NHS
Staffordshire and Stoke-on-Trent
Integrated Care Board

Incident Response Plan (IRP)

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*NB this plan remains a working draft pending release of the NHS England EPRR Framework (2022) detailing the requirements of ICBs in an incident, however this document should be used in an incident as best practice framework based on current guidelines

In an incident, turn to page 3

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Document History

CONSULTATION SCHEDULE		
Name and Title of Individual	**Groups consulted**	**Date Consulted**
Katie Weston (EPRR Manager) and Jane Moore (SRO for EPRR)	Staffordshire CCGs Executive Management Team	25 May 2022
Katie Weston (EPRR Manager)	Trust EPRR Leads	26 May 2022
Katie Weston (EPRR Manager)	NHS England Midlands Deputy Head of EPRR	27 May 2022

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Staffordshire and Stoke-on-Trent Integrated Care Board

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Incident Response Plan

Contents

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 to an outbreak of an infectious disease, or a major transport incident. The Civil Contingencies Act 2004 (CCA) and the NHS Act 2006 as amended by the Health and Social Care Act 2012 (NHS Act 2006 as amended) requires NHS England, NHS organisations and providers of NHS funded care to demonstrate that they can deal with such incidents while maintaining services to patients. This programme of work is referred to in the health community as emergency preparedness, resilience, and response (EPRR).

During times of pressure and in response to incidents and emergencies, NHS organisations require a mechanism to operate enhanced leadership and decision making in a structured manner. This structure provides a clear leadership pathway with accountable decision making that relies on an accurate and timely shared understanding of the situation. The structured approach to leadership under pressure is commonly known as 'command, control and coordination' (C3).

The Integrated Care Board Incident Response Plan (IRP) is the overarching plan that details how the Integrated Care System prepares for, responds to, and recovers to any health-related incident or emergency. It is intended for use by the Executive Team, On-Call Managers, and Operational Teams, to provide a coordinated, effective, and resilient response to an incident.

The IRP sets out the principles of integrated emergency management in the preparation for and response to incidents, to fulfil the requirements as a category one responder under the Civil Contingencies Act (2004) and EPRR Framework (2015). It aims to provide confidence through effective oversight, direction, and coordination of the local NHS system to enable it to provide a resilient response to incidents and emergencies that could have an impact on the NHS. It recognises that the NHS follows the principles of subsidiarity in that the management of an incident should be at the level closest to the people affected by the incident as is reasonably practical.

It is important that all relevant officers of organisations in the Integrated Care System and the Local Resilience Forums (LRFs) are aware that the plan exists and understand fully their contribution to the implementation of the plan.

Aim

The aim of this plan is the set out how Staffordshire and Stoke-on-Trent Integrated Care Board will support the NHS England Regional Operations Centre and the Integrated Care System, to mobilise, and where necessary coordinate the local NHS in the event of an emergency or major incident.

Objectives

The objectives of this plan are to:

- Set out roles and responsibilities
- Define a major/ critical incident and outline the types of emergency that the local NHS might be expected to respond to

- Identify the potential hazards faced locally
- Outline the command, control, and co-ordination arrangements both internally within in the local NHS and in the multi-agency context by identifying stakeholders and operational plans, including the decision-making process
- Establish a framework within which the ICB roles and responsibilities can be fulfilled during the response to a Major/ Significant incident
- Identify the arrangements for communicating information to staff, patients and stakeholders both prior to, during and after an incident
- Outline the process for recovery from an incident

Legal Framework

The Civil Contingencies Act 2004 (CCA) establishes a statutory framework of roles and responsibilities for local responders. The CCA is supported by Regulations (The CCA 2004 (Contingency Planning) Regulations) and statutory guidance (Emergency Preparedness). Responsibilities of service providers are set out in section 46 (9, 10) of the Health and Social Care Act 2012, and in the NHS England Core Standards for EPRR.

The Civil Contingencies Act (2004) (CCA) sets out the civil protection duties, roles, and responsibilities for local responders. The CCA is supported by several legislative and guidance documents, including the NHS England Emergency Preparedness, Resilience and Response (EPRR) Framework which requires NHS organisations and providers of NHS-funded care to have plans and arrangements in place to respond to such incidents while maintaining services to patients.

Under the CCA, the Staffordshire and Stoke-on-Trent Integrated Care Board ICB is defined as a Category 1 Responder and therefore have a statutory obligation to deliver the following civil protection duties:

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

In addition to meeting legislative duties, the ICB is required to comply with guidance and framework documents, including but not limited to:

- NHS England Emergency Preparedness, Response and Resilience Framework
- NHS England Core Standards for Emergency Preparedness, Response and Resilience
- NHS England Business Continuity Framework

Key Terms and Definitions

Emergency

Under Section 1 of the CCA 2004 an "emergency" is defined as follows, and is concerned with consequences rather than the cause or source:

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

For the purposes of this definition, an event or situation threatens damage to human welfare only if it involves causes or may cause:

- Loss of life
- Human illness or injury
- Homelessness
- Damage to property
- Disruption of a supply of money, food, water, energy or fuel
- Disruption of a system of communication
- Disruption of facilities for transport
- Disruption of services relating to health

Incident types

For the NHS, incidents are classed as either:

- Business Continuity Incident
- Critical Incident
- Major Incident

Each will impact upon service delivery within the NHS, may undermine public confidence and require contingency plans to be implemented. Organisations should be confident of the severity of any incident that may warrant a major incident declaration, particularly where this may be due to internal capacity pressures, if a critical incident has not been raised previously through the appropriate local escalation procedure.

The NHS is accustomed to normal fluctuations in daily demand for services. Whilst at times this may lead to facilities being fully stretched, such fluctuations are managed without activation of special measures by means of established management procedures and escalation policies. It therefore follows that a major/ critical incident is any event where the impact cannot be handled within routine service arrangements.

What is a major incident to the NHS may not be a major incident for other responding agencies. The NHS can therefore declare a major incident when its own facilities and/or resources or those of partner organisations are overwhelmed.

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.

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.

A Critical Incident is principally an internal escalation response to increased system pressures/ disruption to services that are or will have a detrimental impact on the organisation's ability to deliver safe patient care.

Major Incident (NHS Specific – EPRR Framework 2015):

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.

Generic Major Incident (Civil Contingencies Secretariat (recognised on multi-agency level)):

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

Types of Notifications

The following list provides commonly used classifications of types of incidents. This list is not exhaustive and other classifications may be used as appropriate. The nature and scale of an incident will determine the appropriate Incident Level.

	Examples
Business continuity / internal incidents	Fire, breakdown of utilities, significant equipment failure, hospital acquired infections, violent crime
Big bang	A sudden incident, such as a serious road traffic incident, explosion, or series of smaller incidents
Rising tide	A developing infectious disease epidemic, or capacity/staffing crisis or industrial action, or forecast of severe weather
Cloud on the horizon	A serious threat such as a significant chemical or nuclear release developing elsewhere, needing preparatory actions

Headline news	Public or media alarm about an impending situation, reputation management issues
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
Hazardous materials (HAZMAT)	Accidental incident involving hazardous materials
Cyber attacks	Attacks on systems to cause disruption and reputational and financial damage. Attacks may be on infrastructure or data confidentiality
Mass casualties	Typically events with casualties in the 100s where the normal major incident response must be augmented with extraordinary measures
Pre-planned major Events	Major events that require planning, such as sports fixtures, mass gathering of people, demonstrations etc.

NHS England Incident Levels

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

All actions that are, or would be undertaken at lower alert levels will need to be maintained in addition to any actions arising from a higher alert level. For example, an incident identified as Level 3 will require all actions identified at Level 1, 2 and 3 to be maintained.

Local Health Economy Command and Control (Level 1 and 2)

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

NHS England Regional Command and Control (Level 3)

NHS England regions provide leadership across a geographical area. If a response requires a wider NHS or multi-agency response then the respective regional team will provide command, control, and coordination for the NHS.

Responses at Alert Level 3 will require the NHSE Midlands regional office to take command, control, and coordination of the NHS across their region. Tactical command will remain with local responding organisations, as appropriate.

NHS England National Command and Control (Level 4)

Responses at Alert Level 4 will require national NHS England command, control, and coordination of the NHS across England. Tactical command will remain with local responding organisations, as appropriate.

For responses at Level 4, and in certain situations such as pandemic influenza, national fuel shortage or extensive extreme weather events, NHS England (national) may take command of all NHS resources across England. In this situation direction from the national team will be actioned through the regional teams.

Risk Profile

The potential hazards that may affect communities have been identified, assessed, and ranked according to severity of potential impact and the likelihood of occurrence; this is known as the Community Risk Register and can be found on the Staffordshire Prepared website at www.staffordshireprepared.gov.uk.

The Community Risk Register considers national and regional hazard assessments mirroring the National Security and Risk Assessment which the multi-agency Risk Assessment Working Group (RAWG) reviews the Risk Register on a quarterly basis. The EPRR Manager represents the ICB and LHE and feedback to the local NHS from the RAWG via the Health Emergency Planning Officer Meetings.

SSOT ICB have reviewed the Community Risk Register which identifies the risks which relate to the organisation and the mitigating factors.

This plan is designed as an ‘all risks’ generic plan to support the mobilisation and coordination of local NHS resources on behalf NHS England in the event of an incident requiring activation.

2. Roles and Responsibilities

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

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

It is important that all strategic, tactical, and operational staff of the Integrated Care System understand this plan and are aware of their specific roles and responsibilities.

3. Triggers, Alerting and Activation

For the NHS to respond to a wide range of incidents that could affect health or patient care, the appropriate alerting and escalation processes need to be in place to inform those responsible for coordinating the applicable response.

Initial alerting

While incidents are often triggered by 'big bang' events where alerts are usually cascaded via ambulance services, there are other circumstances where an incident occurs and the ambulance service may not be the alerting mechanism, e.g., infectious disease outbreak.

In such circumstance, the incident communication cascade will be via the ICB silver on-call manager who will alert system partners / providers, and escalate to NHS England Midlands ROC.

Triggers

This plan can be triggered in several ways to a potential or actual incident:

- In response to internal pressure within the NHS (an internal decision) in response to a local incident
- External alert that a multi-agency Tactical Coordinating Group is being convened, and / or
- External alert that a Strategic Coordinating Group is being convened
- External alert that an agency has called a major/ critical incident "Stand By"
- External alert that a major / critical incident has been "Declared"/"Implemented"
- Internal alert that a business continuity incident has occurred affecting:
    - ICB / ICS staff
    - ICB / ICS property
    - Staffordshire Health Informatics Services (SSHIS)
    - ICS / ICB Providers

Alerting Process

Internal alerts will usually be routed via Directors on-call from provider organisations.

The ICB on-call will be the single point of contact for the NHS Provider Services in the event of a major incident stand-by or a major incident being declared within Staffordshire and Stoke on Trent. Multi-agency and external alerts are most likely to come via the Civil Contingencies Unit, and will include any incident triggering the establishment C3 structures.

Standard Alerting

The following terms may be used to determine the status of major incident response:

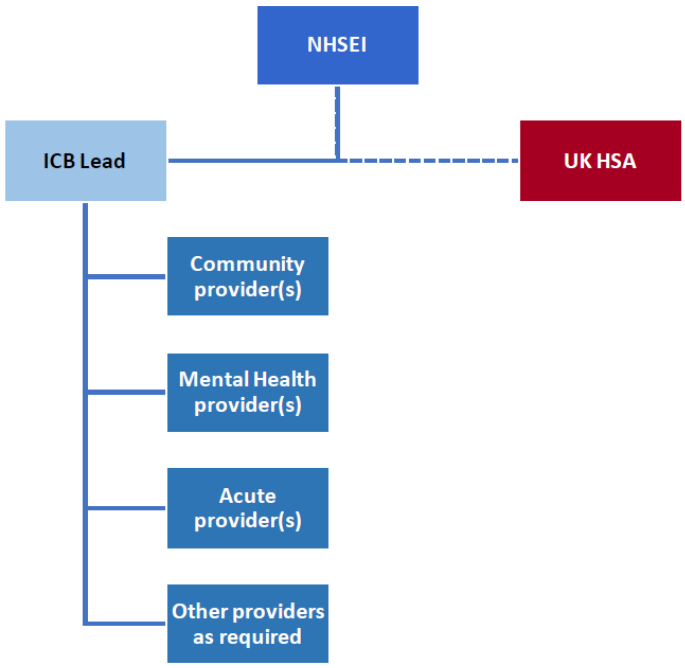
Major Incident Standby	This alerts the NHS that a major incident may need to be declared. It is likely to involve NHS organisations making preparatory arrangements appropriate to the incident
Major Incident Declared	This alerts NHS organisations that they need to activate their plan and mobilise additional 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

Internal staff alerting

Flowchart in development with communications team.

Alerting external agencies

The ICB on-call Manager will be responsible for ensuring internal staff; provider organisations and the NHS England Midlands EPRR First On-Call are alerted in line with the action card (annex E).



4. Activation

N.B this section is in development pending the release of the NHS England EPRR Framework

To include:

- Action on receipt of an alert from an NHS Provider
- Action on receipt of an alert – external incident
- Activation of the IMT and ICC

5. Operation

Incident coordination is the function that brings together organisations and resources to ensure effective response to and recovery from incidents. The coordination function can be conducted by a person or a team.

Incident Management Team

The primary function of the Incident Management Team is to collate information regarding the operational/tactical response across the local NHS, gather intelligence from wider sources relating to the incident and ensure the efficient flow of information between the chain of command and partner agencies.

Incident Control Centre

The ICC supports the Incident Management Team (IMT) to provide an enhanced level of operational support, and is effectiveness and efficiency is best delivered through a formal structure to provide unity of effort, accountability, and clearly defined roles and responsibilities.

Arrangements will be flexible and scalable, and are outlined within the SSOT ICB ICC Standard Operating Procedure.

The ICC will be established either in person or virtually as required and will be supported by other relevant personnel redeployed from within the organisation. The ICC acts as a focal point for all liaison with NHS and partner agencies regarding the incident, and will feed information into the Health Economy Tactical Coordination Group.

Tasks carried out by the ICC include:

- **Coordination** of skills and resources
- **Policy making** to support decisions
- **Operations** management to meet the demands of the incident
- **Information gathering** to establish a shared situational awareness across all aspects of the NHS response
- **Dispersing public information** through established communications plans and strategies

A physical primary ICC can be established at Stafford Hub, New Beacon Group, Stafford Education and Enterprise Park, Weston Road, Stafford, ST18 0BF. Details on the activation and establishment of this are located at annex G.

Should the primary ICC become unavailable (e.g. through denial of access or loss of building), an ICC will be established virtually to coordinate response. Should a physical secondary ICC be needed, this is listed at annex G.

ICC equipment will be tested every three months to ensure functionality.

Situational Awareness

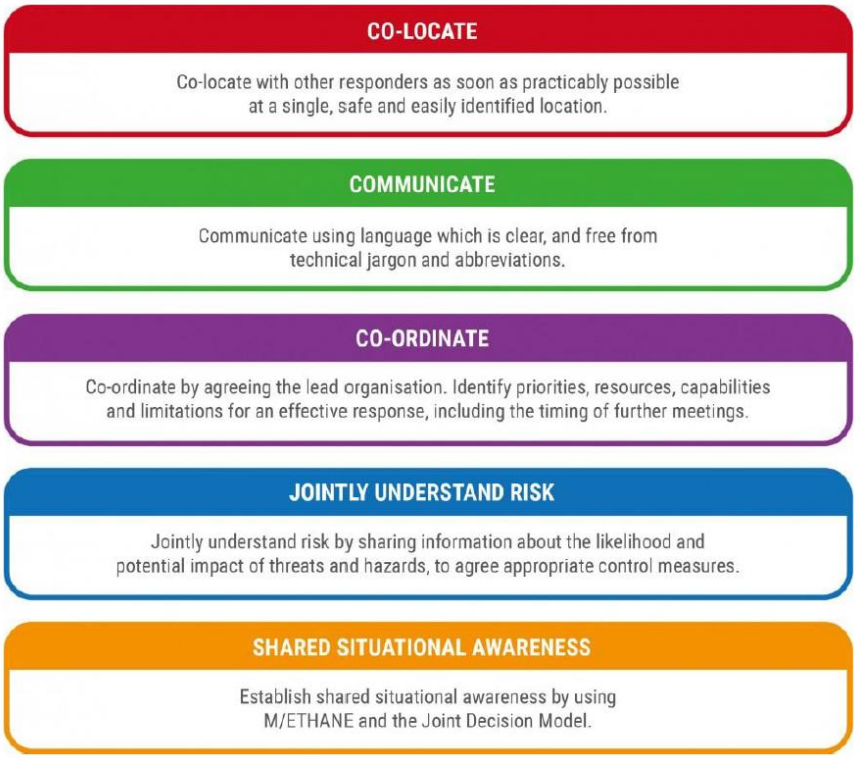
As an on-call Manager, to understand an incident and it's actual or perceived impacts and threats, it is important to make time to obtain a good situational awareness, utilise tools such as the JESIP joint decision model (below), METHANE briefing (annex A), SBAR briefing (annex K), IIMARCH forms (annex J) and situation reports (annex L).

Decision makers can only manage a small number of spans of control (e.g., decision points or themes) and it is important to recognise where additional resource may be needed to support, either through delegation of tasks, or subject matter expert input.

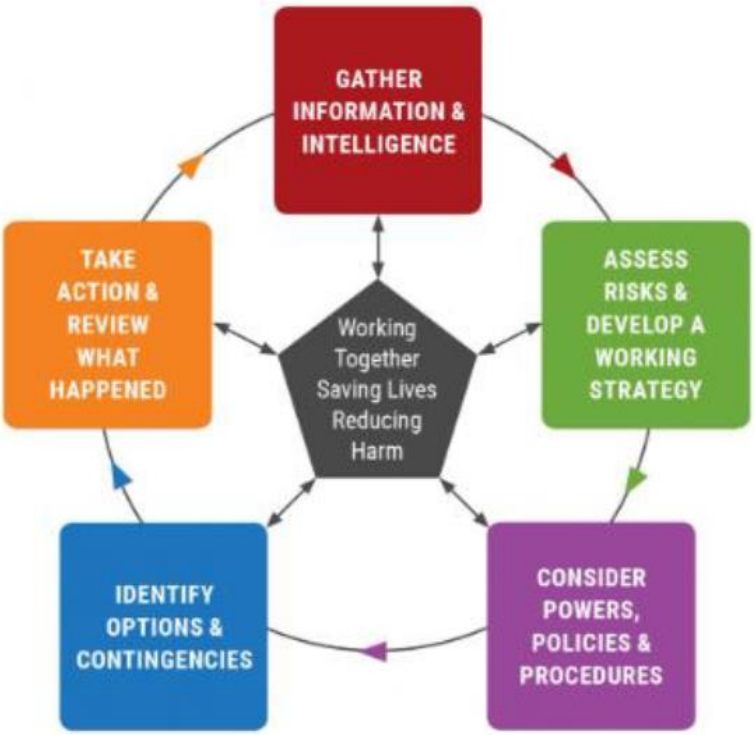
Communication is key to enable all responders to build situational awareness and gather all parts of the jigsaw to effectively manage the situation and impacts.

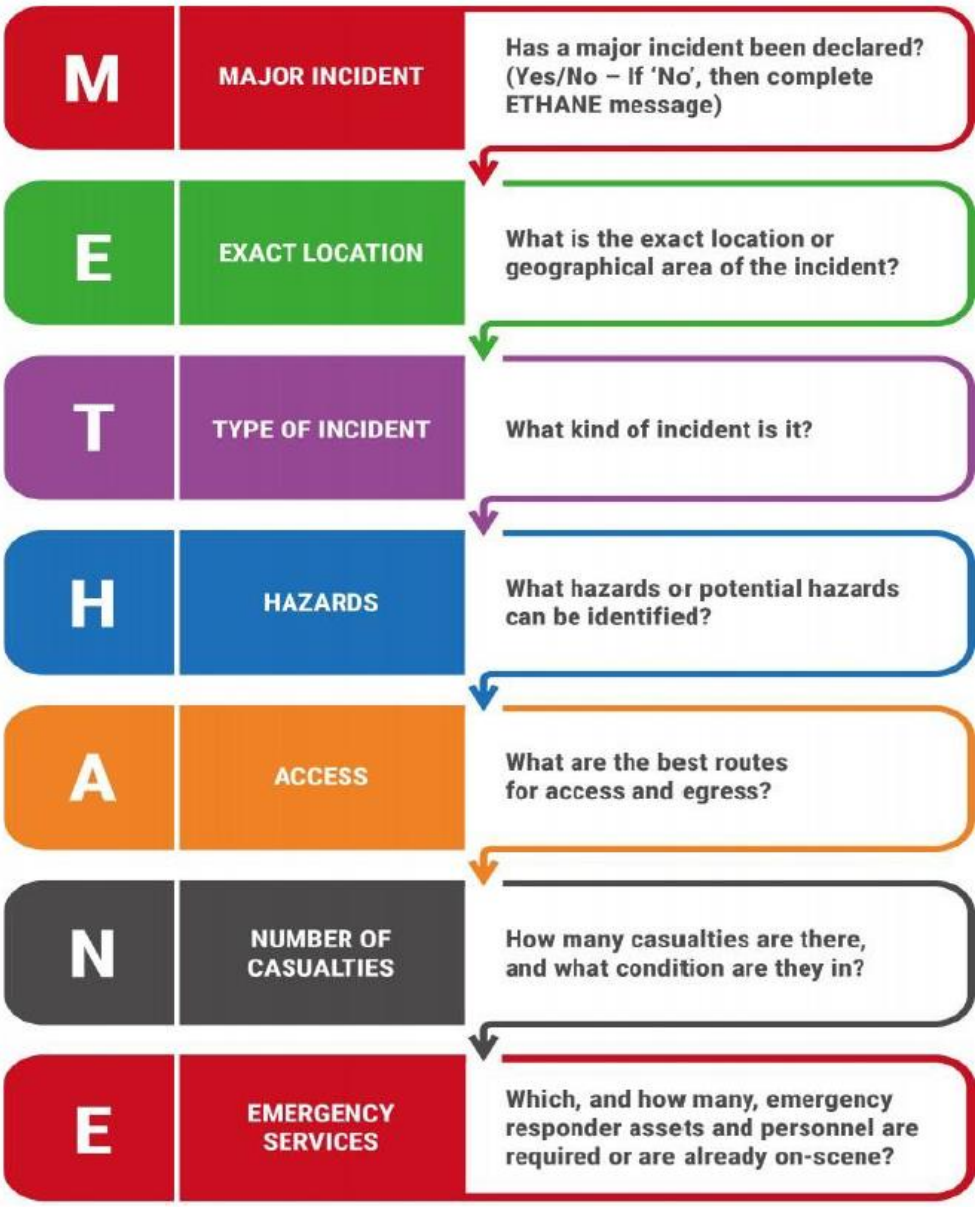
JESIP

The Joint Emergency Services Interoperability Principles have become standard for interoperability in the UK and establishes a consistent and joined-up approach to multi-agency working when responding to an incident. The principles are applicable to any type of incident and provide a best practice basis on decision making through the JESIP principles.



Joint Decision Model





Defensible decision making

Records and logs must be able to demonstrate the decision maker made reasonable decisions at the time with the information they had available to them.

To do this, all information available should be evaluated and recorded, and demonstrate that all reasonable steps have been followed to act on information using available policies, procedures and assessment methods.

Logs should include the rationale for decisions made, or not made, including options discounted, and agreement and justification in the room of decisions.

Record Management

Comprehensive records management is an essential part of response to an incident to ensure records and data can be captured and stored in a secure manner. Responders may be requested to justify their decisions and so these records become the definitive record of decisions, actions and their rationale, made during the response and may be required at a later date to support an inquiry process (judicial, technical, inquest or others). Records will also be utilised as part of the lessons identified process to identify areas for improvement.

The Incident Director is formally responsible for signing off the decision log for the incident.

Best practice indicates records relating to incidents should be stored for 25 years, in a secure and fire / waterproof archive. These will be stored at (pending agreement). The EPRR Team are responsible for the storing of the decision log, all briefing papers and documents.

Information Governance handbook and policies and information sharing policies are applicable and emergency information sharing protocols are to be followed.

Logs taken as by loggists within multi-agency coordinating groups (TCG / SCG) will be managed by these groups via the Civil Contingencies Unit.

Shift arrangements

In the initial phases of an incident, or in the case of a significant or major incident with substantial impacts on the population and health services, it may be necessary to operate the Incident Management Team and Incident Control Centre over extended hours of operation or potentially 24/7.

Responsibility for deciding on the scale of internal response required will sit with the Incident Director in liaison with the AEO and Chief Operating Officer, and on advice from the EPRR Team. Arrangements will depend on the nature of the incident and must account for any external groups and meetings established, ensuring appropriate level staff are assigned to their respective response roles.

A flexible shift system will need to be established to ensure continuous or extended operation, with the wellbeing and resting of staff paramount to the establishment of this.

A handover/takeover is required at the beginning and end of each shift. There are templates to assist with the handover/takeover process contained within the Staffordshire Prepared Strategic Leaders' and Tactical Leaders' Guide

Handovers

Handovers will take place at scheduled intervals to relieve personnel who have been engaged in incident response for extended periods. The aim is to relay information and situational awareness in a structured way, highlighting urgent or outstanding issues, and ensuring logs are complete and in a position to handover.

Transfer of command may step outside of scheduled handovers in instances where:

- It is necessary for effectiveness

- The incident complexity changes
- Executive Management Team directs a change
- Personal emergencies occur

A handover checklist is contained within the annexes, and should contain an outline of organisations involved, services or patients impacted, issue stated, any action or decisions taken and the rationale for this, and any further action requiring follow-up.

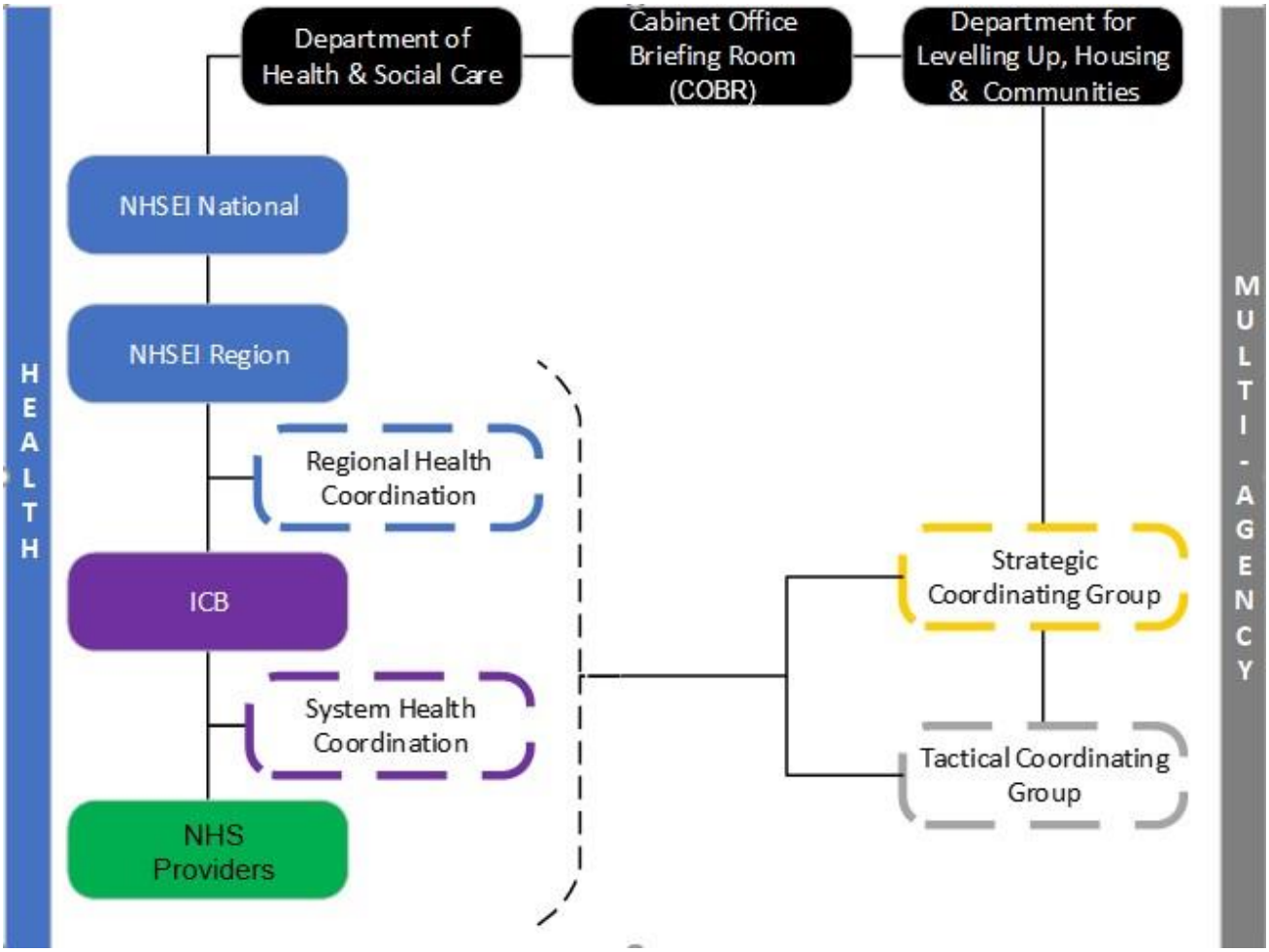
Staff wellbeing

Incident Directors must be aware of the potential for stress and fatigue which may have an impact upon decision-making and performance.

As outlined above, shift arrangements and rest breaks are vital to incidents, especially where protracted, and as highlighted during the response to Coronavirus, it is important to enable staff to take rest and leave to support wellbeing, health, and continued ability and engagement in response. Effective arrangements should be established as part of response to minimise potential impacts, e.g., signposting to mental health first aiders, accessing HR and wellbeing support, ensuring staff have an avenue to discuss and decompress.

6. Command, Control, and Coordination (C3)

The management of emergency response and recovery is undertaken at one or more of three ascending levels: Operational, Tactical and Strategic. Not all of these command levels are activated, and will depend on the scale and complexity of the incident response, and associated multi-agency C3 structures.



Concepts of command, control, and coordination

Command – operates vertically within the management structure. Command is the exercise of vested authority that is associated with a role or rank within an organisation, to give direction to achieve defined objectives

Control – operates horizontally across an organisation and is the application of authority, combined with the capability to manage resources, to achieve defined objectives

Coordination – supports incident control through accessing resources and assets. It is the integration of multi-agency efforts and available capabilities, to achieve defined objectives. This is exercises through control arrangements, and requires that command of an organisations' personnel and assets is appropriately exercises

Operational (bronze) level response

Refers to the responders who provide the 'hands on' response to the incident, carrying out specific operational tasks at the scene or a supporting location (e.g., a hospital setting).

Individual organisations retain command authority over their own resources and personnel, but each organisation must liaise and coordinate with all other organisations involved, ensuring a coherent and integrated effort. This may require the temporary transfer of personnel or assets under the control of another organisation.

These arrangements will usually be able to deal with most events or situations but if greater planning, coordination, or resources are required an additional tier of management may be necessary.

Tactical (silver) level response

The purpose of the tactical level is to ensure that the actions taken by the operational level are coordinated, coherent and integrated to achieve maximum effectiveness, efficiency and desired outcomes.

Refers to the responders in charge of managing the incident on behalf of their organisation. This includes making tactical decisions, determining priorities for allocating available resources, obtain additional resources if required, assess significant risks, and use this to inform tasking of operational staff, and developing a tactical plan to implement the agreed strategy, in a directed and coordinated manner.

The Tactical Co-ordinating Group (TCG) will be convened to determine the tactical response to a incident through examination of the circumstances prevailing, identifying priorities and making tactical decisions. The SCG will provide strategic aims and objectives for the TCG to meet. The TCG will take place at Staffordshire Police HQ, Weston Road and will be chaired by the Lead Responder. The NHS tactical commander at the TCG will be identified and agreed by NHSE and the ICB. The commander will ensure all NHS providers are coordinated through a Health Economy TCG.

Where it becomes clear that resources, expertise, or coordination are required beyond the capacity of the tactical level it may be necessary to invoke the strategic level of management to take overall command and set the strategic direction.

This role will be undertaken by a Silver On-Call Manager, formed of an Urgent Care team lead in office hours, or a Deputy Director out of hours on an agreed rota basis.

Strategic (gold) level response

The purpose of the strategic level is to consider the incident in its wider context; determine longer-term and wider impacts and risks with strategic implications; define and communicate 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.

The overarching aim of the strategic lead role is to protect life, property, and the environment by setting the policy, strategy and the overall response framework for the incident and for both the tactical and operational levels to act on and implement. Strategic leads should jointly agree the response strategy with internal and external representatives.

In complex, large-scale incidents, there is a need to co-ordinate and integrate the strategic, tactical, and operational response of each responder. The Strategic Coordinating Group (SCG) will be chaired by the Lead Responder and will meet at Staffordshire Police HQ, Stafford, although alternative locations may be chosen by CCU. The ICS and local health economy will be represented by the NHS England Midlands Director on-call.

The SCG does not have collective authority to issue commands to individual responder agencies. Organisations will retain their own command authority, defined responsibilities, and will exercise control of their own operations. The NHS strategic commander at the SCG will be identified and agreed by NHS England in consultation with the ICB, and will be empowered to make executive decisions on behalf of the NHS.

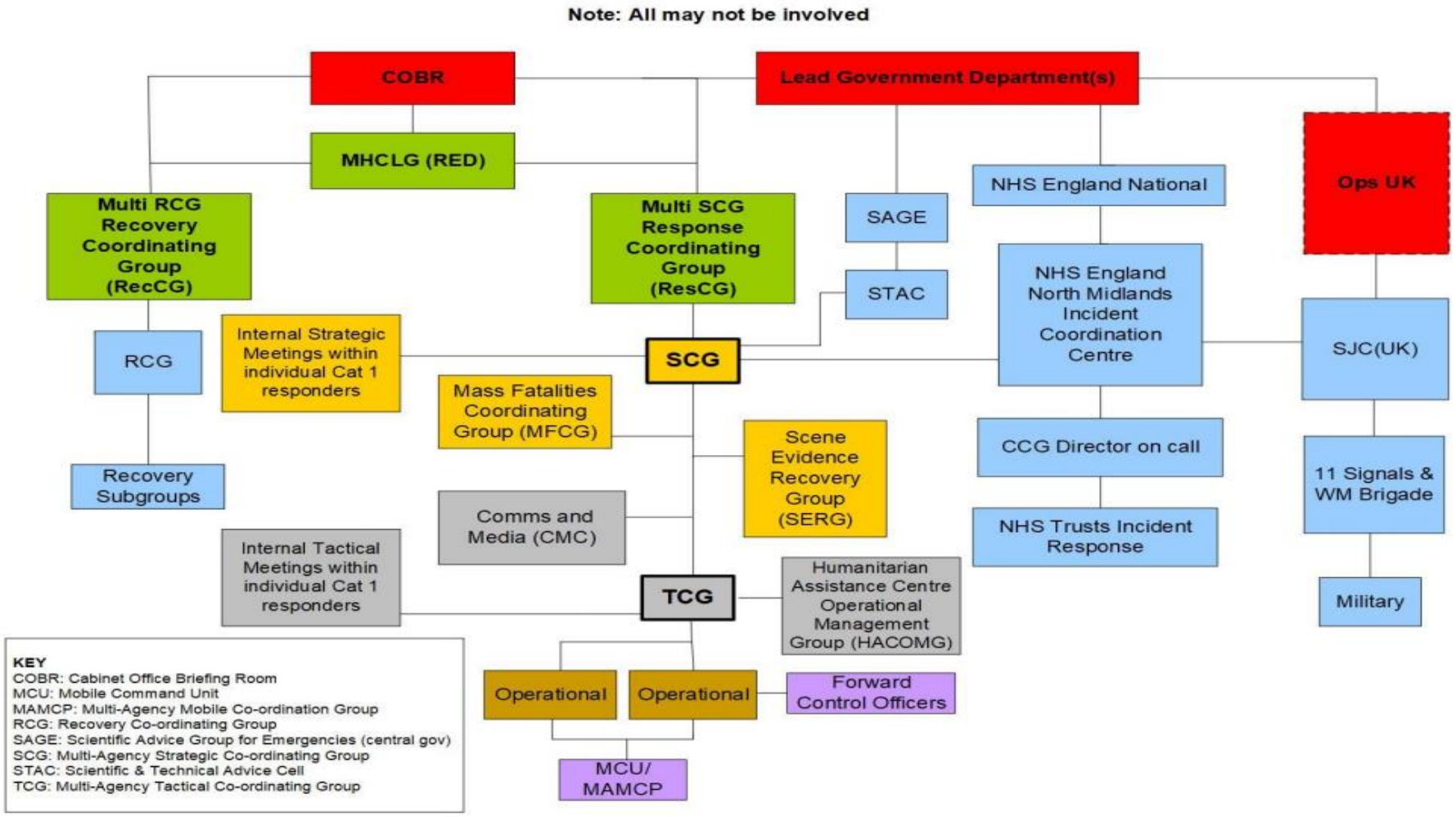
Within the ICB, this role will be undertaken by a Gold On-Call Manager or a trained member of the Executive Team, or AEO.

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.

On-Call Staff

NHS Organisations are responsible for ensuring appropriate leadership during incidents and emergencies at any time of day or night. To ensure an appropriate strategic representative is available to make strategic decisions, an on-call system is in place as outlined in the EPRR Policy, outlining training staff to support this.

Multi-agency structure



Communication

Effective communication is an essential part of incident response to ensure patients, staff and the public are well informed, promoting and retaining confidence in the organisation's ability to manage the situation.

To achieve this, specific audiences, appropriate communication tools and messages should be utilised.

Internal

Effective communication with staff about an incident supports them to know what is expected of them, and minimises disruption across the organisation. Information should be timely, reliable, accurate and easy to understand.

External

An incident is likely to generate media interest and with the changing media approaches to social media platforms, information about incidents is readily available and coverage can evolve faster than experienced in previous years. Management of information to the public and media is crucial to manage speculation and information which may mislead communities. In a multi-agency and / or critical / major incident, it is important messages are joined up and the ICB will therefore link with any communications and media cell established.

A communications strategy can be found at annex x.

Contact details of key staff internally, and external contacts for provider ICCs can be found in the on-call handbook.

7. Escalation and De-Escalation

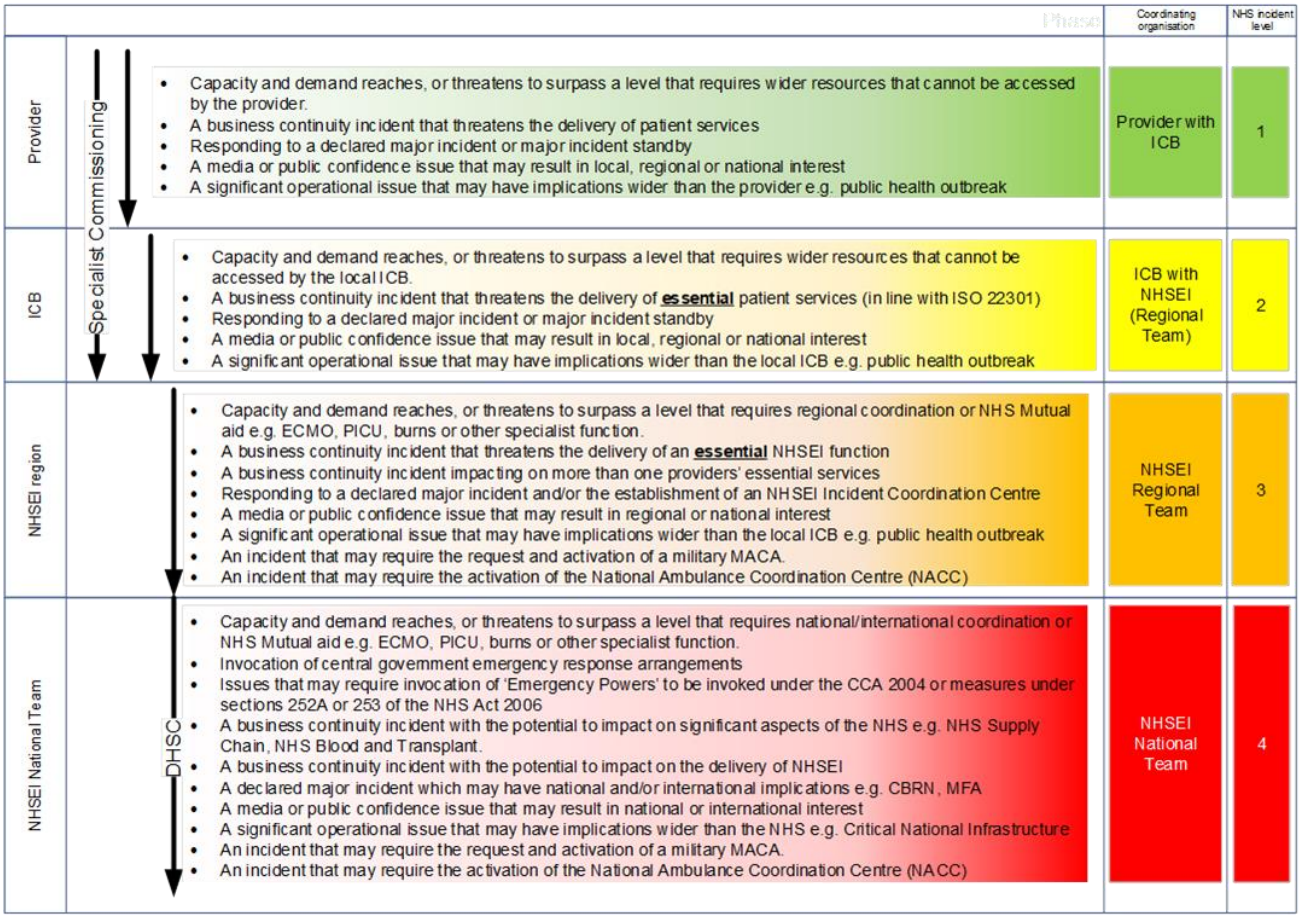
Escalation or de-escalation of the incident does not necessarily occur sequentially. It can be driven by the nature and scale of the incident and the appropriate response.

Reasons for escalation / de-escalation can include:

Criteria for Escalation	Criteria for De-Escalation
• Increase in geographic area or population affected (pandemic, flooding etc.) • The need for additional internal resources • Increased severity of the incident • Increased demands from Government departments, service use, or from partner agencies or other responders • Heightened public or media interest	• Reduction in internal resource requirements • Reduced severity of the incident • Reduced demands from partner agencies or government departments • Reduced public or media interest • Decrease in geographic area or population affected

Changes in incident level into level 1 and from level 1 to 2 will be authorised by the Incident Director within the ICB. Discussions will be held with NHS England Midlands Region Operations Centre Incident Director for escalation to level 3, or when declared a level 3 or 4 incident by regional and / or national teams.

Escalation and De-Escalation of NHS Incident Levels



Recovery

Recovery is an important part of response to ensure the restoration of services, and ongoing support to affected communities, providers, place, environment, and staff.

Recovery requires a coordinated approach from the organisation in collaboration with appropriate multi-agency partners depending upon the nature, scale, and duration of the incident.

The Staffordshire Prepared Recovery Plan outlines specific roles in more detail, and should be referenced by the Gold and Silver On-Call Managers when scoping recovery requirements and / or attending a recovery coordinating group (RCG).

The recovery phase should begin at the earliest and most appropriate point following notification of an incident, and it may be appropriate for this to run in parallel to consider the strategy direction and impacts of decision-making during response. The recovery phase ends once the impacts are rectified, demands on services have subsided to normal levels, and the physical and psychosocial needs of those involved are met.

It is likely the recovery phase will continue for a protracted length of time, and require dedicated resource to be identified to support ongoing interaction and discussions.

As and when a Recovery Coordinating Group (RCG) is set up, usually chaired by the Lead Local Authority, a representative or number of representatives will be required from the NHS on the RCG and Sub-groups.

8. Stand Down

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

In localised incidents the ICB on-call will agree with the provider when an incident stand down should and can be declared. This decision should be discussed with the NHSE Midlands EPRR First On-Call.

In agreement with the NHS England Midlands Region EPRR Director On-Call, the Accountable Emergency Officer and Incident Director will decide when an incident should be de-escalated or stood down for either the Integrated Care System or wider local health economy. This may be a full or partial standdown, depending upon the response required across the system, and a watching brief will be maintained as part of the ongoing decision making.

Administration

Once agreement to de-escalate or standdown has been reached, communications channels established as part of incident response will be utilised to ensure this is communicated with all organisations, decision makers, LRF partners, and external stakeholders where appropriate.

Any email addresses or communication methods created for the response will be forwarded to the EPRR inbox (eprr@staffsstokeccgs.nhs.uk) to ensure no email traffic is lost, and provide an alternate access route.

Debriefs and reports

To identify lessons from any incident it is important to capture as much detail about the incident and the experiences of those involved as soon as is reasonably practicable. A series of debriefs post incident is seen as good practice.

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

Debriefs will be held as follows:

a) Hot debrief – immediately after the incident or period of duty
b) Cold/Structured debrief – within two weeks post incident
c) Multi-agency debrief – ideally within four weeks of the close of the incident
d) Post incident reports – produced within six weeks of the close of the incident

Lessons identified

Throughout the incident at whatever level, there will need to be an agreed process in place to evaluate the response and recovery effort and identify lessons. The Incident Director is responsible for activating the lessons identified process and may delegate the responsibility for lessons identified to the EPRR Manager.

The lessons identified process will be implemented at the start of the response and continue during and after the incident until all actions are completed. The post incident reports will be supported by action plans, with timescales, accountable owners, and recommendations in order to update any relevant plans or procedures, and identify any training or exercising required.

Lessons will be shared with the local health economy through the LHRP, and will be reported to NHS England Midlands EPRR Team as part of the six-monthly lessons report request. The EPRR Team will coordinate this.

9. Plan maintenance

The maintenance of the document is the responsibility of the ICB EPRR Manager, and will be subject to the ICB EPRR Governance as set out in the EPRR Policy.

10. Definitions and Glossary

Definitions

Business Continuity:

The capability of the organisation to continue delivery of products or services at acceptable pre-defined levels following a disruptive incident

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.

Business Impact Analysis:

The process of analysing activities and the effect that a business disruption might have upon them

Business Continuity Plan:

Documents the procedures that guide the organisation to respond, recover, resume, and restore to a pre-defined level of operation following a disruption to business continuity

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.

A Critical Incident is principally an internal escalation response to increased system pressures/ disruption to services that are or will have a detrimental impact on the organisation's ability to deliver safe patient care.

Emergency:

a) An event or situation which threatens serious damage to human welfare in a place in the United Kingdom, or

b) An event or situation which threatens serious damage to the environment of a place in the United Kingdom, or

c) War, or terrorism, which threatens serious damage to the security of the United Kingdom

Incident Response Plan:

Outlines how the ICB will respond to a critical or major incident.

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.

Glossary

AEO	Accountable Emergency Officer
BCM	Business Continuity Management
BCP	Business Continuity Plan
C3	Command, Control and Coordination
CCA (2004)	Civil Contingencies Act (2004)
CCU	Civil Contingencies Unit
CPX	Command Post Exercise
DPH	Director of Public Health
EPRR	Emergency Preparedness, Resilience and Response
HEPOG	Health Emergency Planning Officers Group
HETCG	Health Economy Tactical Coordinating Group
HRMG	Health Risk Management Group
ICB	Integrated Care Board
ICS	Integrated Care System
IRP	Incident Response Plan
LHRP	Local Health Resilience Partners
LRF	Local Resilience Forum
MIDSROC	NHS England Midlands Region Operations Centre
NHSEI	NHS England and Improvement
NHS NOC	NHS England National Operations Centre
NOS	National Occupational Standards
RAWG	Risk Assessment Working Group
SCG	Strategic Coordinating Group
SRF	Staffordshire Resilience Forum
TCG	Tactical Coordinating Group
TTX	Table-Top Exercise
UEC	Urgent and Emergency Care

11. References

- Civil Contingencies Act 2004
- The Health and Social Care Act (2012)
- NHS Constitution
- The NHS England Emergency Preparedness Framework 2015
- NHS England Business Continuity Management Framework (service resilience) (2013)
- NHS England Core Standards for Emergency Preparedness Resilience and Response
- ISO 22301 – Societal Security – Business Continuity Management Systems – Requirements
- Cabinet Office, Emergency Preparedness (2006) (as amended)
- National Occupational Standards (NOS) for Civil Contingencies

Annex A: M/ethane Notification Log

Name of caller:	
Originating organisation:	
Emergency service incident number:	
Date and time of call:	
Contact number:	
Major incident	**DECLARED / STANDBY *(circle)***
Exact location: *(grid reference, directions, etc.)*	
Type of incident: *(rail, chemical, etc.)*	
Hazards: *(present and potential)*	
Access: *(direction of approach / egress)*	
Number of casualties: *(number, severity, and type)*	
Emergency services activated and responding: *(present and required)*	

Continued overleaf

Support requested:	
Number of persons displaced, evacuated, or at risk:	
Organisations affected or likely to be: *(list)*	
What infrastructure is affected:	
Completed by: *(signature)*	
Completed by: *(print name)*	

Annex B: Incident Log Sheet

Sheet No:

No	Date	Time	Record	Initials

Annex C: Strategic Objectives (examples)

Common Health Objectives

- Deliver optimum care and assistance to those affected by an incident
- Minimise any disruption to health & care services which may occur as a consequence of responding to incidents or emergencies
- Work across organisational boundaries to deliver a multi-agency response
- Protect the health of the wider population
- Bring about a speedy return to normal levels of service

Common Multi-Agency Strategic Objectives

- Save life and alleviate suffering associated with the incident, at the scene and elsewhere
- Prevent the incident from escalating
- Provide a joint response to the media
- Prevent or minimise adverse effects on the health and welfare of those involved in the incident
- Gather and collate information
- Restore normality after all necessary actions have been taken

Annex D: Draft Incident Meeting Agenda

(Draft for amendment as necessary for the appropriate meeting audience)

Agenda Item		Description	
01	Date and time of meeting:		
02	Dial-in details:		
03	Meeting location:		
04	Name of Chair:		
05	Attendance	☐ SSOT ICB ☐ UHNM ☐ UHDB ☐ MPFT ☐ NSCHT ☐ SCC Health and Care ☐ SOTCC Health and Care	☐ WMAS ☐ Vocare ☐ ERS ☐ SSHIS ☐ CCU ☐ NHSEI
06	Gather information and intelligence	• Items for urgent attention • Purpose of the call • Update on current situation • Update from IMT / SCG / TCG / RCG *(as appropriate)* • Organisational updates inc. organisational declaration in response to incident	
07	Assess risk and develop a working strategy	• Confirm health strategic objectives (see annex x) • Identify risks • Consider mitigation for each • Create risk and issue register	
08	Consider powers, policies, and procedures	• Plans activated and requiring activation • Consider available powers across the ICS • Identify additional plans or support required	
09	Identify options and contingencies	• Identify offers of support / mutual aid from organisations to support response • Consider redeployment of staff • Consider appropriate incident structures to support response • Agree communications strategy (internal and external) • Agree system declaration *(if appropriate):* ☐ Major incident standby ☐ Major incident declared ☐ Major incident cancelled ☐ Major incident stand down ☐ Critical incident declared ☐ Critical incident stand down ☐ Business continuity incident declared ☐ Business continuity stand down	
10	Take action and review what happened	• Agree actions and timelines, including method of sharing action log • Agree update to IMT / SCG / TCG / RCG *(as appropriate)* • Any other business • Agree 'battle rhythm' – date and time of next meeting	

Annex E: Role Action Cards

In development and awaiting new EPRR Framework

Annex F: Battle Rhythm Template

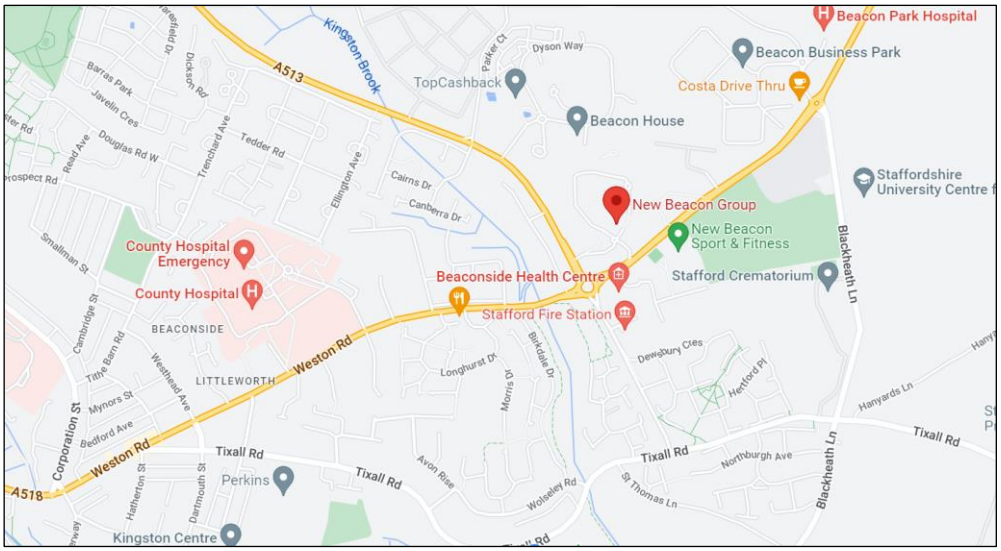
00:00		12:00	
00:30		12:30	
01:00		13:00	
01:30		13:30	
02:00		14:00	
02:30		14:30	
03:00		15:00	
03:30		15:30	
04:00		16:00	
04:30		16:30	
05:00		17:00	
05:30		17:30	
06:00		18:00	
06:30		18:30	
07:00		19:00	
07:30		19:30	
08:00		20:00	
08:30		20:30	
09:00		21:00	
09:30		21:30	
10:00		22:00	
10:30		22:30	
11:00		23:00	
11:30		23:30	

Annex G: Incident Coordination Centre

Annex G1: Locations

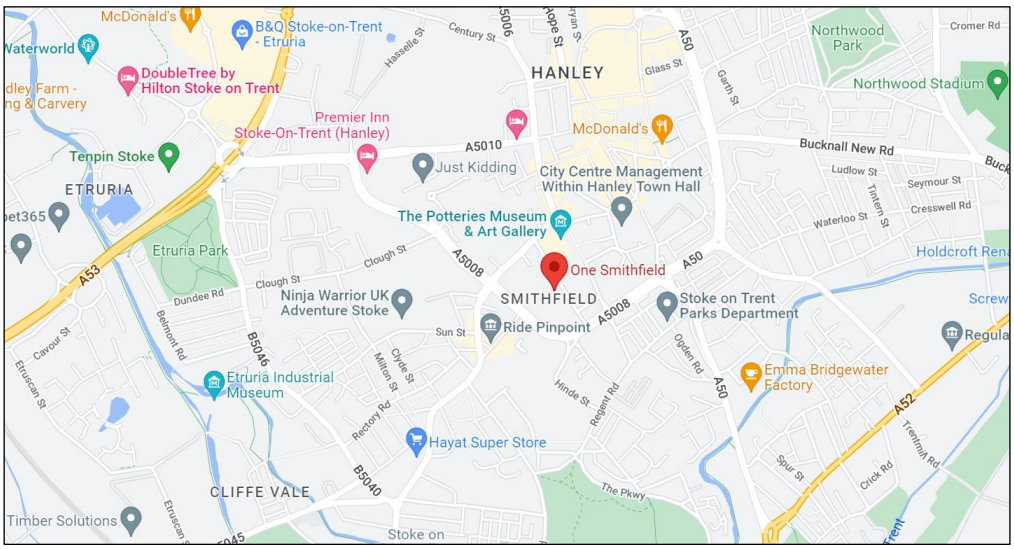
Primary Incident Coordination Centre - 01785 550132

Stafford Hub
New Beacon Group, Stafford Education and Enterprise Park,
Weston Road, Stafford, ST18 0BF



Secondary Incident Coordination Centre – to be confirmed

One Smithfield Hub
Cannon Street, Hanley, Stoke-on-Trent, ST1 4EB



Annex G2: Accessing the ICCs

Processes are in place for accessing the Stafford and Smithfield Hubs 24/7.

Stafford Hub

Access is via the Security Service although they are not on site 24/7 and so need to be contacted via

01785 550132

There will be a call out charge of £120 + VAT and so agreement must be sought with the Gold On-Call Manager to authorise this.

Smithfield Hub

Access is via the on-site security team at the building and individuals must present their ID for review. A fob will be required to access the ICB floor of the building, which can be accessed [to be confirmed].

There is no additional charge for this service.

Annex H: ICC Inventory

In development

Annex I: Communications and engagement out of hours support

Strategy in discussion with communications team

Our on call media service is available 24/7 and has access to two senior experienced communications leads on a rota, backed up by the senior partner for communications and engagement.

We can help by:

- Being the first point of contact for any urgent media enquiries out of hours
- Providing strategic advice and support to your on call director, to enable handling of any media relations issue
- Advising on additional communications requirements in the event of a major incident. We can work with you to determine the right package of support.

Who to contact:

The out of hours service can be contacted by calling the Communications and Engagement team's general phone number on **0333 150 1602.**

Anyone who rings this number will hear a pre-recorded answer phone message, giving the phone numbers for the on-call managers.

We operate a buddy system, which means there are at least two managers on call each day. These managers have access to all local contacts for each ICB area.

In addition, at all times, the senior partner for communications and engagement is aligned to these on call managers, to provide strategic support in the event of a significant reputational risk or crisis.

Our out of hours service operates 24/7, all year round - including bank holidays.

For urgent media advice out of hours phone 0333 150 1602

Annex J: IIMARCH Reporting Template

Organisation name		
Site name		
Date of report		
Time of report		
Date of Incident		
Time of Incident		
Completed by		
Signed off by		
Signature		
Element	Key questions and considerations	Action
I	**Information** What, where, when, how, how many, so what, what might? Timeline and history (if applicable), key facts reported using M/ETHANE	
I	**Intent** Why are we here, what are we trying to achieve? Strategic aim and objectives, joint working strategy	
M	**Method** How are we going to do it? Command, control and co-ordination arrangements, tactical and operational policy and plans, contingency plans	
A	**Administration** What is required for effective, efficient, and safe implementation? Identification of commanders, tasking, timing, decision logs, equipment, dress code, PPE, welfare, food, logistics	

R	**Risk assessment** What are the relevant risks, and what measures are required to mitigate them? Risk assessments (dynamic and analytical) should be shared to establish a joint understanding of risk. Risks should be reduced to the lowest reasonably practicable level by taking preventative measures, in order of priority. Consider the hierarchy of controls. Consider Decision Controls	
C	**Communications** How are we going to initiate and maintain communications with all partners and interested parties? Radio call signs, other means of communication, understanding of inter-agency communications, information assessment, media handling and joint media strategy	
H	**Humanitarian issues** What humanitarian assistance and human rights issues arise or may arise from this event and the response to it? Requirement for humanitarian assistance, information sharing and disclosure, potential impacts on individuals' human rights	

Annex K: SBAR reporting template

Organisation name		
Site name		
Date of report		
Time of report		
Date of Incident		
Time of Incident		
Completed by		
Signed off by		
Signature		
Element	Prompts	Description
S	**Situation** Clearly and briefly describe the current situation.	
B	**Background** Provide clear, relevant background information on the incident including: • Timings • Media • Exact situation	
A	**Assessment** State your assessment of the situation based on the situation and background. Include impacts to the hospital and services	
R	**Recommendations** Explain the actions being taken by the organisation to standdown from the incident/situation alongside any support required of partner agencies, ICB, or NHS England and NHS Improvement	

Annex L: NHS Incident Situation Report (SitRep)

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

Instructions for completion are provided at the end of the template

This template will be customised by NHS England as soon as practicable for use during an incident however initial reporting should be done on the generic template

For second and subsequent SitRep reports highlight new information in yellow

The source, time and assessed quality of information should be reported. Uncertainties and working assumptions must be clearly identified

Organisation Name:				
	NHS England Region (DCO Team) ☐	NHS England Regional Team ☐	ICB ☐	Provider ☐
For Provider Organisations Services Provided: [1]	Acute Services ☐	Community Services ☐	Mental Health ☐	
	Ambulance (Emergency) Services ☐	Ambulance (Non-emergency) ☐	Urgent Care Services ☐	
	Minor Injuries Unit Services ☐	Walk-in-Centre Services ☐	NHS 111 ☐	
	General Practice ☐	Out of Hours GP Service ☐		
	Other ☐ (specify)			

Date:		dd/month/yyyy	**Time:**	hh:mm
Completed by:	Name			
	Title			
Telephone number:				
Email address:				
Authorised for release by:	Name			
	Title			

Exact location of Incident/s [2]				
NHS Incident [3]	Business Continuity Incident ☐	Critical Incident ☐	Major Incident ☐	
Type of Incident/s [3]	Big Bang ☐	Rising Tide ☐	Cloud on the Horizon ☐	Headline News ☐
	Internal Incident ☐	CBRNe ☐	HAZMAT ☐	Mass Casualties ☐
	Extreme Weather ☐	Flooding ☐	Infectious Disease ☐	Other ☐

	Specify Other
Description of Incident [4]	
Resources Deployed [5]	

NHS Ambulance Service

Incident Scene Casualties [6]	Location	P1/P2:		P3:		P1 Hold:		Discharge on scene		Dead on scene	
		Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child
Scene # 1											
Scene # 2											

Receiving Facilities Initial Report

Receiving Hospitals / Provider [7]	Location/Site	T1:		T2:		T3:		T4:		Admit		Discharge		Dead	
		Adult	Child	A	C	A	C	A	C	A	C	A	C	A	C
Trust/Provider (Name) # 1															
Trust/Provider (Name) # 2															
Trust/Provider (Name) # 3															
Trust/Provider (Name) # 4															
Total at Receiving Hospitals															

Receiving Facilities Subsequent Report

Receiving Hospitals / Provider	Location/Site	Total number attended		Total number currently admitted		Total number currently in critical care (Level 3 and Level 2)		Total number discharged home		Total number discharged/transferred to another provider (specify where for each patient)		Total Died in Hospital	
		Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child
Trust/Provider (Name) #1													
Trust/Provider (Name) #2													
Trust/Provider (Name) #3													
Trust/Provider (Name) #4													
Total at receiving facilities													

If any of the patients above is normally resident in Scotland, Wales or Northern Ireland or is a foreign national then complete the following table

Receiving Hospitals / Provider	Nationality	Total number attended		Total number currently admitted		Total number currently in critical care (Level 3 and Level 2)		Total number discharged home		Total number discharged/transferred to another provider (specify where for each patient)		Total Died in Hospital	
		Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child
Trust/Provider (Name) #1													
Total at receiving facilities													

Actual impact on Critical Functions and/or services and/or patients [8]	
Potential impact on Critical Functions and/or services and/or patients	
Capacity Issues [9a]	
Capability Issues [9b] (e.g. major trauma, burns)	
Impact on business as normal [10]	

Mitigating actions taken/planned	

Mutual Aid Request Made [11]	Yes ☐ No ☐ Details

Current media interest and messages [12]	
Potential media interest and messages	

Media lead (Name) **Email** **Telephone number**	

Other Information/Context [13] Other Key information that you as Incident Director (Strategic Commander) deem relevant for NHS England to be aware of	
Key risks and mitigating actions [14]	
Key risks for escalation [15]	

Incident Specific Information and Questions [16]	*Insert any specific information/questions related to the incident*

Forward Look [17]	Next 12 hours Next 24 hours Next 48 hours Next week

Recovery Actions [18] Including any issues	

Next SitRep Due [19] **Battle Rhythm**	**Date:** dd/month/yyyy **Time:** hh:mm

Return to [20]	**Email:**	
	Contact Telephone Number	

Notes to aid completion of SitRep

1. **Services Provided**

   Tick all appropriate boxes for types of service provided by your organisation. If 'other' specify service(s) provided. In subsequent information provide information appropriate to the services affected. If it is easier for clarity please complete a separate template for each type of service provided

2. **Exact Location of Incident/s**

   Provide information relating to the location of incident/s including, where possible, address

   Indicate if this is an NHS site (this is the incident scene)

3. **Type of Incident/s**

   Tick appropriate box(s) for type of incident, if 'other' specify

4. **Description of Incident**

   Provide as much detail as possible regarding the type of incident and extent

5. **Resources Deployed:** ***Delete if not required***

   - Resources deployed at scene of/to incident e.g. Hazardous Area Response Team (HART), Special Operations Response Team (SORT), Medical Advisers or teams, Number of double crewed ambulances (DCA's)/Rapid Response Vehicles (RRV's), Decontamination, Air Ambulance

6. **Incident Scene Casualties:** ***Delete if not required***

   Insert name of each scene in the first column, under location add address of scene. Insert additional rows as required

   Provide numbers (where possible provide adult and paediatric numbers separately, combine if not known) based on triage sieve:

   P1: Immediate - Casualties who require immediate life-saving procedures

   P2: Urgent - Casualties who require surgical or medical intervention within 2-4 hours

   For initial reports the numbers of P1 and P2 may be combined

   P3: Delayed – Less serious cases whose treatment can safely be delayed beyond 4 hours

   Discharge at scene – number of patients seen, treated and discharged at scene

Dead – number of patients 'recognition of life extinct' at scene

7. Receiving Units, Admissions and Fatalities in Hospital: *Delete if not required*

Insert name of each Trust/provider/receiving unit in the first column. Insert site/hospital address under location. Add additional rows as required

Provide numbers (where possible provide adult and paediatric numbers separately, combine if not known), include self-presenters:

(T- Triage Sort)

T1: Immediate - Casualties who require immediate life-saving procedures

T2: Urgent - Casualties who require surgical or medical intervention within 2-4 hours

T3: Delayed – Less serious cases whose treatment can safely be delayed beyond 4 hours

T4: Expectant – Casualties whose condition is so severe that they cannot survive despite the best available care and whose treatment would divert medical resources from salvageable patients who may then be compromised

Confirm if invoked and who by

Admit - Number of patients arriving at hospital and subsequently admitted

Discharge – Number of patients arriving at hospital and subsequently discharged

Dead - Number of patients arriving at hospital and subsequently dying at/or in hospital

Please expand with a level of appropriate detail for these points below

The second table is to be used on subsequent reports for all incident patients

Total number attended – the total number, including self-presenters, who have attended at each facility as a result of the incident, split by adult and child (cumulative total)

Total number currently admitted – the total number of incident patients currently admitted as an in-patient at the time of reporting, split by adult and child

Total number currently in critical care (Level 3 and Level 2) – the total number of incident patients currently receiving level 3 or level 2 critical care, split by adult and child

Total number discharged home – the total number of incident patients discharge home (cumulative total), split by adult and child

Total number discharge/transferred to another provider – the total number of incident patients discharged and transferred to another provider for ongoing care (cumulative total). Split by adult and child. Specify destination for each patient

Total died in hospital – the number of incident patients who have died following attendance/admission at the facility, split by adult and child (cumulative total)

If any of the patients identified in receiving facilities are normally resident in Scotland, Wales or Northern Ireland (the devolved administrations) or is a foreign national then these are to be identified by nationality at each provider

8. **Impact on Critical Functions e.g.:**

   Separate actual and potential impacts

   - Implications on Ambulance Red 1 and Red 2 response times
   - Critical Care, ECMO, burns beds, acute admissions capacity. Split by adult and paediatric
   - Primary, community services and mental health

9. **Capacity/Capability Issues:**

   a) Capacity – e.g. bed availability, theatre availability, primary and community services, double crewed ambulances
   b) Capability – e.g. adequate numbers of competent staff, Paramedic staff availability

10. **Impact on Business as Normal and Mitigating Actions:**

    - Cancellation of elective activity should be covered here
    - Any other service reduction as consequence of incident
    - Staffing issues
    - Supply chain issues
    - Include actions taken or planned to mitigate impact on patients
    - Business continuity issues

11. **Mutual aid request:**

    - Confirm details of mutual aid requested, by whom and from who requested

- Confirm whether or not the request was granted and the extend of mutual aid provided

12. Media:

- Indicate media interest shown/reported, including social media
- Provide key messages for media; also provide details of lead media contact
- Indicate any potential media interest and any proactive messages

13. Context

- For the incident director/strategic commander to put context to the overall situation report emphasising the strategic dimensions and issues arising
- Other key information e.g.
    - **Fuel disruption** – use of NHS bunkered fuel including estimate of current stock levels (number of days supply) and which organisations are accessing bunkered fuel stocks

14. Key Risks and Mitigating Actions

Provide a summary of the key risks from the incident and the mitigating actions

15. Key Risks for Escalation

Provide details of all key risks where escalation is required to mitigate the effects. Include details of who the risks have been escalated to

16. Incident Specific Information and Questions

This section can be used to request specific information relating to an incident

17. Forward Look

- Provide an update regarding anticipated impacts/actions required in the next 12, 24, 48 hours and the next week
- Adjust timescales as appropriate
- This will summarise emerging risks and critical uncertainties that have potential strategic implications for the response and recovery effort

18. Recovery Actions

- Include any information available regarding recovery actions that will/may be required in the short, medium and long term
- Indicate areas where additional external support may/will be required

19. Next SitRep Due/Battle Rhythm

- Insert date/time next SitRep is due to be submitted (realistic to when updated information will be available)
- If known insert applicable Battle Rhythm

20. Return to

- NHS England national and regional teams to amend as appropriate BEFORE sending SitRep to providers for completion
- If using the SitRep to report an incident prior to formal request for SitRep then return to NHS England via normal incident reporting procedures

NHS
Staffordshire and Stoke-on-Trent
Integrated Care Board

Annex M: Generic MACA Request Form

Please complete as much of this form as possible *Delete text in italics prior to completion*	
Time and date of request	
1) Summary of incident	

Brief outline of the background situation

A brief summary of the request including the background and nature of the incident/event, where it is taking place and timings.

For Major Events – For large events or events where more than one military capability is likely to be required, you should seek the appointment of a military liaison officer as early as possible during the planning process. The appointment of a liaison officer does not, however, eliminate the need to submit a detailed request once an appropriate package of support has been identified.

If appropriate, a detailed and up to date threat assessment to justify the deployment of military resources should be included. This should be event-specific, and not based on the general threat state. For annual or recurring events, the threat assessment should not merely be a re-use of previous assessments.

- *Estimate of the severity and the number of properties/people affected*
- *Special considerations, i.e. vulnerable communities, future forecasts, etc.*
- *Implications of not achieving this request*
- *Outline of next actions or events*

2) What effect is military support sought to achieve? (*text below is an example)*

Include a clear statement of what you are trying to achieve. You should not aim to identify a particular military unit that can achieve this outcome. The MoD will always determine the best means of delivering the desired effect.

You should list your objectives here

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

Preparation and Prevention

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

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

Response

Assist multi-agency responders by:

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

3) Is there a requirement for armed assistance?

No

4) When is the effect required?

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

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

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

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

5) What alternatives have been considered? Include mutual aid and commercial alternatives.
You should confirm that the ability to achieve the desired effect is not available either from within own resources, or from other sources i.e. commercial providers and/or mutual aid. This should include consideration of whether the capability can be obtained from another Government Department or Agency. *e.g. Due to the size of response measures, and potential requirement for large scale evacuation effort, the multi-agency response capabilities of responders has become stretched. Mutual aid to is already in place along with a number of volunteer organizations*

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