NHS
North East and North Cumbria

Corporate	ICBP013 Incident Response Plan

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2	January 2023	January 2025

Prepared By:	ICS EPRR Operational Delivery Manager/Director of System Resilience
Consultation Process:	ICB Board EPRR Governance Group
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EQUALITY IMPACT ASSESSMENT

Date	Issues
June 2022	None identified

POLICY VALIDITY STATEMENT

Policy users should ensure that they are consulting the currently valid version of the documentation. The policy will remain valid, including during its period of review. However, the policy must be reviewed at least once in every 3-year period.

ACCESSIBLE INFORMATION STANDARDS

If you require this document in an alternative format, such as easy read, large text, braille or an alternative language please contact NECSU.comms@nhs.net

Version Control

Version	Release Date	Author	Update comments
1	July 2022	ICS EPRR Operational Delivery Manager	Not Applicable. First Issue
2	January 2023	ICS EPRR Operational Delivery Manager/Director of System Resilience	Reviewed within first 6 months of ICB establishment

Approval

Role	Name	Date
Approver	ICB Board	July 2022
Approver	Executive Committee	January 2023

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1. Introduction

The NHS needs to be able to plan for, respond to and recover from a wide range of incidents, emergencies or disruptive challenges that could impact on health or patient care. These could range from extreme weather conditions to an outbreak of an infectious disease, or a major transport incident. An emergency may have an immediate impact on the whole organisation or only parts of the organisation however it is important that all staff are made aware of the plan and its contents.

Each Integrated Care Board (ICB) is a Category Responder 1 under the Civil Contingencies Act 2004 (CCA). Category 1 are organisations at the core of the response to most emergencies (the emergency services, local authorities, NHS bodies). Category 1 responders are subject to the full set of civil protection duties and 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
- co-operate with other local responders to enhance co-ordination and efficiency

The plan applies to all staff within the North East and North Cumbria Integrated Care Board as well as external stakeholders. In the event of a major incident, it is likely that several organisations will respond therefore the plan includes the specific roles and responsibilities which will be supported by regular training and exercising to ensure all key personnel are competent. This is both a legislative, Civil Contingencies Act (CCA) 2004 and NHS Emergency Preparedness, Resilience and Response (EPRR) framework 2015 requirement.

2. Purpose

The purpose of this plan is to outline the process and response to be followed for an incident or emergency to ensure that the North East and North Cumbria (NENC) Integrated Care Board (ICB) response to an incident or emergency is patient focused and effectively managed.

The Incident Response Plan outlines the strategic and tactical requirements to ensure compliance with CCA 2004, NHS EPRR framework 2015 and associated guidance and governmental regulations.

NENC ICB will work in partnership with other agencies within North East and North Cumbria Health and Care Partnership and North East and Cumbria Local Resilience Forums: Northumbria, Cleveland, and County Durham and Darlington and Cumbria and the implementation of an on-call system provides a single point of access for these partners.

3. Objectives

In the event of an incident or emergency, the objectives of the NENC ICB will be to:

- Ensure that the ICB complies with the statutory duties under the Civil Contingencies Act (2004) as a Category 1 responder
- Ensure that ICB managers adopt principles of good practice and include elements of contingency planning and business continuity planning into their everyday processes
- Give clear guidance on the lines of responsibility for emergency preparedness, response and recovery within the ICB
- Provide information to staff to allow them to respond to an incident safely and effectively
- Reduce, control or mitigate as far as is practicably possible the effects of an emergency on the ICB and North East and North Cumbria areas
- Ensure that staff are aware of the command-and-control structure that will be implemented to manage the incident response
- Recognise that staff may require additional welfare provision to be implemented when responding to an emergency and to put in place a mechanism to deal with this
- Provide ICB staff with information to enable them to deal with incidents that have special circumstances
- Prepare emergency plans and participate in appropriate training and exercising

4. Incident Response Plan Activation

The ICB might be alerted to an incident via a number of sources or routes including:

- NHS Provider organisations (e.g., Trusts, Primary Care)
- North East Ambulance Service (NEAS)
- North West Ambulance Service (NWAS)
- NHS England
- Place / ICB colleagues
- Resilience Direct
- Media
- Multi-agency partners (including police, Local Authority, UK Health Security Agency)

The information received will need to be assessed and a decision made as to whether to activate this plan.

An initial risk assessment should be undertaken as soon as possible (Appendix 1). This will determine the next steps to be taken.

In making this assessment, it is important to distinguish between:

- Events that can be dealt with using normal day to day arrangements
- Events that can be dealt with within the resources and emergency planning arrangements of the ICB and local NHS commissioned services
- Events that require a joint coordinated response from the organisations across the North East and North Cumbria area
- Events that require a strategic level coordinated multi-agency response across the North East and North Cumbria (or wider) health community
- Events that need regional co-ordination

The decision to activate this plan must be made by the relevant personnel within the ICB authorised to do so. It is essential that all decisions and their rationale must be documented in relation to the decision whether to activate the plan and following the activation of this plan.

People authorised to activate the ICB Incident Response Plan are:

- ICB Executives
- ICB Director On Call (first on call)
- Accountable Emergency Officer

If this plan is activated the Strategic Aim and Objectives of the ICB for the response must be agreed.

4.1. Definition of a Major Incident

The term 'major incident' is defined as:

"An event or situation with a range of consequences, which requires special arrangements to be implemented by one or more emergency responder agencies".

4.2. Incident Notifications

Incident notifications should be prefixed with one of the following however it should be noted that not all organisations receive these alerts and organisations should each make their own determination whether to stand by or stand up a major incident and when to stand down their response and move to recovery activities.

Major Incident Standby	This alerts the NHS that a major incident may need to be declared. It is likely to involve NHS organisations making preparatory arrangements appropriate to the incident
Major Incident Declared	This alerts NHS organisations that they need to activate their plan and mobilise additional resources
Major Incident Cancelled	This message cancels either of the first two messages at any time
Stand Down	All receiving hospitals are alerted as soon as all live casualties have been removed from the site. It is the responsibility of each NHS organisation to assess when it is appropriate for them to stand down their own response

4.2.1. ICB Action on being informed of an incident or standby declaration within the patch

In hours (Monday – Friday, 08:30 – 17:30hrs)
The contact point for NENC ICB will be via NEAS Emergency Operations Centre to the North of England Commissioning Support Unit (who will then contact the EPRR team from the ICB. In addition, NECSU will identify subject matter experts within the ICP area to provide support for the management of the incident.

A METHANE will be emailed to nencicb-ng.nencicbincident@nhs.net

Out of hours (17.30 to 08.30 Monday to Thursday and Friday 17.30 to 08.30 on Monday)
During out of hours period, an alert would be made to the designated Tactical Health Commander on call from the ICB on call rota via NEAS Emergency Operations Centre. This person would manage the incident in conjunction with the Strategic Health Commander (where appropriate) and then hand over to EPRR team at 08:30hrs the next working day.

An alert may be raised to the Tactical Health Commander on-call via NHS England, or other organisations such as Local Authority, North East Ambulance Service, North West Ambulance Service or a local foundation trust when an incident has been declared or when such an organisation is on standby and preparing to declare a major incident.

A METHANE will be emailed to nencicb-ng.nencicbincident@nhs.net

Upon being informed of an incident, the Tactical Health Commander should take details using an Incident Notification Log (Appendix 2). The Tactical Health Commander on-call should consult with the informant any details to ensure the details and expectations

of the NENC ICB have been recorded accurately.

Furthermore, in the event of such an incident the communication cascade mechanism should be via Tactical Health Commander who should ensure they also alert their Regional NHS England (NHSE) Team. In some instances, such alerts may also come directly from NHSE National.

The Regional NHSE Team will assist the ICB in implementing command and control mechanisms and the deployment of appropriate NHS resources should the response extend beyond the operational area of a single ICB. They are also available to advise and support the ICB command structure, in recognition that the ICB is a newly formed Category 1 responding organisation.

5. Incident Classification

Incidents are classified to support the planning, response and recovery from incidents that manifest from a range of hazards and threats.

For the NHS, incidents are classed as:

- Business Continuity Incident
- Critical Incident
- Major Incident

The following incident/emergency terms and definitions are common practice within NHS organisations and the terms are used to provide a sense of impact on healthcare services.

Used by	Term	Description	Example
Healthcare	**Business Continuity incident**	Disrupts, or might disrupt, an organisation's normal service delivery, below acceptable predefined levels, where special arrangements are required to be implemented until services can return to an acceptable level.	Surge in demand requiring resources to be temporarily redeployed
Healthcare	**Critical incident**	Disruption results in the temporary or permanent loss of critical service delivery. Patients may have been harmed or the environment is not safe requiring special measures and support from other agencies.	Loss of power in an acute hospital, community hospital or mental health inpatient unit.
Healthcare	**Major incident**	Any occurrence that presents serious threat to the health of the community or causes such numbers or types of casualties, as to require special arrangements to be implemented.	Terrorist incident
Multi-agency	**Major incident**	Event or situation requiring a response under one or more of the emergency services' major incident plans.	Road traffic collision
Multi-agency partners	**Emergency**	"(a) an event or situation which threatens serious damage to human welfare in a place in the United Kingdom; (b) an event or situation which threatens serious damage to the environment of a place in the United Kingdom; (c) war, or terrorism, which threatens serious damage to the security of the United Kingdom".	

6. Incident Levels

As an event evolves it may be described in terms of its level shown below. For clarity, these levels must be used by all organisations across the NHS when referring to incidents:

Incident Level	Description	Coordinating Organisation
1	An incident or event which impacts on a single organisation and which can be managed within place or with ICB support	Led by affected organisation with support from their ICB (place)
2	An incident or event which impacts multiple organisations within an ICB footprint or requires mutual aid between providers within a single ICB. Managed by the ICB with regional EPRR support	Led by ICB with support from the regional EPRR team
3	An incident or event affecting multiple organisations across ICB footprints or of such a magnitude/specialism that it requires regional coordination. May require national support	Led by NHS England North East and Yorkshire regional team
4	An incident or event affecting multiple regions or of such a magnitude that it requires national involvement in order to lead the NHS response	Lead by NHS England national team

7. Key Areas for Response

7.1. Command, Control and Coordination

7.1.1. Incident Coordination Centre

The purpose of the Incident Coordination Centre (ICC) is to provide a place where the ICB can implement and co-ordinate the organisation-wide initial response and recovery operations; to provide a single point of contact for requests for assistance allowing the Incident Management Team an immediate overview of the organisation-wide response and to provide an area for information collation and preparation of any briefings.

Depending on the nature of the incident the ICC might be a physical location or virtual.

- The main ICC will be the Steve Cram Room, Pemberton House, Sunderland, SR5 3XB

In the event that Pemberton House is not available and the ICB has to operate from a secondary ICC there are four other local options available. These are:

- Ridley House, Regent Medical Centre, Gosforth, NE3 1DQ;
- Waterfront 4, Newburn Riverside;
- Newcastle Civic Centre;
- Gateshead Civic Centre

However, depending upon the location of the incident, it may be more appropriate to establish the ICC in one of other ICB areas such as:

- North Ormesby Health Village, Middlesbrough, TS3 6AL
- Parkhouse, Baron Way, Cumbria, CA6 4SJRiverside House, Goldcrest Way, Newburn Riverside, Newcastle upon Tyne, NE15 8NY

7.1.2. Incident Management Team (Appendices 10 – 15)

In the event of the ICC being stood up, the following are suggested roles that may be present at the ICC when convened. However, this is dependent on the nature of the incident and decision taken by the Strategic Health Commander (Incident Director):

- Strategic Health Commander (Incident Director)
  - This is the most senior person on duty, who takes charge. Their primary role is to formulate the overall strategic response. This role will represent the ICB at multi-agency strategic coordinating groups.

- Incident Coordination Centre Manager
  - The primary role of the ICC Manager is to manage the ICC and provide support to the Tactical and Strategic Health Commander roles.

- Tactical Health Commander
  - This role will provide senior managerial support to managing the incident, implementing the agreed strategic and actions, in conjunction with members of the incident management team (IMT). This role will represent the ICB at multi-agency tactical coordinating groups.
  - Depending on the size and/or location of the incident, there may be more than one Tactical Health Commander.

- Incident Management Team Member (Duty Officer)
  - These roles will provide support to the incident senior manager and will implement actions as directed to effectively manage the incident.
  - Depending on the size and/or location of the incident, there may be more than one Incident Team Member.

- Incident Management Support Officer
  - This role will provide administrative support to the incident management team.
  - Depending on the size and/or location of the incident, there may be more than one Incident Support Officer.

- Loggist
    - Comprehensive logging should be made of all events, decisions, rationale and actions taken.

Any other roles as designated by the senior manager (strategic commander) may be established to support the management of the incident.

Please note: Allow time for handover briefings during the incident (using standardised briefing tools, Appendix 3).

Action cards for specific incidents are available within appendices 6 – 9.

7.2. Command Roles

The management of emergency response and recovery is undertaken at one or more of three ascending levels: Operational, Tactical and Strategic which each defined below as per NHS England (2022):

7.2.1. Operational

Operational is the level at which the management of immediate 'hands on' work is undertaken. Operational commanders will concentrate their effort and resources on the specific tasks within their geographical or functional area of responsibility (place based).

The ICB operational commander will consider whether a tactical level is required and advise accordingly.

Operational structures will provide information on the incident, assist providers impacted by an incident and help coordinate and liaise with partners, services and other organisations during an incident.

7.2.2. Tactical

The purpose of the tactical level is to ensure that the actions taken by the operational level are coordinated, coherent and integrated in order to achieve maximum effectiveness, efficiency and desired outcomes. Where formal coordination is required at a tactical levels then a Tactical Coordinating Group (TCG) may be convened with multi-agency partners within the area of operations. The tactical commanders will:

- Determine priorities for allocating available resources
- Plan and coordinate how and when tasks will be undertaken
- Obtain additional resources, if required
- Assess significant risks and use this to inform tasking of operational commanders
- Ensure the health and safety of the public and personnel

The aim of the ICB Tactical Health Commander will be to ensure that all health and care providers are coordinated through tactical coordination groups and are able to effectively manage any incidents. It may be necessary to invoke the strategic level of managements to take overall command and set the strategic direction when it becomes clear that resources, expertise and coordination are required beyond the capacity of the tactical level (although this is dependent on the severity or impact of the incident).

In general, critical and major incident situations will be able to be managed by the Tactical Health Commander as most emergencies and major incidents are geographically local and limited in time and are dealt with in an effective and efficient way through local capacity and capability.

7.2.3. Strategic

The purpose of the strategic level is to consider the incident in its wider context; determine the longer-term and wider impacts and risks with strategic implications; define and communication the overarching strategy and objectives for the response; establish the framework, policy and parameters for lower level tiers and monitor the context, risks, impacts and progress towards defined objectives.

When an event or situation has a particularly significant impact; substantial resource implications or lasts for an extended duration it may be necessary to convene a multi-agency coordinating group at the strategic level bringing together the strategic commanders from relevant organisations. This group is known as the Strategic Coordinating Group (SCG).

The ICB strategic health commander will be empowered to make executive decisions on behalf of the ICB.

7.2.3.1. Strategic Coordinating Group

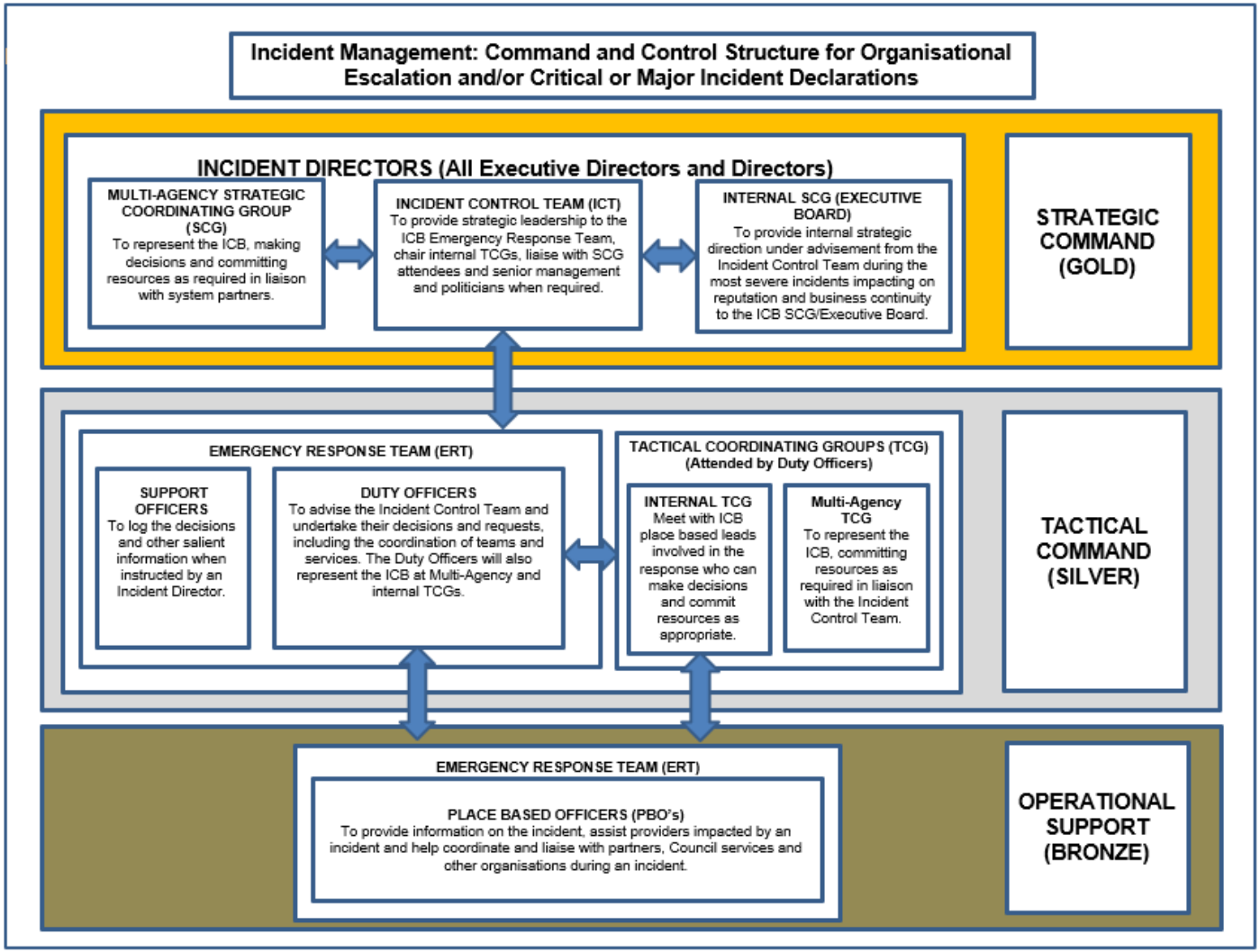
The purpose of the SCG is to take overall responsibility for the multi-agency management of the incident and to establish the policy and strategic framework within which lower tier command and coordinating groups will work. The SCG will:

- Determine and promulgate a clear strategic aim and objectives and review them regularly;
- Establish a policy framework for the overall management of the event or situation;
- Prioritise the requirements of the tactical tier and allocate personnel and resources accordingly;
- Formulate and implement media-handling and public communication plans;
- Direct planning and operations beyond the immediate response in order to facilitate the recovery process

For incidents across multiple SCG areas, then NHS England regional and national teams, as appropriate, will undertake command, control and coordination of the NHS and will be responsible for appropriate representation to regional and central coordination structures and groups.

7.2.4. Generic Tier of Command

The figure below shows the generic tier of command and basic responsibilities. In an incident there will be a clear and identifiable commander who is responsible for coordinating the activity of the ICB at each level of command:



8. Financing Incidents

In the event an incident declaration or event that requires the incident response plan to be activated it is expected that financial considerations should not impact on the speed or scale of the response required to immediately manage incident.

However, it is essential that financial expenditure incurred as a direct result of the incident is documented from the outset until the conclusion of the incident, including the recovery phase or until such time as the ICB Finance Director could reasonably consulted, whichever the earliest.

9. Planning Roles & Responsibilities

9.1. NENC ICB Executive Team

The Executive Team is responsible for, with the support of the ICB EPRR team, embedding and maintaining a culture of emergency preparedness, resilience and response within the organisation, ensuring that the organisation has a robust emergency response and management system in place, capable of dealing with a range of incident issues/scenarios and ensuring that effective arrangements are in place and are regularly reviewed, monitored, exercised, debriefed and updated.

9.2. NENC ICB Emergency Preparedness, Resilience and Response Team

The Emergency Preparedness, Resilience and Response (EPRR) team is responsible for:

- Ensuring that all staff likely to be involved in a major incident response have access to regular training and exercising sessions taking place both internally and externally with multi-agency partners;
- Ensuring that arrangements for responding to a major incident are maintained, monitored and reviewed;
- Ensuring that the organisations emergency plans are coordinated with those of other relevant organisations
- Ensuring that support is provided to the relevant areas by the North of England Commissioning Support Unit team
- Ensuring that the ICB develops a range of business continuity plans and specific scenario incident response plans to aid the management of the key risks identified on EPRR risk registers

9.3. All Staff

All staff within NENC ICB are responsible for ensuring that the principles outlined within this plan are universally applied to when responding to an incident or emergency.

All on-call commanders and staff with roles in a major incident are responsible for undertaking and following the training plan set out for the relevant particular staff group or EPRR role.

10. System and Partnership Working

10.1. System Cascade

In the event of an incident, the communication cascade mechanism should be via the Tactical Health Commander who should ensure that they alert their regional NHS England and Improvement (NHSEI) team. In some instances, such alerts may come directly from NHSEI national.

The regional NHSEI team will assist ICBs in implementing command and control mechanisms and the deployment of appropriate NHS resources should the response extend beyond the operational area of a single ICB.

10.2. Communication

Other ICS member organisations which are Category 1 responders (NHS provider organisations and Councils) have their own robust and effective on-call capacity and capability to manage incidents which affect them directly. The ICB will work in partnership with these organisations to respond to incidents in their place.

Where appropriate, NHS provider organisations will escalate issues to NENC ICB for support and leadership across a place or across North East and North Cumbria. Similarly, NENC ICB will escalate issues which require support from NHS England.

NENC ICB Tactical Health Commander (1st on-call) provides the single point of contact for local partners in North East and North Cumbria who may wish to contact the NHS to advise of an incident, emergency or formally declared major incident that requires a multi-agency response.

Effective communications are crucial. It is essential to disseminate accurate and timely information to staff, partners, stakeholders and where necessary the public during the response to a business interruption. The Incident Coordination Centre Coordinator will liaise with the communications lead as needed to ensure effective, on-going communications. Clear and consistent communication is an essential part of incident response. This involves internal ICB and health sector communication as well as with multi-agency partners and the public.

The ICB communications team must be involved in Incident response from the outset. They will work with the Strategic and Tactical Commander(s) to agree communications internally and externally

Contact details will be disseminated to relevant personnel and stakeholders to maintain effective channels of communication.

11. Joint Emergency Services Interoperability Principles

11.1. Principles for Joint Working

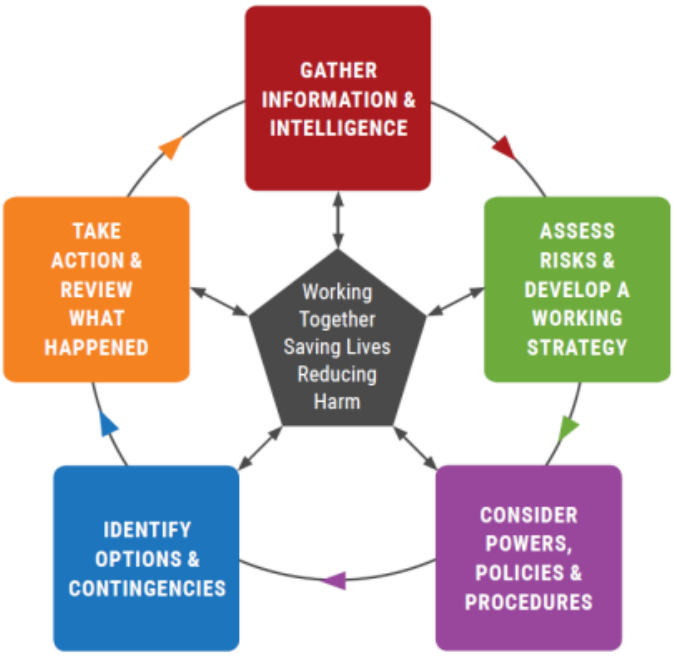
Effective communication between responders and responder agencies underpins effective joint working. Sharing and understanding information aids the development of shared situational awareness, which underpins the best possible outcomes of an incident. JESIP provides incident and emergency commanders/coordinators, at the scene and elsewhere, with generic guidance on the actions they should take when responding to multi-agency incidents of any scale.

The core principles under JESIP for joint working are as below:

11.2. Joint Decision Model

The Joint Decision Model (JDM) shown below, was developed to assist different agencies to bring together the available information, reconcile potentially differing priorities and make effective decisions together.

The JDM is to be applied to decision making at any emergency incident and it is suitable for use by commanders throughout the chain of command.



11.3. METHANE

During the early stages of an incident, it takes time for operational structures, resources and protocols to be put in place. In order to help all agencies, gather initial information about the incident in a consistent manner, METHANE should be used (see appendix 2). This brings structure and clarity to the initial stages of managing any multi-agency or major incident.

For incidents, following below the major incident threshold' METHANE' becomes an 'ETHANE' message.

M	MAJOR INCIDENT	Has a major incident or standby been declared? (Yes / No - if no, then complete ETHANE message)	*Include the date and time of any declaration.*
E	EXACT LOCATION	What is the exact location or geographical area of the incident?	*Be as precise as possible, using a system that will be understood by all responders.*
T	TYPE OF INCIDENT	What kind of incident is it?	*For example, flooding, fire, utility failure or disease outbreak.*
H	HAZARDS	What hazards or potential hazards can be identified?	*Consider the likelihood of a hazard and the potential severity of any impact.*
A	ACCESS	What are the best routes for access and egress?	*Include information on inaccessible routes and rendezvous points (RVPs). Remember that services need to be able to leave the scene as well as access it.*
N	NUMBER OF CASUALTIES	How many casualties are there, and what condition are they in?	*Use an agreed classification system such as 'P1', 'P2', 'P3' and 'dead'.*
E	EMERGENCY SERVICES	Which, and how many, emergency responder assets and personnel are required or are already on-scene?	*Consider whether the assets of wider emergency responders, such as local authorities or the voluntary sector, may be required.*

12. Record Keeping

Those on-call must keep a log of each time they are contacted or make contact in relation to their on-call activities. A new log must be started for each staff member on-call so that it is clear who is writing the log and what on-call position they hold.

Decisions must be recorded in a way that makes them auditable. Individual decision makers must be identified and accountable for decisions they make. Wherever possible the rationale supporting the decision should be recorded along with the decision itself. All decisions should be proportionate, necessary, and legal.

The purpose of completing a log/record of on-call events is:

- to support staff in keeping a record of actions taken, conversations and decisions so that they can refer back during an ongoing incident;
- to protect staff and the decisions that they make when they are on-call. In an inquest or court of law, if it is not written down there is no evidence that any event or decision took place;
- to provide a learning tool for all on-call staff, so that others can learn from the situations faced and the decisions taken in response to them

A central repository of completed logs will be maintained, to aid learning and in case it needs to be referenced in the future.

13. Recovery

The Tactical Health Commander or Strategic Health Commander (where strategic command has been established) will determine when the incident response will be stood down. Please note, that whilst the incident has been stood down, this does not necessarily occur following the last admission etc.

Criteria for de-escalation would include:

- Reduction in internal resource requirements
- Reduced severity of the incident
- Reduced demands from government departments, the service and commissioned service
- Reduced public or media interest

13.1. Staff Welfare

Staff involved in the incident may have been exposed to the elements for some period of time, in difficult and often traumatic situations, so allowing them the comfort of shelter and ‘familiar’ surroundings will help in the ‘return to normality’. Appropriate referrals should be made i.e., occupational health via the commander to ensure support is provided where necessary.

It will be the responsibility of individual organisations to ensure that appropriate de-briefing arrangements and welfare support is in place for all persons within their employment or under their control. This also applies to the ICB and their staff or contractors.

Early consideration of the welfare of staff is essential. This includes ensuring adequate staffing resource to respond to the incident and planning staffing schedules.

The welfare and psycho-social support will vary according to the type of incident, duration of incident and individuals involved.

The offer and provision of psycho-social support needs to be available beyond the immediate response and recovery phase. Psycho-social impacts are likely to be a long-term issue and needs may not become apparent for a number of years.

14. Debrief

The Strategic Commander is responsible for ensuring that a debrief (Appendix 17) is held. There are different types of debrief:

- **Hot debrief** – immediately after the incident or period of duty
- **Cold/Structured/Organisational debrief** – within two weeks post incident
- **Multi-agency debrief** – within four weeks of the close of the incident

Hot debriefs should take place as soon as possible conducted by the commander after the incident has been stood down, normally held at a suitable venue.

The lessons identified will enable further resilience to be applied to the emergency plans of all organisations.

A structured debrief should be undertaken and will look at the following areas of a major incident response and recovery to provide some structure to the process:

- Systems and procedures – such as command and control
- Equipment – communication devices, resources
- Personnel – activation and mobilisation, welfare issues and numbers

An agreed and structured debrief process should involve representatives from all key departments involved and a de-brief report will be prepared to identify lessons from the incident. Further multi-agency structured debriefs will also take place.

15. Governance

The incident response plan will be subject to the governance of NENC ICB and will be subject to an annual review to reflect any lessons identified from major (and other) incidents, events or exercises as well as to comply with newly published guidance or legislation. The plan will undergo a **full** review within 6 months of its ratification and embedment, before moving into a three year cycle to embed learning from exercises, incidents, inquiries etc.

The incident response plan will be subject to both internal and multi-agency exercises which may take the form of;

- Communication Exercise – every 6 months *(minimum)*
- Table Top Exercise – every 12 months *(minimum)*
- Command Post Exercise (CPX) – every 3 years (*minimum)*
- Live Exercise – every 3 years *(minimum)* (NHS England, 2015)

16. Glossary

The following definitions and abbreviations are regularly used in the programme of work referred to as emergency preparedness, resilience and response (EPRR).

Activity	Processes or sets of processes undertaken by the ICB, or on behalf of the ICB, that supports the delivery of services.
Business as usual	Pre-defined acceptable levels of service delivery.
Business Continuity Management	Process to identify potential threats, assess the impact of those threats on the ICB and building a framework to support ICB resilience to those threats, including protecting patients and stakeholders' interests and achieving strategic objectives. Includes strategic and tactical capability of the ICB to plan for and respond to business interruptions in order to support continued delivery of 'business as usual'
COBR	Cabinet Office Briefing Rooms
CBRN	Chemical, Biological, Radiological and Nuclear
CCA	Civil Contingencies Act
COMAH	Control of Major Accident Hazards. Regulations applying to the chemical industry and to some storage sites where threshold quantities of dangerous substances, as identified in the regulations, are kept or used
Critical Activities	Those activities carried out by the NENC ICB which are most time sensitive and important for ensured continued delivery. These will be mainly those services essential for immediate life and death of patients. These activities will typically suffer if delayed by more than one hour
DHSC	Department of Health & Social Care
Desired Activities	Those activities carried out by the ICB which can be postponed or delayed most easily. These activities will begin to suffer if delayed by more than 7 days.
Disruption	Any event, planned or unplanned, which causes an interruption to the ICB's ability to continue business as usual.
ED	Emergency Department
EPRR	Emergency, Preparedness, Resilience and Response
Essential Activities	Those activities carried out by the NENC ICB which are sensitive and important, but not critical to life and death of patients. These activities will normally suffer if delayed by more than one day
Incident Coordination Centre (ICC)	Operations centre from which the management and co-ordination of the response by is carried out.
Incident Management Team (IMT)	Team of staff with specific responsibilities for managing the incident.
Local Health Resilience Partnership (LHRP)	Group which provides a strategic forum for local organisations to facilitate health sector preparedness and planning for emergencies at LRF level.

Local Resilience Forum (LRF)	Process for bringing together all the category 1 and 2 responders within a police force area for the purpose of facilitating co-operation in fulfilment of their duties under the Civil Contingencies Act
Major Incident	An event classified as a major incident according to the ICB Incident Response Plan
NEAS	North East Ambulance Service NHS Foundation Trust
Necessary Activities	Those activities carried out by the NENC ICB which support business delivery on a daily basis and are not critical or essential. These activities will typically start to suffer if not restored within a week.
NHS	National Health Service
NHSE/I	NHS England & NHS Improvement
SAGE	Scientific Advice to Government in Emergencies provide advice to local Strategic Coordinating Groups (SCGs) which respond to the local consequences and manage local recovery efforts.
SCG	Strategic Coordinating Group
STAC	Scientific and Technical Advice Cell. Group of technical experts from those agencies involved in an emergency response that may provide scientific and technical advice to the Strategic Co-ordinating Group chair or single service gold commander

Appendix 1 – Risk Assessment

Appendix 2 - Incident Notification Log

INCIDENT NOTIFICATION LOG

Name of Caller:	
Originating Organisation:	
Date and Time of Call:	
Contact Number: (Mobile and Landline)	
Major Incident/Critical Incident:	**DECLARED / STANDBY** (circle)

Exact Location:

Type of Incident:

- Is the area and population likely to be affected widespread?
- Has the incident already occurred or is it likely to happen?
  - Is the incident
  - Under Control
  - Contained but possibility of escalation
  - Out of control and threatening
  - Unknown and undetermined

Hazards: (Present and potential)

- Level and immediacy of potential risk or danger (to public, response personnel or provider services)

Access: (Direction of approach/egress)

Number of Casualties: (Number, severity and type)
P1 (Casualties requiring immediate life-saving resuscitation and/or surgery).
P2 (Stabilised casualties needing early surgery but delay acceptable)
P3 (Casualties requiring treatment but a longer delay is acceptable)
Discharged
Dead

Emergency Services Activated and Responding:

☐ **Police** ☐ **Fire** ☐ **Ambulance**

Support Requested:

- Increased capacity (hospital, primary care, community)
- Treatment (serious casualties, minor casualties)

• Public Information
• Support for rest centres (evacuees, causalities)
• Expert Advice
• Is support required:
  - Immediately
  - Within a few hours
  - Standby situation

Number of persons displaced, evacuated or at risk:
Organisations affected or likely to be: (Is more than one organisation affected? List those effected)
What infrastructure affected: • On people involved, the surrounding area, • On property, the environment, transport, communications, • On external interests – media, relatives, adjacent areas and partner organisations.
Who has been informed (when and by whom, if known?)
What are the knock-on effects to other services and/or partner organisations?
What is the potential impact on NENC ICB (patients, staff or providers)?

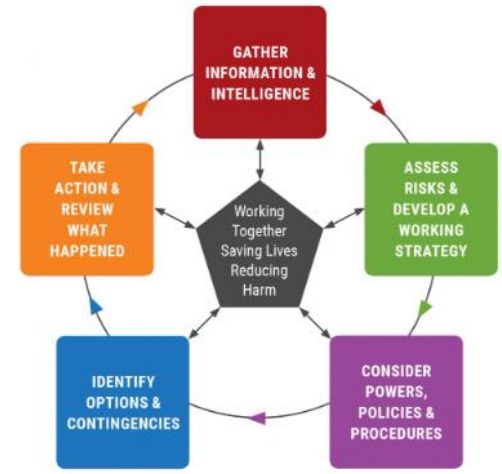
Completed by: (sign name)	
Completed by: (print name)	

Appendix 3 – Briefing and Handover Tool

Within the NHS **SBAR** is a commonly used tool. SBAR is an easy to use, structured form of communication that enables information to be transferred accurately between individuals.
SBAR consists of standardised prompt questions in four sections to ensure that staff are sharing concise and focused information.

(See blank template below)

SBAR Template

Date:		Time of handover:	
Role: (e.g. Strategic Health Commander/2nd on call)			
Name of Outgoing Health Commander:		Name of Incoming Health Commander:	
			
Situation Concise statement of the problem/ issue/ incident			
Background Pertinent and brief information related to the problem / issue/ incident			
Assessment Analysis and considerations of options – what you found / think			
Recommendation Action requested / recommended – what you want / actions that are required			
Signature of outgoing commander: (dated and timed		Signature of incoming commander: (dated and timed)	

Appendix 4 – Situation Report Template

MAJOR INCIDENT SITUATION REPORT - SITREP

Note: Please complete all fields. If there is nothing to report, or the information request is not applicable, please insert NIL or N/A.

Organisation:		**Date:**	
Name (completed by):		**Time:**	
Telephone number:			
Email address:			
Authorised for release by (name & title):			

Type of Incident (Name)	
Organisations reporting serious operational difficulties	
Impact/potential impact of incident on services / critical functions and patients	
Impact on other service providers	
Mitigating actions for the above impacts	

Impact of business continuity arrangements	
Media interest expected/received	
Mutual Aid Request Made (Y/N) and agreed with?	
Additional comments	
Other issues	
C&M ICB Incident Coordination Centre contact details: **Name:** **Telephone number:** **Email:**	

Appendix 5 – Infectious Disease Outbreak

General

- In the event of a infectious disease outbreak, the Incident Management Team will act as the ICB Outbreak Incident Management Team
- Undertake internal business continuity planning in the context of the pandemic or outbreak
- Enact business continuity arrangements as appropriate to the developing situation to ensure critical activities can be maintained
- Enable staff to work flexibly to balance the need to deliver key outputs, minimise staff illness and recognise family pressures
- Plan for staff absence in line with likely pandemic/outbreak impact and existing HR policy
- Consider the criteria to be met that might lead to the redeployment of staff either internally or to other parts of the system, ensuring that any redeployment of staff to a clinical role is signed off by appropriate senior management
- Make plans to ensure that the ICB Tactical Health Commander On Call rota is maintained
- Ensure the early engagement of communications professionals to devise, deliver and maintain internal, external and stakeholder/cross-partnership communications before, during and after a pandemic or outbreak
- Continue to support the deployment of Microsoft Teams, Zoom or similar to facilitate effective agile working

Across the System

- Make allowance for the likely burden of disease arising directly from the pandemic/outbreak and because of any changes to NHS priorities
- Consider any secondary impacts, both short and long term, on commissioning priorities and service delivery
- Consider the value of collaboration when commissioning services where there are similar health priorities
- Review the emerging trends referencing changes to the individual health behaviours of the population and consider the impacts on service requirements and delivery
- Determine at regular intervals the ability to access general health and social care services during the pandemic/outbreak
- Capture the learning from any changes in service access and provision to determine if they should remain in place post pandemic/outbreak

Capturing the Consequences of Ongoing Change

- Review regularly changes to service provision and delivery, determined nationally and/or locally, to understand the impact on commissioning intentions and budgets

- Consider the likely impacts on the provision of primary and secondary care services, including GP practices and community care, and the consequences on both the short term and the long-term health of the population served
- Determine the relationship between disrupted and changed services and the impact, both positive and negative, on health and well being

	Action	Completed
1	Ensure the ICB/Place is represented on the Outbreak Control Team (OCT) once it is convened if requested by UKHSA	
2	Ensure close links from the OCT to the System Resilience Group to manage system wide pressures	
3	Support the operational response under direction of the Pandemic IMT if requested, including providing a route of escalation 24/7	
4	Work closely with commissioned services to support timely responses to the emerging /developing situation	
5	Provide support to Primary Care to cope with increased demands if necessary, as directed by NHS England	
6	Meet all monitoring requirements through, for example, timely responses to request for sit-reps and other reporting/surveillance monitoring requirements to support management of the outbreak	
7	Support proactive communications and engagement of key stakeholder to ensure timely access to accurate and consistent health and social care messages. The ICB communications manager will work closely all organisations involved to ensure access to appropriate spokespersons/media responses.	
8	Work closely to support care homes to manage outbreaks if required	
9	Contribute to any de-briefs/lessons learnt meetings	
10	Review ICB Infectious Disease Action Card post Outbreak	
11	Review Business Continuity plans with services following the infectious Disease to ensure lessons learnt are incorporated into future plans	

Appendix 6 – Adverse Weather

Severe weather conditions can be caused by rain, floods, snow and solar flare (see appendix 7 and 8 for heatwave and cold weather), that can have wide reaching effects on the NHS for example:

- Avoidable deaths related to heart and lung conditions, infectious diseases and weather-related conditions
- Increased health and social care demands
- Staffing pressures
- Disruptions to:
    - Travel
    - Logistics
    - Infrastructure including utilities
    - Resources

Upon receipt of advice and weather warning guidance from the Meteorological Office (Met Office), the ICB will risk assess the potential impact and, if necessary, undertake escalations that lead to the activation of a command and control structure to ensure a coordinated, risk assessed and informed response to on-going healthcare delivery.

This will include:

- Communication with staff
- Outlining the actions to prepare for, respond and recover from severe weather-related incidents (this may include the creation of an on-call rota during out-of-hours)
- Develop plans to mitigate risk
- Ensuring continuity of care
- Provide appropriate guidance and support to ICB employees to maintain health, well-being and safety
- Working in partnership with and providing mutual aid, to local responders, agencies and voluntary organisations

Appendix 7 - Heatwave

NHS England Regional and ICBs should work collaboratively to ensure that between them they have a cascade mechanism for heatwave alerts to all providers of NHS commissioned care both in business-as-usual hours and the out of hours period in their area. NHSE, in collaboration with ICBs, will ensure that local providers of NHS commissioned care have the capacity and capability to deliver their functions. NHS England will hold the providers of NHS commissioned care to account for implementation, in co-ordination with ICBs as appropriate.

The current version of Heatwave Plan for England - GOV.UK (www.gov.uk)

System Response:

	Action	Completed
1	Expect increased admissions	
2	Take steps to mitigate the effect of increased admissions on the system.	
3	Ensure staff are briefed on the affects and ways to reduce impact from Heatwave.	
4	Seek assurance that commissioned services are undertaking action to reduce impact from Heatwave.	
5	Ensure staff understand key messages	
6	Ensure safety of ICB staff	
7	Support to NHSE if necessary	
8	Work closely to support care homes to manage Heatwave if required	
9	Contribute to any de-briefs/lessons learnt meetings	
10	Review ICB Heatwave Action Card post incident	
11	Review Business Continuity plans with services following the Heatwave to ensure lessons learnt are incorporated into future plans	

ICB Response:

	Action
Office Environment	Workplace should be maintained at reasonable levels. A reasonable level can be assessed using the HSE Thermal Comfort Checklist http://www.hse.gov.uk/temperature/assets/docs/thermal-comfort-checklist.pdf
	Use Air conditioning if available.
	Close blinds/curtains.
	Use office fans to cool the air.
	Turn off any unnecessary artificial lighting or electrical devices.
	Identify cooler areas of the office and relocate staff if possible.
	Remind staff of the First aiders and where they are located. Advise First Aiders of heat related injury signs and symptoms.
	Consider flexible working arrangements to allow staff to work at cooler times of the day
Hydration	Provide water for staff and visitors. Staff are likely to require greater hydration in the event of a heatwave. Ensure staff and visitors have suitable drinking water to stay hydrated.
	Remind staff to drink regularly and not wait until they are thirsty.

Travelling	Hot temperatures may cause travel disruption, particularly on rail journeys.
	Plan journeys and seek alternative routes where possible.
	Check with train provider prior to journey.
	Take water with you on long car journeys.
Staff working outdoors	Consider flexible working arrangements to allow staff to work at cooler times of the day.
	Use sun block
	Wear clothing that covers areas likely to exposed for prolonged periods of time.
Dress Code	Consider relaxing the organisation dress code.
Individuals at increased risk	Consider any staff, visitors or service users that may be at an increased risk from hot weather. UK Health Security Agency (UKHSA) identifies Elderly, pregnant and those with ongoing medical conditions or taking medication.
	Ask staff to consider consulting with their GP regarding effect of hot weather thermoregulation and the fluid balance on those taking medicine

Heatwave Alert levels

Level 0	Long term planning - All year
Level 1	Heatwave and Summer preparedness programme - 1 June to 15 September
Level 2	Heatwave is forecast - Alert and readiness - 60% risk of heatwave in the next 2 to 3 days
Level 3	Heatwave Action - Temperature reached in one or more Met Office National Severe Weather Warning Service regions
Level 4	Major Incident - Emergency response - Central government will declare a Level 4 alert in the event of severe or prolonged heatwave affecting sections other than health

Appendix 8 – Cold Weather

NHS England Regional and ICBs should work collaboratively to ensure that between them they have a cascade mechanism for Cold Weather alerts to all providers of NHS commissioned care both in business as usual hours and the out of hours period in their area.

The current version of Cold weather plan for England - GOV.UK (www.gov.uk)

System Response:

	Action	Completed
1	Expect increased admissions	
2	Take steps to mitigate the effect of increased admissions on the system.	
3	Ensure staff are briefed on the affects and ways to reduce impact from Cold/Severe weather.	
4	Seek assurance that commissioned services are undertaking action to reduce impact from Cold Weather.	
5	Ensure staff understand key messages	
6	Ensure safety of ICB staff	
7	Support to NHSE if necessary	
8	Work closely to support care homes to manage Cold Weather if required	
9	Contribute to any de-briefs/lessons learnt meetings	
10	Review ICB Cold Weather Action Card post Incident	
11	Review Business Continuity plans with services following the Cold Weather to ensure lessons learnt are incorporated into future plans	

ICB Response:

	Action
Office Environment	Workplace should be maintained at reasonable levels. A reasonable level can be assessed using the HSE Thermal Comfort Checklist http://www.hse.gov.uk/temperature/assets/docs/thermal-comfort-checklist.pdf
	Raise heating levels in the offices.
	Identify warmers areas of the office and relocate staff if possible.
	Consider access into buildings and making safe an areas where heavy footfall is present
Travelling	Cold Weather may cause travel disruption.
	Plan journeys and seek alternative routes where possible.
	Check with train provider prior to journey.
Staff working outdoors	Consider flexible working arrangements to allow staff to travel less
	Consider accessibility of those visiting patients or partners.
	Wear clothing suitable for cold weather.
Dress Code	Consider relaxing the organisation dress code.
Individuals at increased risk	Consider any staff, visitors or service users that may be at an increased risk from cold Weather. UKHSA identifies Elderly and those with ongoing medical conditions or taking medication.

	Ask staff to consider consulting with their GP regarding effect of Cold Weather for those taking medication or with any medical conditions affected by cold weather.

Cold Weather Alert levels

Level 0	**Year-round planning** *All year*
Level 1	**Winter preparedness and action programme** *1 November to 31 March*
Level 2	**Severe winter weather is forecast – Alert and readiness** *mean temperature of 2°C or less for a period of at least 48 hours and/or widespread ice and heavy snow are predicted, with 60% confidence*
Level 3	**Response to severe winter weather – Severe weather action** *Severe winter weather is now occurring: mean temperature of 2°C or less and/or widespread ice and heavy snow.*
Level 4	**Major incident – Emergency response** *Central Government will declare a Level 4 alert in the event of severe or prolonged cold weather affecting sectors other than health*

Appendix 9 – Evacuation & Shelter

The decision to shelter or evacuate should only be taken following a dynamic risk assessment, (A template with this is provided below) where the risk to life whilst remaining in-situ has been assessed had deemed a greater risk than evacuation. In certain circumstances, it will be safer to remain in-situ or to invacuate, rather than to evacuate.

Current guidance NHS England » Evacuation and shelter guidance for the NHS in England

In the event of an incident for the ICB, they should follow the evacuation plan outlined within the Business Continuity plan.

Appendix 10 – ICB Tactical Health Commander Action Card

	Action Card - ICB Tactical Health Commander	
	Accountable to: ICB Strategic Health Commander	**Date/Time Completed**
	Responsibilities • To ensure that the NHS within the ICB area continues to deliver its core functions during the response and recovery phase of any incident(s) • Deliver the ICB incident response strategy through the development of a tactical plan • To coordinate the ICB resources • To liaise with NHS England Regional colleagues as required	
	Initial Actions	
1	Obtain as much information about the incident as possible, completing the Incident Notification Log (Appendix 2)	
2	If necessary, verify the information received by contacting the initial caller, the police, the local authority or other appropriate partner agencies as well as advising them of your contact details and the ICB Incident email address: nencicb-ng.nencicbincident@nhs.net Regularly check this inbox	
3	Commence decision log (where appropriate contact your loggist and make appropriate arrangements for them to attend in person or remotely as required)	
4	Start a personal log of actions using the incident log book	
5	In light of the information received so far, assess the severity of the situation, undertake service impact analysis and take/direct any immediate remedial actions (Appendix 1). Consider the potential impact of the incident on local health economy, using the NHS England Incident Alert levels to determine initial responses (page 10)	
6	If multi-agency coordination is required, attend any teleconference and/or meetings that you are requested to attend and maintain regular communication as appropriate. It may be necessary that you request that a TCG (health or multi-agency) is stood up	
7	Assume command of the initial ICB response and manage the impact on healthcare services and patient safety/quality and	

	coordinate the response in collaboration with staff and healthcare providers.	
8	If appropriate inform the ICB Communications Team of the incident and ensure comms colleagues are involved in any communication cells.	
9	In general, critical and major incident situations will be able to be managed by the Tactical Health Commander therefore the ICB IRP should therefore be activated (Appendix 3) and a strategy set (Appendix 19). However, and where appropriate, it may be necessary to escalate to the Strategic Health Commander where there are longer-term and/or wider impacts, risks with strategic implications or potential reputational damage. If it is not escalated to the Strategic Health Commander, then a SitRep (Appendix 4) should be completed and cascaded when alerted to the incident and at regular intervals	
10	Agree plan / Battle Rhythm with the Incident Management Team (and with the Strategic Health Commander if escalated) regarding how you will keep each other updated (frequency, communication method etc.)	
11	When the ICB Incident Response Plan is activated ensure that relevant ICB staff and other stakeholders are informed	
12	Depending on the nature/type of incident, it may be necessary to activate the Incident Coordination Centre arrangements and establish an Incident Management Team	
13	If the Incident Response Plan is activated, the Tactical Health Commander on call should move into the ICC briefing the relevant personnel, including: - Specified ICB Incident Management Team members (consider whether the IT lead needs to be contacted) - On-call managers of provider units/teams (where appropriate) specifying that the ICC is now operational, providing phone numbers and ICC email address: nencicb-ng.nencicbincident@nhs.net	
14	Establish shared situational awareness (Appendix 3)	
15	Confirm what is required to assist the local health economy, this may include: - Mobilising resources from locally commissioned services - Providing local NHS leadership, if required liaise with relevant partner organisations	

	- Cascading information to relevant service level providers - Informing and maintaining dialogue with neighbouring ICBs when appropriate Supporting ICB commissioned organisations with any local demand, capacity and system resilience issues.	
16	Ensure situation reports are created regularly and shared (Appendix 4) in line with the frequency agreed within the strategic aims of the response	
17	Establish command structure with appropriate representation from the ICB (e.g., with Place) – in order to establish shared situational awareness and promote subsidiarity	
18	Ensure that a log of any financial expenditure relating to the incident is commenced	
19	Depending upon the scale or type of incident, anticipate requests from the Local Authority to support reception or rest centres if established. Clarify the location of the centres and type of assistance required (clinical, administrative or general support)	
20	When the tactical health commander stands down from their shift, ensure a full briefing and handover is provided to the new tactical health commander. Ensure the briefing and handover is logged	
21	**Post Incident** • Attend debriefs • Ensure that incident records are retained according to records management policies and retention schedules	

Appendix 11 – ICB Strategic Health Commander Action Card

	Action Card - ICB Strategic Health Commander	
	Accountable to: ICB Chief Executive	**Date/Time Completed**
	Responsibilities • To ensure that the NHS within the ICB area continues to deliver its core functions during the response and recovery phase of any incident(s) • Overall responsibility for the command and control of the ICB response to an incident • To liaise with NHS England Regional colleagues as required • Ensure Strategic & Tactical Command responsibilities are appropriately maintained through an enduring incident	
	Initial Actions	
1	After strategic level representation has been requested by the ICB Tactical Health Commander, commence decision log (contact your loggist and make appropriate arrangements for them to attend in person or remotely as required)	
2	Ensure that relevant ICB staff and other stakeholders are informed that the ICB Incident Response Plan has been activated	
3	Identify a flow of communications (battle rhythm) dependent upon: - SCG meetings (if called) - NHS External meetings/teleconferences - Reporting requirements	
4	Establish shared situational awareness (Appendix 3)	
5	Deliver initial brief at executive level (to ensure situational awareness)	
6	Agree ICB Strategic Aim and Objectives for the incident response	
7	Establish a plan to support the SCG if one is established, including the reporting needed, as defined by NHS England. If required, nominate a senior ICB representative to attend the SCG	
8	If multi-agency coordination is required, attend any teleconference and/or meetings that you are requested to attend	

	and maintain regular communication as appropriate. It may be necessary that you request that a SCG (health or multi-agency) is stood up	
9	Assume command of the ICB response and manage the impact on healthcare services and patient safety/quality and coordinate the response in collaboration with NHS England on call staff and healthcare providers.	
10	In conjunction with ICB Communications Team and in consultation with NHS England and/or local partners (for level 3 or 4 incidents), develop and agree media strategy (which may need to be agreed by the SCG)	
11	Plan ahead for the coming hours not just the immediate requirements	
12	Consider staff welfare – shifts/handover	
13	Ensure SitReps are collated regularly and shared as required (Appendix 4)	
14	Plan to maintain enduring Strategic Command presence (at executive level) as necessary	
15	Consider recovery arrangements for the incident as early as possible	
16	Establish liaison with the appropriate personnel from NHS England, UKHSA, NHS Trusts and partner agencies	
17	Confirm the relevant command and control structures that have been implemented across the local health economy	
18	Confirm that all relevant internal personnel have been informed	
19	Confirm what is required to assist the local health economy, this may include: - Mobilising resources from locally commissioned services - Providing local NHS leadership, if required liaise with relevant partner organisations - Cascading information to relevant service level providers - Informing and maintaining dialogue with neighbouring ICBs when appropriate - Supporting ICB commissioned organisations with any local demand, capacity and system resilience issues.	
20	When indicated by the type of incident, establish a broader membership of the Incident Management Team consisting of all responding organisations, in agreement with NHS England or local partners	
21	When the strategic health commander stands down from their shift, ensure a full briefing and handover is provided to the new strategic health commander. Ensure the briefing and handover	

	is logged	
22	**Post Incident** • Ensure that debriefs take place (hot debrief, cold/structured/organisational, ensure appropriate representative attends multi-agency debrief) • Ensure that incident records are retained according to records management policies and retention schedules	

Appendix 12 – Incident Coordination Centre Manager

ACTION CARD: Incident Coordination Centre Manager		
Responsible for: Managing the NENC ICB Incident Coordination Centre.		
No	**Action**	**Date and Time Completed**
1	Respond as requested by the Tactical Health Commander	
2	Start a personal log of actions using the Incident Log Book.	
3	Record all instructions received, actions taken and other incidents which may enable the ICB to assess the success of the Incident Response Plan and provide evidence to any inquiry which may follow. All entries noted must be timed, dated, signed and made in ink.	
4	Establish document control.	
5	Establish rotas and call in staff as indicated to provide cover and continuity.	
6	Ensure adequate handover arrangements are in place (Appendix 3)	
7	Gather information and assess relevance.	
8	Action decisions and process as requested.	
9	Assist in the preparation of time critical documents.	
10	Ensure all evidence both written and electronic is saved and secured.	
11	On stand down, ensure that all original documentation (including notes, flip charts, emails) are kept.	

Appendix 13 – Communications Lead

ACTION CARD: Communications Lead		
Responsible for: Communications and Media		
No	**Action**	**Date and Time Completed**
1	Set up communications log and media monitoring service	
2	On-call communications representative to dial into initial conference call	
3	On activation, contact the Strategic health commander on-call	
4	Draft initial holding media statement	
5	Liaise with relevant partners communications lead to confirm statements, briefing key internal and external stakeholders	
6	Seek approval of media statement from the Strategic Health Commander	
7	Distribute approved statement to media as requested	
8	Alert communications leads at NHS England	
9	If virtual media cell is initially established, consider requirement to establish permanent media cell depending on the likely length and nature of the incident	
10	If required, draft an internal message for staff to be circulated by email with approval from Strategic Health Commander	
11	Establish mutual aid arrangements	

Appendix 14 – Incident Management Team Member

ACTION CARD: Incident Team Member		
Responsible for: Providing operational support to the Incident Strategic or Tactical Health Commander working in the Incident Coordination Centre.		
No	**Action**	**Date and Time Completed**
1	Familiarise yourself with the layout of the ICC.	
2	Carry out duties as directed by members of the Incident Management Team e.g responsibility for managing a response cell.	
3	Maintain a personal log of all calls/conversations/actions/events and decisions taken using the action log provided. All entries in the log book must be dated, signed and made in ink.	
4	Maintain a list of key contacts and update appropriate lists.	
5	Maintain a list of other contacts appropriate to your function.	
6	Maintain a record of queries and responses as well as documents produced.	
6	Undertake general duties, as directed	
7	Ensure that the action logs and all other information relating to the incident is retained and passed to the appropriate Strategic or Tactical Health Commander (or other IMT members) during handover or at the end of the incident (Appendix 3)	

Appendix 15 – Loggist

ACTION CARD: Loggist		
Responsible for: Recording and documenting all issues/actions/decisions made by the Senior Manager in Charge.		
No	**Action**	**Date and Time Completed**
1	The Loggist must use the Incident Log Book provided.	
2	On arrival all staff to the ICC must wear ID badges. If the badges are unclear the Loggist must ask for clarification of who is present within the room and their title.	
3	The log must be clearly written, dated and initialed by the Loggist at the start of shift and include any location.	
4	All persons in attendance to be recorded in the log Book.	
5	The log must be a complete and continuous record of all issues/actions/decisions made by the Tactical Health Commander or Strategic Health Commander.	
6	Timings have to be accurate and recorded each time information is received or transmitted. If individuals are tasked with a function or role this must be documented and when the task is completed this must also be documented.	
7	If notes or maps are utilised these must be noted within the log.	
8	At the end of each session in the log a score and signature is to be added underneath the documentation so no alterations can be made at a later date.	
9	All documentation is to be kept safe and retained as evidence for any future proceedings.	
10	When something is written in error changes must be made by a single line scored through the word and the amendment made.	
11	Participate in ICB and multi-agency debriefs.	

Appendix 16 – Incident Management Team Support Officer

	Action Card - ICB Incident Management Team Support Officer	
	Accountable to: ICB Strategic Commander	**Date/Time Completed**
	Responsibilities • Providing administrative support to the Incident Management Team working in the ICC.	
	Initial Actions	
1	Familiairise yourself with the layout of the ICC	
2	Carry out duties as directed by the members of the IMT	
3	Minute any meetings or teleconferences	
4	Maintain a telephone log of all calls/events and decisions taken using the action log provided. All entries in the log book must be dated, signed and made in ink.	
5	Maintain a list of key contacts and update appropriate lists	
6	Maintain a list of other contacts appropriate to your function	
7	Maintain a record of queries and responses as well as documents produced	
8	Undertake general duties, as directed, e.g. faxing, copying etc.	
9	Act as a runner to deliver messages within the ICB offices	
10	Ensure that all completed action logs of events and actions taken are maintained and signed by the appropriate manager	
11	Ensure that the action logs and all other information relating to the incident is retained and passed to the on-call senior manager at the end of the incident	

Appendix 17 – Generic Debrief Template

GENERIC DEBRIEF TEMPLATE

INCIDENT DATE	
OUTLINE	

This debrief template provides the framework for undertaking a structured De-brief and will assist in the development of the post incident report which will cover:

- What was supposed to happen?
- What actually happened?
- Why were there differences?
- What lessons were identified?

Issue	Response
How prepared were we?	
What went well?	
What did not go well?	
What can we do better in the future?	
Is there a need to modify the plan/training?	

Other issues	
Communications	
Equipment	
Human resources	
Planning and briefing	
IT	
Other issues	

Completed by - ……..Role - ……..

Appendix 18 – ICB Reception Action Card

ACTION CARD: ICB Reception		
Responsible for: Acting as first point of contact for the ICB and ensuring that the Tactical Health Commander on Call is notified immediately should a potential or actual business continuity issue or major/critical incident be reported.		
No	**Action**	**Date and Time Completed**
1	Be aware of the daily ICB on call rota and how to contact the Tactical Health Commander on Call (particularly if the ICB Tactical Health Commander on Call is off-site).	
2	If a call is received for the Tactical Health Commander on Call, log the name of the caller, contact number (and alternative) and organisation in case contact is lost. Clarify the reason for the call.	
3	Contact the Tactical Health Commander on call clearly specifying that the caller needs to speak urgently to them about 'a potential or actual business continuity issue or major incident'.	
4	Log the date and time of the call and the time the Tactical Health Commander on call was advised.	

Appendix 19 – Setting a Strategy

Being 'S T R A T E G I C' aide memoire		
S	**Strategy**	what is the plan for now/the next few hours/days?
T	**Tactical**	have you got all you need in place to achieve your objectives? Any gaps?
R	**Resources**	do you have everything you need now an in the near future (people, assets, mutual aid)?
A	**Anticipate**	what is the extent or length of the emergency? When will you transition to recovery?
T	**Truth**	be honest about any problems and issues and try to suggest solutions to problems. Use plain English.
E	**Experts**	have access to knowledgeable staff/ organisations to support you
G	**Geography**	– be cognisant of your geographical boundaries
I	**Information**	establish key facts for situational awareness
C	**Costs and Communications**	record costs. What are the implications? What needs to be communicated to responders, the public and into Government?