflect the requirements of the EPRR Assurance Assessment Guidance issued July 2024

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## **1. Policy on a Page**

As a Category 1 provider the Trust has a responsibility to be in a position to respond to and recover from an emergency or business continuity incident. There needs to be suitable, proportionate and up-to-date policies and plans in place. This Policy provides an overview on how we should respond during the different stages of an incident. This is supported by the Major Incident Operational Plans.

## **2. Purpose**

This document has been written to give guidance to staff on how to respond to a Major/ Critical/ Business Continuity Incident or Emergency which could occur at any of the Trust premises or anywhere in or outside the Shrewsbury and Telford area. This document should be read in conjunction with the trust Major Incident Operational Plan.

The purpose of this document is to provide a considered response to emergency situations that the Trust may experience. It also aims to provide guidance to managers regarding their roles and responsibilities in order to minimise disruption and maintain the continuity of existing services.

The document does not:

- Replace separate reporting procedures to be followed for incidents involving defective medical products and clinical incidents.
- Supersede the statutory requirements to notify official bodies of certain incidents.

The speed and unpredictability with which incidents and other emergencies can develop is such that it is essential to have crystal-clear arrangements for co-ordination, command and control.

Each part of the health and social care system has a role to play. Every organisation needs to understand not only its own responsibilities, but also those of others that will support and complement its own efforts (see Roles and Responsibilities and Action Cards).

Early assessment of an incident is essential, taking into account the organisation's capabilities, skills and capacities. This will ensure that the response can be cascaded through the health service at an early stage. This will reduce, control or mitigate the effects of an emergency as described in the Civil Contingencies Act guidance documents.

This document has been drawn up in conjunction and consultation with our multi-agency partners and will be updated every year, or following a significant incident, multi-agency event or exercise to test resilience and preparedness, in which lessons learnt need to be incorporated into the plan.

Shrewsbury and Telford Hospital NHS Trust will take all reasonable steps to ensure that, in the event of a major incident or business continuity interruption, critical services are maintained and normal service is restored as soon as possible.

To ensure the above, it is our policy to have in place robust major incident and business continuity plans that are validated, regularly reviewed and tested.

### 3. Governance Arrangements

NHS England expects all NHS funded organisations to have an AEO with regard to EPRR. The governance arrangements for EPRR at SaTH are as follows:

The Trust Board and Executive Team should promote and oversee the implementation of the EPRR framework, plans, policy and guidance.

This involves:

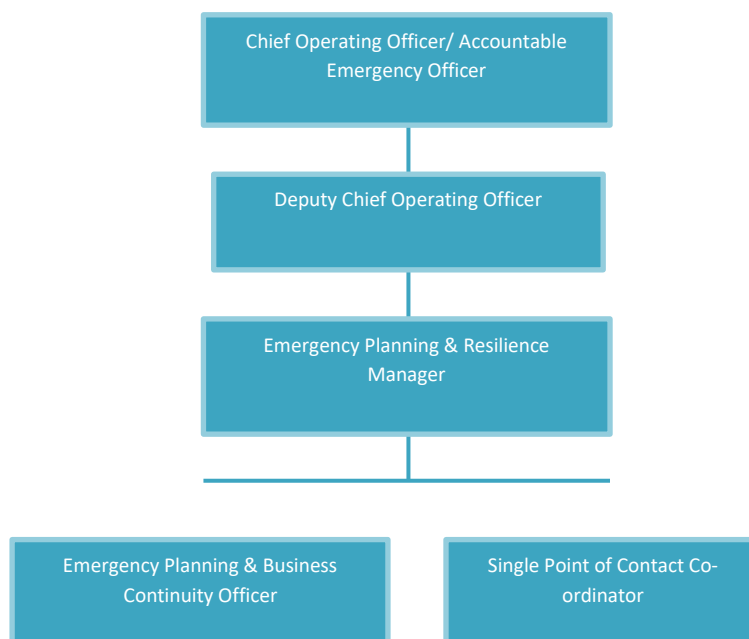
- Ensuring they are aware of their role and responsibilities as detailed in incident response plans and business continuity arrangements;
- Supporting the development and implementation of EPRR capabilities in preparation for an emergency incident;
- Ensuring that departments and services under their control all have suitable and up to date procedures and plans in order to comply with this policy;

The Executive team is responsible for scrutiny and endorsement of the EPRR framework and all associated EPRR plans, guidance and will receive appropriate papers and reports in relation to EPRR. Furthermore, the Executive Team has the responsibility of reviewing and agreeing the compliance levels in relation to the annual NHS England EPRR self-assessment process against the national NHS England EPRR core standards and framework.

The governance and reporting structure is outlined below:



#### 4. EPRR Team Structure



#### 5. Major or Critical Incidents & Emergencies

The NHS needs to plan for, and respond to, a wide range of incidents and emergencies that could affect health or patient care. These could be anything from extreme weather conditions to an outbreak of an infectious disease or a major transport accident. The Civil Contingencies Act (CCA) 2004 requires NHS organisations to show that they can deal with such incidents while maintaining critical services.

In the event of an incident occurring, one or both of the hospitals within SaTH may be put on Standby or be asked to activate its Major Incident Plan. Each site has a Major Incident Operational Plan, a copy of which is kept in the Major Incident Boxes (Silver/Tactical Control Rooms), in folders on wards and in departmental areas. Both plans are also available on the Intranet.

#### 6. Definitions

Emergency - under Section 1 of the CCA 2004 an emergency is defined as

“An event or situation which threatens serious damage to human welfare in a place in the UK

An event or situation which threatens serious damage to the environment of a place in the UK

War or terrorism which threatens serious damage to the security of the UK”.

Preparedness is the extent to which emergency planning enables the effective and efficient prevention, reduction, control, mitigation of and response to emergencies.

Resilience is the ability of the community, services, area or infrastructure to detect, prevent and if necessary to withstand, handle and recover from disruptive challenges.

Response is the decision and actions taken in accordance with the strategic, tactical and operational objectives defined by emergency responders.

## **7. Incident Classification**

**A Major Incident** is an event or situation, with a range of serious consequences, which requires special arrangements to be implemented by one or more emergency responder agencies. Within the health service this is an event that owing to the number, severity, type or location of live casualties requires special arrangements to be made.

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

Major and critical incidents may arise in a variety of ways:

**Big bang** – a serious transport accident, explosion, or series of smaller incidents

**Rising tide** – a developing infectious disease epidemic, a capacity/staffing crisis or industrial action

**Cloud on the horizon** – a serious threat such as a major chemical or nuclear release developing elsewhere and needing preparatory action

**Headline news** – public/media alarm about an impending situation/reputation/management issue

**Internal incidents** – fire, breakdown of utilities, major equipment failure, hospital acquired infections, violent crime

**Chemical, Biological, Radiological, Nuclear (CBRN)** – CBRN terrorism is the actual or threatened dispersal of CBRN materials (either on their own or in combination with each other or with explosives), with deliberate criminal, malicious or murderous intent.

**Hazardous materials (HAZMAT)** – accidental incident involving hazardous materials.

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

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

**A Business Continuity Incident** is an event or occurrence that disrupts, or might disrupt, an organization's normal service delivery, below acceptable predefined levels, where special arrangements are required to be implemented until services can return to an acceptable level.

## 8. Incident 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 ICS and NHS coordination by the 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 coordinate 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 coordinate the NHS response at the strategic level.  NHS England (Region) to coordinate the NHS response, in collaboration with the ICB, at the tactical level.

Source: [NHS Emergency Preparedness Resilience and Response Framework \(2022\)](#)

## 9. Statutory Requirements, Underpinning Principles & Core Standards

Under the NHS Constitution the NHS is there to help the public when they need it most, this is especially true during an incident or emergency. Extensive evidence shows that good planning and preparation for any incident saves lives and expedites recovery. All NHS funded services must therefore ensure they have robust and well tested arrangements in place to respond to and recover from these situations. The NHS Act 2006 (as amended) requires that NHS providers ensure they are properly prepared to deal with an emergency.

### Summary of EPRR Requirements



NHS Organisations and providers of NHS funded care must:

- Nominate a director level Accountable Emergency Officer who will be responsible for Emergency Preparedness, Resilience and Response (EPRR).
- Contribute to area planning for EPRR through Local Health Resilience Partnerships (LHRP) and other relevant groups.
- Have suitable, proportionate and up-to-date plans which set out how they plan for, respond to and recover from emergency and business continuity incidents as identified in national and community risk registers.
- Exercise plans through communications exercises (every 6 months), a desktop exercise (every year) and a major live exercise (every 3 years).
- Have appropriately trained and competent staff and suitable facilities available round the clock to effectively manage an emergency and business continuity incident.
- Share their resources as required to respond to an emergency or business continuity incident.

### **Statutory Requirements under the CCA 2004**

The CCA 2004 specifies that responders will be either Category 1 responders (primary) or Category 2 responders (supporting agencies).

Category 1 responders are those organisations at the core of emergency response and are subject to the full set of civil protection duties. They are required to -

- Assess the risk of emergencies occurring and use this to inform contingency planning.
- Put in place emergency plans.
- Put in place business continuity management arrangements.
- Put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency.
- Share information with other local responders to enhance co-ordination.
- Cooperate with other local responders to enhance co-ordination and efficiency.

### **Category 1 responders.**

The following organisations are defined as Category 1 Responders within the Civil Contingencies Act:

- Department of Health and Social Care (DHSC) on behalf of Secretary of State for Health (SofS).
- NHS England.
- Integrated Care Boards.
- Acute service providers.

- Ambulance service providers.
- UK Health Security Agency (UKHSA).
- Shropshire Council.
- Telford and Wrekin Council.
- Emergency Services (Police & Fire).
- Government Agencies (Environment Agency).
- West Mercia Police.
- Shropshire Fire and Rescue Service.

ICB's are expected to provide support in relation to the coordination of their local health economy. Primary care, including out of hours providers, community providers, mental health service providers, specialist providers, NHS Property Services and other NHS organisations (for example NHS Blood & Transplant, NHS Supply Chain and NHS 111) are not listed in the CCA 2004, however DHSC and NHS England guidance expects them to plan for and respond to emergencies and incidents in a manner which is relevant, necessary and proportionate to the scale and services provided.

It is essential that commissioners and providers ensure they have effective, coordinated structures in place to adequately plan, prepare and rehearse the tactical and operational response arrangements with their local partners.

### **Category 2 responders.**

Category 2 responders are critical players in EPRR who are expected to work closely with partners. They are required to cooperate with and support other Category 1 and Category 2 responders. They are less likely to be involved in the heart of planning work, but will be heavily involved in incidents that affect their own sector. Category 2 responders have a lesser set of duties – co-operating and sharing relevant information with other Category 1 and 2 responders.

Category 2 responders include:

- Health & Safety Executive
- Transport and utility companies
- Telecommunication providers
- Water and sewerage companies

## **10. Arrangements for Key Suppliers and Contractors**

Under the SHPS Contract Management Policy SaTH holds copies of the most up to date BCP for any 'Gold' level suppliers and discuss these as part of on-going supplier review meetings.

A Risk Classification Process is in place that provides a risk classification to each contract and is based on a number of criteria such as spend, supply risk, potential

reputational damage etc. The Risk tool is embedded into the current contract management policy.

Recovery Time Objectives of suppliers is described as per contracted KPI's and as agreed as part of the initial procurement strategy for each contract.

Audits of suppliers are carried out by the Trust as and where deemed necessary and included with the standard contracted NHS terms and conditions.

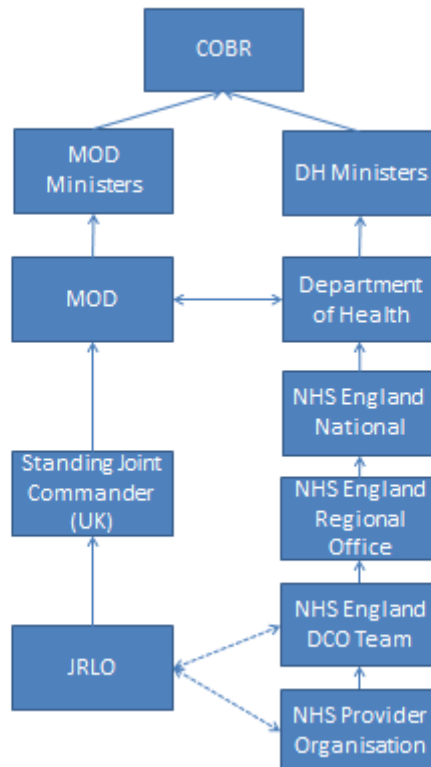
## **11. Requesting Military Assistance.**

Military Assistance to the Civil Authorities (MACA) is the collective term used by the Ministry of Defence (MOD) for the operational deployment of Armed Forces personnel in support of the civilian authorities, other Government departments or the community as a whole.

It should be noted that MACA support is not guaranteed and may incur a charge.

All health requests for military assistance must be referred to DHSC Emergency Preparedness Resilience and Response (EPRR) branch via the NHS England regions and national EPRR team. A Health Minister must authorise all Health MACA requests, there must be no direct request made to MOD. DH EPRR will lead and coordinate the arrangements with MOD. In very exceptional circumstances, the JRLO is empowered to deploy assets to deal with an incident without additional ministerial authority. The full guidance can be found here: [NHS England » Requests for Military Aid to the Civil Authorities \(MACA\) from the NHS in England](#)

The MACA request process for the NHS is shown below.



## 12. Underpinning principles

Preparedness and Anticipation – the NHS needs to anticipate and manage consequences of incidents and emergencies through identifying the risks and understanding the direct and indirect consequences, where possible. All individuals and organisations that might have to respond to incidents should be properly prepared, including having clarity of roles and responsibilities, specific and generic plans, and rehearsing arrangements periodically. All organisations should be able to demonstrate clear training and exercising schedules that deliver against this principle.

Continuity – the response to incidents should be grounded within organisations' existing functions and their familiar ways of working. Inevitably actions will need to be carried out at greater pace, on a larger scale and in more testing circumstances during response to an incident.

Subsidiarity – decisions should be taken at the lowest appropriate level, with coordination at the highest necessary level. Local responders should be the building block of response for an incident of any scale.

Communication – good two way communications are critical to an effective response. Reliable information must be passed correctly and without delay between those who need to know, including the public.

Cooperation and Integration – positive engagement based on mutual trust and understanding will facilitate information sharing. Effective coordination should be exercised between and within organisations and local, regional and national tiers of a response. Active mutual aid should be sought from organisations within the UK or internationally as appropriate.

Direction – clarity of purpose should be delivered through an awareness of the strategic aim and supporting objectives for the response. These should be agreed and understood by all involved in managing the response to an incident in order to effectively prioritise and focus the response.

### **13. NHSE Core Standards for Emergency Preparedness, Resilience and Response.**

The minimum requirements which commissioners and providers of NHS funded services must meet are set out in the current NHS England Core Standards for EPRR. The latest version of the Core Standards can be found on the NHS England website.

These standards are in accordance with the CCA 2004 and the NHS Act 2006 (as amended) and the Cabinet Office ‘Expectations and Indicators of Good Practice set for Category 1 and 2 Responders. The NHS Standard Contract Service Conditions require providers to comply with EPRR Guidance.

At the time of writing this policy there were 62 Core Standards which cover EPRR, and are specific to Acute Trusts, with further core standards for HAZMAT / CBRN and each year NHS England identify an area for ‘deep dive’.

#### **Owners of Core Standards aligned to this Policy:**

<b>Core Standard</b>	<b>Owner</b>	<b>Action &amp; Monitoring</b>
Core Standard 3: EPRR Trust Board Reports	Emergency Planning Manager  COO/ AEO  COO/AEO	1. Presented to HSS&FC Committee 2. Presented to ARAC 3. Presented to Trust Board
Core Standard 4: EPRR Work Programme	Emergency Planning Manager	Submitted in line with Core Standards requirements
Core Standard 5: EPRR Resource	Emergency Planning Manager COO/AEO	Workforce planning process in place. Arrangements in place to replace equipment

		through relevant financial approval routes.
Core Standard 6: Continuous Improvement	Emergency Planning Manager COO/AEO	Post incident/ exercise reports developed and central learning log is monitored by the Emergency Planning and Business Continuity Group and HEPOG.
Core Standard 7: Risk Assessment	Head of Risk Management Emergency Planning Manager	Risk Management Committee HEPOG LHRP
Core Standard 8: Risk Management	Head of Risk Management Emergency Planning Manager	Risk Management Committee HEPOG LHRP

## 14. Assurance

All NHS funded organisations are asked to provide evidence of their compliance and for their board to issue a Statement of EPRR Conformity to their commissioners. Commissioners will ensure providers are compliant with the requirement of the Core Standards as part of the annual national assurance process.

## 15. Logging and Record Keeping

NHS funded organisations must have appropriately trained and competent loggists to support the management of an incident. Loggists are an integral part in any incident management team. It is essential that all those tasked with logging do so to best practice standards and understand the importance of logs in the decision making process, in evaluation and identifying lessons and as evidence for any subsequent inquiries. Following an incident a number of internal investigations or legal challenges may be made. These may include Coroners inquests, public inquiries, criminal investigations and civil action.

When planning for and responding to an incident it is essential that any decisions made or actions taken are recorded and stored in a way that can be retrieved at a later date to provide evidence. It may be necessary to provide all documentation, therefore robust and auditable systems for documentation and decision making must be maintained. The organisation's Document Retention policies and procedures should cover the requirements of EPRR. All log books should be returned to the Trusts Emergency Planning Team for storage and retention for 20 years.

## 16. Cooperation

Under the CCA 2004, cooperation between local responder bodies is a legal duty. It is important that the planning for incidents is coordinated within individual NHS organisations, between health organisations and at a multi-agency level with partner organisations. NHS England will undertake the coordination role for health services at Local Resilience Forum (LRF) level and will work the ICB to coordinate across local health economies. The LHRP and the health economy EPRR planning groups facilitate this work.

## **17. Mutual Aid & Coordination**

In the event of a Major Incident, The ICB, NHS England and NHS Trust Development Authority (TDA) should be approached to request mutual aid and support from surrounding Trusts. Successful response to incidents has demonstrated that joint working can resolve very difficult problems that fall across organizational boundaries. Mutual aid arrangements should exist between NHS funded organizations and their partner organizations and these should be regularly reviewed and updated. Clinical networks will retain a key role in coordinating their specialist capacity.

If mutual aid is required, this request should be made via ICB initially who will approach NHS England. Equally if an incident occurs involving two or more regions NHS England will coordinate this via ICB leads.

## **Information Sharing**

Under the CCA 2004 responders have a duty to share information with partner organizations. This is seen as a crucial element of civil protection work, underpinning all forms of cooperation. NHS services should formally consider the information that will be required to plan for, and respond to, an emergency. They should determine what information can be made available in the context of the CCA 2004. The organisation's Information Governance policies and procedures should cover the requirements of EPRR.

## **18. Incident Response and Activating the Plan**

### **Alerting Mechanism**

Most major incidents are triggered by 'big bang' events (e.g., traffic accident or explosion) and alerts are cascaded by the ambulance service.

Ambulance Trusts have specific responsibilities in terms of alerting NHS organisations in the event of a civil emergency or major incident. They should –

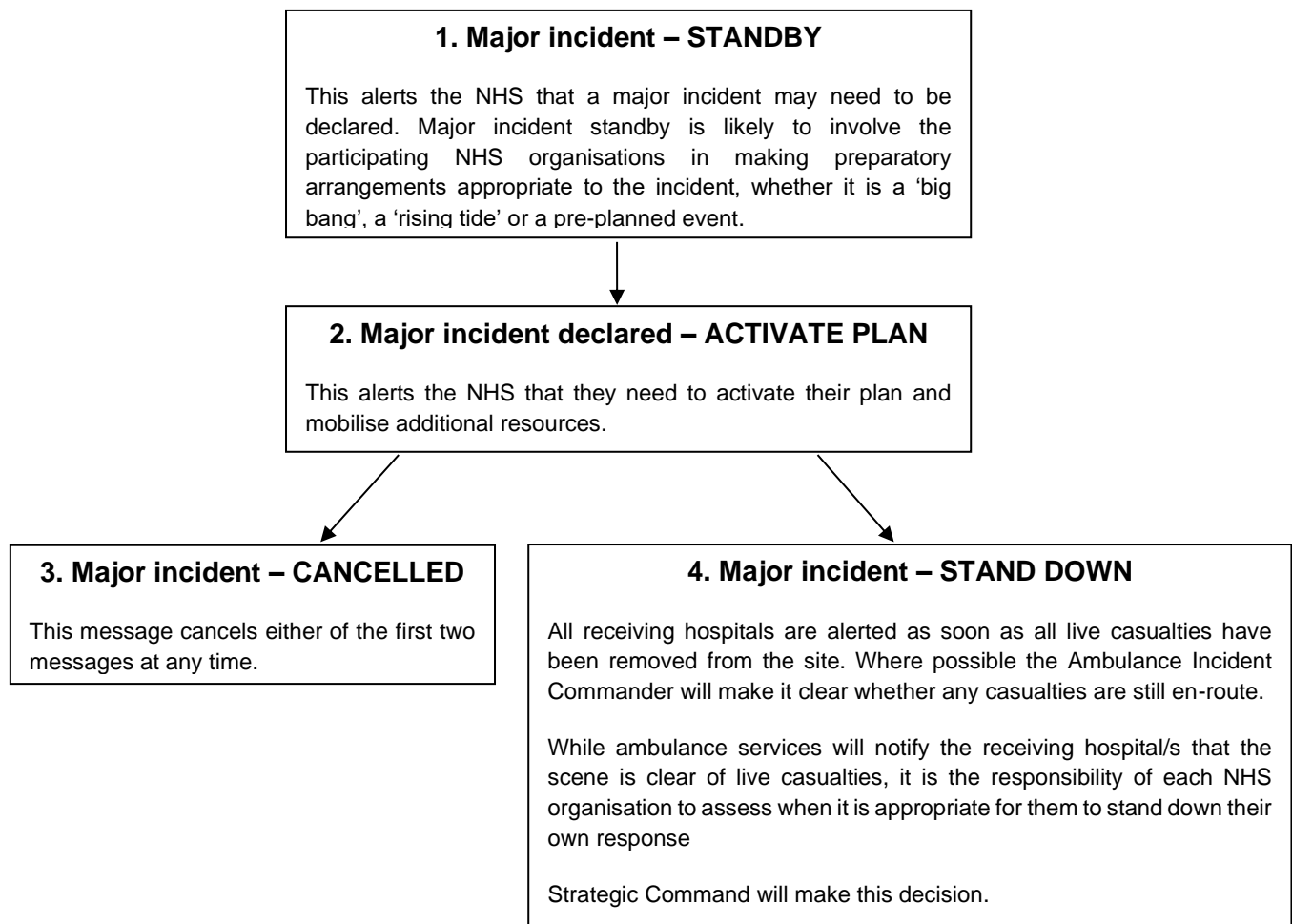
- Immediately notify / confirm with police and fire controls, the location and nature of the incident identifying any specific hazards (e.g., chemical, radiation, biological).
- Alert the most appropriate receiving hospital/s based on local circumstances.
- Alert the wider health community.

At other times, an incident may be triggered by a 'rising tide' or non-acute traumatic event for example an infectious outbreak or radiation leak. In such cases the ambulance service may or may not be involved and may not be the alerting mechanism. The communication cascade mechanism should be via local commissioners who should ensure that they also alert the NHS England regional team. In some instances, such alerts may come directly from NHS England.

Health service organisations should always use standard alerting messages.



## Standard alerting messages



## 19. Business Continuity Issues

Times of severe pressure can include winter periods, a sustained increase in demand for services (surge) or an infectious disease outbreak. Small interruptions to business continuity should be picked up in the early stages, by service area business continuity plans. Only when the plans are failing - or the major incident level is reached by definition should a major incident be declared. Common Business Continuity issues include utility failures (electricity, gas and water), IT, significant equipment failure, hospital acquired infections and violent crime.

### Notification of Business or Critical Incidents

In the event of a Business or Critical Incident occurring that disrupts the normal delivery of services the Notification Flow Chart should be followed. See Appendix 1 Page 33.

## **Situation Reporting – SBAR**

SBAR is a structured method for communicating critical information that requires immediate attention and action contributing to effective escalation and increased patient safety. This can be used to carry out a prompt assessment of the incident and the severity, and for sharing the information in a timely manner. See Appendix 2 page 48.

S     Situation

B     Background

A     Assessment

R     Recommendation

## **Major Incident Declaration**

In the event of a major incident being declared, in which resources are unable to cope with the workload or when a large number of casualties are generated, the hospital may be asked to activate its Major Incident Plan. The main purposes will be:

- a)     to mobilise additional & appropriate resources to cope with a major incident
- b)     to call in additional staff
- c)     to maximise bed capacity
- d)     to minimise disruption to routine hospital working

## **20. Activating the Major Incident Plan**

The Major Incident Plan may be activated in one of the following ways:

The Ambulance Service (or one of the other Emergency Services) may telephone ED, who will decide if the Major Incident Plan should be activated. Following assessment of the information the decision may be taken by ED to contact switchboard and ask them to activate the Major Incident Plan which will trigger the call out cascade.

SaTH may also activate the Plan at the discretion of any of the senior staff listed below -

- i) the senior doctor or nurse in ED
- ii) the clinical site manager
- iii) the off-site manager
- iv) any consultant

Having decided to activate the Plan he/she should inform ED who will then phone switchboard and ask them to activate the call-out cascade.

### **Call Out Cascades**

When a major incident has been declared switchboard at the site involved will follow the call out cascade appropriate to the type of incident and response required. Switchboard must be told the nature, site and time of the incident and estimated number of casualties. Copies of the site specific call out cascade lists can be found in the Major Incident Operational Plans and in Switchboard areas. Information will be shared using METHANE.

## **Situation Reporting – METHANE**

The Joint Emergency Services Interoperability Principles (JESIP) identifies METHANE as the preferred model to share information about developing situations. See Appendix 3 page 35.

- M Major Incident declared
- E Exact location
- T Type of incident
- H Hazards present or suspected
- A Access routes that are safe to use
- N Number, type and severity of casualties
- E Emergency services present and those required

### **Action Cards**

Action Cards for Strategic, Tactical and key Operational personnel can be found -

- combined as a stand-alone document
- in the Major Incident boxes at both sites
- on the Intranet

Ward areas and other departments will have their own Action Cards.

### **Staff Welfare**

NHS funded organisations must ensure staff welfare in general which includes anything done for the comfort and improvement of staff. Incident managers and directors must be aware of the potential for stress and/or fatigue to impact upon individual performance and decision making. They must ensure that they are mindful of their own and their teams levels of stress and fatigue and that effective arrangements are in place to minimise the potential impact. Arrangements may include rest breaks and shift systems for protracted incidents.

## **On-Call Staff**

Each NHS organisation is responsible for ensuring appropriate leadership during emergencies and other times of pressure. Incidents, emergencies and peaks in demand can occur at any time of day or night, so the organisation must have an appropriate out-of-hours on-call system. A director should always be available to make strategic decisions for the organisation; other staff may also be on-call to provide support. Staff should be appropriately trained relevant to their role within the organisational response and be aware of their responsibilities.

## **Communication - Internal & External**

Effective communications form an essential part of any incident response ensuring that patients and the wider public are well informed about NHS services in their local area and what is expected of them. Retaining public confidence is dependent on the organisation's ability to manage the situation and ensure NHS staff are aware and informed.

Effective communication with staff and the public about an incident will minimise its wider impacts and increase the confidence in the NHS response. This involves identifying specific audiences and the appropriate communication tools and messages to achieve this. SaTH will work closely with other partners to ensure that patients, staff and the wider public receive accurate information that is timely, reliable and easily understood.

Any incident is likely to generate significant media interest. A large and diverse 24/7 media, alongside the growth in social media has meant that information about incidents and events is now more readily available to staff and the public and coverage is likely to evolve faster than ever before. This coverage needs to be managed as effectively as possible as speculation can quickly become presented as fact and mislead key audiences. This can reduce effective management of the wider incident, and SaTH Communications leads must work with partners to respond to media interest quickly and effectively delivering.

- A managed and coordinated communication and media response.
- Accurate and timely statements to staff and media providing situational updates and reliable, useable information about accessing services and facilities and other aspects of the incident response.
- Ensure that websites and other digital channels are kept up to date and contain clear, accurate, consistent and reliable information about the situation.
- Ensure that any press statements are placed on SaTH's website and are disseminated more widely using social media sites such as Twitter and Facebook.
- Provide round-the-clock information during the course of a major incident using trained and informed spokespeople (if required).

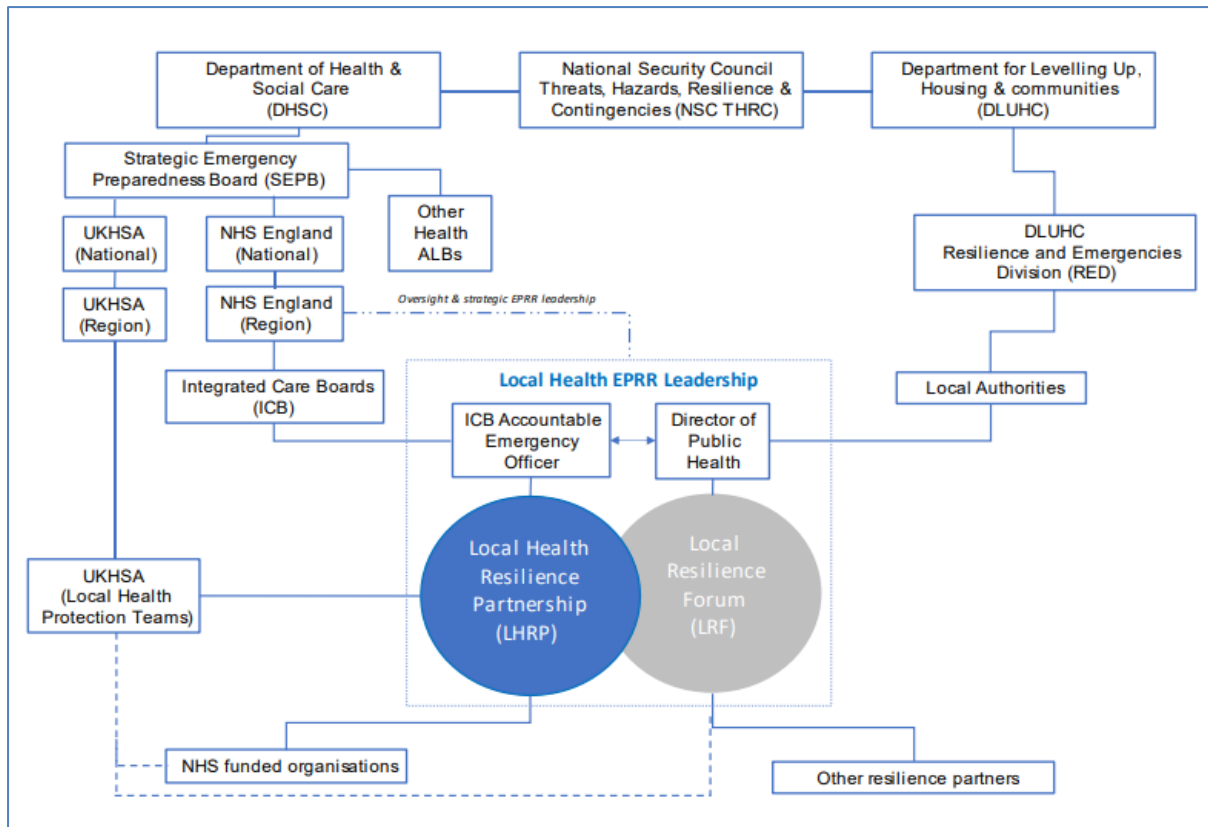
## **Access to a media centre**

PRH Education Centre

RSH SECC

During a Major Incident the Communication Team are part of the call in cascade and will attend Tactical or Strategic Command as required.

## 21. External Escalation, De-Escalation & Alerting



### Escalation Outside the Trust

Shropshire and Telford ICB Director on-call	On Call	01743 261000 and ask for the ICB on call Director
In the event that the Trust aren't able to make contact with the ICB, the Executive on Call/ nominated deputy must make contact with NHSE Midlands on call.		
NHS England	On Call	07623 515945
*Callers must ask for the NHSE On Call for the West Midlands stating their name and number, the organisation they represent and a brief summary of why they are calling. The process should be repeated should NHSE Midlands on Call not respond within 15 Minutes		
UKHSA In hours	On Call	0344 225 3560 select option 2, and option 2 again
UKHSA	On Call	Out of Hours 01384 679 031
UKHSA Centre (West Midlands) Emergency Planning at the start of an incident (24/7)	24/7	07659 101 378 NHS England

## **22. ICB Incident Coordination Centres**

During a significant (Major) health related incident, the ICB will activate an Incident Co-ordination Centre. This may be virtual utilising Microsoft Teams capability. If a physical Incident Control Centre is required this would usually be located at Wellington Civic Centre.

The ICB will:

- Assess the initial information received in respect of a potential or actual significant/major incident, escalate to and brief the on-call NHSE Incident Director on call.
- In agreement with the NSHE Incident Director lead and manage the local health economy response to the incident with the support of the relevant ICB,S.
- In agreement with NHSE Incident Director establish an ICC.
- If a Strategic Coordinating Group (SCG) is called, the Incident Manager will usually manage the local health economy response whilst the Strategic Incident Commander attends SCG. If there is no SCG called, the Incident Director and Incident Manager roles may be combined. This is incident dependent.

NHS England Incident Director.

In liaison with the on call Incident Manager/1st on call, assess the initial information received in respect of a potential or actual significant/major incident and determine the appropriate initial course of action to be taken as follows:.

- Declare a Major Incident for the region and implement its emergency plans.
- Direct all subsequent actions including stand-down decisions.
- Lead and coordinate the wider NHS response as appropriate.
- The Incident Director/2nd on call has full authority to respond to the incident on behalf of NHSE Regional Team.

## **23. West Mercia LRF early alerting criteria.**

West Mercia Local Resilience Forum will notify all partners using the Genasys system in the event of any of the following occurring/ having the potential to occur:

- Major Incidents (including road, rail or aircraft accidents)
- Explosions
- Evacuations involving a number of people or where additional medical support may be required
- Surge Escalation (out-with normal surge arrangements through the ICB )
- Large fires in residential areas
- Fires in residential areas where asbestos is suspected or confirmed
- Flooding with potential for evacuation



- Flooding causing significant transport disruption
- Burning of non-natural wastes at agricultural premises with potential exposure to large numbers of people
- Toxic chemical release with the potential of affecting the population
- Mass casualties
- CBRNe incidents
- Burns patients of more than 4
- All hospital related incidents, in particular fires, floods, service disruptions and patient evacuations
- Any other incident that has the potential to be disruptive or has an impact on service delivery

On receipt of any of these alerts/ pre-alerts, SaTH should convene internal Tactical and Strategic Commands.

## **24. Command and Control**

During times of severe pressure and when responding to major or critical incidents and emergencies, NHS organisations need a structure which provides:

- Clear leadership
- Accountable decision making
- Accurate, up to date and far-reaching communication

This structured approach to leadership under pressure is commonly known as 'Command and Control'.

### **Command and Control within the NHS in England**

Responses at Alert Level 1 or 2 may be managed by an individual organisation or local health economy through the ICB'S in liaison with the regional team. For a response at Alert Level 1, managed by an individual organisation, the local/lead commissioner must be informed through their on-call arrangements.

If a response requires a wider NHS or multi-agency response or is at Alert Level 3 then the respective regional team will provide command, control and coordination for the region. Tactical Command will remain with local organisations.

Responses at Alert Level 4 will require national NHS England command, control and coordination. In certain situations, such as pandemic influenza, national fuel shortage or extensive extreme weather conditions NHS England may take command of all NHS resources across England.

### **Multiagency command and control principles**

Further details on the multiagency command and control structure and roles and responsibilities of other responders are contained in the following documents held in the electronic on-call folder:

West Mercia Local Resilience Forum Managing Major Incidents in West Mercia.

Shropshire, Telford and Wrekin Multiagency Tactical and Strategic Incident Implementation Plans.

WMLRF Guide for Gold Commanders attending Strategic Co-ordinating Group (SCG).

The Managing Major Incidents in West Mercia Guidance sets out how the multiagency response will be co-ordinated and managed within the West Mercia footprint and details the roles and responsibilities of the partner agencies.

The management of the multiagency response and recovery effort is undertaken at one or more of three ascending levels:

### **Operational**

Refers to those who provide the immediate 'hands on' response to the incident, carrying out specific operational tasks either at the scene or at a supporting location such as a hospital or rest centre or support cells on the ground nearer the incident reporting to the TCG.

### **Tactical**

Refers to those who are in charge of managing the incident on behalf of their organisation. They are responsible for making tactical decision, determining operational priorities, allocating staff and physical resources and developing a tactical plan to implement the agreed strategy.

### **Strategic**

Refers to those responsible for determining the overall management, policy, and strategy for the incident whilst maintaining normal services at an appropriate level. They should ensure that appropriate resources are made available to enable and manage communications with the public and media. Additionally, they will identify the longer-term implications and determine plans for the return to normality once the incident is brought under control or is deemed to be over.

Not all of these command levels are necessarily activated – depending on the scale of the incident and response. The general approach is to escalate the levels with the increasing size and complexity of the response required.

In complex, large-scale incidents, there is a need to co-ordinate and integrate the strategic, tactical and operational response of each responder. The Managing Major Incidents in West Mercia guidance establishes a Strategic Co-ordinating Group

(SCG also known as Gold) which is usually chaired by the West Mercia Chief Constable. The local NHS will be represented by the ICB Director on-call.

The Shropshire, Telford and Wrekin Multiagency Tactical Co-ordinating Group (also known as Silver Group or TCG) will be convened to determine the tactical response to an emergency/major incident through examination of the circumstances prevailing, identifying priorities, and making tactical decisions. This will usually be chaired by the police Commander covering the STW area. If the SCG is sitting it may make policy and strategy directions to the TCG. The ICS local health NHS organisations will be represented by the Accountable Emergency Officer or EPPR lead and minutes provided to the on-call managers and directors are available on Resilience Direct.

Multiagency command and control structures exist in passive form and may be convened as such during a slow burn/cloud on the horizon event to enable multiagency partners to prepare.

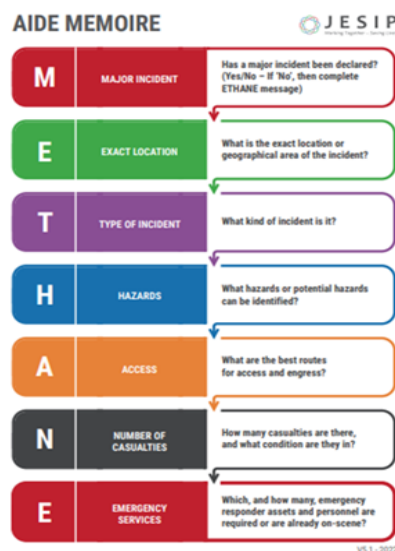
## Joint Emergency Services Interoperability Principles

The Joint Emergency Services Interoperability Principles (JESIP) are principles applying to all emergency responders and have become the standard for interoperability in the UK. Whilst the initial focus was on improving the response to major incidents, JESIP is scalable, and the five joint working principles and models can be applied to any type of multiagency incident. It is a tool that supports the way agencies work together effectively to save lives and reduce harm by providing structure during the response. The principles can also be applied during the recovery phase. The diagram overleaf illustrates the five joint working principles presented in an indicative sequence, although they can be applied in a different order if necessary. The application of simple principles for joint working are particularly important in the early stages of an incident, when clear, robust decisions and actions need to be taken with minimal delay, often in a rapidly changing environment.



In order to help all agencies, gather and share initial information about an incident in a consistent manner, a common approach is required. The M/ETHANE model, outlined in figure three, brings structure and clarity to the initial stages of managing any multiagency or major incident. For on line access to this and a range of standard incident management tools it is recommended to download the JESIP App for handy reference guide access or via the website

<https://www.jesip.org.uk/uploads/media/app/Jesip-web-version/>



One of the difficulties facing responders is how to bring together the available information, reconcile potentially differing priorities and then make effective decisions together. The Joint Decision Model (JDM), outlined in figure four, was developed to resolve this issue. The JDM is designed to help make effective decisions together.

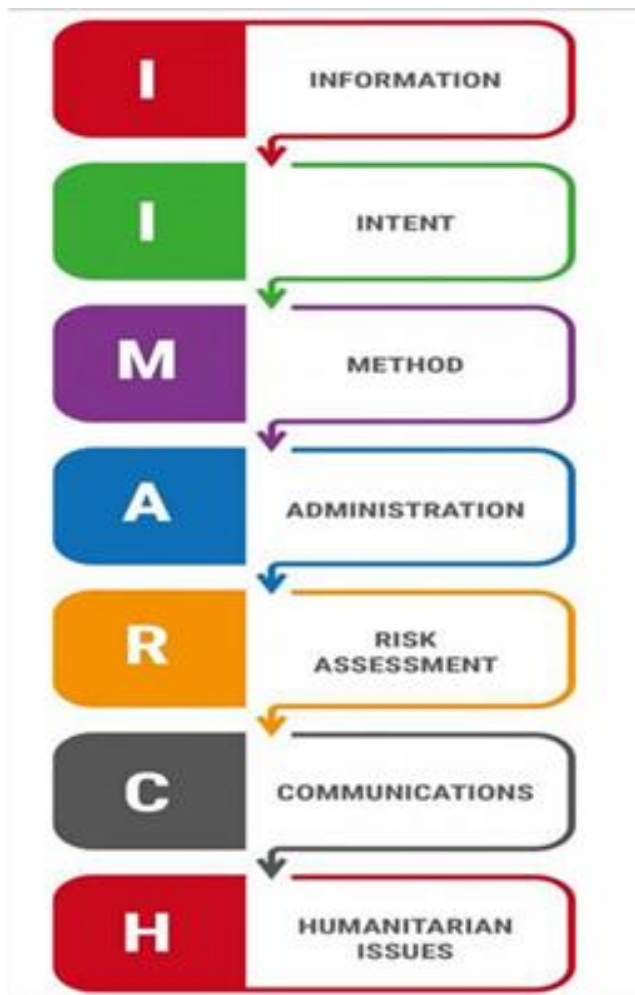


All decisions, the rationale behind them and subsequent actions, should be recorded in a joint decisions log. Recording of decisions is critical and where possible should be undertaken by a trained loggist. When using the JDM, the priority is to gather and assess information and intelligence. Responders should work together to build shared situational awareness, recognising that this requires continuous effort as the situation, and responders understanding, will change over time. Understanding the risks is vital in establishing shared situational awareness, as it enables responders to answer the three fundamental questions of 'what, so what and what might?' Once the process of building shared situation awareness has begun, the desired outcomes should be agreed as the central part of a joint working strategy.

Responders should be free to interpret the JDM for themselves, reasonably and according to the circumstances they face at any given time. Achieving desired outcomes should always come before strict adherence to the stepped process outlined in the JDM, particularly in time sensitive situations.

Once decisions have been made and actions agreed, information should be relayed in a structured way that can be easily understood by those who will carry out actions or support activities. This is commonly known as briefing. In the initial phases of an incident, the JDM may be used to structure a briefing. As incidents develop past the initial phases or if they are protracted and require a handover of responsibility, then a

more detailed briefing tool should be used. The mnemonic IIMARCH is a commonly used briefing tool.



During a multi-agency response, organisations and individuals should ensure they are aware of their obligations to retain, and potentially disclose in the future, material relating to the incident. Much of this material may be relevant in a wide range of proceedings, including criminal and coronial proceedings and public inquiries. Material could include:

Incident logs

Briefing and debriefing sheets

Policy files or decision books

Operational or tactical advice notes

## **25. Command and Control Internally**

During a Major Incident, the Trust will apply 3 levels of management to provide effective Command, Control and Coordination of incidents. The Command-and-Control System must be sustainable and be able to operate 24 hours a day 7 days a week at all levels.

The levels are as follows:

### **Operational Level - Bronze**

The Emergency Department (ED) is the operational response for MAJAX incidents. The Group consists of Clinicians, Operational Service and Service Delivery Managers/Supervisors. Responsibilities are to ensure the delivery of service to patients and customers. Staff deployed at this level are responsible for all operational aspects of key tasks of the part of response that has been assigned to them by the tactical group.

A Senior Manager (usually ED Centre Manager or Deputy) and a clerk will be sent by the Incident Command Centre to ED and will be accommodated in the sisters Office. For accuracy, all SITREPs and requests to the Incident Command Control should be sent through this person.

Other receiving areas (e.g., AMU, SAU, and Orthopaedics) should also consider setting up operational command to ensure they are able to provide the correct response.

### **CBRN Incidents- Operational Roles**

It is the responsibility of the lead Clinician in charge of the ED, when presenters require decontamination, to provide an early warning to Shropshire Fire & Rescue Service (SF&RS) in the event that they can provide any support (in the form of DIM/ HART/ trained personnel to support with decontamination of PRPS wearers) and at the same time notify Estates to put up the Trusts decontamination tent outside ED. However if an incident has been declared, it is more than likely the SF&RS will be at the scene.

SF&RS can be contacted on 01743 260290 or 999 to request decontamination assistance at RSH ED (as per Memorandum of Understanding - MOU).

Note - Where possible, contaminated patients should not be taken through the ED.

Action Cards for ED staff with a role in decontamination can be found in the Major Incident and Mass Casualty Plan.

### **Tactical Level - Silver**

This Incident Management Team will implement the objectives set by the strategic level and be led by the Tactical Commander. The Head of Capacity and Patient Flow will take on this role within normal working hours. Out of Hours the Off-Site Manager will take on this role until additional support arrives. This group will prioritise resource use and plan actions to be taken at operational level for effective incident response and successful outcomes. The group will comprise of tactical task managers and will manage the organisation's response to incidents.

The ICC supports the tactical team to provide an enhanced level of operational support. Arrangements for the ICC need to be flexible and able to cope with a range of incident scales and hours of operation required. The ICC will provide a focal point for coordination of the response and the gathering, processing, archiving and dissemination of information across the organisation and externally.

The ICC should have an activation plan with Action Cards for key staff and the equipment should be tested every 3 months as a minimum to ensure functionality

NHS England Core Standards state that the organisation must identify where and how an emergency or business continuity incident will be managed from and how the ICC will operate (including information management) and the key roles required within it including the role of the loggist. The ICC should be proportionate to the size and scope of the organisation. The organisation will establish ICC's and maintain them in a state of readiness. These should be sufficiently resilient to loss of utilities and alternative ICCs should be available for use.

This group will operate from:

RSH: Incident Command Centre, Treatment Centre.

PRH: CSM's Office on the 1st floor off main corridor by ward 10 / 11

or: Office close to site with suitable equipment

SaTH Tactical (Silver) Control Room will be staffed by:



- Tactical Commander - Head of Capacity (in hours) / Off-Site Manager (out of hours)
- Loggists
- Senior Managers – Centre Managers (Scheduled & Unscheduled Care / W&C / Support Services)
- Clinical Site Manager
- Clinical Coordinator – Medical Director / General Surgeon-on-Call / Physician-on-Call
- A Major Incident box is in this room containing:
  - Useful documentation / contact details / action cards
  - Logbooks / pens / ruler
  - Tabards and role cards
  - Data cables
- Within the identified wall cupboard are
  - Telephone handsets
  - TV & remote control
  - Live data points
  - Live telephone points
  - TV aerial socket

The SaTH Tactical/Silver Control Room will obtain and provide regular SITREP updates and press statements to the SaTH Strategic Group who will decide what information will be shared more widely and when. It is important that only one set of information is released. No information should be released unless told to do so through the command structure.

### **Strategic Level**

Strategic command consists of the Chief Executive, Executive Directors and any delegated or nominated officers. The Strategic Group will be led by the Chief Operating Officer, the Deputy Chief Operating Officer or the Chief Executive.

The group's main responsibility is to ensure that the organisation is able to maintain its key service deliverables, while also managing the incident.

The Strategic Group functions: are as follows

While the specific activities undertaken by the ICC will be dictated by the unique demands of the situation, there are five broad tasks typical of ICC's.

- Coordination
- Matching capabilities to demands
- Policy making
- Decisions pertaining to the response
- Allocating resources as required to directly meet the demands of the incident

- Information gathering Determining the nature and extent of the incident ensuring shared situational awareness
- Public information- Informing the community, news media and partner organisations

This group will determine the longer term and wider impacts, including any associated risks. The group will develop an overarching strategy, set objectives for managing an incident and set the framework policy and parameters that all staff will be required to follow.

The Chief Executive or nominated Director will decide in which hospital the SaTH Strategic Command and Control Room will be located. This group will normally operate from the Executive Meeting Room at RSH Trust HQ or the Ironbridge Suite at PRH.

## **26. Links to Local Plans/ Organisations/Advice**

### **Links to Local Authority Plans**

All Local Authority Services can be accessed through their on-call numbers. These services include:

- Social Care
- Displaced persons
- Reception Centres
- Rest Centres
- Friends & Relatives Centres
- Mortuary arrangements
- Public Health

### **Voluntary Sector**

Established voluntary organisations have an important role to play in supporting services in the planning, response and recovery phases of most emergencies. These include The British Red Cross, WRVS, Salvation Army and St Johns Ambulance.

St John Ambulance On-Call 0303 0030104 (select option 1 – to notify On-call Tactical Commander).

### **Public Health Advice**

Advice can be accessed through

- Public Health England website & Public Health England (regional offices)
- Local Authority Public Health Teams (led by Director of Public Health)

- Department of Health website, leaflets and flu information toolkit
- SaTH website
- 111 help lines
- GP surgeries
- Media information, press, television, radio
- NHS England

### **Legal advice**

Can be obtained through the Trust's Legal Section and the Trust's solicitors (out of hours through On-Call Director).

### **Industrial Disputes / Unrest**

The Trust will gain access to secure and protect routes for staff and patients through the normal police channels or from the external Tactical group (if set up).

## **27. Roles and Responsibilities**

### **Plan ownership- Chief Operating Officer**

This plan is owned by the Chief Operating Officer (COO) on behalf of the Executive Team and is operationally delegated to the Deputy Chief Operating Officer (DCOO). The plan owner is responsible for ensuring that Emergency Planning, Business Continuity Management and Governance Processes are in place and appropriately resourced both during and prior to an incident taking place.

The Chief Operating Officer (Accountable Emergency Officer for EPRR) is responsible for:

- Ensuring that the organisation, and any sub-contractors, is compliant with EPRR requirements as set out in the CCA 2004, the NHS Act 2006 (as amended) and the NHS Standard Contract, including the NHS England Emergency Preparedness, Resilience and Response Framework and the NHS England Core Standards for EPRR.
- Ensures that the organisation is properly prepared and resourced for dealing with an incident.
- Ensuring that the organisation, any providers the Trust commissions and any sub-contractors, have robust business continuity planning arrangements in place which are aligned to ISO 22301 or subsequent guidance which may supersede this.
- Ensuring that the organisation has a robust surge capacity plan that provides an integrated organisational response and that it has been tested with other providers and partner organisations in the local area served.

- Ensuring that the organisation complies with any requirements of NHS England, or agents of NHS England, in respect of monitoring compliance
- Providing NHS England with such information as it may require for the purpose of discharging its functions.
- Ensuring that the organisation is appropriately represented by director level engagement with, and effectively contributes to any governance meetings, sub-groups or working groups of the LHRP and/or LRF as appropriate.
- Monitoring Business Continuity Incidents and escalating to a Major Incident if necessary.

### **The Emergency Planning Team is responsible for:**

- Providing specialist advice to the organisation, both in planning and response
- The writing of organisational policy, strategy and plans
- Providing support and advice to managers on their business continuity plans and incidents
- Leading the organisation's Business Continuity group
- Organising exercises and scenarios to test business continuity/emergency planning arrangements
- Developing and maintaining a training programme in conjunction with workforce development

### **Divisional Directors are responsible for:**

- Promoting and overseeing the implementation of EPRR activities.
- Supporting and encouraging relevant staff with a role in emergency response to be trained and active members of the major incident response team.
- Supporting the development and implementation of the emergency preparedness and response capabilities in preparation for an emergency situation.
- Ensuring divisional business continuity and local plans contain responses to major incidents and that business continuity procedures are in place for their directorate/departments.
- Supporting mutual aid requests.

### **Corporate Communications**

The Chief Communications Officer is responsible for ensuring plans are in place to provide accurate, timely and consistent information and advice to staff, service users and patients, the public, partner organisations and the media in a major incident, critical, or business continuity incident. They are also responsible for providing specialist advice to the designated Trust media-facing representative.

### **System Director of Procurement - Shropshire, Telford & Wrekin**

The System Director of Procurement is responsible for ensuring that procurement contracts are in place that include emergency preparedness and business continuity procedures to maintain the integrity of supplies and services to the organisation. This includes maintaining supply chain during disruptive events.

## **28. Preparedness**

### **Risk Management - Health & Safety / Dynamic Risk Assessment**

Health and safety issues must be considered at all times, including during major incidents.

The definition of a dynamic risk assessment is: “The continuous process of identifying hazards, assessing risk, taking action to eliminate or reduce risk, monitoring and reviewing, in the rapidly changing circumstances of an operational incident”.

Managers and Clinicians have to make decisions in light of the circumstances at the time and should consider the following points:

Staff and patient safety is of paramount importance.

If the emergency services are needed call them immediately.

Evaluate the situation, tasks and persons at risk.

Think before you act, rather than act before you think.

The benefits of proceeding with a task must be weighed against any risk.

If the incident is developing and you believe is outside the scope of Business Continuity plans, declare a significant or major incident.

All decisions must be reasoned, lawful and justifiable.

## 29. Partnership Groups / Meetings

Meeting Name	Facilitated by	Agencies involved	Frequency
Emergency Planning & Business Continuity	DCOO – SaTH EPM – SaTH	Internal SaTH meeting Departmental & Centre Managers	Every 2 months
Shropshire & Telford & Wrekin Multi Agency TCG	West Mercia Local Resilience Forum	West Mercia Police Highways England STWICB Shropshire Council T&W Council Shropshire Fire & Rescue Service UKHSA	Every 2 months

		<p>NHS England</p> <p>Shropshire Community Health Trust</p> <p>RJAH and SaTH NHS Trusts</p> <p>Environment Agency</p> <p>RAF</p> <p>WMAS</p> <p>Utility Companies</p>	
Shropshire Local Health Resilience Partnership (LHRP)	Shropshire and Telford & Wrekin and Hereford and Worcester ICB	<p>NHS England</p> <p>T&amp;W and Shropshire ICB</p> <p>Hereford and Worcester ICB</p> <p>T&amp;W and Shropshire Councils</p> <p>Shropshire Community Health Trust</p> <p>RJAH and SaTH NHS Trusts</p> <p>WMAS</p>	Every 2 months
Health Emergency Planning Officers Group (HEPOG) – Shropshire and Hereford & Worcester	NHS England (Midlands)	<p>NHS England</p> <p>EPRO's from regional NHS Trusts</p> <p>Regional ICB's</p> <p>WMAS</p> <p>Regional UKHSA</p> <p>Urgent Care Ltd</p>	Every 3 months
Acute Network Group	NHS England (Midlands)	<p>Birmingham Women and Childrens Hospital NHSD Foundation Trust.</p> <p>Cheserfield Royal NHS Foundation Trust.</p>	

		<p>George Elliot</p> <p>NHS Foundatation Trust.</p> <p>Kettering Gneral Hospital NHS Foundation Trust.</p> <p>NHSE Midlands.</p> <p>Northhampton General Hospital NHS Trust.</p> <p>Nottingham University Hospitals NHS Trust.</p> <p>Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust.</p> <p>Sandwell and West Birmingham Hospitals.</p> <p>Sherwood Forest Hospitals NHS Foundation Trust.</p> <p>Shrewsbury &amp; Telford Hospitals Trust.</p> <p>South Warwickshire NHS Foundation Trust</p> <p>The Dudley Group NHS Foundation Trust.</p> <p>He Royal Wolverhampton NSH Trust.</p> <p>United Lincolnshire Hospital NHS Trust</p> <p>University Hospitals Birmingham NHS Foundation Trust.</p> <p>University Hospitals Coventry and Warwickshire NHS Trust.</p>	
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		<p>University Hospitals of Derby and Burton NHSE Foundation Trust.</p> <p>University Hospitals of Leicester NHS Trust.</p> <p>University Hospitals of North Midlands NHS Trust.</p> <p>Walsal Healthcare NHS Trust</p> <p>Worcestershire Acute Hospitals NHS Trust.</p> <p>Wye Valley NHS Trust.</p>	
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### 30. Planning

The Major Incident Operational and Mass Casualty Plan contain more detailed information about expected response and actions. The Plans identify areas within each site for Command and Control and where patients should be treated. Each area should hold a Business Continuity Plan and Action Cards highlighting operational procedures.

Lines of communication and information on escalation can be found within this document.

### 31. Training

Training staff that have a response role for incidents is of fundamental importance. NHS organisations are familiar with responding to routine everyday challenges by following usual business practices yet very few respond to major incidents on a frequent basis. If staff are to respond to an incident in a safe and effective manner, they require the tools and skills to do so in line with their assigned role.

Training should be focused on the specific roles and requirements assigned to the individual, aligned to a Training Needs Analysis (TNA) and ensure training objectives are met and recorded. In addition to covering all aspects of the response role, training should also highlight wider organisational and multi-agency response structures, as appropriate to the role.

Training needs to be an on-going process to ensure skills are maintained; it is a fundamental element of embedding resilience within organisation as part of the cycle of emergency planning.

The requirement for training extends to all staff likely to participate in planning for a response to an incident and must include not only the traditional responders (Emergency Department services, switchboards, portering, security services and on-call Managers / Directors), but also those in associated services (critical care, paediatric intensive care, surgical services, etc) including loggists.

A training programme has been developed to ensure that:

- Staff are aware of the incident response plan, are competent in their roles and suitably trained
- Annual EPRR training and exercises are carried out
- Lessons learnt from exercises and incidents are shared with staff

### 32. Exercising / Testing

NHS England Core Standards for EPRR sets out clearly the minimum standards which NHS Organisations and providers of NHS funded care must meet. A register of tests and outcomes will be kept by the Trusts Emergency Planning Team. The standards required to be met are -

Type of Test / Exercise	Minimum Frequency	Testing / Exercise
ICC (Strategic) Equipment	Every 3 months	The functionality of equipment in the Incident Coordination Centre should be tested frequently.
Communications exercise	Every 6 months	To test the ability of the organisation to contact key staff and other NHS and partner organisations 24/7. This should include testing telephone, texting, email, paging and other communications methods in use. The communications exercise should be conducted both during in-hours and the out-of-hours period on a rotational basis and should be unannounced.
Desktop exercise	Every 12 months	To bring together relevant staff and partners as required to discuss the response, or specific element of a response, to an incident. They work through a particular scenario and can provide validation to a new or revised plan. Participants are able to interact and gain knowledge of their own and partner organisations' roles and responsibilities.
Live play exercise	Every 3 years	A live test of arrangements and includes the operational and practical elements of an incident response, for example simulated casualties being

		brought to an emergency department or a mass evacuation.
Command post exercise	Every 3 years	The command post exercise tests the operational element of the command and control and requires the setting up of the Incident Coordination Centre (ICC). It provides a practical test of equipment, facilities and processes and provides familiarity to those undertaking roles within the ICC. It can be incorporated into other types of exercise, such as the communications exercise or live play exercise. Links with multi-agency partners and communication flow should also be tested. A live incident where the ICC is activated can replace the need to run an exercise.
Multi-Agency Exercises	As arranged	SaTH Trust is committed to taking part in multi-agency exercises and partnership working. This will include live and table-top exercises for management and staff, with links to Police, Fire, Military, Local Authorities, Voluntary Aid organisations, Media and the Local Resilience Forum (LRF).

### 33. Lessons identified

The Trust is required to share information identified through exercising or incident response across the wider NHS through a common process coordinated through the LHRP. Relevant information will also be shared with partner organisations. Working collaboratively will improve organisational cohesion and ensure patients are safeguarded throughout an incident.

### 34. Recovery

Recovery may take months or even years to complete, as it seeks to support affected communities, in the reconstruction of the physical infrastructure and restoration of emotional, social, and physical well-being. Recovery is defined as the process of rebuilding, restoring, and rehabilitating the organisation following an emergency. Although distinct from the response phase, recovery should be an integral part of the response from the very beginning, as actions taken during the response phase can influence the longer-term outcomes for the organisation.

At the start of each Major Incident the SaTH Strategic Group should appoint a Director and Senior Manager to oversee the Recovery phase.

The guiding principles for effective response and recovery are:

**Preparedness and Anticipation** – ongoing risk identification and analysis is essential in the management of the direct, indirect, and interdependent consequences of emergencies. All organisations and individuals that might have a role to play in emergency response and recovery should be properly prepared and clear about their roles and responsibilities.

**Continuity** – the response and recovery to incidents should be grounded within the organisations' existing functions and their familiar ways of working albeit at a greater pace, on a larger scale and in more testing circumstances.

**Subsidiarity** – decisions should be taken at the lowest appropriate level, with coordination at the highest necessary level. Local responders should be the building block of the response to, and recovery from, an incident of any scale.

**Information and Communication** – information is critical to the emergency recovery and response process. The collation, assessment, verification, and dissemination must be underpinned by appropriate information management systems. These systems need to support single and multi-agency decision making and allow for good two-way communication which is critical for the recovery phase. There also needs to be provision of reliable information externally that will allow members of the public to make timely and informed decisions to ensure their safety.

**Cooperation and Integration** – Effective coordination should be exercised between and within organisations involved in the incident together with local, regional, and national tiers in order to produce a coherent, integrated recovery effort. Flexibility and effectiveness depend on positive engagement and information sharing between all agencies at all levels.

**Direction** – clarity of purpose should be delivered through an awareness of the strategic aim and supporting objectives for the response and subsequent recovery. These should be agreed and understood by all involved in managing the incident to effectively prioritise and focus the response and recovery.

The recovery phase should not end until all disruption has been rectified and demands on services have returned to normal levels.

### **35. Audit Management of the Incident and Debriefing**

In order to identify lessons from any incident it is important to capture as much information about the incident and the experiences of those involved as soon as it reasonably practicable. An audit of the incident management should be undertaken. Good practice would be to follow this by a series of debriefs.

The purpose of a debrief is to identify issues that need to be addressed. It is essential that they are attended by all staff that had a part in the response in order to review what went well, what did not go well and what needs to be changed. The process de-brief should provide a support mechanism and identify staff welfare needs.

The Trust will ensure they use appropriately trained staff to facilitate this.

Debriefs should include -

Hot debrief – immediately after the incident or period of duty

Cold debrief – within two weeks post incident  
(Structured/Organisational)

Multi-agency debriefs – within four weeks of close of the incident

Post incident reports – within six weeks of the close of the incident

The audit findings and post incident reports should be supported by action plans, with timescales and accountable owners. The findings should be used to -

- Review and update SaTH site specific Major Incident Operational Plans and this document
- Review operational procedures
- Identify any training or exercising needed
- Feedback to all involved with the incident
- Feedback to other agencies involved in the incident
- Sharing lessons learnt with other relevant agencies / LHRP / NHS bodies if appropriate

## **36. Background Information**

### **Training needs**

There is no mandatory training associated with this document, however all staff have a responsibility to be aware of the content of the plans and their role and responsibility when a major incident occurs. If staff have queries about its operation, they should contact their line manager in the first instance.

### **Review process**

The document will be reviewed every 5 years unless there are significant changes at either national policy level or locally or following a major incident when any lessons learnt from future incidents will be added to the plans and/or policy. In order that this document remains current, any of the appendices to the plan can be amended and

approved during the lifetime of the document without the document strategy having to return to the ratifying committee.

### **Equality Impact Assessment (EQIA)**

An EQIA has been completed. The plan applies to all regardless of their protected characteristics. The Trust is committed to ensure that, as far as reasonably practicable, the manner in which we provide service to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on the grounds of any potential characteristic.

## Process for monitoring compliance

Aspect of compliance or effectiveness being monitored	Monitoring method	Responsibility for monitoring (job title)	Frequency of monitoring	Group or Committee that will review the findings and monitor completion of any resulting action plan
Communications test	Audit Observation	EPRO, Accountable Officer	6 monthly	} SaTH Health and Safety, Security and Fire Committee
Desktop exercise	Observation	EPRO, Accountable Officer	12 monthly	
Live exercise	Observation Feedback Audit	EPRO, Accountable Officer	Every 3 years	
Achieving NHS Core Standards	Self-Assessment	EPRO, Accountable Officer	Annually	ICB / NHS England Assurance Process

## References and Acronyms

- Government Documents -
- Civil Contingencies Act 2004
  - The NHS Act 2006
  - Health & Social Care Act 2012
- NHS England Documents -
- NHS England EPRR Framework
  - NHS England Core Standards for EPRR

SaTH Policies/Plans	-	Business Continuity Plan
		Fuel Plan
		HR Policies
		Serious Untoward Incident Policy
		Financial Regulations
		RSH Major Incident Operational Plan
		PRH Major Incident Operational Plan

### **Acronyms used in this document**

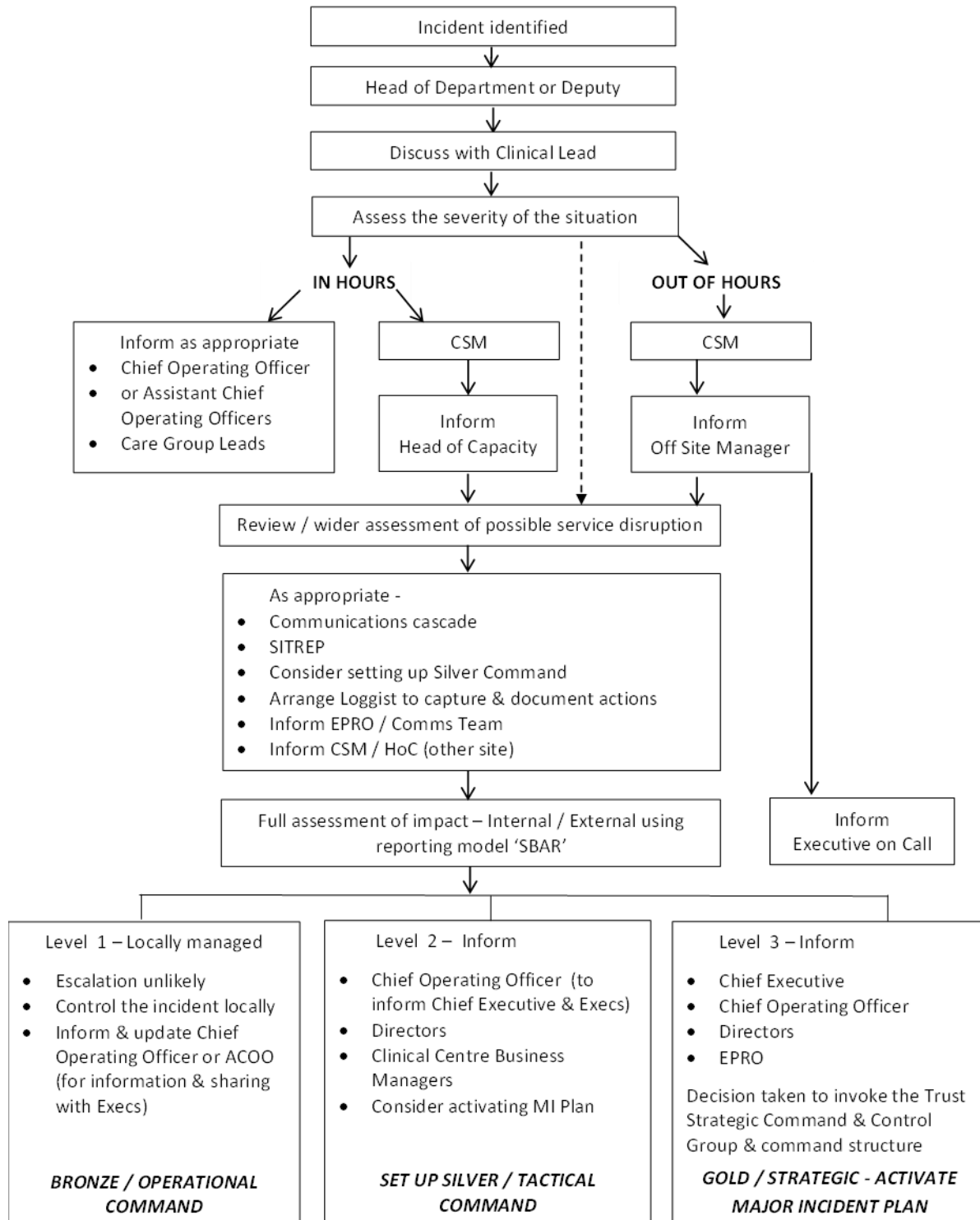
CBRN	Chemical, Biological, Radiological, Nuclear and Explosive
CCA	Civil Contingencies Act 2004
ED	Emergency Department
EPRR	Emergency Preparedness, Resilience and Response
HAZMAT	Hazardous materials
ICC	Incident Coordination Centre
JESIP	Joint Emergency Services Interoperability Principles
LHRP	Local Health Resilience Partnership
LRF	Local Resilience Forum



## 37. Appendix List

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### 38. Appendix 1 - Notification Flow Chart for Incidents



### 39. Appendix 2 - Situation Reporting – SBAR

SBAR is a structured method for communicating critical information that requires immediate attention and action contributing to effective escalation and increased patient safety'

Any organisation declaring a critical incident must adopt the following format to collect information

#### SBAR reporting template

Organisation name		
Site name		
Date of report		
Time of report		
Date of Incident		
Time of Incident		
Completed by		
Signed off by		
Signature		
Element	Prompts	
<b>S</b>	<b><u>Situation</u></b> Clearly and briefly describe the current situation.	
<b>B</b>	<b><u>Background</u></b> Provide clear, relevant background information on the incident including: <ul style="list-style-type: none"> <li>• Timings</li> <li>• Media</li> <li>• Exact situation</li> </ul>	
<b>A</b>	<b><u>Assessment</u></b> State your assessment of the situation based on the situation and background. Include impacts to the hospital and services	
<b>R</b>	<b><u>Recommendations</u></b> Explain the actions being taken by the organisation to standdown from the incident/situation alongside any support required of partner agencies, CCG or NHS England and NHS Improvement	

### 40. Appendix 3 - Situation Reporting – METHANE

Effective situation reporting is vital to ensure that correct information can be disseminated appropriately. Any situation report should contain the following information based on the METHANE system of reporting.

#### Incident Notification Form

On receiving notification of an incident, the following information should be carefully recorded in the spaces provided below

Time Call Received:	Date:
Name of Caller:	
Contact Details:	
Organisation:	
Brief Details of Call:	

#### METHANE REPORT

You should only record relevant information in brief (bullet points only) using the attached Methane Template

<b>M</b>	Major Incident Declared
<b>E</b>	Exact Location
<b>T</b>	Type of Incident
<b>H</b>	Hazards at the Scene
<b>A</b>	Access and Egress Routes
<b>N</b>	Numbers of Casualties
<b>E</b>	Emergency Services Present and Requested

**NOW TURNOVER AND COMPLETE THE NEXT PAGE**

M	Major Incident Declared
E	Exact Location
T	Type of Incident <b>Threat:</b> <b>Hazard:</b> <b>Deliberate:</b> <b>Accidental:</b> <b>Natural Occurring:</b>
H	Hazards at Scene
A	Access and Egress Routes
N	Number of Casualties Involved <b>P1/P2 Red Immediate:</b> <b>P2/T2 Yellow Urgent:</b> <b>P3/T3: Green Delayed:</b> <b>T4 Blue Expectant:</b> <b>Dead</b>
E	Emergency Services Present and Requested

## 41. Appendix 4 – Escalation & Alerting

<b>Level 1 – Organisation level response Coordinating organisation: NHS-funded organisation</b>
<p>If the following applies the incident may need to be escalated to Level 2:</p> <ul style="list-style-type: none"><li>• Capacity and demand reaches, or threatens to surpass, a level that requires wider resources that cannot be accessed by the provider.</li><li>• A Business Continuity Incident that threatens the delivery of patient services (in line with ISO 22301).</li><li>• Responding to a declared Major Incident or Major Incident standby.</li><li>• A media or public confidence issue that may result in local, regional or national interest.</li><li>• A significant operational issue that may have implications wider than the organisation e.g. public health outbreak, suspected high consequence infectious disease (HCID), security incident, Hazmat incident.</li></ul>
<b>Level 2 – Local level response Coordinating organisation: ICB with NHS England (Region)</b>
<p>If the following applies the incident may need to be escalated to Level 3:</p> <ul style="list-style-type: none"><li>• Capacity and demand reaches, or threatens to surpass, a level that requires wider resources that cannot be accessed by the ICB.</li><li>• A Critical Incident that threatens the delivery of critical services or presents a risk of harm to patients and/or staff • Responding to a declared Major Incident or Major Incident standby.</li><li>• A media or public confidence issue that may result in local, regional or national interest.</li><li>• A significant operational issue that may have implications wider than the local ICS e.g. public health outbreak, suspected HCID, security incident, Hazmat/CBRN incident.</li></ul>
<b>Level 3 – Regional level response Coordinating organisation: NHS England (Region)</b>
<p>If the following applies the incident may need to be escalated to Level 4:</p> <ul style="list-style-type: none"><li>• Capacity and demand reaches, or threatens to surpass, a level that requires national coordination or NHS mutual aid e.g. need for ECMO, HCID, burns treatment or other specialist functions.</li><li>• A Business Continuity Incident that threatens the delivery of an essential NHS England function or a protracted incident effecting one or more NHS England site .</li><li>• A Critical Incident with the potential to impact on more than one ICB.</li></ul>

- A declared Major Incident which may have a significant NHS impact and/or the establishment of an NHS England Incident Coordination Centre.
- A media or public confidence issue that may result in regional, national or international interest.
- A significant operational issue that may have implications wider than the remit of one NHS England region e.g. flooding, security incident, Hazmat/CBRN incident, Critical National Infrastructure, collapse of a commissioned supplier that provides services to more than one region.
- An incident that may require the request and activation of Military Aid to the Civil Authorities (MACA).

**Level 4 – National level response Coordinating organisation: NHS England National Team (with DHSC where appropriate)**

If the following applies the incident may need to be escalated to Level 4:

- Capacity and demand reaches, or threatens to surpass, a level that requires national coordination or NHS mutual aid e.g. need for ECMO, HCID, burns treatment or other specialist functions.
- A Business Continuity Incident that threatens the delivery of an essential NHS England function or a protracted incident effecting one or more NHS England site.
- A Critical Incident with the potential to impact on more than one ICB.
- A declared Major Incident which may have a significant NHS impact and/or the establishment of an NHS England Incident Coordination Centre.
- A media or public confidence issue that may result in regional, national or international interest.
- A significant operational issue that may have implications wider than the remit of one NHS England region e.g. flooding, security incident, Hazmat/CBRN incident, Critical National Infrastructure, collapse of a commissioned supplier that provides services to more than one region.
- An incident that may require the request and activation of Military Aid to the Civil Authorities (MACA)

## 42. Appendix 5 NHSE MACA Request Form

<p><b><i>Please complete as much of this form as possible</i></b></p> <p><i>Delete text in italics prior to completion</i></p>	
Time and date of request	
1) Summary of incident	
<p><b>Brief outline of the background situation</b></p> <p><i>A brief summary of the request including the background and nature of the incident/event, where it is taking place and timings.</i></p> <p><i>For Major Events – For large events or events where more than one military capability is likely to be required, you should seek the appointment of a military liaison officer as early as possible during the planning process. The appointment of a liaison officer does not, however, eliminate the need to submit a detailed request once an appropriate package of support has been identified.</i></p> <p><i>If appropriate, a detailed and up to date threat assessment to justify the deployment of military resources should be included. This should be event-specific, and not based on the general threat state. For annual or recurring events, the threat assessment should not merely be a re-use of previous assessments.</i></p> <ul style="list-style-type: none"> <li>• <i>Estimate of the severity and the number of properties/people affected</i></li> <li>• <i>Special considerations, i.e. vulnerable communities, future forecasts, etc.</i></li> <li>• <i>Implications of not achieving this request</i></li> <li>• <i>Outline of next actions or events</i></li> </ul>	
2) What effect is military support sought to achieve? <i>(text below is an example)</i>	
<p><i>Include a clear statement of what you are trying to achieve. You should not aim to identify a particular military unit that can achieve this outcome. The MoD will always determine the best means of delivering the desired effect.</i></p>	



*You should list your objectives here*

*e.g. In view of the identified risks of 'widespread flooding' in multiple locations throughout the county, the request for military assistance is as follows:*

### ***Preparation and Prevention***

*Assist multi-agency responders to maximise the safety and security of communities by taking all reasonable steps to protect vulnerable premises and locations by:*

- *Erecting temporary demountable flood defence barriers (**where, how many, by when**).*
- *Constructing sandbag flood defences as required (**where, how many, by when**).*
- *Clearing debris that may lead to blockages of waterways (**where, how many, by when**).*

### ***Response***

*Assist multi-agency responders by:*

- *Warn & inform the community of the flood risk (**where, how many people, by when**).*
- *Be prepared to provide support to evacuate the community to designated rest centres (**where, how many people and are any vulnerable communities involved, by when**).*
- *Gain access to communities cut off by flood waters, ensuring that essential provisions are provided (**where, how many people and are any vulnerable communities involved, by when**).*

3) Is there a requirement for armed assistance?

**No**

4) When is the effect required?

*Details are needed about when the assistance is required and for how long. Military assets are not always available so more notice means greater flexibility. Conversely, there may be an opportunity to utilise an asset already in the area or on route so the more notice the better.*

*Routine Operations - planned operations should be submitted at least 14 days, preferably 28 days, in advance of the requirement.*

*Special Operations - For incidents where there is an imminent threat to life, the staffing process can be completed in a much reduced timeframe.*

*This also needs to include time for any additional training prior to deployment and post deployment debrief.*

5) What alternatives have been considered? Include mutual aid and commercial alternatives.

*You should confirm that the ability to achieve the desired effect is not available either from within own resources, or from other sources i.e. commercial providers and/or mutual aid. This should include consideration of whether the capability can be obtained from another Government Department or Agency.*

*e.g. Due to the size of response measures, and potential requirement for large scale evacuation effort, the multi-agency response capabilities of responders has become stretched. Mutual aid to is already in place along with a number of volunteer organizations*

Requesting NHS Organisation		Contact email	
Requesting Officer (empowered to agree spend): Email	<i>Name</i>	Signed:	
NHS England (Region) Approval Email	<i>Name</i>	Signed:	
NHS England Incident Director (National) Email	<i>Name</i>	Signed:	

**APPENDIX 3**

**DRAFT EPRR Communications Plan**

Version:	V3 DRAFT
Version Date	13 December 2024
Approved by	Ned Hobbs, Chief Operating Officer
Date Approved	13 December 2024
Ratified by:	X
Date ratified:	XXX
Document Lead	Chief Communications Officer
Lead Director	Chief Operating Officer
Date issued:	XXX
Review date:	1 year (Or sooner depending on requirements)
Target audience:	All staff, managers, volunteers, contractors, agency staff, temporary and bank staff

## Background

This plan outlines the approach to communications during an Emergency Preparedness, Resilience and Response (EPRR) incident by the Shrewsbury and Telford Hospital NHS Trust (SaTH). This will cover the communications activity by the On Call managers and Communications Team supporting any services affected.

This plan should be read alongside the Trust's EPRR framework and is aligned to the overall EPRR Communications Strategy for the NHS Shropshire, Telford and Wrekin (NHS STW) before, during and after an emergency/major incident has happened.

Communications during a regional or national emergency/major incident will follow the regional or national communications protocols.

## Aim

The aim of this communications plan is to maintain public and staff **confidence** by establishing an effective **capability** to communicate with our staff, the public and other stakeholders in the event of a significant disruptive event, critical or major incident that requires a response from the Trust.

## Objectives

- To ensure an effective, coordinated approach to communications before, during and after incidents or emergency situations
- To ensure a joined-up approach with partner agencies involved in any response, to avoid confusion that can result from different agencies sending mixed messages
- To establish the roles that are needed to deliver the plan and outline their responsibilities
- To describe the crisis communications process and provide tools to assist its utilisation
- To communicate accurately, clearly, and timely with all stakeholders before, during and after an emergency / major incident.
- To ensure a robust process of sign off by Incident Leads and with regulators, including the Integrated Care Board and NHS England as appropriate.

## Declaring an incident

In line with the Trust's EPRR plan, an incident can only be declared by:

- The Chief Operating Officer or Chief Executive
- The Executive On Call Lead within the Trust

On call managers and the Communications Team will only activate the Communications EPRR plan under instruction from the above leads.

If it is considered that any one of the criteria outlined in the major incident definition given above has been satisfied, then a major incident may be declared by:

- an officer from one of the emergency services
- a Local Authority Chief Executive Officer, or their nominated deputy
- a Health Service Chief Executive Officer, or their nominated deputy.

## **Stakeholders**

The Trust has many stakeholders that it will need to communicate with before, during and after an incident. These are identified as:

- Staff, including those from shared services and partnership working
  - Senior Leadership Team
  - Board members (through Executive Team, as appropriate)
  - Services affected
  - EPRR team
  - Enabling services: IT, facilities, estates, security, communications
  - PALS team and Switchboard
  - Staffside representatives
  - All staff (for information).
- Patients, families, and carers, both in the community and acute settings.
- Members of the public, even if they are not in direct receipt of services
- Associated organisations / services:
  - GPs (via ICB primary care team)
  - Primary care: pharmacies, dentists, opticians (via ICB primary care team)
  - Provider trusts
  - Local authorities
  - Voluntary sector community
  - Public Health teams
  - Social Care services
  - Shropshire Fire and Rescue Service
  - West Mercia Police
  - West Midlands Ambulance Service NHS Foundation Trust
  - Welsh Ambulance Service
  - NHS Integrated Care Board
  - NHS England
  - Powys Health Board
  - Neighbouring hospitals (communications and operational)
  - Care Quality Commission
  - UK Health Security Agency
  - Local Healthwatch and Llais organisations.
- Associated groups / boards such as:
  - MPs / local Councillors
  - Service user support groups
  - Carer support groups
  - Advocacy groups
  - Public Assurance Forum
  - PACE Panels
  - MVP
  - Local Medical Committees

- Health Overview and Scrutiny Committees
- Health and Wellbeing Boards.

The Communications Team has access to a full stakeholder distribution list, with named responsible leads, in the event of the EPRR plan being activated. Contact lists can be requested from the Communications Team and EPRR Team.

Depending on the nature of the incident, a targeted communications stakeholder list will be created by the Communications Team.

The term critical incident or 'major incident' must not be used until it is designated as such.

When a major incident is declared, the initial stages are often chaotic, and depending upon the location and the time of day, it is likely that the media will hear of the incident at the same time as those agencies responding to it.

The overarching decision to activate this plan will be taken by either the Chief Executive Officer, the Accountable Emergency Officer, the Executive On Call or the Chief Communications Officer.

## **Roles and Responsibilities**

### **Support from the communications team**

#### **Office hours (9am to 5pm, Monday to Friday)**

During office hours this plan is owned by the Communications Team. The Chief Communications Officer or the Senior Communications Manager can activate it following the declaration of an incident by one of the officers noted above.

The team may learn of the incident or event from an internal or external source, however, once notified of an incident, the Chief Communications Officer or Senior Communications Manager will contact and brief the Chief Operating Officer, relevant Executive, or the Chief Executive Officer.

#### **Out of hours (evenings, weekends, and Bank Holidays)**

An incident may occur out of hours which requires the implementation of the Major Incident Plan (or any associated specific EPRR arrangements/ plans). In this instance the On Call Manager will be responsible for determining any communications response required in conjunction with other partners. Any public statements or internal staff messages will need to be agreed with the Executive On Call Lead. The Executive On Call Lead should ensure the Chief Executive, and other executives, are kept informed especially in the event of national/regional media interest.

On Call Managers should ensure that any communications are co-ordinated with any other partners involved in the incident response and should discuss with the ICB and NHSE whether they require approval of any communication before it is issued.

On Call participants will be provided with media and communications training every two years to support this element of their on-call role.

In the event of a critical incident, major incident or a media enquiry relating to a significant reputational issue the Chief Communications Officer should be contacted for advice and if appropriate to establish an out of hours communications team. Communications should be handed over to the Trust's Communications Team during working hours.

Tailored to the requirements of the incident, the following structure will be established within the Trust's Communications Team as appropriate (mainly for critical or major incidents).

### **SaTH Communications Senior Lead**

#### **Role:**

In line with the Trust's Category 1 co-ordination role, a senior Communications Manager will lead the communications response for the Trust.

#### **Responsibilities:**

- To provide a communications professional (Band 7 or above) for the Incident Co-ordination Centre. This role will usually fall to the Chief Communications Officer or the Senior Communications Manager, but could be delegated to a Band 7 as appropriate, and with agreement from the Chief Communications Officer
- To develop and implement the Communications Strategy
- To liaise with the incident room and ensure that communications needs are effectively addressed
- To ensure close liaison/coordination/briefing with communications professionals from the ICB and NHSE and other partner agencies
- To link with communication cells which may be stood up as part of the Local Resilience Forum/ Strategic Co-ordination Group (LRF/SCG) or Tactical Co-ordination Group (TCG) be it in virtual or physical form
- To oversee the establishment of a media briefing centre (virtual if possible), as required
- To advise the incident management team on communications related matters
- To establish a regular briefing schedule for SLT/appropriate managers – to be delivered virtually via Microsoft Teams. The schedule for these briefings will vary depending on the incident
- To develop key media lines and stakeholder communications ensuring all are signed off with the strategic incident lead before release, as well as the ICB and NHSE if appropriate.
- To prepare, support and brief the media spokesperson.

(Out of hours arrangements: the On Call Executive Lead will lead on the response and for significant incidents alert the Communications Team who will identify what appropriate support is required).



## **Communications Manager/Specialist**

### **Role:**

To provide senior operational support to the Communications Lead, including drafting stakeholder responses, managing media enquiries and operational requests from the Incident Centre.

### **Responsibilities:**

- Draft stakeholder communications for sign off by the Communications Lead and Incident Manager
- Manage the Communications Officer, delegating tasks as appropriate
- Monitoring media and social media coverage, providing regular media and social media monitoring reports
- Supporting the Communications Officer with monitoring and ensuring the logging of any requests for communications support
- To feed into the tactical coordination process by alerting the Chief Communications Officer and/or SPOC to significant emerging issues or risks as they happen
- Update internal channels (intranet, e-bulletins, staff app ward managers) to warn, inform and reassure staff
- Update all digital channels (corporate website and social media) to warn, inform and reassure staff, the public and other stakeholders.

## **Communications Specialist/Officer**

Depending on the nature of the incident, and the level of activity required, this role may be undertaken by the Communications Manager/Specialist rather than two members of the team.

### **Role:**

Providing operational support to the Communications Manager and/or Communications Lead. Responsible for distributing approved communications, monitoring channels and ensuring all activity is logged.

### **Responsibilities:**

- Take and log all media enquiries and responses regarding the incident
- Log all activity undertaken by the Communications Team
- Provide regular media and social media monitoring reports
- To feed into the tactical coordination process by alerting the Chief Communications Officer and/or SPOC to significant emerging issues or risks as they happen
- Update internal channels (intranet, e-bulletins, ward managers) to warn, inform and reassure staff
- Update all digital channels (corporate website and social media) to warn, inform and reassure staff, the public and other stakeholders.

## **Communications Manager**

A designated Communications Manager may be appointed, by the Chief Communications Officer, to ensure continuity for the rest of the service. Recognising there may be limited activity due to the ongoing incident management. Outside of office hours there may be no need for this role, and this will be determined on a case-by-case basis.

## **Sign off process**

All communications must be signed off by the relevant Executive Lead and/or the Chief Operating Officer (in-hours) and out of hours by the Executive On Call Lead. The approval of any messages will be recorded in the communications log.

Where appropriate a designated lead may be nominated to sign off messages/ and/or the Chief Communications Officer may be given delegated authority to sign off messages.

Establish an incident-specific WhatsApp Group to include all key personnel involved in the Communications response.

## **Stakeholder communications**

It is important that staff and stakeholders are updated as soon as possible, using the most appropriate method, including out of hours communications. More than one method may be used, but it is important that the message remains consistent.

Depending upon the nature of the major incident, some methods of communication will be preferable than others.

## **Internal communications approach**

The Trust has over 6,900 staff and c.2,000 bank staff across multiple sites, and working from home, that will need to be kept informed during any EPRR incident. This approach will be tailored, depending on the severity, scale and reputational impact. The following channels should be considered:

### **Priority**

- Targeted messages in affected teams
- Email colleague message
- Mandatory briefings – through site manager meetings with key messages agreed in advance and then cascaded through managers

In addition, and as required:

- Intranet post
- App notification (c.3,000 staff registered)
- Posters with key messages printed and distributed to all wards
- Floorwalkers – by site managers, and as appropriate other on-call/communication leads to disseminate verbal information

- Make use of existing WhatsApp groups
- Red phone alerts
- Dedicated dial in meetings for briefings – at agreed, regular points in the day (this could be an extension to existing site meetings)
- Recorded answerphone messages for staff to ring for latest information.

The details of these channels, and contact details are included in the Communications EPRR toolkit.

To avoid the risk of misinforming staff with incorrect information, all communication to staff must be approved by the Executive Lead/ Executive On call Lead.

## **Media liaison**

There will inevitably be newspaper, radio and/or television interest in an incident where there are casualties, or which could be described as a human-interest story. To ensure factual messages are disseminated through the media, the Communications Team will follow an agreed approval process. In the event of a multi-agency incident communications should be co-ordinated across agencies to ensure consistency of information.

All communications will need to be signed off by the Executive On Call Lead (out of hours) and the relevant Executive and Chief Operating Officer (in-hours) or agreed deputies. Depending on the incident, the ICB and/or NHSE may also need to review and/or approve the statements (as determined and agreed at the initiation of the incident).

The Chief Communications Officer will work with the Executive Lead/Executive On Call Lead to identify media spokespeople within the organisations involved in the incident. These will be Executive level professionals, unless delegated spokespeople are agreed by the Executive Lead and Chief Communications Officer. They should all receive media training to support their ability to respond. Key individuals include:

- Medical Director, John Jones
- Interim Chief Nurse, Paula Gardner
- Chief Operating Officer, Ned Hobbs
- Director of Strategy and Partnerships, Nigel Lee.

Depending on the nature of the incident

- Interim Chief Executive Officer, Jo Williams
- Assistant Chief Executive Officer, Inese Robotham
- Director of Finance, Helen Troalen
- Director of People, Rhia Boyode
- Director of Governance, Anna Milanec.

Depending upon the location and the size of the incident, the Communications Team may set up a Media Briefing Centre or establish regular live media briefings.

The Communications Team will ensure the timely and effective dissemination of key messages to the media and all organisations involved.

Consideration will need to be given to ensure there are sufficient resources to cater for the following:

- Incoming media enquiries
- Dissemination of media statements and logging
- Regular contact with control centres of the emergency services, local authorities, and other organisations involved.
- Monitoring of social media channels/updating website.

## **Media protocol**

The Communications Team holds a list of local and regional contacts for issuing information and press releases as appropriate. This can be found in the stakeholder distribution list and can be accessed by contacting the Communications Team or EPRR Team.

Any media statements will be sent out by the Communication Manager or specialist responsible for media once they have been approved. If appropriate, they will also be added to the Trust's website and shared via social media.

After the initial holding statement has been issued, confirming a critical/major incident, there will be numerous press enquiries asking for further information such as number of casualties.

The Communications Team will agree with the Incident Lead an appropriate frequency for updated statements (usually minimum daily update), which will help manage the demand for information from the media.

See the toolkit (appendix one) for more advice on dealing with the media and templates for holding statements.

## **Social Media Policy and Monitoring**

The Trust policy on social media is included on the intranet. In line with our workforce guide to using social media, the incident Communications Lead will re-emphasise the social media guidance to all Trust staff, in particular highlighting guidance to senior staff on effective usage whilst the organisation is in incident response.

Social media monitoring will be enhanced as part our communications handling to identify and track information relating to incidents.

The Communications Team can schedule targeted social media content throughout any critical or major incident, agreed by the Incident Communications Lead. Our key call to action will be to signpost people to the website for more detailed information.

## **Communications during a power failure or cyber attack**

In the event the usual channels are not available, for example intranet, emails or phones. Alternative methods of communications will be prioritised, for example:

- Face to face briefings for staff to cascade information – at agreed times
- Written briefings/posters on wards and entrances
- Ward to ward walkarounds by site managers – to cascade information
- Recorded phone message on helpline (TBC)
- Media briefings face to face – to cascade key information.

A hard copy of the ICE pack will be maintained in the Communications Office in the event of an IT failure.

## **Media Briefing Centre**

A Media Briefing Centre should be established by the Communications Lead to manage the communications response to a major incident. The location of this ideally should be close to the incident site but not where it will hinder rescue or jeopardise safety. In the event of the need for a media briefing centre, the key criteria will include:

- Space to accommodate journalists (including a significant number of large HGVs, satellite vans and other vehicles and equipment)
- Easy access to key road networks
- Suitable parking facilities
- Good power and wifi connections that can accommodate access for large numbers.

In the event of a multi-agency response, West Mercia Police will be responsible for setting up a Media Briefing Centre. In the event of a health specific incident it is likely that this would involve other health agencies. Therefore, the Trust's Communications Lead will work with the ICB's Communications Lead on assessing whether a Media Briefing Centre is required and arrangements to implement this.

The COVID-19 pandemic has taught us that media briefing is possible remotely and consideration should be given to whether a regular media live Microsoft Teams session would be the best approach.

The media briefing centre will be managed by the Communications Manager/Specialist responsible for media and will take the main burden of dealing with the media. The centre will provide a regular flow of information to alleviate media speculation.

Once the centre has been established, the Communications Manager/Specialist responsible for media will ensure notification is given to the media officers of other organisation(s) involved. Other media officers may be asked to attend the centre.

The media briefing centre will require the following areas:

- An area for media representatives to prepare their reports and receive information from media briefing centre staff
- Briefing area for formal press updates and / or conferences

- Room for internal staff

The centre should ideally be established at a Local Authority HQ Civic Centre HQ or relevant place-based office (situated away from sites that are actively responding to an incident to prevent disruption the response), but if this is not possible then requests for mutual aid should be directed to partner agencies within the area.

### **Liaison with Central Government**

A major incident will result in requests for ministerial briefing and statements. The Communications Team will be responsible for handling any ministerial briefings through the usual channels with the ICB and NHSE. Depending on the nature of the incident there may also be a requirement to participate in Strategic and Tactical Co-ordination Group Communication Cells as well as specific health focused communication cells.

Although co-ordination of information is necessary, NHS Communications must only be authorised via the ICB, NHSE to DHSC not via TCG or SCG mechanisms.

### **Communications debriefing**

It will be important to review what went well and what could have been handled differently in terms of communications during an incident. The Trust's Communications Team will hold a debrief following any incident to discuss what worked well, what can be improved and actions to take forward. In the event of a sustained incident, this approach will also be taken during the incident to inform future actions. The Chief Communications Officer and/or the Communications Incident Lead will participate in the Trust's debrief process and also any Communications debrief in the ICB/region (as appropriate).

Post incident reports for communications must be completed within four weeks of the incident being stood down.

### **Information management**

Where specific channels are set up for incident related communications, such as WhatsApp, a record of these groups needs to be made and stored with other incident related documentation. These modes of communication should not replace more formal methods (which will need to be used in tandem) where decisions and actions should be recorded via logging.

### **Websites**

The Trust's website will be the central point for information for the public during the incident (unless the website is unavailable).

The Communications Team will post any information on the Trust's website, providing regular updates about the major incident. Any press releases and additional information given to the media will also be updated on the website.

## **Social media**

The Communications Team will post any information onto the social media accounts providing regular updates about the major incident (to warn and inform). Any press releases and additional information given to the media will also be updated on to these channels.

## **Wider partners**

The Communications Team will support with the dissemination of any toolkits provided by the ICB, NHSE or in the event of a multi-agency response the LRF partners.

The Chief Communications Officer and Senior Communications Manager are members of the ICS communications what's app group, and also the NHSE regional what's app group, and can use these groups to share information and alerts.

## **Telephony**

The Communications Team will produce toolkits of information including example messages for switchboard, PALS and telephony systems.

## **Resources**

- Appendix One The EPRR Communications Toolkit for On Call Managers
- The Trust's EPRR Plans
- The NHS STW EPRR Communications Strategy.

The Trust holds an electronic and paper 'In case of Emergency' (ICE) pack, with links to the following:

- Key communications contacts – Directors / Comms colleagues
- Key login details
- Local, regional and national press contacts
- A developed list of contacts in partner organisations who are key to service delivery (local Council, LRF partners, neighbouring NHS organisations etc.)
- A developed list of key local stakeholders (such as local elected officials, unions etc.)
- Examples of holding statements.