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Incident Management Plan

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5.2	Changes to reflect the merger of the CCG's
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Purpose

To set out how NHS Surrey Heartlands CCG will respond to business continuity, critical or major incidents, in line with current guidance and legislation and the requirements of the NHS England Core Standards for emergency preparedness, resilience and response.

Distribution and Accessibility

This document will be made available to all staff via the intranet, and to the Surrey Heartlands on-call team via Resilience Direct. On-call staff will be notified of any revisions to the plan via email. Executive Directors should ensure that all relevant staff are aware of the plan and its related procedures.

Author Contact Details

Felicity Govas
Felicity.govas@nhs.net

INVOCATION OF THIS PLAN

The Tactical On-Call and/or the Strategic On-Call will be responsible for the invocation of this plan.

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1. Background

- 1.1. The NHS is required to be able 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 infectious disease outbreak, or a major transport accident. In accordance with the Civil Contingencies Act (2004), and the Health and Social Care Act 2012, NHS organisations and providers of NHS funded care, must demonstrate that they can deal with such incidents, whilst also maintaining services to patients. This work is referred to in the health service as 'emergency preparedness resilience and response' (EPRR).
- 1.2. During times of severe pressure, and when responding to significant incidents and emergencies, NHS organisations need a structure which provides:
 - Clear leadership;
 - Accountable decision making; and
 - Accurate, up to date and far-reaching communication.

This structured approach to leadership under pressure is commonly known as 'command and control'.

- 1.3. NHS Surrey Heartlands CCG is a category two responder under the Civil Contingencies Act 2004. Under this legislation the CCG has a duty to co-operate, and share information with other responders, including NHS England & Improvement, Public Health England, Acute Trusts and Foundation Trusts, which are category one responders. The [Surrey Local Resilience Forum Major Incident Protocol](#) explains how category one and two responders across the forum will respond and recover from incidents at a local level and how these arrangements link into the National Concept of Operations, including the relationship, should it be activated, with the Cabinet Office Briefing Room (COBR).
- 1.4. This plan will align to the expectations of NHS England & Improvement, as laid out in [the NHS England Emergency Preparedness, Resilience and Response Framework 2015](#) and the NHS England Core Standards for Emergency Preparedness, Resilience and Response.

2. Objectives

- 2.1. This plan is specifically designed to provide a framework for Surrey Heartlands CCG to offer support to the local health economy in the event of an incident. It details:
 - a) The arrangements for Surrey Heartlands CCG in the event of being called upon to participate in the health service response to a major incident, including defining the incident alert levels, and detailing how the CCG plans to respond at each level.
 - b) The action to be taken in the event of a potential or actual internal or external emergency threatening the CCG's critical activities, or those of their commissioned services, including how the CCG will respond to and recover from an incident or emergency.

- c) How Surrey Heartlands CCG planning assumptions link to local, regional and national risk registers to support the continuity or resumption of key services when faced with disruption.
- d) The alignment of the CCGs arrangements to the [Joint Emergency Services Interoperability Principles](#) (JESIP), as required by the NHS England Core Standards for Emergency Preparedness, Resilience and Response.

3. Scope

- 3.1. This plan covers the staff and activities of NHS Surrey Heartlands CCG. The plan is complementary to, and should be read in conjunction with, the NHS Surrey Heartlands CCG Emergency Preparedness, Resilience and Response (EPRR) Policy, the Surrey Heartlands CCG On-Call Protocol, the Surrey Heartlands CCG Emergency Response Directory, and the Surrey Local Resilience Forum Major Incident Protocol (SMIP).
- 3.2. This plan and its associated processes may be used to address other situations as necessary, ensuring that the CCG can discharge its duties as required.

4. Planning Assumptions

- 4.1. This plan makes the following assumptions:
- 4.2. The Tactical On-Call for the CCG will take the lead in the initial stages of a response. Details and expectations of this role are set out in the Surrey Heartlands CCG On-Call Protocol.
- 4.3. Other staff may be called upon to support the response should the extent, scale, nature or duration of a given situation be above and beyond the capability of the Tactical On-Call to coordinate the situation.
- 4.4. Business as usual resources will take over the running and management of an incident at a time directed by the ICS Executive or a suitably appointed lead, and not exceeding 72 hours. The ICS Executive, or a nominated Executive Director, will assess the situation at this point and allocate resources going forward to manage the incident, if not resolved within 72hrs.
- 4.5. Decisions regarding community risk will be based on the [Surrey Community Risk Register](#). In 2018/19 the very high risks identified for Surrey included major fluvial flooding, localised flooding of rivers and streams, a pandemic of infectious disease and failure of national electricity infrastructure. The Community Risk Register is maintained by the Surrey Local Resilience Forum and is updated on an annual basis.
- 4.6. If the Tactical On-Call is notified of a change in the UK Threat level they should contact the EPRR On-Call, who will assist in ensuring that all actions are undertaken in accordance with the Surrey LHRP Increase in UK Threat Level Health Response Guide. The [current threat level](#) can be found on the Security Service website. All CCG staff will be notified via existing communication channels of any actions that they might be required to undertake in response to such an event.

5. Definitions

- 5.1. The NHS England Emergency Preparedness Framework 2015 defines three types of incident: Business Continuity Incident, Critical Incident, and Major Incident. Each will impact upon service delivery within the NHS, requiring contingency plans to be implemented, and potentially undermining public confidence.

Business Continuity Incident

A business continuity incident is an event or occurrence that disrupts, or might disrupt, an organisation's normal service delivery, below acceptable predefined levels, where special arrangements are required to be implemented until services can return to an acceptable level. (This could be a surge in demand requiring resources to be temporarily redeployed)

Critical Incident

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

Major Incident

A major incident is any occurrence that presents serious threat to the health of the community or causes such numbers or types of casualties, as to require special arrangements to be implemented. For the NHS this will include any event defined as an emergency.¹

5.2. **Emergency**

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

*"(a) an event or situation which threatens serious damage to human welfare in a place in the United Kingdom;
(b) an event or situation which threatens serious damage to the environment of a place in the United Kingdom;
(c) war, or terrorism, which threatens serious damage to the security of the United Kingdom".*

5.3. **Business continuity incidents**

Fire, breakdown of utilities, significant equipment failure, hospital acquired infections, violent crime

5.4. **Big bang**

A serious transport accident, explosion, or series of smaller incidents

5.5. **Rising tide**

A developing infectious disease epidemic, or a capacity/staffing crisis or industrial action

5.6. **Cloud on the horizon**

A serious threat such as a significant chemical or nuclear release developing elsewhere and needing preparatory action

¹ NHS England Emergency Preparedness, Resilience and Response Framework 2015
Incident Management Plan version 6.0

5.7. **Headline news**

Public or media alarm about an impending situation, reputation management issues

5.8. **Chemical, biological, radiological, nuclear and explosives (CBRNe)**

CBRNe terrorism is the actual or threatened dispersal of CBRN material (either on their own or in combination with each other or with explosives), with deliberate criminal, malicious or murderous intent

5.9. **Hazardous materials (HAZMAT)**

Accidental incident involving hazardous materials

5.10. **Cyber attacks**

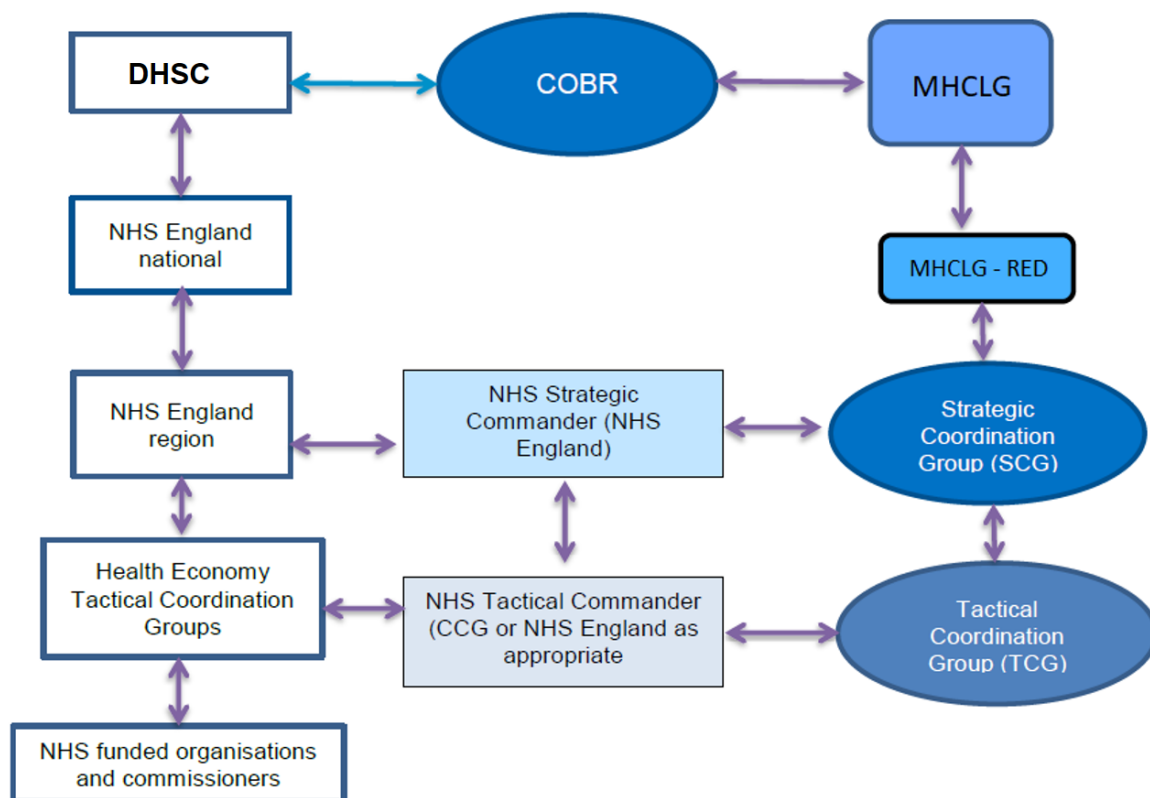
Attacks on systems which cause disruption, reputational, and financial damage. Attacks may be on infrastructure or data confidentiality

5.11. **Mass casualty**

Typically events with casualties in the hundreds where the normal major incident response must be augmented with extraordinary measures

6. NHS Incident Response Structure

- 6.1. In order for the NHS to be able to respond to a wide range of incidents and emergencies that could affect health or patient care, an appropriate alerting processes needs to be in place, to inform those responsible for coordinating the response. The diagram below shows the NHS England EPRR response structure and its interaction with key partner organisations.



Source: NHS England Emergency Preparedness, Resilience and Response Incident Response Plan (National) 2017

7. The Command Framework

7.1. Strategic Command (Gold)

- Strategic (Gold) command has overall command of the organisation's resources. They are responsible for liaising with partners to develop strategies and policies, and allocate funding for the management of the incident.
- They are also responsible for maintaining the organisation's normal services at an appropriate level during the incident
- They must consider the incident in its wider context and establish the longer term effects
- They delegate tactical decisions to their Tactical Commander, so they are not involved in the direct management of the tactical or operational detail.
- The Accountable Officer remains accountable for the business delivery of their organisation throughout all situations. For major incidents and emergencies this duty will usually be discharged through an On-Call Executive Director.
- If an incident in Surrey involves several NHS organisations, NHS England and NHS Improvement will take responsibility for strategic command over the others.

7.2. Tactical Command (Silver)

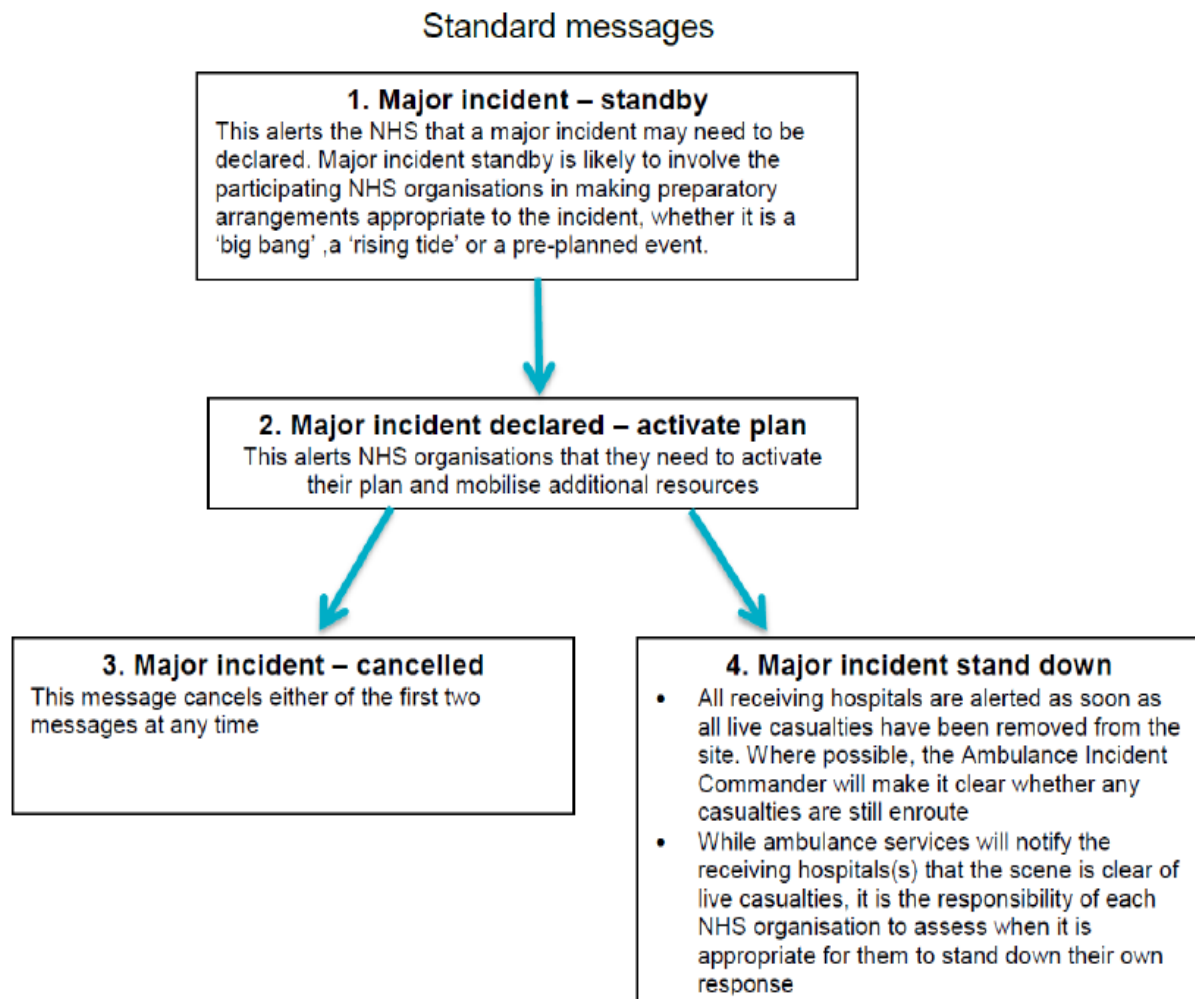
- Tactical (Silver) command is responsible for directly managing the organisation's response to an incident.
- They develop a tactical plan in order to achieve the objectives set by Strategic Command.
- They ensure Operational Command provides a clear and coordinated response, which is as effective and efficient as possible.
- They set response priorities in line with Strategic Command, allocate resources and coordinate tasks
- Tactical Command should oversee and support, but not be directly involved in the operational response to an incident. If an organisation has more than one key site providing an operational response, there may be a Tactical Commander for each site.
- The Tactical On-Call rota ensures 24/7 availability of staff to undertake this role for Surrey Heartlands CCG.

7.3. Operational Command (Bronze)

- Operational (Bronze) Command refers to those responsible for managing the main working elements of the incident response.
- They will lead teams carrying out specific tasks within a service, geographical, or functional area. This may include a hospital, ward, area of a community response, or aspect of a big bang type incident
- They will act on Tactical Command's instructions and provide them with regular situation reports.
- During a multiagency incident, individual organisations remain in command of their staff and resources, but each must liaise and coordinate with the other agencies involved to provide a coordinated response.

8. NHS Standard Alerting Messages

Standard messages used by NHS organisations



9. Decision making and information gathering

9.1. Joint Decision Making Model

9.1.1. The Joint Emergency Services Interoperability Principles (JESIP) doctrine promotes the use of the joint decision making model, depicted below. This model is supported by the NHS England Emergency Preparedness, Resilience and Response Framework 2015.

9.1.2. This model should be used as a framework for decision making throughout the course of an incident. The model is cyclical, and each step logically follows the last. The model allows for continued reassessment of the situation or incident, and previous steps may be revisited and updated as required.



9.2. M/ETHANE

To aid a joined up incident response, a single information sharing model has been developed as part of the Joint Emergency Services Principles (JESIP). This is now in common use throughout the blue light services and other responding agencies. Of note is the adaptation to add or exclude the M – Major Incident as part of the information update, dependent on the scale of the response required or declared.

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

10. Actions

- 10.1. Upon being informed of an incident, the Tactical On-Call should record the following:
- Name and contact details of the informant
 - Time and date of receiving the information
 - Details of the incident – if the incident is still unfolding full details may not be known at that point
 - Expectations of the CCG.
- The Tactical On-Call should repeat this information back to the informant to ensure the details and expectations of the CCG have been recorded accurately.

- 10.2. The Tactical On-Call should then, based on the information received, assign an alert level to the incident, as per the guidance in the NHS England EPRR Framework 2015.

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

- 10.3. Based on the information received and the alert level designated, the Tactical On-Call will notify the Executive Director On-Call, providers, and other relevant stakeholders as required.
- 10.4. The Tactical On-Call will maintain a log of those notified, the time and date of notification, and any delay or messages needing to be left.
- 10.5. The CCG will be expected to lead the response to level 1 incidents if required, including the setting up and chairing of a system call if appropriate.
- 10.6. The Emergency Response Directory contains both in and out of hours contact numbers for providers and stakeholders. These should be used to activate the required agencies in the event of an incident. All agencies, regardless of time of day, should always be activated through their official on-call point of contact.

10.7. Acute Trusts

- 10.7.1. The following Acute Hospital Trusts are commissioned from within the NHS Surrey Heartlands CCG:
- Ashford and St Peters Hospitals NHS Foundation Trust
 - Royal Surrey County Hospital NHS Foundation Trust
 - Surrey and Sussex Healthcare NHS Trust

10.8. Community and Mental Health Providers

- 10.8.1. NHS Surrey Heartlands CCG has three community providers, Central Surrey Health, the Royal Surrey County Hospital, and the Surrey Downs Health and Care Partnership.
- 10.8.2. NHS Surrey Heartlands CCG has one mental health provider, Surrey and Borders Partnership NHS Foundation Trust (SABP).

10.9. Emergency Ambulance Services

- 10.9.1. NHS Surrey Heartlands CCG is the lead commissioner for emergency ambulance services (999). These are provided by South East Coast Ambulance NHS Foundation Trust (SECAmb) on behalf of CCGs across Kent, Surrey, and Sussex.

10.10. Primary Care

- 10.10.1. Surrey Heartlands CCG have delegated commissioning status with regards to the provision of Primary Care.

10.11. Integrated Urgent Care (111) and Out of Hours Primary Care

- 10.11.1. The Surrey Heartlands CCG' Integrated Urgent Care (111) and out of hours primary care service is provided by Care UK.

- 10.12. Unless directed to do otherwise, for level 1 incidents, the providers should keep the CCG updated on key significant events or updates. Where NHS England and Improvement are involved, updates may be directed to NHS England and Improvement for the purposes of ensuring information is passed to those in command and control of an incident in a timely and effective way.

10.13. NHS England and Improvement South East

- 10.13.1. NHS England and Improvement are the first escalation point for emergencies and incidents. NHS England and NHS Improvement will provide leadership for the NHS during incidents at level 2 and above, and will normally attend any Strategic Co-ordinating Group (SCG) meetings if required.
- 10.13.2. During an incident it is important to keep NHS England and Improvement updated on anything of significance. NHS England and NHS Improvement will act as the conduit to other parts of the command structure as dictated by the needs of an incident.
- 10.13.3. Where the incident is of a nature that demands a greater level of coordination, NHS England and Improvement may set up an Incident Coordination Centre (ICC). CCG presence may be required, either here or at a partnership Tactical Coordination Group (TCG), and the Tactical On-Call should consider who best to send if required. Consideration should be given to the duration of the expected presence, and consideration should be given to establishing a rota to meet this requirement from the outset.

10.13.4. In addition, it is possible that NHS England and Improvement may require support at SCG meetings, particularly for longer running incidents.

10.14. Surrey County Council

10.14.1. Surrey County Council operates a Duty Officer, Duty Manager and Duty Director system for emergencies and incidents. All requests for information and services out of hours will be directed through the County Emergency Management Duty Officer in the first instance.

10.15. Public Health England – Kent, Surrey and Sussex Centre

10.15.1. The Public Health England Centre has an on-call system, which can be accessed through their Tactical On-Call. The CCG should activate this in conjunction with NHS England and NHS Improvement as required.

10.16. Surrey Tactical Coordinating Group (TCG)

10.15.1. The primary location for the Surrey TCG will be:

- Chertsey Fire Station, Addlestone Moor, Addlestone KT15 2QH.

10.17. Surrey Strategic Coordinating Group (SCG)

10.17.1. The Surrey SCG, when convened, will normally be at the Surrey Police Headquarters at Mount Browne, Sandy Lane, Guildford GU3 1HG.

10.17.2. If the CCG On-Call is asked to attend a TCG or and SCG, consideration should be given to taking a loggist or other manager in support. Further details around loggists can be found in the Incident Coordination Centre Plan.

11. Mutual Aid Requests

11.1 Mutual Aid requests during times of response will be decided at Executive level, utilising the LHRP mutual aid agreement, which can be found on Resilience Direct.

12. Incident Coordination Centres

12.1 If the nature and/or scale of the incident warrant, the Tactical On-Call may be required to setup an Incident Coordination Centre (ICC). The purpose of the ICC is to provide a central point for incident coordination, policy making, operations, information gathering, and dispersing public information. The location of the primary Surrey Heartlands ICC is as follows:

- Surrey Heartlands CCG, Dominion House, Guildford, GU1 4PU. The Contracts Office on the 2nd Floor has been nominated for this purpose and has computers, screens, phone lines, whiteboards and an incident board as well as space for additional support, with staff members using laptops.
- Dominion House has been selected as the primary ICC location because of its proximity to Surrey Police HQ, as this will be the location for multiagency meetings in the majority of incidents.

12.2 Surrey Heartlands also has two identified fall back ICC locations:

- **Surrey Heartlands CCG**, Cedar Court, Leatherhead, KT22 9AE. The Hazel Room has the capability to support an ICC. The control room box is located in the Comms room, the code to which is held by the EPRR on-call.
- **Surrey Heartlands CCG**, 58 Church St, Weybridge KT13 8DP. The Corporate Affairs and Governance office will be used in the event that an

ICC is required. The control room box is located in the in the middle cupboard by the Facilities Team desks.

- 12.3 Detailed instructions for setting up the control rooms at each site can be found in the Incident Coordination Centre Protocol.

13. Incident Response Group

13.1. Group Composition

- 13.1.1. The Incident Response Group (IRG) may be activated for CCG business continuity incidents or incidents that would benefit from wider coordination, in support of the On-Call team. The group will be based in the ICC and will normally be comprised of a core membership, with additional members co-opted as required. Heads of Department are responsible for the following:

- a) Maintaining an up to date list of their staff's contact details.
- b) Ensuring that this list is accessible at all times.
- c) Calling out staff if directed to do so by a member of the Incident Response Team

- 13.1.2. The Incident Response Group is responsible for ensuring clear communications throughout the incident (via the ICC), between the CCG, providers, and other agencies. They are also responsible for coordinating available resources to respond to the incident. The core membership of the Incident Response Group, or a suitable representative from their business group, is as follows:

- The Strategic On-Call or a member of the ICS Executive Team
- Tactical On-Call
- Associate Director of EPRR & Corporate Support Services, and/or one of the Senior Resilience Managers
- Local Site Manager and/or representative
- Head of Communications
- Associate Director of Strategic Commissioning
- Associate Director of Medicines Management
- Associate Director of Urgent and Integrated Care
- Associate Director of Primary Care Commissioning
- IT Programme Director
- Loggist and Admin support

The Chair of the Group will normally be an Executive Director or the Strategic On-Call, with the Associate Director of EPRR & Corporate Support Services or a Senior Resilience Manager in attendance. Where core members are not needed, they will be stood down.

- 13.1.3. If the incident is protracted, arrangements will be made for staff relief. If required a rota will be produced to ensure adequate Incident Response Group cover to support the response for its duration.

13.2. Recording and actions

- 13.2.1. All meetings and actions of the Incident Response Group will be recorded by a loggist.
- 13.2.2. An agenda should be used for each meeting, a template for which can be found at Appendix B.

14. Logging and recording

- 14.1. Incidents of all natures will need to be logged in order to maintain an accurate record of events. Where appropriate, a loggist should be used to ensure all information is captured, including details of decisions made and actions taken by the Incident Response Group. Emergency Log Books are located in the Incident Coordination Centres for this purpose. The log will become the definitive, legal, record of the individual and organisational response and will need to be kept for a minimum of 25 years post incident. It may be used in internal or external investigations after the incident, and will be used by the CCG when writing the post incident report into the incident response.
 - 14.1.1. All requests for loggist support should be made via the EPRR team, or EPRR On-Call out of hours.
 - 14.1.2. All other records, emails, call logs, minutes, notes, post it notes, other papers or audiotapes should be kept for analysis after the event. All emails sent or received should be printed out to ensure that a complete hard copy record exists. Printing all emails will prevent loss or alteration of information.
 - 14.1.3. Once completed, all incident documentation should be returned to the EPRR team.
- 14.2. **Situation Reporting (SitReps)**
 - 14.2.1. For level 2-4 incidents, or other types of incidents coordinated by the Local Resilience Forum, there may be a requirement for further reporting. This may be on a daily basis or more frequently if required. The frequency and format of reporting will be agreed or mandated at the time of the incident. Incidents during which the Cabinet Office Briefing Room (COBR) is in operation will require the completion of a Common Recognised Information Picture (CRIP). CRIP reports often require information at short notice, and may require data and information from providers that the CCG will need to collate. All SitReps will require sign off by an Executive Director/the Strategic On-Call prior to submission. Further information on SitReps can be found in the Surrey Heartlands CCG Incident Coordination Centre plan.

15. Communications

- 15.1. During an incident, the requirements of the media, stakeholders and partners, staff, and the public for fast, early and accurate information will put additional pressure on the organisation. This pressure will be immediate, and could be sustained over a prolonged period of time, depending on the nature of the incident.

- 15.2. When planning how best to disseminate information during an incident, consideration must be given to the purpose of the communication, and the target audience. Where possible it is best to utilise existing, verified communication channels, and to employ a wide range of means. Examples of the types of communication methods that may be used are:
- Print, television, radio, websites, email, social media.
 - Face-to-face forums such as staff briefings, town hall meetings, and public gatherings
 - Community groups, and outlets for special population groups.
 - Media briefings
- 15.3. The media play an essential role in informing the community, and will do so with or without the help and cooperation of the affected organisation. The role of the media can be a channel of information, communication, reassurance and appeal. Depending on the level and duration of the incident, there could be a considerable number of media at the scene, and numerous other requests for information are likely to be made by phone or email. If required, existing staff who have undertaken media training will be utilised to represent the organisation as the official spokesperson.
- 15.4. During an incident, communications to partners and stakeholders will be dealt with by the CCG' Strategic On-Call. Where media enquiries are involved, the Head of Communications should be advised, and will facilitate/coordinate liaison with the media.
- 15.5. Where an incident is classed as level 2 or above, the NHS England and NHS Improvement Communications lead will take primacy over the incident. Surrey Heartlands CCG will support any messaging and cascading of information as directed by NHS England and NHS Improvement. The CCG will also assist with, and support multiagency communications strategies in accordance with the SLRF Major Incident Communications Plan.
- 15.6. Social media can be a very useful tool for maintaining situational awareness and for distributing information quickly to a wide audience. However, during an incident information may be inaccurate or incomplete, especially in the early stages. The sharing of unsubstantiated information may cause anxiety, distress, or reputational damage to the organisation. Therefore, all information that is posted on behalf of the Surrey Heartlands CCG during an incident must be approved by a member of the ICS Executive team, or the Strategic On-Call, and be distributed through official Communications team channels. When it comes to social media, all staff have a responsibility to refrain from any action which brings them, their work colleagues, the CCG, or the NHS into disrepute.

16. Information Governance

- 16.1. The Civil Contingencies Act 2004 and agreements in place with NHS England and Improvement provide an official authority for the CCG to undertake EPRR related activity as detailed in this policy. The CCG therefore have a lawful basis to process personal data for this activity under applicable Data Protection related legislation (e.g. the Data Protection Act 2018 and the General Data Protection Regulations 2018).
- 16.2. In addition, Surrey Heartlands CCG is a signatory to the Surrey Multi Agency Information Sharing Protocol, which provides an overarching framework for the sharing of data with other relevant organisations during emergency conditions.
- 16.3. The CCG Information Governance related policies and procedures should be adhered to ensuring that the sharing of data is secure and complies with applicable data protection related legislation.

17. Specific risks and linked documents for mitigation and response

All Local Resilience plans are accessible through [Resilience Direct](#).

Specific Risk or Action	Arrangements in place	Action to consider
Severe Weather	<ul style="list-style-type: none">• SLRF Severe Weather Plan• SHCCGs Adverse Weather Plan	✓ Actions to be agreed with NHS England and NHS Improvement
Heatwave Plan	<ul style="list-style-type: none">• Public Health England Heatwave Plan for England• SLRF Heatwave Plan• SHCCGs' Surge Plan• Surrey Heartlands CCG Adverse Weather Plan• Met Office alerts shared with CCG On-Call teams	✓ Liaise with NHS England and NHS Improvement around specific actions
Pandemic Influenza	<ul style="list-style-type: none">• SHCCGs' Pandemic Influenza Plan• SLRF Pandemic Influenza Plan• LHRP Pandemic Influenza Plan	<ul style="list-style-type: none">✓ Activate SHCCGs' Pandemic Influenza Plan✓ Refer to SLRF Plan✓ Refer to NHS England and NHS Improvement for dynamic advice at time of incident
Fuel Disruption	<ul style="list-style-type: none">• SHCCGs' Incident Management Plan –• SLRF Fuel Plan	✓ Activate SHCCGs' Incident Management Plan, and convene the Incident Response Group
Surge and Escalation Management	<ul style="list-style-type: none">• SHCCGs' Surge Plans	✓ Activate SHCCGs' Incident Management

		Plan, and convene the Incident Response Group
Infectious Disease Outbreak	<ul style="list-style-type: none"> • Surrey LHRP Outbreak MoU • SHCCGs' Health Protection Incidents Action Card 	✓ Liaise with NHS England and NHS Improvement around specific actions
Evacuation	<ul style="list-style-type: none"> • SLRF Mass Evacuation 	✓ Liaise with NHS England and NHS Improvement around specific actions
Lockdown	<ul style="list-style-type: none"> • SHCCGs Security Policy, including lockdown arrangements, in place 	✓ Liaise with local partners regarding the response ✓ Liaise with NHS England and NHS Improvement around specific actions
Utilities, IT and Telecommunications Failure	<ul style="list-style-type: none"> • SHCCGs' Incident Management Plan • SHCCGs' Business Continuity Plans • Emergency Response Directory • SLRF Telecommunications Plan 	✓ Liaise with NHS England and NHS Improvement around specific actions
Excess Deaths/ Mass Fatalities	<ul style="list-style-type: none"> • SLRF Excess Deaths Plan • SLRF Mass Fatalities Plan • SCC Temporary Mortuary Plan • SHCCGS Incident Management Plan 	✓ Liaise with NHS England and NHS Improvement around specific actions
Mass Casualties	<ul style="list-style-type: none"> • SLRF Mass Casualties Plan • NHS England Concept of Operations for the Management of Mass Casualties • NHS England South East Mass Casualty Framework 	✓ Liaise with NHS England and NHS Improvement around specific actions
Recovery Management	<ul style="list-style-type: none"> • SLRF Emergency Recovery Protocol v2.0 	✓ Liaise with NHS England and NHS Improvement around specific actions
Incident Coordination Centres (including staffing and handovers)	<ul style="list-style-type: none"> • SHCCGs Incident Coordination Centre Operating Procedure 	✓ Liaise with NHS England and NHS Improvement around specific actions

18. Very Important Persons (VIPs)

- 18.1. During an incident it is possible that VIPs may visit aspects of the response, such as the scene of an incident, or the coordination centre. On notification of any visits, the Incident Response Group Chair and the Joint Accountable Officer should be made aware. Consideration should also be given to notifying Executive colleagues, the relevant ICP Director, and Clinical Chair. NHS England and NHS Improvement should also be advised if not already aware.

19. Handover

- 19.1. If the incident has warranted the activation of shift patterns within the ICC, it should be ensured that handover meetings take place half an hour prior to the next shift, to allow the on-coming shift sufficient time to be briefed on their role, and any work in progress. This is especially important if there are any outstanding deadlines, SitRep returns, or briefings. Staff arriving to begin a shift must be comfortable with the role that they are being expected to undertake, and should have the opportunity to raise any issues or queries that they may have.

20. Stand-down, recovery and debrief

20.1. Stand-down

Stand-down for incidents only involving the CCG will be determined by the Strategic On-Call. During incidents involving NHS England and NHS Improvement, they will agree an appropriate stand-down point, in consultation with other partners.

20.2. Recovery

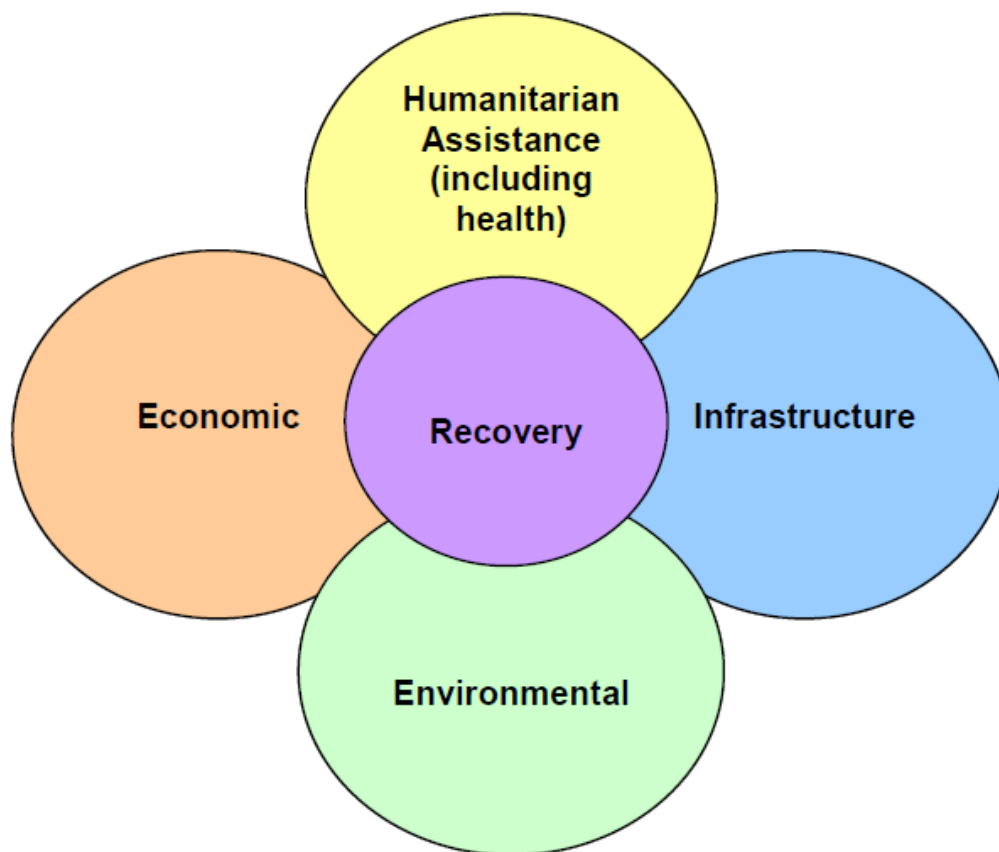
Recovery Management is the coordinated process of rebuilding, restoring and rehabilitating the organisation in an ordered and efficient manner following an emergency.

- 20.3. When considering the recovery phase of an incident, Surrey Heartlands CCG should not only consider their own internal recovery, but also how they can best contribute to, and integrate with any wider community recovery efforts.

- 20.4. From the outset of an incident, consideration should be given to the recovery phase. Strategic, and Tactical Coordinating Groups should give consideration to recovery in parallel to the response to an incident.

- 20.5. There are four overarching, interlinked categories of impact that individuals and communities will need to recover from, and which will require consideration. These are: Humanitarian (including Health); Economic; Infrastructure; and Environmental.² This is illustrated in the diagram below:

² HM Government Emergency Response and Recovery Guidance 2013
Incident Management Plan version 6.0



20.6. Below is a breakdown of each impact, including detail on considerations for each during the recovery process.

Humanitarian (including Health)	Physical impacts (including individuals' health, housing, financial needs – which may link to donations, individuals lost goods from an incident – personal documentation, passports, keys, clothes)
	Psychological impacts
	Deaths
	Community displacement
Economic	Economic and business recovery
	Donations
	Tourism
Infrastructure	Disruption to daily life (educational establishments, welfare services, transport system, building reconstruction, site clearance, security of empty properties)
	Disruption to utilities / essential services
Environmental	Pollution and decontamination
	Waste management
	Natural resources and habitats

- 20.7. A Recovery Group, led by a member of the ICS Executive team, should be convened to oversee the recovery process. The sooner this group is assembled, the more quickly the organisation will progress towards a return to normality.
- 20.8. Recovery from an incident evolves over time, and depending on the magnitude of the incident, may take weeks, months, or in the case of the wider community, years.
- 20.9. The recovery stage will continue until any disruption has been rectified, demands on services have returned to normal levels, and the physical and psychosocial needs of those affected have been met.
- 20.10. Flexibility within the process is vital to ensure that recovery arrangements are proportionate to the nature and scale of the incident.
- 20.11. Partners who may be required to assist in the recovery phase should be notified at the earliest opportunity so that arrangements can be made.
- 20.12. The target for recovery is often seen as '*a return to normality*'. However, it should be appreciated that there may be a strategic opportunity to go beyond normality to create an improved version, both organisationally, and in the community.
- 20.13. **Debriefs**
- 20.13.1 Debriefing is an integral part of any organisation's process, and should be embedded into organisational learning and development. The process enables improvements in the way the organisation operates, and continuous development of its processes, structures and procedures. It is not about apportioning blame, but of course may identify gaps in individual knowledge or organisational systems and processes.
- 20.13.2. Debriefs should include all those who were involved in the response. Within the Surrey Heartlands CCG this will include the core Incident Response Group members (as detailed in section 13), and any other staff who have been selected to support the response, based on their specialist knowledge or skill set.
- 20.13.3. Some incidents or emergencies may require staffing for prolonged periods. During these times it is imperative that the health, safety, and welfare of staff remains a key focal point throughout the response, and that all staff follow the CCG's Health and Safety Policies and corporate procedures. Support should always be available during and after an incident. This can be arranged through line management in the first instance, via Occupational Health, or by using arrangements that have been put in place specifically in response to the incident. Debriefing will be arranged as required and in consultation with relevant agencies. Special support mechanisms may be arranged post incident.

20.13.4. The following debriefs and reports should be carried out post incident, within the timeframes set out below:

20.13.5. Hot Debrief

Takes place immediately after the incident (or period of duty if the incident is protracted).

20.13.6. Organisational (Cold) Debrief

A structured internal debrief which should take place within two weeks post incident.

20.13.7. Organisational or Multi-Agency Debrief

Should take place within one month of the incident.

20.13.8. Post Incident Reports

The post incident report should be written within 6 weeks of the incident. The report will be supported by action plans and recommendations in order to update any relevant plans, and with achievable timeframes as agreed by the AEO. In addition, if the incident warrants, a full investigation of the incident will be conducted as per the CCG's relevant policies.

20.13.9. Outcomes and highlights from debriefs will form part of a report to the Governing Body in Common.

21. Plan Review and Publication

21.1. This plan will be reviewed annually by the EPRR Team against the NHS England EPRR Core Standards, or more frequently if required in light of procedural changes or new guidance or legislation.

21.2. The plan will be published on the Surrey Heartlands CCG intranet pages and websites.

22. Training and validation

22.1. All on-call staff will be trained on this plan as part of their induction, and the plan will be made available to all staff via the intranet. Any updates to the plan will be advertised accordingly.

22.2. This Incident Management Plan will be used in all exercises to ensure validity, and to inform updates and reviews.

23. Acknowledgements

23.1. NHS Surrey Heartlands CCG would like to acknowledge the support of the Surrey County Council Emergency Management Team in helping provide materials in the interests of sharing best practice.

Appendix A – Glossary of Acronyms

AEO	Accountable Emergency Officer
BCP	Business Continuity Plan
BRF	Borough Resilience Forum
C3	Command, Communication and Coordination
C4	Command, Control, Communication and Coordination
CBRN	Chemical, Biological, Radiological and Nuclear
CCA	Civil Contingencies Act (2004)
CCG	Clinical Commissioning Group
COBR	Cabinet Office Briefing Room
COMAH	Control of Major Accident Hazards
CONOPs	Concept of Operations
COO	Chief Operating Officer
CPX	Command Post Exercise
CQC	Care Quality Commission
CRIP	Common Recognised Information Picture
CT	Counter Terrorism
DA	Devolved Administration
DHSC	Department of Health and Social Care
DPH/DsPH	Director of Public Health/Directors of Public Health
ECOSA	Emergency Coordination of Scientific Advice
EPRR	Emergency Preparedness, Resilience and Response
EPL	Emergency Preparedness/Planning Lead
EPO	Emergency Planning Officer
EP	Emergency preparedness/Emergency planning
HPT	Health Protection Team
HWB	Health and Wellbeing Board
ICC	Incident Coordination Centre
ICP	Integrated Care Partnership
ICS	Integrated Care System
IMP	Incident Management Plan
JESIP	Joint Emergency Services Interoperability Programme
JRLO	Joint Regional Liaison Officer (Military)
LA	Local Authority
LGA	Local Government Association
LHRP	Local Health Resilience Partnership
LMC	Local Medical Committee
SLRF	Surrey Local Resilience Forum
LRG	London Resilience Group
MACA	Military Aid to the Civil Authorities
MAGIC	Multi Agency Gold Incident Command
MD	Medical Director
MHCLG	Ministry of Housing, Communities and Local Government
MOU	Memorandum of Understanding
NHSD	NHS Digital
NHSE	National Health Service England (formerly the NHS Commissioning Board)
NHSI	NHS Improvement
NHSBT	NHS Blood and Transplant
NIRP	National Incident Response Plan
NRA	National Risk Assessment

NRPA	National Risk Planning Assumptions
PHE	Public Health England
SAGE	Scientific Advice to Government in Emergencies
SCC	Surrey County Council
SCG	Strategic Coordinating Group (Gold Command)
SHCCG	Surrey Heartlands CCG
SMIP	Surrey Major Incident Protocol
SITREP	Situation Report
SOP	Standard Operating Procedure
SofS	Secretary of State
SRO	Senior Responsible Officer
STAC	Scientific and Technical Advisory Cell
TCG	Tactical Coordinating Group (Silver Command)

Appendix B - Incident Response Group Meeting Template

To be chaired by an Executive Director / Strategic On-Call.

A loggist and a separate minute taker should be assigned as required.

Agenda / Actions

1. Introduction of attendees, roles and responsibilities
2. Confirm the nature and extent of an incident

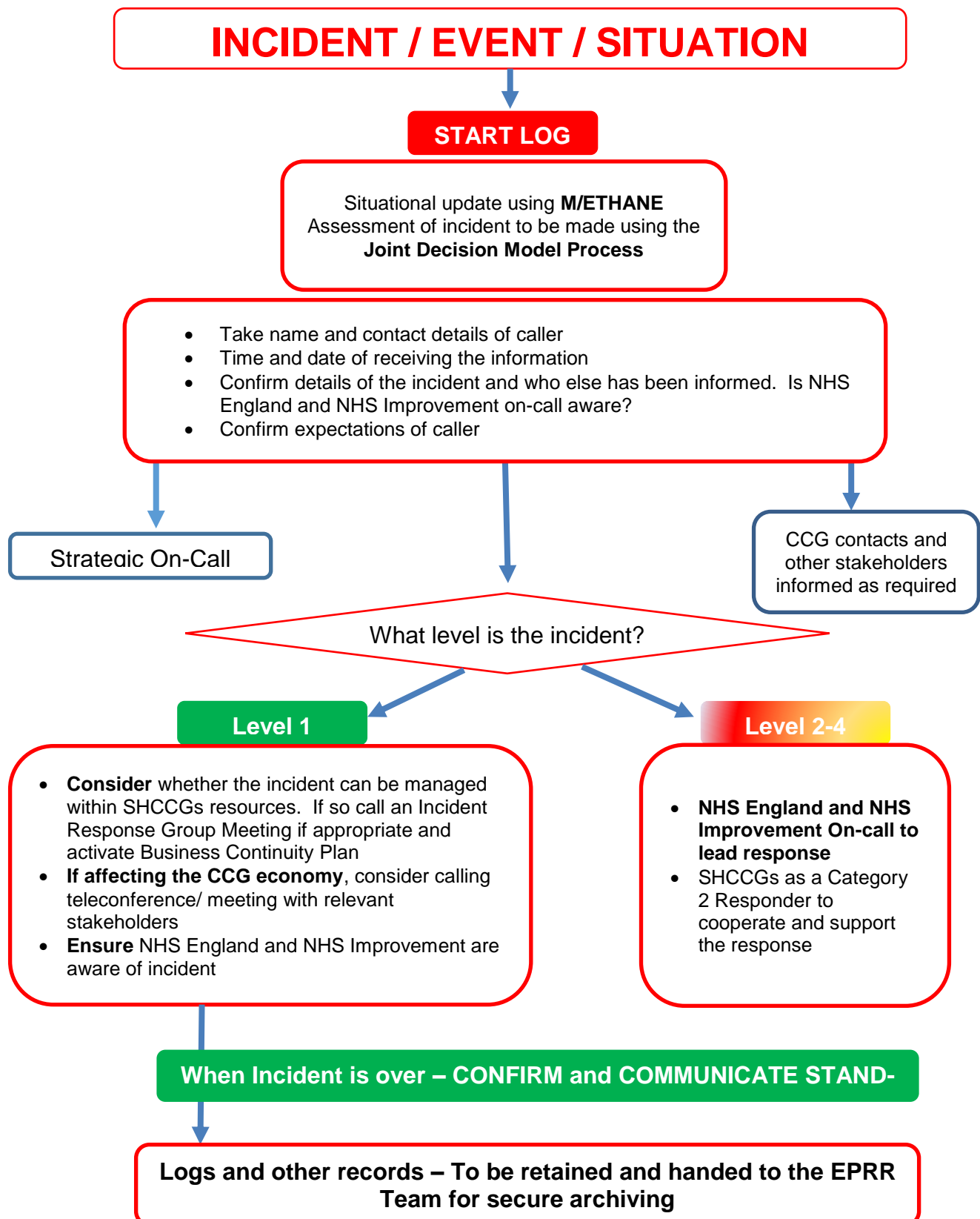
Key Questions:

- Have people been affected in any way? (Consideration to the health and safety of staff, contractors, members of the public, and patients)
 - Have there been any loss of facilities? (Resources, access to buildings etc.)
 - What is the impact if any resources have been affected?
 - Are any other services impacted?
 - Do any other plans need to be activated?
 - Who else should be informed and involved?
3. Allocate an incident alert level and review as appropriate at subsequent meetings
 4. Urgent actions and decisions required
 5. Confirm actions agreed
 6. Confirm resources required to facilitate an effective response
 7. Ensure regular communication with those involved in the incident and relevant stakeholders
 8. Ensure welfare of all staff at all times
 9. Confirm time and date of next meeting
 10. Confirm and communicate a 'stand-down' where appropriate
 11. Commission a de-brief where appropriate

If holding meeting by teleconference, consider:

- Punctuality. Participants should dial in 5 minutes before meeting starts to avoid disruption
- All participants should engage their mute button when not talking to avoid background noise
- Follow ABC – Be Accurate, Brief and Concise
- Reminder this is not a normal conference call and the call should last 15-20 mins at the most.

Appendix C – Invocation Flowchart



Appendix D - Suspicious Packages/Bomb Threat Procedure

Likely Impact:

- Serious and urgent risk to patients, service users and staff.
- Disruption to the delivery of services.

Contact Details	Office Hours	Out of Hours
NHS Surrey Heartlands CCG Switchboard	0300 561 1555	0207 788 7806

ACTIONS

1	Refer to specific Bomb Threat and Terrorist Attack Guidance on the next page.
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COMMUNICATION CONSIDERATIONS

1	If necessary Inform key partners departments of any disruption to service provision (DO NOT make any reference to the cause).
2	If disruption to the building is likely to be prolonged and it is important that system partners are aware of the disruption. Contact Surrey Heartlands communication team and request that an all staff e-mail is circulated.
3	In the event of media interest – refer them to the communications team on (insert new numbers?)

Guidance for Responding to Bomb Threat & Terrorist Attack

ACTIONS TO FOLLOW FOR BOMB THREAT BY TELEPHONE

- TELL THE CALLER WHICH ORGANISATION YOU ARE ANSWERING FROM.
- RECORD THE WORDING OF THREAT AS BEST YOU CAN IN BOX BELOW, **DO NOT INTERRUPT AND STAY CALM.**
- IF CALLER PERMITS ASK EACH QUESTION ON THE CHECKLIST BELOW.
- SWITCH ON ANY RECORDING EQUIPMENT YOU MAY HAVE I.E. ANSWER PHONE.

Wording of the Threat:

Questions to ask:-

Where exactly is the Bomb?

When is it going to explode?

What does it look like?

What will cause it to explode?

Did you place the Bomb?

Why?

What is your name?

What is your address?

Date and time of call

Time call completed

Automatic number reveal equipment?
record number shown:

What is your telephone number?

Threat

Well-spoken

Irrational

Taped

Foul

Incoherent

Message read by the threat:**ACTION FOLLOWING CALL**

- 1 **Call the Police (9) 999 DO NOT USE A MOBILE PHONE. Follow their advice.**
- 2 **Inform the most Senior Manager in the building. DO NOT USE A MOBILE PHONE.**
- 3 **Person who took the call must complete the following questions about the caller.**

Characteristics of caller

Is it a man, woman or child?

Is the caller intoxicated, rambling or irrational?

Does the caller have a distinctive accent?

Does the caller have a speech impediment?

Callers voice:

Calm

Crying

Clearing Throat

Angry

Nasal

Slurred

Excited

Stutter

Disguised

Slow

Lisp

Deep

Laughter

Familiar (if familiar, who did it sound like?)

Accent (What accent?)

Background noise

Street noises

House noises

Animal noises

Crockery

Motor

Voices

Static

PA system

Booth

Music

Office machinery

Factory machinery

Clear

Other: please specify

Name _____ Date _____

ACTIONS TO FOLLOW FOR FACE TO FACE THREAT

1. Stay calm, try to ask where, what & when questions about the device.
2. Call the Police 9(999) **DO NOT USE A MOBILE PHONE.** Follow their advice.
3. Inform the most Senior Manager on duty / Manager on Call. **DO NOT USE A MOBILE PHONE.**
4. Write down the information that was given to you by the suspect and what you said to the police.
5. Try and remember what the person looks like, including height, build, hair, eye and skin colour, posture, gait, and any identifying features like tattoos, scars, birthmarks, piercings etc. and write this down.
6. If safe to do so check information given.

ACTIONS TO FOLLOW OF RECEIPT OF A LETTER, E-MAIL OR FAX CONTAINING A BOMB THREAT

1. Call the Police 9(999) **DO NOT USE A MOBILE PHONE.**
2. Inform the most Senior Manager on duty. **DO NOT USE A MOBILE PHONE.**

FURTHER ACTIONS FOLLOWING BOMB THREAT

FOLLOW THE ADVICE OF THE POLICE. THIS MAY INCLUDE A SEARCH OF THE PREMISES OR EVACUATION.

MOST SENIOR MANAGER / CLINICIAN ON DUTY TO LIAISE WITH THE OTHER EMERGENCY SERVICES ON THEIR ARRIVAL AT THE SCENE.

Building Actions

If safe to do so, turn off the following:

- Gas & Fuel supplies.
- Air Conditioning systems.
- Ventilation Plants.

Evacuation – SILENT CASCADE

If Police request evacuation. **DO NOT SOUND ALARM.**

Use the same principles as a fire i.e. Fire Wardens to don high visibility jackets, signing in sheets and roll call to be acted upon once all have vacated the building, and follow the guidelines below:

1. If whereabouts of device established evacuate staff away from these areas.
2. Contact Fire Wardens to verbally inform all building occupants of alert and perform silent, controlled evacuation of staff using closest escape routes avoiding affected area.
3. Assemble at safest location (at least 200 metres distance away) or as advised at the time of evacuation by the Police or Fire service.

In the event that an external evacuation is not advised, it may be necessary to move all occupants to a place of safety within the building and prevent further access/exit – To be assessed at the time of emergency.

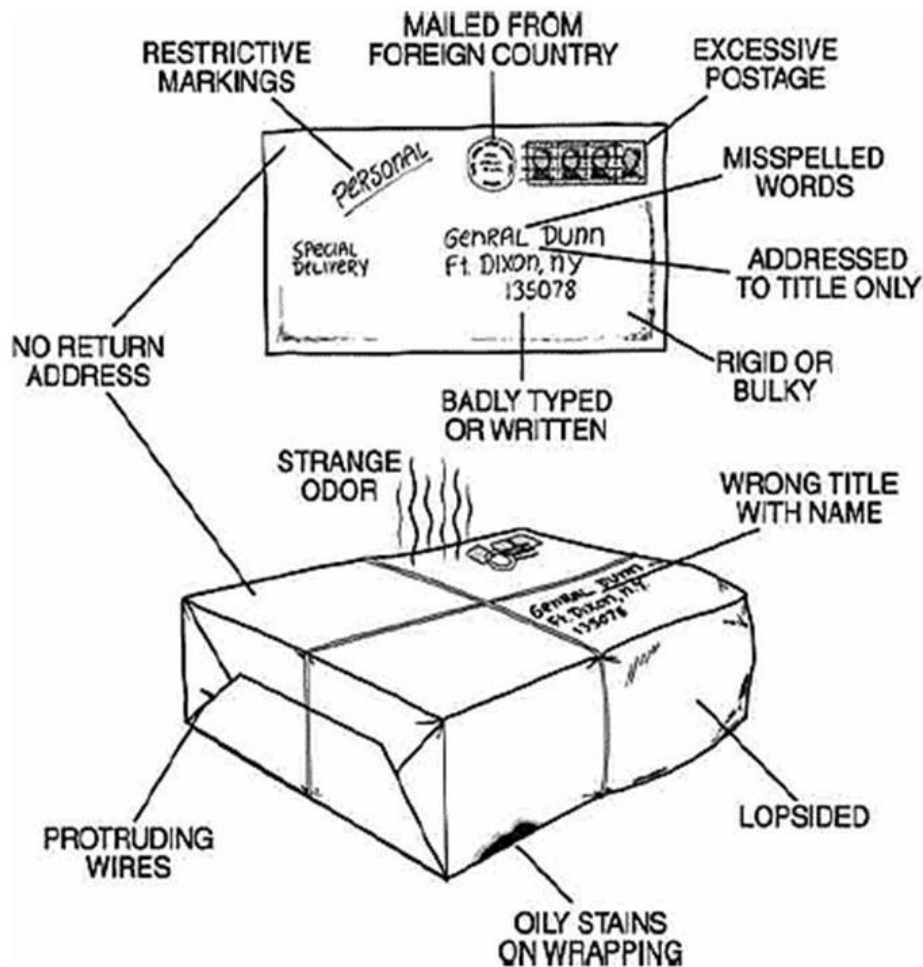
Lock down:

If a Lock Down is required to secure the building from an external hazard:

1. Lock all entrances and exits to the building.
2. Contact Fire Wardens and start silent cascade.
3. Fire wardens and/or delegated personnel to perform controlled move of all occupants to a structurally sound area, away from glazing and furthest away from bomb location.
4. Close all doors and windows.
5. Switch off all systems that may draw air into the building.

ACTIONS FOLLOWING RECEIPT OF A SUSPICIOUS PACKAGE WHICH HAS NOT BEEN NOT OPENED

24. SUSPICIOUS PACKAGES: THINGS TO LOOK OUT FOR



IF YOU SUSPECT A PACKAGE & IT IS UNOPENED

1. **DO NOT TOUCH!**
2. **DO NOT USE MOBILE PHONES**
3. Leave a distinctive marker near device.
4. **Evacuate** the room and floor, corridors and adjacent rooms along and up to the upper level above and lower level below site.
5. **If suspect package contaminated** by a suspicious substance (e.g. chemical or a powder), isolate affected personnel away from other people in a safe area. **Reassure them that help is on its way.**
6. **Call Police on (9)999 by landline not by mobile phone. Follow their advice.**
7. Inform the most senior manager on duty / Tactical On-Call.
8. **If staff in contact with package start to display symptoms** (runny nose, streaming eyes, cough, skin irritation) ensure the **Police** are told this. If necessary call **(9)999** and ask for **Ambulance**. Tell the **Ambulance Service** what has happened. **Follow their advice**

9. Most senior manager on site to liaise with the emergency services on their arrival at the scene.

ACTIONS FOLLOWING RECEIPT OF SUSPICIOUS PACKAGES WHICH HAS BEEN OPENED

FOR OPENED PACKAGES WHICH CONTAIN SUSPICIOUS MATERIALS

1. **Call the Police on (9) 999 by LANDLINE NOT BY MOBILE PHONE. Follow their advice.**
2. **Inform** the appropriate Site Manager or another Senior Manager if the Site Manager is unavailable. The Site Manager will ensure that a member of the ICS Executive team is informed.
3. **Do not** try to **Clean up** the substance.
4. **Cover** the spilled contents immediately with anything (e.g. clothing, paper, bin) and do not remove this cover.
5. Anyone exposed to / or contaminated by the suspicious should move away from the package / material. **But Must Not** leave the area and must remain isolated from other people. **Reassure them that help is on its way.**
6. **They should not** brush their clothes down.
7. **Instruct** those exposed to remove their outer clothing.
8. If available, they should wipe themselves over with paper towels and or wet wipes.
9. Evacuate all other people from the area and **Close** any door, or section off the area to prevent others from entering.
10. Switch off air conditioning / air handling systems.
11. **If staff in contact with package / substances start to display symptoms** (runny nose, streaming eyes, cough, skin irritation) **ensure the Police** are told this. **If necessary call (9)999 by landline not by mobile** and ask for **Ambulance**. Tell the Ambulance Service what has happened. Follow their advice.
12. Most senior manager / clinician on duty to liaise with the Ambulance Service and other emergency services on their arrival at the scene.