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Emergency Preparedness, Resilience and Response (EPRR) Assurance 2016-17

STATEMENT OF COMPLIANCE

Alder Hey Children's NHS Foundation Trust has undertaken a self-assessment against the NHS England Core Standards for EPRR (v4.0).

Following self-assessment, and in line with the definitions of compliance stated below, the organisation declares itself as demonstrating **Substantial** compliance against the EPRR Core Standards.

Compliance Level	Evaluation and Testing Conclusion
Full	Arrangements are in place that appropriately addresses all the core standards that the organisation is expected to achieve. The Board has agreed with this position statement.
Substantial	Arrangements are in place however they do not appropriately address one to five of the core standards that the organisation is expected to achieve. A work plan is in place that the Board has agreed.
Partial	Arrangements are in place, however they do not appropriately address six to ten of the core standards that the organisation is expected to achieve. A work plan is in place that the Board has agreed.
Non-compliant	Arrangements in place do not appropriately address 11 or more core standards that the organisation is expected to achieve. A work plan has been agreed by the Board and will be monitored on a quarterly basis in order to demonstrate future compliance.

The results of the self-assessment were as follows:

Number of applicable standards	Standards rated as Red[1]	Standards rated as Amber[2]	Standards rated as Green[3]
53	0	5	48
Acute providers:53 Specialist providers: 44 Community providers: 44 Mental health providers: 44 CCGs: 35	*[1] Not complied with and not in an EPRR work plan for the next 12 months*	*[2] Not complied with but evidence of progress and in an EPRR work plan for the next 12 months*	*[3] Fully complied with*

Where areas require further action, this is detailed in the attached *EPRR Core Standards Improvement Plan* and will be reviewed in line with the organisation's EPRR governance arrangements.

I confirm that the above level of compliance with the EPRR Core Standards will be confirmed to the organisation's board / governing body.

H M Williams

Signed by the organisation's Accountable Emergency Officer

04/10/2016

Date of board / governing body meeting

15 Sept 2016

Date signed

Emergency Preparedness, Resilience and Response (EPRR) Core Standards Improvement Plan

Organisation: Alder Hey Children's NHS Foundation Trust

Plan owner: Emergency Preparedness Group

Core Standard reference	Core Standard description	Improvement required to achieve compliance	Action to deliver improvement	Deadline
8	Evacuation Plan	Evacuation Plan requires update to consider secondary points of evacuation in the event of bomb threat	Continue with meetings to review arrangements update plan based on dynamic risk assessment	31/01/17
8	Excess Deaths/Mass Fatalities	An additional area for holding bodies during excess death period is currently being identified.	Identify contingency area	31/12/16
23	Arrangements ensure the ability to communicate internally and externally during communication equipment failures	Telephone-bleep system resilience needs to be clear with business continuity action cards available, along with sufficient resilience in place if telephones-bleeps lost	Complete contingency action cards for telephone and bleep failure. Meet with key Executives regarding the requirement for radios in the event of communications failure	30/09/16
41/50	Rotas are planned to ensure that there is adequate and appropriate decontamination capability available 24/7. The organisation has sufficient number of trained decontamination trainers to fully support its staff HAZMAT/ CBRN training programme.	New ED Lead for emergency planning to be identified (due to retirement). ED Lead was also a HAZMAT/CBRNE trainer.	Appoint new ED Lead (currently being clarified) and then take action to provide training to staff to allow decontamination capability. ED to identify additional HAZMAT/CBRNE trainers and organise their attendance at the NWAS course, following in-house training from Trust trainer.	31/12/2016
DD5	Fuel Plan	Update fuel plan to include reference to Heating Fuel	Reference heating fuel in the Fuel Plan	

M28 - MAJOR INCIDENT POLICY (Management Arrangements)

Version:	5
Ratified by:	Trust Board
Date ratified:	04/10/16
Name of originator/author:	Emergency Preparedness & Business Continuity Manager
Name of responsible committee:	Approved at Integrated Governance Committee in consultation with Emergency Preparedness Group
Date approved:	14/09/16
Name of Executive Sponsor:	Chief Nurse
Key search words:	Major incident, Command and Control, strategic command, tactical command, operational command
Date issued:	
Review date:	

Quick Reference Guide – Major Incident Policy

Please refer to the full policy on the intranet for further guidance.

The Civil Contingencies Act 2004 defines a major incident as:

An event or situation which threatens serious damage to human welfare in a place in the UK, the environment of a place in the UK, war or terrorism which threatens serious damage to the security of the UK.

The NHS describes a major incident as:

Any event whose impact cannot be handled within routine service arrangements and which requires the implementation of special arrangements or special procedures by one or more of the emergency services, the NHS or local authority to respond to it (NHS Emergency Planning Guidance 2005).

Major incidents may include (but are not limited to) the following:

- Major accident such as a transport or industrial accident
- Deliberate release of a chemical, biological, radiological, nuclear or explosive agent (CBRNE)
- Conventional terrorist attack, e.g. suicide bomb, improvised explosive device (IED)
- Significant civilian disorder
- Major disaster with threat to public health
- Major outbreak of communicable disease e.g. flu pandemic
- Radiation hazard e.g. release of material from a fixed site, or from material being transported by road or rail
- Chemical hazards by air, water or other materials e.g. gas cloud type incident
- Major service provision failure e.g. power supplies interrupted, fuel or water shortage
- Adverse weather e.g. heat wave, flooding, significant snowfall

Declaring a Major Incident:

The Chief Operating Officer (or in their absence/out of hours the 2nd On Call Manager) can declare a major incident.

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Version Control, Review and Amendment Logs

Version Control Table				
Version	**Date**	**Author**	**Status**	**Comment**
5	August 2016	Emergency Preparedness Manager	Current	Updated to reflect major incident response arrangements i.e. 1 major incident cascade/meeting point
4	November 2015	Emergency Preparedness Manager	Archived	
3	October 2015	Emergency Preparedness Manager	Archived	Updated to reflect revised incident definitions and the processes in the new Children's Health Park.
2	31/03/15	Emergency Preparedness Manager	Archived	Extended until August 2015. Reviewing for relocation to new Health Park
1	15/10/13	Emergency Preparedness Manager	Archived	

Record of changes made to Major Incident Policy – Version 5			
Section Number	**Page Number**	**Change/s made**	**Reason for change**
3.2	7	Updated major incident definition	In line with Cabinet Office updated definition
Appendix B	30	Updated Incident Severity Levels	In line with updated procedures
Appendix C	32	Updated major incident declaration flowcharts	In line with updated procedures
Appendix D	36	Added NHS England EPRR structure flowchart	In line with NHS England procedures

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Contents

1 Introduction

1.1 All NHS organisations are required to develop their ability to respond to a local, regional, or national major incident or incidents and to manage recovery within the context of the requirements of the ***Civil Contingencies Act 2004 (CCA)***. Under this Act, Alder Hey Children's NHS Foundation Trust has a duty as a 'Category 1' responder to be prepared for any major incident, which will call upon the Trust to respond to mass casualties in a professional and appropriate manner.

1.2 This policy and accompanying command and control plan will be invoked by the Chief Operating Officer or in their absence a member of the Executive Team (Trust Strategic Commander) when declaring a Major Incident either as a result of notification from NHS Silver Command or NHS Gold Command or North West Ambulance Service (NWAS) or self-declaration by Executives of Alder Hey NHS Children's NHS Foundation Trust (hereafter referred to as the Trust).

2 Purpose

2.1 This is an overarching policy, which provides a framework to enable effective and coordinated planning and response to any potential major or catastrophic incident as defined by the Civil Contingencies Act 2004 and follows the NHS Emergency Planning Guidance 2005: Underpinning materials for Acute Hospitals and Foundation Trusts and other relevant guidance. All major incident planning is carried out in consultation, coordination and cooperation with partner agencies such as:

- NHS England
- Liverpool Clinical Commissioning Group
- North West Ambulance Service
- Other Acute hospitals
- Other Merseyside community health providers
- Local Specialist Trusts
- Public Health England (PHE)
- Merseyside Police
- Merseyside Fire & Rescue Service (MFRS)
- Greater Merseyside local authorities
- Voluntary agencies under the UNITY protocol
- Utilities companies
- Contracted partners e.g. Health Informatics Systems, Synergy etc.

UK roles of partner agencies are included in Appendix A.

The purpose of the policy is to ensure that the Trust is capable of responding to major incidents of any scale, in a way that delivers optimum care and assistance to the victims and minimises the consequential disruption to services. In turn to bring about a speedy return to normal levels of functioning by enhancing its capability to work as part of a multi-agency response across organisational boundaries.

The Policy will be kept on the Trust intranet page. Global e-mails and other appropriate communications will be issued to alert staff and partner agencies of new developments and plans. Hard copies of the plan will be available in the Major Incident Cupboards located in:

- Strategic Command Room (Executive Team Meeting Room)
- Tactical Command Rooms (ED Hub, if casualties in ED, or Meeting room 8, if no casualties)
- ED Operational Control Room (ED Training Room)
- Back Up Command Room (Pathology Seminar Room)
- Liverpool Women's Hospital Boardroom (off site command and control room)

This is a living document and is therefore subject to continuous change and development. A global email will be issued to alert staff of major changes to the policy and plans.

3 Definitions

3.1 Local Resilience Forum:

Under the Civil Contingencies Act 2004, the principle mechanism for multi-agency cooperation at a local level is the Local Resilience Forum.

The Merseyside Forum is based on the Merseyside Police Force area and brings together all the organisations that have a duty to cooperate under the act, along with others who would be involved in the response to an emergency. It is usually chaired by the Chief Constable (because the police are the primacy agency in most incidents) and meets quarterly.

It ensures that there is an appropriate level of preparedness to enable an effective multi-agency response to emergency incidents which may have a significant impact on Merseyside communities.

The NHS economy in Merseyside is represented at the LRF by the NHS Gold Commander who is the Chief Executive (or nominee) of NHS England supported by a staff officer.

During a major incident, NHS England will field a rota of NHS Gold and Silver Commanders to cover the period of the event, representing the entire Merseyside health economy at the LRF Strategic Coordinating Group (SCG), also known as Gold Command.

3.2 Major Incident:

The Civil Contingencies Secretariat defines a major incident as:

*a **severe event** or situation, with a range of significant impacts, which requires special arrangements to be implemented by one or more emergency responder organisation. A major incident is:*

a) beyond the scope of normal operations or business-as-usual;
b) likely to involve serious harm, damage or risk to human life or welfare, essential services, the environment or to the security of the UK;
c) so severe, that the associated impact is likely to constrain or complicate the ability of emergency responders to manage the incident;
d) likely to require a multi-agency response, rather than just a single-agency response, which may include multi-agency support to a primary responding agency.

Major incidents may include (but are not limited to) the following:

- Major accident such as a transport or industrial accident
- Deliberate release of a chemical, biological, radiological, nuclear or explosive agent (CBRNE)
- Conventional terrorist attack, e.g. suicide bomb, improvised explosive device (IED)
- Significant civilian disorder
- Major disaster with threat to public health
- Major outbreak of communicable disease e.g. flu pandemic
- Radiation hazard e.g. release of material from a fixed site, or from material being transported by road or rail
- Chemical hazards by air, water or other materials e.g. gas cloud type incident
- Major service provision failure e.g. power supplies interrupted, fuel or water shortage
- Adverse weather e.g. heat wave, flooding, significant snowfall
- Major Fire in the hospital
- Major Breakdown of utilities in the hospital
- Major equipment failure in the hospital
- Mass Hospital acquired infections

Incidents may occur externally and the Trust may be requested to receive the casualties. An external major incident may arise in a variety of ways:

- Big Bang – a serious transport accident, explosion or series of smaller incidents
- Rising tide – a developing infectious disease epidemic, or a capacity/staffing crisis
- Cloud on the Horizon – a serious threat such as an accidental major chemical or nuclear release developing elsewhere and needing a preparatory action
- Deliberate release of chemical, biological, radiological or nuclear (CBRNE) materials.
- Mass casualties

3.3 NHS Gold & Silver Command Centres:

NHS England Resilience Team will field a rota of NHS Tactical Commanders to tactically command the NHS response within a local authority district area, where the incident occurred and will open and staff a Silver Command Centre in an appropriate NHS or Council building in that district.

4 Duties

4.1 Duties of the Trust:

Alder Hey Children's NHS Foundation Trust is an acute hospital with trauma centre status and has a large number of vital roles in major incidents:

- Fulfil the requirements as a Category 1 Responder, under the Civil Contingencies Act;
- Implement national policy and guidance in the local context;
- Ensure that the Trust's own escalation plans for dealing with pressures recognises the high level requirements of a Major Incident, including suspension of non-emergency work;
- Demonstrate a high level of preparedness and plan in conjunction with local NHS partners, local partners in the independent healthcare and staffing sector and external multi-agency partners (including the emergency services, local authorities and voluntary agencies);
- Establish and maintain working relationships with other NHS partners, emergency services, local authorities, local major organisations and other key stakeholders;
- Train and exercise as an organisation with all partners to an agreed schedule in agreement with the Local Resilience Forum (LRF);
- Develop a command and control structure that allows appropriate linkages to local resilience arrangements
- Participate in Merseyside and North West Emergency Planning Forums;
- Be accountable to NHS England
- Implement national policy and guidance in the local context;
- Develop contingency plans for business continuity in the event of a protracted incident or failure of utilities and supplies; and
- Take into account the needs of vulnerable groups e.g. children whose treatment may need to continue despite a major incident being in progress. This is particularly important in the event of a sustained major incident.

4.2 Specific Roles and Responsibilities:

Trust Board will receive reports on the Trust's emergency preparedness via the Integrated Governance Committee.

Emergency Preparedness Group will review policy changes, new policies/plans, training and exercising at this meeting.

The Chief Executive has overall responsibility for ensuring that the Trust is able to provide an effective response to major incidents. The Chief Executive will ensure that Major Incident Plan(s) is/are developed, implemented and tested to enable the organisation to respond to a major incident effectively, at any time.

The Chief Nurse, acting under delegated authority from the Chief Executive, will act as the Accountable Emergency Officer for Emergency Planning, Business Continuity and Reporting. Responsible for:

- Ensuring that the organisation is properly prepared for dealing with a major incident or civil contingency event;
- Ensuring the organisation has robust business continuity planning arrangements in place which reflect standards set out in the Framework for Health Services Resilience (PAS 2015);
- Ensuring the organisation has a robust surge capacity plan that provides an integrated organisational response and that it has been tested with other providers and parties in the local community(ies) served.
- Ensuring that the organisation complies with any requirements of NHS England, or agents thereof, in respect of the monitoring of compliance.
- Providing NHS England, or agents thereof, with such information as it may require for the purpose of discharging its functions; and
- Ensuring that the organisation is appropriately represented at any governance meetings, sub-groups or working groups of the local health resilience partnership (LHRP) or local resilience forum (LRF).

Chief Operating Officer:

- Providing the strategic response to the major incident declaration during working hours in line with Strategic Commander action card.

The Emergency Preparedness & Business Continuity Manager is responsible for:

- reviewing the emergency plans, at least annually, or as required by changing circumstances

- Conducting training and exercises in accordance with the requirements of the NHS guidelines.

1st On Call Managers are responsible for:

- Ensuring they are familiar with the actions required to implement the plan
- Responding to major incidents and significant business continuity incidents during the working day and out of hours
- Providing the tactical response to the major incident on behalf of the Trust in liaison with the Strategic Commander
- A list of 1st and 2nd On Call Managers are held in the 'Senior Manager On Call File' and are updated by the Director of Nursing team.

2nd On Call Managers are responsible for:

- Ensuring they are familiar with the actions required to implement the plan
- Responding to major incidents and significant business continuity incidents out of hours or in the absence of the Chief Operating Officer
- Providing the strategic response to the major incident on behalf of the Trust out of hours, or in the absence of the Chief Operating Officer

Ward and Departmental Managers are responsible for:

- ensuring they are familiar with the action cards in the Major Incident Plan and their role within the plan.
- maintaining an up to date list of contact telephone numbers for their department which is readily accessible if required. This must be accessible in the event of a major incident and reviewed regularly.
- Ensuring they and their staff attend associated emergency planning training

Each Ward and Department are responsible for:

- Mandatory update on a 3 yearly basis.
- Familiarise themselves with the major incident policy and plan

All employees should:

- Be aware of the Major Incident Policy.

- ensure that up to date staff contact details are maintained and accessible in the event of a Major Incident.

- If staff are allocated an 'action card' to support major incident coordination, they must know where it is located, be aware of the content on it and follow the actions on their designated card, so that they are able to respond appropriately. Staff allocated an 'action card' should only perform the actions documented on their card. Any other decisions or actions to

be taken should be escalated to the Trust Tactical Command Room for consideration.

- regularly check any equipment, which is utilised in dealing with a major incident, and maintain records pertaining to this.

5 Levels of Emergency:

NHS Emergency Planning currently recognises three levels of Emergency as follows:

Level 1: Major	Individual Ambulance Trusts and acute Trusts are well versed in handling incidents such as multi-vehicle motorway crashes, within its Major Incident Plans. More patients will be dealt with than usual, using fewer resources, but it is possible to maintain the usual levels of service
Level 2: Mass	Much larger scale events affecting potentially hundreds rather than tens of people, possibly also involving the closure or evacuation of a major facility (e.g. because of fire or contamination) or persistent disruption over many days. These will require a collective response by several or many neighbouring Trusts
Level 3: Catastrophic	Events of potentially catastrophic proportions that severely disrupt health and social care and other functions (for example mass casualties, power, water, etc.) and that exceed even collective local capability within the NHS.

There are pre planned major events that require planning, for example, demonstrations, sports fixtures, air shows etc. and require a response. Although not formally described, there may be events occurring on a national scale, for example fuel strikes, pandemic or multiple events that require the collective capability of the NHS nationally.

The Trust has a wide range of high profile locations and potential danger areas within its locality, which provides clear evidence of the need for all staff to familiarise themselves with the Trust's major incident plan. These include (list not exhaustive):

- 2 football clubs (high profile public venues)
- Racecourse (High Profile Public Venue)
- Local Rail Network
- Motorway Network
- Liverpool Airport
- High Density Shopping areas e.g. Liverpool One
- High density housing areas
- Industrial sites holding chemicals and other dangerous/toxic substances

6 Trust Risk Assessment and Hazard Mapping:

6.1 Local Health Resilience Partnership (LHRP) Risk Register:

The Merseyside LHRP Risk Register has been compiled by the Merseyside LHRP, to identify any potential risks that may affect the work and progress of the group as well as meeting the statutory duties of the Civil Contingencies Act 2004 and associated legislation and guidance. The Merseyside LHRP Risk Register will provide the basis for the responder agencies to develop emergency plans and takes into account the NHS related risks listed in the Merseyside Resilience Forum Community Risk register.

Any risk assessments relating to emergency planning and business continuity are stored on the CBU's electronic risk register via the Trust Ulysses Integrated Risk Management System.

6.2 Community Risk Register:

The Merseyside Resilience Forum (MRF) has a number of multi-agency sub groups including the Risk Assessment Group (chaired by the Fire & Rescue Services) which meets regularly and has drawn up the Community Risk Register for the County. It identifies potential risks that may affect the communities of Merseyside. The Risk Register is based on hazard mapping of the County area and potential risks that may require a coordinated major incident response. The model of risk assessment used is the Australian Emergency Management model and is heavily weighted by the impact analysis of each risks. Disasters mainly do not occur very often but their impact can be catastrophic, so the likelihood criteria used by most insurance companies is less applicable to emergency management risk assessment.

Incidents potentially affecting the Trust, extracted from the Merseyside Community Risk Register are as follows:

H9 Large Toxic Chemical Release
H23 Influenza type Disease
H24 Emerging Infectious Diseases
HL18 Local/Urban flooding (fluvial or surface run off)
H8 Very Large Toxic Chemical Release
HL2 Localised Industrial Accident Involving Large Toxic Release
H12 Biological Substance release from facility where pathogens are handled deliberately
H46 Biological Substance release during an unrelated work activity or industrial process
H14 Major Contamination incident with widespread implications for the Food Chain
HL4 Major pollution of controlled waters
H42 Rapid accidental sinking of a passenger vessel in or close to UK waters
HL37 Release of significant quantities of hazardous chemicals as a result of a major shipping accident
HL12 Local accident involving transport of hazardous chemicals
HL14 Local (road) accident involving transport of fuel/explosives
H17 Storms and Gales
H18 Low temperatures and heavy snow
H48 Heat Wave
H50 Drought
HL19 Flooding: local fluvial flooding

H56 Severe space weather
HL24 Localised Legionella/Meningitis Outbreak
HL42 Loss of cover due to industrial action by workers providing a service critical to the preservation of life
H31 Significant or perceived significant constrain on the supply of fuel at filling stations
H41 Technical failure of national electricity network
H43 Loss of telecommunication network due to human error
H45 Tehcnical failure of regional electricity network
IA9 Toxic or Hazardous Materials Washed ashore
L4 Major Fire in Mersey Tunnel
L5 Serious RTC in Mersey Tunnel
L7 Release of hazardous materials in Mersey Tunnel
L11 Major Outbreak of Food Poisoning
PD1 Sport stadium Disorder
M1 Major Emergency Involving Schools

Transport Hazards:

TH1 Fire or crash of aircraft on airport
TH2 Fire or crash of aircraft off airport
TH3 Major Road Traffic Collision (Motorway/trunk road)
TH4 Road Traffic Collision involving release of hazardous materials
TH5 Rail crash – surface railway
TH7 Rail crash involving release of hazardous materials
TH14 Local accident involving an aircraft crash off shore
TH15 Fire, flooding or collision involving a passenger vessel
TH18 Transport incident involving radiological or nuclear materials
TH21 Local accident involving transport of fuel or explosives

Human health:

HH1 Outbreak of communicable disease pandemic
HH2 Outbreak of communication disease e.g. e-coli
HH3 Legionella outbreak
L11 Major outbreak of food poisoning

All of the above have the potential for a severe to catastrophic impact in terms of disruption, damage to buildings and natural environment, large scale numbers of casualties and deaths.

The Merseyside Resilience Forum Community Risk Register can be accessed using the following link:

http://www.merseyfire.gov.uk/aspx/pages/reports/pdf/2014_Merseyside_Community_Risk_Register_v1_0_14.pdf

7. Business Continuity Incident Severity Rating Descriptor and Response:

Please see below for the incident types that can occur in the Trust:

Incident Descriptor*	Response
Minor Disruptive Business Continuity Incident*	Incident managed using local contingency arrangements
Moderate Disruptive Business Continuity Incident	Managed by a specific multi CBU team
Significant Business Continuity Incident (*decision will be made whether a major incident should be declared* or whether it is not applicable)	Requires overall strategic management by the Chief Operating Officer
Major Incident	In line with this Major Incident Policy and Command & Control Plan

*Further background detail on the incident descriptors and associated responses are included in **Appendix B.**

8. Major Incident Declaration:

A major incident can be declared externally by either North West Ambulance Service (NWAS) or via the major incident Command Structure by NHS England Merseyside Area Team Silver (tactical) Command or by NHS Strategic (Gold) command.

NHS England Merseyside Area Team will support these commanders by establishing an NHS Silver/Gold Command in their headquarters. Trusts and other providers will report to and obtain instructions and intelligence from this Command Centre when reacting to a major incident.

An external declaration is most likely in an event involving a number of receiving hospitals and all other partner agencies or an event that affects a number of agencies (not necessarily NHS).

A major incident for the hospital can be declared by the Chief Operating Officer or in their absence the 2nd On Call Manager (2nd On Call Manager out of hours) who will then become the Trust Strategic Commander for the major incident.

The Trust Strategic Commander must inform NHS England via NWAS Health Desk when the Trust has declared a major incident and ask for the NHS Tactical Commander for Merseyside. The Clinical Commissioning Group on Call Director must also be informed when the Trust has declared an internal major incident so that they can quickly advise GPs and are aware of any issues affecting normal services.

The NHS Alerting Messages that are used are:

Major Incident Standby	This alerts the NHS that a major incident

	may need to be declared. Organisations should make preparatory arrangements appropriate to the incident.
Major Incident Declared	Organisations have activated their Major Incident Plan and need to mobilise additional resources.
Major Incident Cancelled	Cancels either of the above messages
Scene Evacuation Complete	This is a message from the Ambulance Service to Trusts to inform them that no more casualties are at the scene.
Major Incident Stand Down	It is the responsibility of each Trust to determine when it is appropriate for them to stand down.

8.1 Trust Strategic Commander (NHS Bronze Commander):

During a major incident, the Chief Operating Officer or in their absence the 2nd On Call Manager will become the Trust Strategic Commander (externally known as the NHS Bronze Commander). Out of hours, the 2nd On Call Manager is the Trust Strategic Commander. The Strategic Commander will lead the Trust's strategic response to the incident. They will initially attend the Trust Tactical Command Room and once initial plans are in place, the Strategic Command Team will move to the Strategic Command Room.

9. Methods of Major Incident Activation

9.1 External Major Incident Activation:

North West Ambulance Service (NWAS) will contact either switchboard desk or the observation area in the Emergency Department to advise that the Trust is to expect casualties from an external major incident.

On being informed by the North West Ambulance Service that Alder Hey is to expect casualties from a major incident, the Emergency Department Consultant on Duty will obtain further information from NWAS, discuss the situation with the ED Senior Nurse Coordinator and consider whether or not a a major incident should be declared for the hospital. If it is considered that a major incident needs to be declared, then authorisation should be obtained from the Chief Operating Officer in hours (or 2nd on Call Manager in absence of COO) or 2nd On Call Manager out of hours.

9.2 Internal Major Disruption/Incident Activation (Business Continuity):

In the event of an internal Major Disruption/Business Continuity Incident occurring in the hospital and a decision is made by the Trust Strategic Commander (Chief Operating Officer/2nd on Call Manager) to declare a major incident following assessment of the situation, the Strategic Commander must inform the NHS Tactical Commander for Merseyside via NWAS Health desk that a major incident has been declared.

Please see Appendix C for Major Incident Activation in Diagrammatic format.

9.3 Activation of Emergency Roles:

Please refer to the Major Incident Command and Control Plan to access the major incident action cards.

Information on the Command and Control Structure is available in Appendix D.

10 Mutual Aid and Capacity Management

- Public Health England will provide advice and support on public health, health protection and epidemiological issues.
- The Scientific & Technical Advisory Cell (STAC) provides advice to NHS Gold Command but can be accessed via the command structure one in place.
- NHS England Gold Command can be asked to coordinate assistance from the voluntary agencies under the UNITY protocol (the primacy agency for UNITY is the British Red Cross) or help in the Parent and Carers reception centre.
- NHS England Gold Command coordinate the Merseyside NHS strategic response to major incidents for the County and can provide county and regional resources via NHS England) as required. Please refer to Appendix E for UK Reserve of National Stock.

11 Mass Casualty / Multiple Site Emergency Response

Mass Casualty/Multiple site incidents like the London Bombings in 2005 will require a coordinated multi-agency response from all standing agencies. Please refer to Appendix E for further detail.

12 Information Sharing and Distribution

Sensitive data not in this plan will be made available to key Trust personnel by confidential email to relevant groups or individuals.

Partner agencies may view this Major Incident Policy via the Resilience Direct Website. Members of the public may request a copy by e-mail from the Emergency Preparedness & Business Continuity Manager.

13 Testing and Exercising

A table top style exercise is conducted annually, a live exercise every 3 years and a test of a communications cascade every 6 months as per the regulations of the Civil Contingencies Act 2004.

These exercises are conducted in cooperation with partner agencies and may include communication via the Major Incident Command Structure to report upwards and access expert advice, resources and assistance from partner agencies that are part of that structure.

The Trust also tests the plans as part of the involvement in partner agencies exercises including those conducted by NHS England Merseyside Area Team.

14 Statutory Obligations

The Trust, as a Category 1 Responder, is subject to the full set of civil protection duties and as the accountable officer, the Chief Executive is responsible for ensuring that the Trust complies with its statutory responsibilities in relation to the Civil Contingencies Act 2004, with special regard to the NHS Emergency Planning Guidance 2005; underpinning materials for acute hospitals and foundation trusts. See also http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/Managingyourorganisation/Emergencyplanning/NHSguidance2005/index.htm

This includes the requirement to:

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

15 Business Continuity Planning

CBUs have local continuity plans for their wards and departments who have carried out a business impact analysis. During internal incidents affecting business continuity, the Trust Business Continuity Plan is used to provide a response in conjunction with the local business continuity plans.

It is the responsibility of CBU managers across the Trust to ensure all staff are familiar with their local Business Continuity Plans.

16 Pandemic Influenza Planning

Please refer to the Trust pandemic influenza plan for management of mass infection.

17 Decontamination

Please refer to the Trust CBRNE/Hazardous Materials Decontamination Plan.

In the event of a Chemical, Biological, Radiological, Nuclear, Explosive (CBRNE) incident the Trust can access the Nerve Agent Antidote Service (NAAS) via the Ambulance Service. The responsibility for enacting this would be the ED Consultant.

In the event of an incident that involves mass decontamination of casualties the ED Consultant and/or Senior Nurse can request the Trust is "Locked Down" to reduce the effects of such an incident and prevent spread of contamination. This would occur via the Trust Lock Down Policy.

18 Management of Children, Vulnerable Groups and Displaced Persons

During a major incident, the Trust is required to ensure that vulnerable groups and children are cared for as appropriate to their needs. As Alder Hey is a children's hospital, this is embedded in all care.

Although not exhaustive, vulnerable people may include:

- People with learning disabilities
- Visual/hearing impairment
- Mental health problems
- Physical disabilities
- Elderly people, particularly those who are confused or have cognitive impairment
- Pregnant women
- Individuals with acute or chronic illness

The care of vulnerable people will be given special consideration during a major incident depending on the incidents actual or potential impact on their care. Anyone involved in a major incident may suffer from stress and trauma and it is important that the Trust offers support to these individuals by directing them to the most appropriate source.

Displaced persons are persons who are separated from their families or home as a result of a major incident. They will be managed initially by the Emergency Department senior nurse who will enlist the social work team to arrange support as necessary. This may include arrangement of accommodation, onward transport, interpreting services, liaison with mental health services etc.

The Civil Contingencies Act allows the sharing of certain information for emergency planning purposes, although sensitive information (which would include some personal data within the meaning of the Data Protection Act and patient records) needs to be subject to controls on the way it is handled and the purposes to which it is put. The restrictions that need to be placed on sharing information at the planning stage are different from those applying in an emergency. For instance, it can be necessary to provide partner agencies like the police with details like the name, address, age, gender and description of casualties for the good of the patient so that they can be reunited with their families from whom they have been separated by the event. If in doubt, advice should be sought from the Trust Tactical Command room.

19 Management of Valuables

Valuables taken from patients or bodies during the major incident should be placed in clear bags with name or number and remain with the patient.

20 Health & Safety

The Trust recognises that the health, safety and welfare of staff, patients and visitors is at the forefront of emergency preparedness planning and the Trust accepts that it has a duty of care to safeguard the wellbeing of all staff, patients and visitors by employing all reasonable practicable measures. Please refer to the Trust Health & Safety Policy for more information.

21 Staff Welfare

Responding to incidents can be stressful for staff. In order to ensure staff are supported, those staff with management responsibility will ensure that the following issues are continually monitored and addressed:

- The availability of food and/or refreshments (depending on the type of incident)
- Working hours
- Rest breaks
- Travel arrangements
- Staff security and safety
- Consideration of personal circumstances
- Monitor welfare of staff throughout the response and ensure personal debriefing for staff as needed, or at the end of their shift
- Offering counselling support via the Alder Centre, after the incident if the staff member wishes to take this up. This will be organised in conjunction with the Occupational Health department and the bereavement team. Staff should be offered support and debriefs as soon to the end of the incident as possible.

22 Care of Parents and Carers during a Major Incident:

The Trust has allocated the following areas to coordinate the response to parents and carers whose children have been involved in the major incident:

- Radiology Seminar Room
- Emergency Department Interview Room

In the event of a mass casualty incident where a larger number of parents and carers would arrive, the Atrium would be utilised.

23 Escalation Plan

Please refer to the Trust Escalation Plan.

24 Patient Movement / Admission

Please refer to the Trust Bed Management Policy for further information.

The Patient Flow Team (Bleep 306) will ensure an up to date bed state is available at Trust Tactical Command, to enable identification of patients to be transferred from the Emergency Department, assessment areas and critical care. This will ensure assessment capacity is available for incoming patients.

It is paramount that all requests for transfer of patients from any area within the Trust are made via the Tactical Command room to ensure records are kept up to date regarding all admissions and transfers from any source. It will be the Patient Flow Teams responsibility to maintain these records.

Clinicians will arrange discharge or transfer of ward patients and notify patient flow team.

General emergency admissions arising during the course of a major incident should be redirected by ambulance control to other hospitals, leaving the Trust to deal with major incident admissions. This will be dependent on the nature of the incident as other local hospitals may also be accepting patients.

25 Recovery Planning

25.1 Clinical Services:

The possibility of rescheduling and restoration of services e.g. routine non urgent elective surgery and outpatient clinics will be monitored and coordinated throughout the response by the Trust Tactical Commander in liaison with the Trust Strategic Command Team. Most clinical based decisions on recovery will be dictated by the Medical Director and disseminated to departmental and ward managers.

25.2 Supply Issues:

The Procurement Team will restore supplies to their former level and make new purchasing if required. See National Emergency Purchasing Scheme in Appendix F.

25.3 Pharmacy:

Pharmacy will instigate their business continuity plans for stock replacement.

25.4 Estates/Interserve:

Estates/Interserve will instigate their business continuity plans to return back to service as normal.

26 Stand Down/ Debrief:

The Trust Strategic Commander will ensure that all staff are stood down at the appropriate time and will arrange for a ‘hot debrief’ to take place. This will normally be following communication from any one of the emergency services or from NHS England Silver or Gold Commander.

It must be recognised that whilst the incident may be stood down from Emergency Services, the Trust could continue with the internal plans for major incident due to the number, priority, specialty of casualties and any other pressures within the Trust.

The Trust Strategic Commander will be required to conduct a formal debrief following the incident within a short period after the incident and representatives from particular NHS partner agencies (if required) may be invited.

Any notes made at de-brief should be stored with the logging information following the incident for any action plans to be formulated and accessible in the event of any investigation that may ensue.

The Emergency Preparedness and Business Continuity Manager will incorporate the information provided in the debrief into a report within one month for circulation to the Director of Nursing.

27 Communications Strategy/Dealing with the Media

In the event of a major incident, good, clear communication is the key and the Trust will endeavour to ensure communication is robust as possible.

The hospital will be divided into three main functional areas, each with its own control team. All control teams will link to one another and Trust Tactical Command will receive updates from the Emergency Department, Theatres and PICU. Please see Appendix G for this information in diagram format.

The Communications Team will ensure that staff and managers are made aware of progress in a major incident and issue urgent global emails and information as appropriate. They will provide a point of contact for the media and will provide press statements for issues affecting the Trust after first discussing the matter with the NHS Gold Communications Team (if this team has been set up). This process will also be used for messages on health advice to the general public.

They will brief the Trust spokesperson before interviews and deal with the press on behalf of the Trust. Trust spokespersons will be media trained Executives or appropriately trained senior managers.

In the event that the incident is regional or national level, media messages will be available via NHS Gold Communications to ensure consistent messages.

The designated media liaison point is in the Institute in the Park.

VIP visits will be coordinated by the communications team.

28 Documentation and Preservation of Records Relating to the Major Incident

All members of staff who have dealt with any patients from the Major Incident, as well as those who have, in any shape or form, contributed to the major incident response, may be required to give evidence in any ongoing

investigation and any future investigations, legal proceedings, judicial inquiries, Coroners inquests, civil court proceedings or any other related proceedings.

All staff who document details of any major incident must ensure this information is recorded, dated, times, name printed and signed and designation of staff member recorded.

It is therefore, of upmost importance that clear, detailed, accurate and contemporaneous notes are kept and that any documentation however remote, to the major incident, should be preserved and made available to the relevant authorities when required. Under no circumstances should any such documents be destroyed, inappropriately amended, tampered with or withheld.

The authorities requesting such documents will still have to comply with the usual requirements for patients privacy and confidentiality. All such requests will be done through the normal channels, through the medical records department.

The loggist in the Trust Tactical Command team must ensure all instructions are documented in a legible manner, with no alterations being destroyed, but crossed through with a signature.

29 External Stakeholders

During any major incident, the Trust will have responsibility for informing external stakeholders that an incident has occurred. This will not only warn and inform, but enable them to provide support and mutual aid as required.

Contact details are included in the Business Continuity Plan and the Command and Control Plan.

The Trust Strategic Command will make an informed decision of which stakeholder to contact, although NHS England Merseyside Area Team Silver/Tactical Commander must be informed for every major incident.

30 Training

All managers who have defined responsibilities to enact the Major Incident Plan must ensure their staff are fully conversant with all procedures. This is particularly important for the EPRR Executive accountable officer, who must ensure that:

- all medical staff including locums, within the Directorate are aware of their responsibilities.

- Staff conduct Emergency Planning/Business Continuity Mandatory training.

- Staff will be invited to attend major incident desktop exercises/live exercises training by invitation, in discussion with the Emergency Preparedness Group.

- Exercises in relation to Major Incident Planning will be held at least 3 yearly to comply with the Civil Contingencies Act 2004. The exercises will aim to test key components of the plan. Learning from exercises will be incorporated into any updates of the Major Incident Plan and shared across the organisation and other external stakeholders as required.

- A communication exercise will be held every six months to test the response times and the availability of staff to attend any incident.

- In addition to local Trust exercises, the Trust Executive Team and senior managers are required to attend exercises across the Local Health Economy to identify whole system responses. Training in media relations is also recommended for the Executive Team.

- All staff should make themselves aware of the Major Incident Policy and relevant staff should know how to access the Command and Control plan.

- The Major Incident Policy and Major Incident Command and Control Plan will be held on the Trust intranet in the electronic senior managers on call folder. Staff should also keep a hard copy available.

- A hard copy of the training needs analysis will be made available on the Trust's intranet. The Emergency Preparedness & Business Continuity Manager is responsible for ensuring that members of the Trust at all levels have training made available to them.

- Staff training records are held on the Training and Development database.

- Funding for equipment and training pertaining to emergency planning will be met on an individual basis and recommended by the Corporate Risk Committee. A Training Needs Analysis is attached as Appendix H.

31 Monitoring

31.1 The Trust's emergency plans are audited annually by NHS England via a self-assessment process.

32 Additional Information

Equality Analysis (hyperlink)

References

- Civil Contingencies Act 2004
- The NHS Emergency Planning Guidance DH 2005 (updated 2007)
- NHS Commissioning Board Core Standards for Emergency Preparedness, Resilience and Response (EPRR)

- NHS Commissioning Board Business Continuity Management Framework (Service Resilience)
- NHS Commissioning Board North 24/7 Business as Usual/Out of Hours Arrangements
- NHS Commissioning Board Command and Control Framework (for the NHS during significant incidents and emergencies)
- Jayne Heaney, Head of Emergency Planning, St Helens & Knowsley Teaching Hospitals NHS Trust

Associated Documentation

- Bomb Threats and Suspect Packages Procedure, Alder Hey Children's NHS Foundation Trust:
- Business Continuity Plan, Alder Hey Children's NHS Foundation Trust:
- Local Business Continuity Plans by Clinical Business Units, Alder Hey Children's NHS Foundation Trust:
- Business Continuity Policy, Alder Hey Children's NHS Foundation Trust:
- Merseyside Resilience Forum Community Risk Register:

  http://www.merseyfire.gov.uk/aspx/pages/reports/pdf/2014_Merseyside_Community_Risk_Register_v1_0_14.pdf
- Decontamination Plan, Emergency Department, Alder Hey Children's NHS Foundation Trust:
- Escalation Plan, Alder Hey Children's NHS Foundation Trust:
- Escalation Plan, PICU, Alder Hey Children's NHS Foundation Trust:
- Evacuation Procedure, Alder Hey Children's NHS Foundation Trust:
- Lockdown Plan, Alder Hey Children's NHS Foundation Trust: http://intranet/DocumentsPolicies/Documents/Lockdown%20Policy%20-%20RM22.pdf
- Major Burns Plan, Alder Hey Children's NHS Foundation Trust:
- Major Incident Command and Control Plan, Alder Hey Children's NHS Foundation Trust:
- Mass Casualty/Multiple Locations Major Incident, Alder Hey Children's NHS Foundation Trust:
- NHS England – Management of Surge (Burns)

- NHS England – Management of Surge (ECMO)
- NHS England – Management of Surge (PICU)
- NHS England (NW Region) Major Contingencies – Guidance for Critical Care Escalation, October 2013
- Pandemic Flu Plan, Alder Hey Children's NHS Foundation Trust:
- Pandemic Flu Plan, PICU, Alder Hey Children's NHS Foundation Trust:
- Radiation Plan, Alder Hey Children's NHS Foundation Trust

Appendix A

UK Roles of Partner Agencies

1. Introduction:

The Merseyside Emergency Response Manual (MERM) sets out the response arrangements of agencies who are Category 1 and 2 responders as defined in the Civil Contingencies Act 2004 (CCA), to an emergency or other incident that require multi agency coordination at any one or any combination of operational, tactical and strategic levels.

Pre-planning, training and exercising on a multi-agency basis enables plans and procedures to complement each other and enables agencies to have an understanding of each other's roles, responsibilities, and capabilities.

NHS agencies play an important role in this multi-agency approach to emergency planning. The roles of the Trust's partner agencies are as follows:

Clinical Commissioning Group (Liverpool):

The Clinical Commissioning Group fulfils the duty of a Category 2 responder under the amended Civil Contingencies Act 2004. It maintains its own business resilience plans and ensures CCGs continues to provide business services in the event of an incident affecting e.g. electricity or telecoms failure.

The CCG provides a robust escalation process (24/7) for providers and business as usual contact arrangements in the event that NHS England need to contact the CCG out of hours.

The CCG will work with the NHS England Merseyside Area Team in support of the wide NHS response to the incident through directing providers.

Government Decontamination Service:

The Government Decontamination Service has been established to help agencies prepare for and recover from CBRNe (chemical, biological, radiological, nuclear or explosive) or significant HAZMAT (hazardous materials) incidents by providing advice, guidance, management support and contractual arrangements.

In response to an incident requiring decontamination equipment, the Governance Decontamination Service can provide expert advice on the capability and capacity of its framework or contractors, their services and where relevant, the remediation or decontamination methodologies available.

Contact details are as follows:

The Government Decontamination Service
MoD Stafford
Beconside
Stafford
ST18 OAQ
Tel: 08458 501 323
Fax: 01785 216 363
e-mail: gds@fera.gsi.gov.uk

Liverpool Metropolitan Borough Council:

The primary areas of response are:

- Support the emergency services and those engaged in the response to an incident
- Use resources to mitigate and relieve the effects on people, property and infrastructure
- Resource Emergency Reception Centres for the temporary accommodation of displaced persons
- Assist the Trust with emergency childcare in consultation with the Human Resources Department
- Provide humanitarian assistance
- Activate and coordinate voluntary sector support
- Provide an Emergency Mortuary under the NEMA scheme
- Maintain the provision of essential services
- Rebuild the community, environment and economy after an event

Local NHS Community Health Care Providers:

Local NHS Community healthcare providers will provide community health care service to casualties and to displaced persons. They may provide healthcare input to people with minor injuries and to persons at Local Authority managed Rest Centres and will support acute hospitals by diverting minor injuries away from the Emergency Department and into walk in centres, provide an integrated specialised emergency response for e.g. therapy services. Provide more hours and different working practices in community health care to reduce admissions.

Merseyside Fire and Rescue Service:

The primary areas of support are:

- Fire fighting, fire prevention and search and rescue
- Decontamination and mass decontamination of uninjured people
- Provision of specialist advice and assistance where hazardous materials are involved (especially the detection identification and monitoring or DIM teams operating at the scene)
- Provision of specialist equipment (pumps, rescue equipment and lighting)
- Safety management within the Inner Cordon of an incident

Merseyside Police:

The primary areas of response are:

- The saving of life in conjunction with other emergency responders
- Coordination and communication between the emergency responders and other agencies acting in support at the scene of the incident or elsewhere during the response phase
- Secure, protect and preserve the scene through the use of cordons
- Investigation of the incident and obtaining and securing evidence
- Collation and dissemination of casualty information
- Identification of the dead on behalf of HM Coroner
- Short term measures to restore normality

- Provision of advice and guidance from the Local Counter Terrorist Advisory Office
- Set up a central enquiry bureau to which all telephone enquiries will be diverted
- Establish a documentation team at the hospital adjacent to the ED Command room
- Take charge of the area designated for relatives
- Assist in the gathering and preservation of forensic evidence, if appropriate

If the incident leading to the attendance of patients at the hospital is suspected to be one in which criminal activity, including terrorism is suspected, then the patient and his/her clothing and other property may be forensic evidence. All reasonable steps should be taken to retain clothing and other property in the bags used within the ED which will then be individually sealed and identified. The Trust may be assisted in the gathering of forensic evidence by police.

In the event of a major incident, the Police will be allocated use of an office in the Emergency Department.

Military Aid to the Civil Community:

The Military is authorised to provide assistance in the response to an incident if there is a threat to life. The immediate assistance the Military is able to provide will depend upon the resources available at the time. Requests for assistance will normally be made via the Command structure.

NHS England (Cheshire & Merseyside):

NHS England sets the risk based Emergency Preparedness Resilience and Response strategy and command and control for the NHS and provides assurance that the system is fit for purpose. It leads the mobilisation of NHS resources including mutual aid and works with Public Health England (PHE) to develop joint plans as required.

It provides an NHS Gold Control Room and staff to support the Gold Commander in a Major incident. NHS England resilience team coordinate multli agency emergency plans for the NHS in Merseyside, support Trust will emergency planning, exercises and training, provide a conduit/be a filter for information/instruction from DH and provide held and advice to Trusts.

NHS North of England (NHS NE):

NHS North of England (NHS NE) may convene meetings of incident leads from the NHS organisations (which may use tele or video conferencing). The role of the NHS NE is to:

- Activate North of England and sub regional (e.g. north west ambulance service footprint area) Major Incident Plans
- Give priority to the incident, relative to meeting of targets and achievement of standards that would otherwise be imperative
- Assume that resource adjustments would flow to recognise extraordinary expenses incurred in responding to the incident
- Stand down their emergency response
- At the recovery stage, ensure that any commitments made during the incident are honoured.

North West Ambulance Service NHS Trust (NWAS):

NWAS attend the scene, provide on site healthcare, and transport patients to hospital.

They also provide a Hospital Ambulance Liaison Officer (HALO) at the Emergency Department to provide a link to the scene and inform the coordinators about the numbers and types of casualties en route and their estimated time of arrival. This facility may be requested when the Trust is dealing with a mass casualty or CBRN(E) or HAZMAT incident.

NWAS now hold three 'National Capability Mass Casualty Vehicles' (NCMCV) and these are available to Ambulance Trusts and Hospital Trusts in the event of a mass casualty incident.

Public Health England:

Public Health England is responsible for making sure England is prepared to respond to public health incidents. Its activities include supporting organisations involved in an emergency response by:

- Providing health protection services expertise and advice and coordinating responses to major incidents
- Assessing public health needs and gathering data to support emergency plans
- Carrying out risk assessments
- Providing scientific and technical advice
- Providing microbiology services

Scientific & Technical Advice Cell (STAC):

A STAC may be established during an incident to bring together technical experts from those agencies involved in the response to provide advice to the Gold Command where there may be wider health and/or environmental consequences. It is chaired by a Director of Public Health and can be staff by Public Health England, Local Authority Environmental Health Officers, NWAS representatives from other emergency services and experts from other government agencies and the military. Local experts like the Nuclear Physicist at the Royal Liverpool Hospital may also be required.

The Trust may be requested to send a representative to meetings of the STAC, particularly if the Trust is experiencing a Major Incident.

Appendix B

INCIDENT SEVERITY DESCRIPTORS AND RESPONSE

C

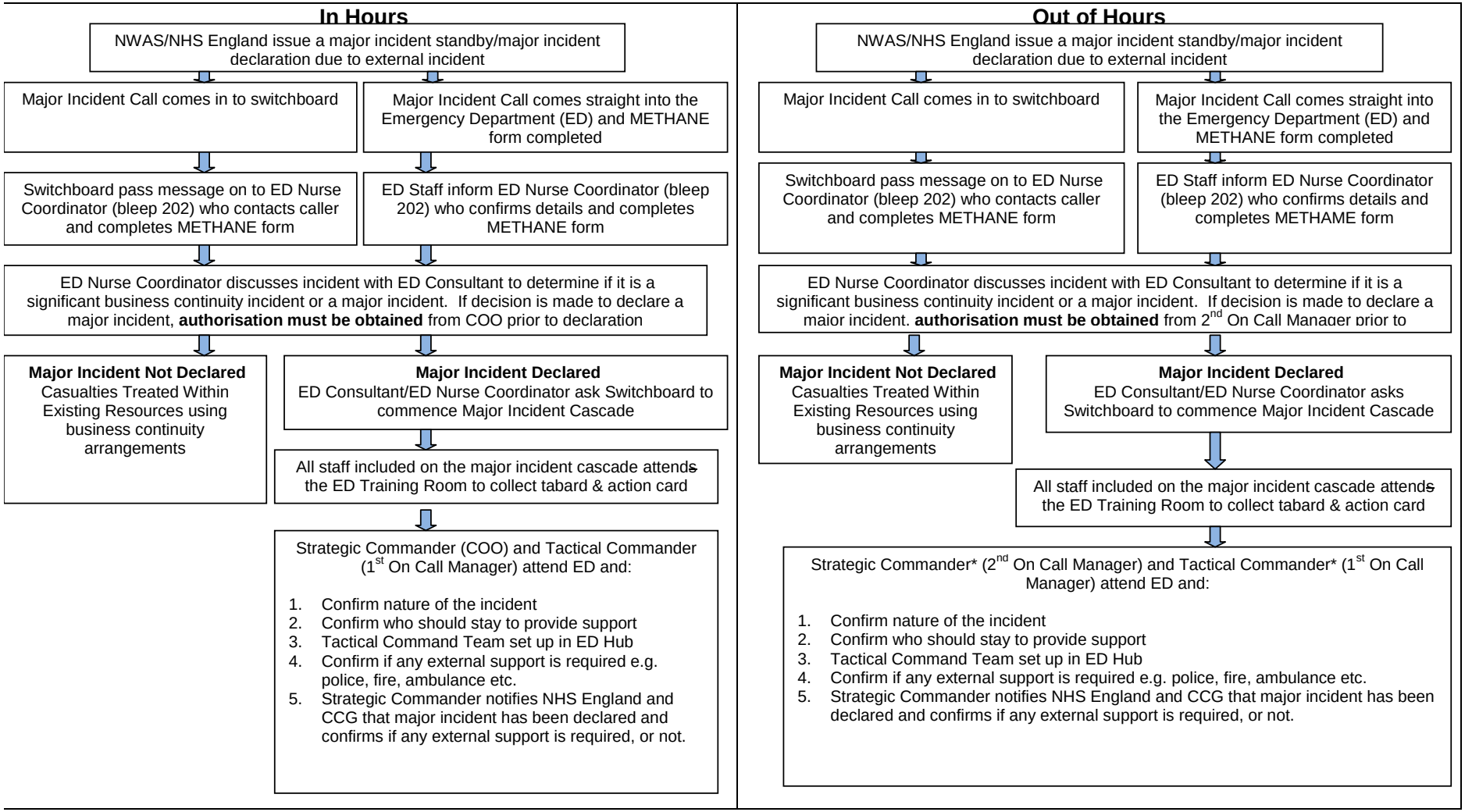
Three levels of business continuity incidents are described below and the Chief Operating Officer (in hours) or 2nd On Call Manager (in absence of COO or out of hours), acting as the Executive in Charge, will decide which level applies:

Level 1 Minor Disruption/ Incident	**One or more of the following apply** • Limited impact on patient and staff safety • Incident expected to be fully resolved and closed within 24 hours • Limited but some impact on service delivery in critical areas • One or a number of local contingency plans activated • Incident still expected to be managed through localised contingency arrangements • Limited financial / performance impact • Limited Governance issues • Possible public/media/political interest
Incident managed using local contingency arrangements: Where the initial impact assessment grades the situation as a minor disruption, the incident should be managed by the department. The Managers will escalate where necessary. Where the incident spills over (or has the potential to) into the evening or weekend, the relevant On call Manager and the hospital 1st On Call Manager should be informed regarding the contingency arrangements in place.	
Level 2 **Moderate Internal Disruption /Incident**	**One or more of the following apply** • Disruption to a number of critical services likely to last for more than 1 working day • Moderate impact on patients and staff • Access to one or more sites denied where critical services are carried out for more than 24 hours • Suspension of a number of services required • Access to systems denied and incident expected to last more than 1 working day and therefore impacting on operational service delivery • A number of critical services seeking to activate service level contingency plans thus requiring overall management • Impacts on finances and performance • Governance issues • Possible public/media/political interest
Numerous contingency plans activated thus requiring effective management by calling together of a specific multi directorate team Where the initial impact assessment grades the situation as a level 2 disruption, it will need to be formally managed to ensure resources and activities are effectively coordinated. An Incident Management Team should be set up and during working hours, the COO/2nd On Call Manager will decide on its composition. Out of hours, the hospital 1st On Call Manager must be informed first, who in turn will notify the 2nd On Call Manager and the team composition agreed. It may also be necessary to inform the CCG and NHS England on call managers and the Chief Operating Officer/2nd On Call Manager will make this decision.	
Level 3 **Significant Business Continuity Incident**	**One or more of the following apply** • Internal or external incident expected to impact on critical services for more than 48 hours • Wide spread disruption, loss of a major or multi-occupancy site • Major impact on patient and staff safety • Wide-scale incident in a geographical area affecting multiple critical services • Significant disruption to business activities • Local contingency plans inadequate to deal with incident • Response requires strategic coordination and assistance from other health economy partners
Widespread incident requiring senior strategic management: Where there is significant disruption, the incident will need to be formally managed to ensure resources and activities are effectively coordinated. In hours, the Chief Operating Officer (2nd On Call Manager in their absence) and 1st On Call Manager must be notified. The Chief Operating Officer/2nd On Call Manager, following liaison with members of the Executive Team and other senior managers will agree the composition of a Significant Business Continuity Management Team. Out of hours, the hospital 1st On Call Manager must be informed, who will notify the 2nd On Call Manager and the team composition agreed. **The Chief Operating Officer/2nd On Call Manager can make the decision to declare a Significant Business Continuity Incident**, and if declared, it will be necessary to inform the CCG and NHS England on call managers. The Chief Operating Officer/2nd On Call Manager will consider if a major incident needs to be declared. **Please note that a major incident** should only be declared in the event of a severe event or situation, with a range of significant impacts, which requires special arrangements to be implemented by one or more emergency responder organisation e.g.	

Major rail/road crash, major hospital power failure requiring evacuation etc. A major incident is:

a) beyond the scope of normal operations or business-as-usual;
b) likely to involve serious harm, damage or risk to human life or welfare, essential services, the environment or to the security of the UK;
c) a situation where the severity of impacts associated with a major incident are likely to constrain or complicate the ability of emergency responders to manage the incident;
d) likely to require a multi-agency response, rather than just a single-agency response, which may include multi-agency support to a primary responding agency.

Hospital Major Incident Activation (External Major Incident – casualties coming to ED)



Hospital Major Incident Activation (Internal Major Incident – no casualties coming to ED)

In Hours

Significant Business Continuity Incident Occurs in the Hospital

↓

Strategic Business Continuity Management Team set up.

Chief Operating Officer (if absent, 2nd On Call Manager) decides if a major incident needs to be declared.
*(**Note:** major incident should only be declared if an emergency arises that requires the implementation of special arrangements by one or more of the Emergency Services, the NHS or local Authority, for the initial treatment, rescue and transport of **a large number of casualties** e.g. major rail/road crash, major hospital power failure requiring evacuation etc.)*

↓

Major Incident Not Declared
Incident dealt with by business continuity management team

Major Incident Declared
Manager requests switchboard to commence major incident cascade

↓

All staff called via the cascade attend the ED Training Room to collect tabard & action card

↓

Strategic Commander (COO) and Tactical Commander (1st On Call Manager) attend ED and:

1. Confirm nature of the incident
2. Confirm who should stay to provide support
3. Tactical Command team set up in Meeting Room 8, mezzanine floor
4. Confirm if any external support is required e.g. police, fire, ambulance etc.
5. Strategic Commander notifies NHS England and CCG that major incident has been declared and confirms if any external support is required, or not.

Out of Hours

Significant Business Continuity Incident Occurs in the Hospital

↓

2nd and 1st On Call Manager attend site to act as the strategic business continuity management team.

2nd On Call Manager decides if a major incident needs to be declared.
*(**Note:** major incident should only be declared if an emergency arises that requires the implementation of special arrangements by one or more of the Emergency Services, the NHS or local Authority, for the initial treatment, rescue and transport of **a large number of casualties** e.g. major rail/road crash, major hospital power failure requiring evacuation etc.)*

↓

Major Incident Not Declared
Incident dealt with by business continuity management team

Major Incident Declared
Manager requests switchboard to commence major incident cascade

↓

All staff called via the cascade attend the ED Training Room to collect tabard & action card

↓

Strategic Commander* (2nd On Call Manager) and Tactical Commander* (1st On Call Manager) attend ED and:

1. Confirm nature of the incident
2. Confirm who should stay to provide support
3. Tactical Command team set up in Meeting Room 8, mezzanine floor
4. Confirm if any external support is required e.g. police, fire, ambulance etc.
5. Strategic Commander notifies NHS England and CCG that major incident has been declared and confirms if any external support is required, or not.

Appendix D

C

COMMAND AND CONTROL STRUCTURE

National Level:

The Prime Minister will convene the Cabinet including a representative from the Department of Health and specialist advisors in the Cabinet Office Briefing Room (COBR), supported bv staff officers from the Civil Contingencies Secretariat to develop and deliver policy and a national response to catastrophic events (e.g. foot and mouth epidemic, London Bombings, major flooding events, large scale civil unrest etc.).

Regional Level:

The NHS in the North West has a command and control structure that will be operated to coordinate mass and catastrophic level incidents. The NHS North of England (NHS NE) will take overall command and control of any major/significant incident that affects more than one county or if the incident is believed to be caused by a terrorist event.

Depending on the time or day of the incident, NHS NE will exercise its command and control functions from various places across the north of England. In the North West, they will operate from North West Ambulance Service (NWAS) Regional Operational Control Centre (ROCC) at Broughton, Preston, or from their offices in central Manchester. The NHS NE will brief the Department of Health as required.
Depending on the type of incident, the team will consist of:

- NHS On Call Director
- NHS On call communications lead
- Regional Director of Public Health England (if appropriate)
- A member of the Critical Care Network (to oversee critical care issues)
- Administration support

This NHS regional team will communicate throughout the incident with:

- Local adult and paediatric critical care networks
- Northern Burn Care Network
- National Burn Bed Bureau and
- Trauma networks

Where the incident is contained within the county, the local NHS Gold Commander will have strategic responsibility on behalf of the NHS North of England (NHS NE) whom s/he will brief as required. In addition, an NHS North of England Government Liaison Officer (GLO) may attend the Strategic Coordinating Group (Gold Command) of the county affected.

Merseyside County Multi Agency Gold Command:

The term ‘Gold’ refers to the person in overall executive command of each service (health, fire, police etc.) and is responsible for formulating the strategic incident response. Each strategic command (Gold) has overall command of the resources of their organisation, but delegate tactical decisions to their respective tactical commander.

The Merseyside Gold Command or Strategic Coordinating Group (SCG) is a multi-agency group that meets at Merseyside Gold Control Centre in Merseyside Police Headquarters, Liverpool. This is usually chaired by the Chief Constable as the police normally have 'primacy' over all other agencies in a major incident. It will be attended by the NHS Merseyside Gold Commander. The health economy represented by the Merseyside NHS Gold Commander extends beyond Merseyside boundaries and included Halton and Warrington.

NHS Gold Command (Greater Merseyside):

The Chief Executive (or nominee) of NHS England (Merseyside) is the NHS Gold Commander. S/he will strategically lead the NHS response in the county from an NHS Gold Command Centre at Regatta House, Brunswick Business Park, Liverpool, set up and staff by NHS England (Merseyside) resilience team.

The NHS Gold Commander will attend the Strategic Coordinating Group when it meets and will represent the entire Greater Merseyside NHS economy including Wirral, Warrington and Halton.

NHS Silver (Tactical) Command:

In Merseyside, the NHS command structure reflects the multi-agency structure as follows:

The term silver refers to those who are responsible for formulating the tactics to be adopted by their service to achieve the strategic direction set by strategic command. NHS Silver Command will oversee but not be directly involved in managing the operational response to the incident.

NHS England (Merseyside) will also provide a rota of silver commanders who may operate from Regatta Place or a control centre in a suitable building in the Council district where the incident has occurred.

NHS Bronze (Operational) Command:

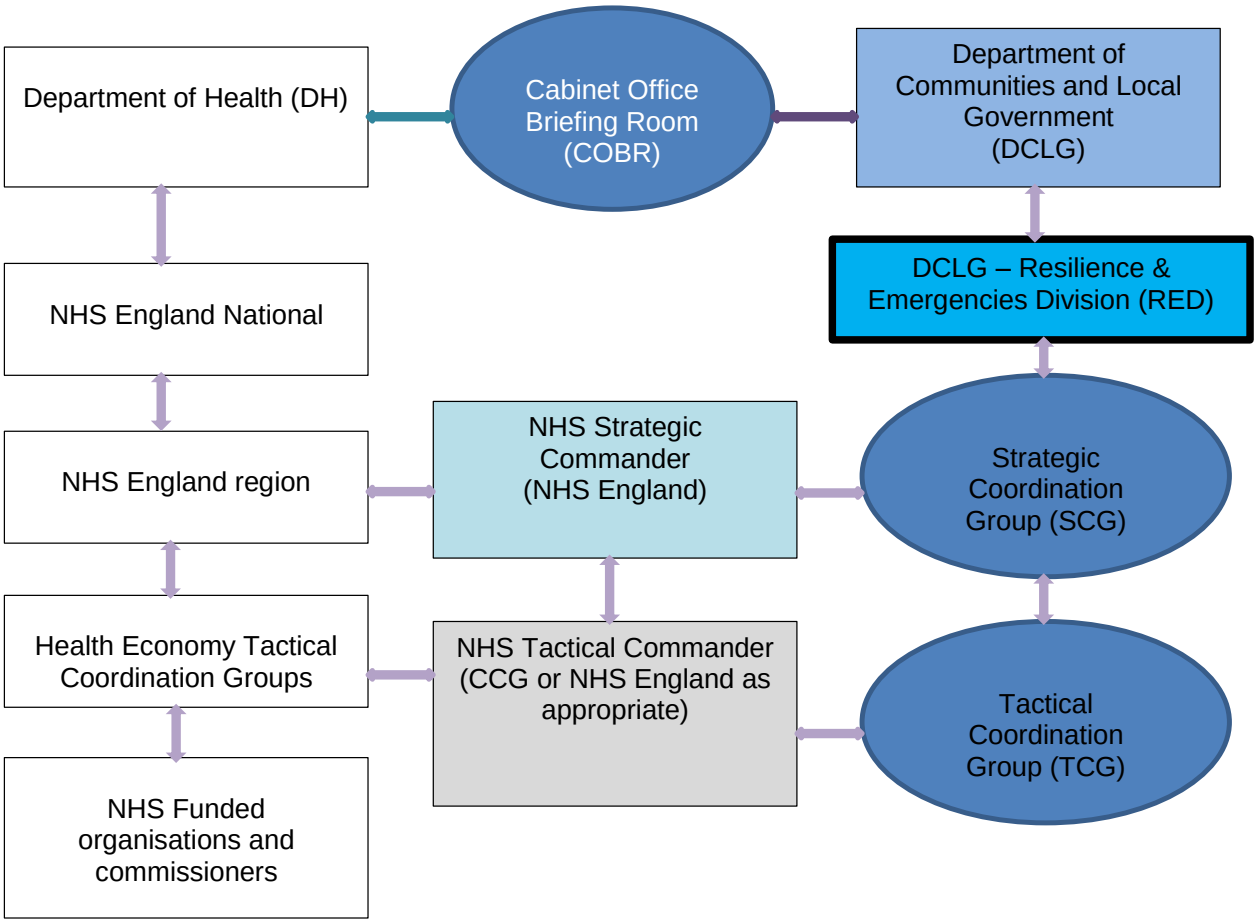
The term bronze refers to those who provide the frontline operational response and/or direct service provision and control the resources of their respective service within a specific area of the incident. They implement the tactics defined by the NHS Silver Command Team.

In Merseyside the executive/strategic command within Hospital Trusts (Acutes and specialist) and community health providers services are the NHS Bronze Command (known internally in the Trust as Strategic Command). These teams are chaired by a Trust Executive. In the Trust, the Executive in Charge (Strategic Commander) becomes the NHS Bronze Commander once the command and control centre is up and running.

The overview of the National Emergency Structure is detailed overleaf.

C

OVERVIEW OF EPRR RESPONSE STRUCTURE FOR THE NHS IN ENGLAND



In addition to the Merseyside NHS Command Structure, the Trust has its own internal command structure as follows:

- **Trust Strategic (NHS Bronze) Command:**

  In relation to the NHS Command Structure, the Trust is classed as 'NHS Bronze'. However, internally, the Trust has 'Strategic' command and control of the hospital. The Chief Operating Officer, or 2nd On Call Manager in their absence, (2nd On Call Manager out of hours) will be the Trust Strategic Commander with the overview of providing strategic leadership whilst the incident is in progress and planning the recovery phase.

  The Trust Strategic Commander will declare a major incident or standby and call together a Trust Strategic Command Team to lead the Trust's strategic response to the incident. They will operate from a designated strategic command and control centre.

- **Trust Tactical Command:**

  The 1st On Call Manager will be responsible for coordinating the Tactical Command Room. They will provide tactical support to both the Trust Strategic and Trust Operational teams. They will coordinate the Trust Tactical Command Team and will ensure that the Trust Strategic Commander receives all the information required to prepare hospital recovery plans and take account of any requests/suggestions from the Trust Strategic Commander.

  The Tactical Commander is responsible for coordinating the Trust's response to major incidents and where appropriate, working with other specialist Trusts, NHS Trusts, NHS England, CCGs. Instigation of this would be via the NHS Gold Commander.

- **Trust Operational Command:**

  The Trust's Emergency Department, Intensive Care Unit and Theatres each have their own control areas and will be the Trust 'Operational Commands'. They take direction from the Trust Tactical Commander.

  The Trust Operational Command Teams must communicate and liaise closely with Trust Tactical Commander to ensure successful management of the major incident. These teams will provide the operational support to their teams and other teams working alongside them.

Appendix E

C

UK Reserve of National Stock

National Capability Mass Casualty Vehicles (NCMCV)

NWAS now hold 3 ***National Capability Mass Casualty Vehicles (NCMCV)*** these are available to Ambulance Trusts and Hospital Trusts in the event of a mass casualty incident. The following is a brief overview of the capability.

"The NCMCV are part of the governments capabilities programme. Each vehicle contains enough medical equipment to provide emergency treatment for;

- 100 x Casualties either ***P1 / P2***
- 250 x ***P3*** Casualties

The equipment ratio is based on planning assumptions of incidents involving 80% adults to 20% paediatrics casualties. The NCMCV also carry mass oxygen delivery systems and a range of specialised drugs and equipment to be used by doctors if required. Request for the NCMCV must come through NWAS Emergency Control Centres (ECC). A request must include the following information:

- Which Trust you are requesting the NCMCV equipment for?
- What is the nature of the incident that you are dealing with that requires NCMCV equipment deployment
- Where is the agreed delivery location for the NCMCV equipment to be delivered to (this location should be risk assessed by the requesting Trust to ensure it is safe prior to request).
- What are the full contact details of the receiving Trusts representative that will be accepting and signing for the delivery of NCMCV equipment? This should include: Name, Role, Mobile telephone number and email for liaison prior to and after delivery of NCMCV equipment.

NHS Trusts, NHS Foundation Trusts and NHS England Regional Teams should access **the following items** by contacting their local NHS Ambulance Service Trust Emergency Control Room:

1. **Nerve agent antidote pod** – for treatment of nerve agent poisoning (90 people)
2. **Obidoxime injection** – further treatment for nerve agent poisoning
3. **Dicobalt edetate pod** – for treatment of cyanide poisoning (90 people)
4. **Botulinum antitoxin** – for treatment of botulism

NHS Ambulance Services in England, either initiating their own requests or responding to requests from NHS Trusts, NHS Foundation Trusts or NHS England Regional Teams should contact NHS Blood and Transplant as follows:

Primary number: 0208 201 3827

Secondary number: 0845 850 0911

The NHS England EPRR Duty Officer must be informed via **0844 822 2888 and ask for 'NHS 05'.**

NHS Trusts, NHS Foundation Trusts and NHS England Regional Teams should access **the following items** through the NHS England EPRR Duty Officer:

Primary number: 0844 822 2888 ask for 'NHS 05'
Secondary number: 0845 000 5555

Callers should clearly give the details of the incident, the number of pods requested and their contact details:

1. **Antibiotic pods (oral ciprofloxacin) –** three types of pod available:

   To treat 250 adults and children aged 12 years and above (using 500mg tablets), or 250 children aged 8-less than 12 years (using 250mg tablets) or 50 children aged 0-less than 8 years (using 250mg suspension), for 10 days, with post exposure prophylaxis for anthrax, plague or tularaemia.

2. **Further stocks of unpodded oral ciprofloxacin** and **doxycycline**

   To treat post exposure prophylaxis for anthrax, plague or tularaemia.

3. **Ciprofloxacin intravenous injection**

   For post exposure treatment of anthrax, plague or tularaemia.

4. **Gentamicin intravenous/intramuscular injection**

   For post exposure treatment of plague.

5. **Potassium iodate tablets**

   To block the uptake of radioactive iodine, plus information leaflets for the public.

6. **Prussian blue capsules**

   For the treatment of thallium and caesium poisoning.

7. **Naloxone injection**

   For the treatment of opioid poisoning. The decision to request any of these medical supplies should be made in consultation with the Health Protection Consultant from the local Public Health England (PHE) Centre and/or the local Director of Public Health.

Appendix F

EMERGENCY RESPONSE TO MASS CASUALTY INCIDENTS

Multiple site incidents like the London Bombings in 2005 will require a coordinated multi agency regional response from all standing agencies. The alert to the Trust from either NWAS or the NHS Silver or Gold Commander will contain **a code name known only to key officers of the Trust.**

Upon hearing this code name, the Trust Strategic Commander will ensure that the Trust is immediately fully prepared to respond to a large scale major incident or series of incidents.

Possible Required Responses to Multiple Site Incidents:

If the incident occurs within a 20 mile radius it is fairly certain that the Trust will be required to receive a potentially large number of the most serious casualties, the priority of P1s requiring emergency care, surgery and Paediatric Intensive Care.

However, there are a number of possible responses required from the Trust dependant upon whether it is a receiving hospital for the casualties or not:

Actions by the Trust on Declaration of Multiple Incidents by NWAS:

If it is anticipated that the Trust will be receiving large numbers of casualties it will:

- Establish a Trust Strategic Command Team supported by a Tactical Command Team.
- Establish lines of communication with the NHS England Merseyside Area Team Silver and Gold Command Centres to receive intelligence about the incidents and set up situation reporting up the command structure.
- Obtain as full a picture of the incidents as possible from NHS Silver Command including traffic conditions, any hazards and safe or clear routes recommended by the emergency services.
- Alert staff to a Major Incident by instructing the Switchboard to issue Major Incident Cascade
- Apprise all Trust Tactical Managers (see operational plans) of the situation.
- Instruct all managers to:
    - Brief staff and be prepared to ensure that they are issued with Major Incident action cards, tabards, relevant PPE and other equipment
    - Create capacity (being careful to coordinate and not adversely impact on other departments and services
    - Cease and cancel non-essential services to free up key staff for redeployment.

- Allocate staff to deal with the emergency whilst others continue treating patients already in the progress.

- Ensure access to current essential stocks and initiate plans in place to obtain more supplies quickly in consultation with the Procurement Team.

- Call in extra staff.

- Liaise with other providers for a coordinated response.

- Take business continuity measures like charging electrical equipment and having paper documentation systems handy.

- Open and staff the relative's area and if required, obtain assistance via the UNITY Protocol (request via NHS Silver Command) and alert the volunteers and Chaplain to attend.

- Liaise with the emergency services and other responding agencies

Please refer to mass casualties plan for further detail.

Appendix G

C

NATIONAL EMERGENCY PURCHASING SCHEME

Customer Procedure

Case of emergency during normal working hours

Monday to Friday between the hours 8.30am and 5.00pm contact the Head of Procurement who will respond to your emergency in the most appropriate way and in line with local procedures.

Case of emergency out of hours

Outside of normal working hours as indicated above the Customer must obtain the appropriate permission from budget holder, Manager in charge etc. Once permission has been obtained you should contact the local Distribution Centre by telephone not by facsimile *(see contact numbers on page 4)*

All such demands will be charged to the local emergency GL code to be apportioned according to local procedures. As of necessity, the emergency procedures are designed to allow authorised personnel to obtain their emergency issues without the encumbrance of normal requisitioning.

Procedure for case of emergency during office hours

Before pursuing an emergency delivery from the NHS Supply Chain Distribution Centre, consider the following:

1. Are the goods needed urgently?
2. Could the goods be obtained quickly from another department?

Procedure to be followed by Head of Procurement/ Officers for an emergency during office hours

Investigate the request and ascertain if the goods required can be obtained more quickly from another Ward/Department or Hospital.

Use the enquiry facility on NEP Oracle (except for the materials management purchases which are held on the Electronic Data Capture (EDC) devices) to determine where any delivery of the items required has been made recently.

Once it is apparent that a delivery is required from the Distribution Centre, obtain the following:-

1. *Authorising Officer's name*
2. *Location name and telephone number*
3. *Requisition point*
4. *NSV code for each commodity required*
5. *Description of product with issue pack size*
6. *Quantity required*
7. *Delivery if different from normal delivery location*
8. *Precisely when the item/s are needed*

The procedure to be followed by customers depends upon the time of day the emergency arises. An emergency is defined as a Major Incident or an unforeseen

circumstance where delivery is required the same day or within 5 hours. There is no charge for genuine emergencies.

Whilst NHS Supply Chain is the primary supplier of general consumables to the Trust, there are other critical clinical products which are purchased direct from suppliers. The Procurement Department operates an electronic catalogue system which holds information on many of these items.

NHS Supply Chain Emergency Procedure

Contact the Distribution Centre and your usual Customer Service advisor.
You must clearly state that it is an emergency situation and that you require an urgent delivery from the Distribution Centre.

Your Customer Service advisor will then ask the questions listed above and read back the answers to you, to confirm the request.

The Customer Service advisor will confirm the warehouse pick of the goods by telephoning either the customer or the Receipts and Distribution point and give details of the transport to be used and the estimated time of arrival at the delivery location.

Upon receipt the customer will be asked to sign the delivery note, printing their full name, job title and normal telephone number - a copy of which will be given to the customer.

An emergency is defined as a major incident or an unforeseen circumstance. This is usually a same day delivery.

Procedure to be followed by the CUSTOMER for an emergency outside of 'normal' hours - security manned site

Authorisation must be obtained for any emergency request.
Obtain the following information BEFORE contacting the Distribution Centre:-

1. *Authorising officer's name*
2. *Location name and telephone number*
3. *Requisition point and requisition code*
4. *NSV code for each commodity required*
5. *Description of product with issue pack size*
6. *Quantity required*
7. *Delivery if different from normal delivery location*
8. *Precisely when the item/s are needed*

Contact the Distribution Centre. *(Facsimile messages are not acceptable)*
Security Manned Distribution Centres – Alfreton, Maidstone, Normanton, Runcorn, Bury and Bridgwater.

Once the facts are confirmed, the Security Gatehouse Officer/depot on call officer will ring the number given by the caller to confirm that the call is genuine; having first checked that the telephone number given is in the directory of Hospital numbers. Whenever the afternoon shift is in work, contact the Shift Manager or Charge-hand.

Contact Telephone Numbers for Distribution Centres - Out of Hours

Manned Sites

Alfreton	01773 724000	Normanton	01924 328700
Runcorn	01928 858500	Bury	01284 355923
Maidstone	01622 402600	Bridgewater	01278 464000

Operations to provide Security with a detailed list of contacts for each Distribution Centre.

Once the emergency has passed, any ordering practices which didn't follow the normal process should be retrospectively reconciled i.e. requisitions, official purchase orders being raised to cover the emergency orders, to ensure a robust audit trail can be evidenced.

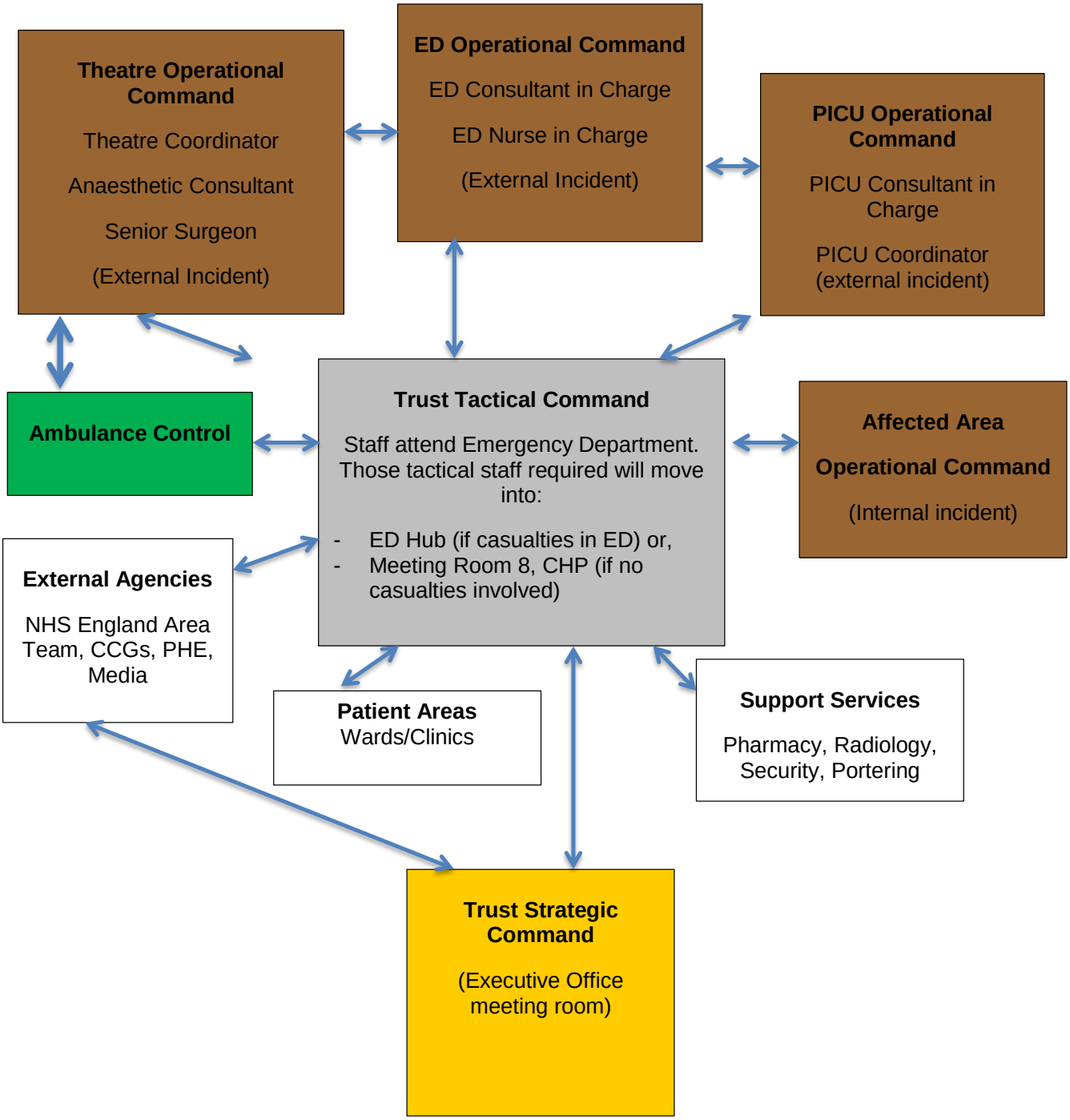
Access to emergency/Bulk Stock:

There are no central stores in the new hospital. All stocks are held on the Wards, Theatres and other departments. There is no central emergency stock held.

Appendix H

C

Major Incident Trust Communication Structure



EMERGENCY PREPAREDNESS RESILIENCE AND RESPONSE TRAINING NEEDS ANALYSIS

Training Available	Staff Group(s)	Specific Job Roles	Reason	Access to Training	Training Renewal	Delivered By	Evidence of Training
Major Incident/ Business Continuity Awareness Training	All Staff Groups	All Staff	Raise awareness of major incident response and associated legislation	Via Mandatory Training Calendar Workbook session	3 yearly	EP&BC Manager via workbook	Workbook
Command and Control EPRR Response Training	- Directors - Senior Managers - Clinical Services - Medical & Dental - Nursing - Estates & Ancillary	The following roles: - 2nd On Call Managers - 1st On Call Managers - CBU Lead Nurses - CBU General Manager - CBU Service Managers - Executive Team - Patient Flow Manager - Associate Patient Flow Manager - Night Matron - Chief Operating Officer and Deputy - Clinical Support Nurses - Ward Managers (304 Bleep Holder) - Head of Communications and Marketing - Head of Estates - Head of Facilities - Head of IM&T - Shift Engineer - Interserve Leads as required	To familiarise with major incident action card and response	One to one training session	2 Yearly or if there is a significant change	EP&BC Manager	Presentation Slides

Training Available	Staff Group(s)	Specific Job Roles	Reason	Access to Training	Training Renewal	Delivered By	Evidence of Training
Switchboard Major Incident & Cascade Theory Training	Estates & Ancillary	- Switchboard Supervisor - Switchboard Staff - Hotel Services Manager	To familiarise with major incident action card and response	As agreed with Switchboard Staff and Hotel Services Manager	2 Yearly (plus involvement in 6 monthly cascade exercise)	EP&BC Manager	Presentation Slides
Major Incident Ward Cascade	Nursing	- Ward Managers (to cascade to nurses)	To familiarise with cascade action card and response	Via 6 monthly cascade exercise	2 Yearly	EP&BC Manager	Record of cascade process
Public Enquiry Training	Directors/ Senior Managers	- Senior On Call Staff	To understand what to expect at a Public Enquiry and information to provide	As advertised	Once only	External Provider	Attendance Sheet
Media Training	Directors/ Senior Managers	- 2nd On Call Managers - Chief Operating Officer & Deputy - CBU General Managers - Executive Team	To be competent in liaising with the media	Executive Team & 2nd on call staff trained. Briefing sheet available in on call folder. Any staff interviewed by press are briefed first by communications team.	Once only	Comms.Team/ Briefing Sheet	Via comms. team
Loggist Training	- Admin and Clerical - Directors - Senior Managers	- Personal Assistants - Secretaries - Directors - CBU General Managers - CBU Lead Nurses - CBU Service Managers	To understand how to keep a log of decisions made and also for commanders to be able to know how to work best with their loggist.	As advertised	2 Yearly	Comms. Team	Attendance Sheet/ Certificate

Training Available	Staff Group(s)	Specific Job Roles	Reason	Access to Training	Training Renewal	Delivered By	Evidence of Training
Major Incident Action Cards (excluding ED Staff)	Clinical and Medical Staff Support Staff	- Clinical Directors - On Call Surgical Consultant - On Call Surgical Registrar - Consultant Anaesthetists - Consultant Cardiac Anaesthetists - Anaesthetic Registrar - Medical registrar - Orthopaedic Surgeon - Orthopaedic SHO - PALS Team - Charge hand Porter - Portering Team - Security Officers - Chaplain - ICU Consultants - PICU Ward Manager - PICU Unit Coordinator - Theatre Manager - All Theatre Staff - Haematology Staff - Radiology Staff - Pharmacy Staff - Hotel Services Manager - Volunteer Manager	To familiarise with major incident action card and response	Training targeted to specific groups as requested	As roles change	EP&BC Manager	Attendance Record/ Action Card

Training Available	Staff Group(s)	Specific Job Roles	Reason	Access to Training	Training Renewal	Delivered By	Evidence of Training
CBRNE/HAZMat Training 1 day Theory and Practical (See Appendix B)	Clinical and Medical Staff Admin and Clerical Staff	- Executive Team - 1st On Call - 2nd On Call - CBU General Managers - CBU Lead Nurses - CBU Clinical Directors - ED Consultants - ED Mid-Grade Doctors - ED Registrars/Staff Grade - Shift Engineers - All ED Nursing Staff - All ED HCA's - All ED Reception Staff - Security Staff - LSMS - Portering Staff - Hotel Services Manager - Health & Safety Team - Safety Representatives - Departmental Representatives - Triage Bank Nurses *Currently under review*	To understand theory and principles of decontamination of patients/parents	Classroom Training and Practical Training	5 years and then attendance at annual refresher update	ED Consultant/ ED Nurse	Attendance Record Presentation Slides Agenda Certificate
Major Incident Training for Emergency Department including action cards	Nursing	- ED Clinical Director - ED Consultants - All ED Nurses - ED Reception Staff - Students - HCA's Housekeepers	To familiarise with responsibilities for major incident	Ad hoc as provided by ED Consultant/ Nurse	5 years and then attendance at annual refresher update	ED Consultant and ED Nurse (leading on Emergency Preparedness)	Attendance record/ Action Card

Equality Analysis (EA)		
Please refer to guidance when completing this form		
Policy Name	Major Incident Policy	
Policy Overview	This is an overarching policy, which provides a framework to enable effective and coordinated planning and response to any potential major or catastrophic incident. This includes any event whose impact cannot be handled within routine service arrangements and which requires the implementation of special arrangements or special procedures by one or more of the emergency services.	
Equality Relevance hyperlink Select LOW, MEDIUM or HIGH	LOW	
If the policy is LOW relevance, you **MUST** state the reasons here.	The information included in this policy will not affect groups of staff in a negative way and only provides information what the Trust is required to do in order to respond to a major incident.	
Form completed on:	Date: 27/09/2016	
Form completed by:	Name: Elaine Menarry	Job Title: Emergency Preparedness & Business Continuity Manager

If LOW relevance, proceed to Approval and Ratification Section. No further information required

If MEDIUM or HIGH Equality Relevance, complete all sections	
Equality Indicators Identify the equality indicators which will or could potentially be impacted by the policy. (use hyperlink to assess the impact on each protected characteristic)	Age ☐ Details: Click here to enter text. Disability ☐ Details: Click here to enter text. Gender reassignment ☐ Details: Click here to enter text. Marriage & Civil Partnership ☐ Details: Click here to enter text. Pregnancy or Maternity ☐ Details: Click here to enter text. Race ☐ Details: Click here to enter text. Religion or Belief ☐ Details: Click here to enter text. Sex ☐ Details: Click here to enter text. Sexual Orientation ☐ Details: Click here to enter text. Human Rights (FREDA principles) ☐ Details: Click here to enter text.
Equality Information & Gaps What equality information is available for protected groups affected by the policy? If none available, include steps to be taken to fill gaps.	Click here to enter text.
Stakeholder Engagement What stakeholders are engaged to help understand the potential effects on protected groups?	Click here to enter text.
Interdependency How will this affect other policies, projects, schemes from an equality perspective?	Click here to enter text.
Summary of Equality Analysis Findings & Mitigation Include details of all actions to mitigate negative equality impact on protected groups.	Click here to enter text.

Monitoring Include details of how the equality impact will be monitored.	Click here to enter text.

If MEDIUM or HIGH relevance, the EA should be reviewed annually. Complete Approval and Ratification Section.

Approval & Ratification of Equality Analysis		
Policy Author:	Name: Elaine Menarry	Job title: Emergency Preparedness & Business Continuity Manager
Approval Committee:	Emergency Preparedness Group and Integrated Governance Committee	Date approved:
Ratification Committee:	Trust Board	Date ratified: 04/10/2016
Person to Review Equality Analysis:	Name: Elaine Menarry	Review Date: 01/09/2017
Comments:	Click here to enter text.	

CHILDRENS HEALTH PARK
MAJOR INCIDENT
COMMAND AND CONTROL PLAN

Version:	4
Name of ratifying committee:	Trust Board
Date ratified:	04/10/16
Name of originator/author:	Emergency Preparedness Manager, in consultation with Emergency Preparedness Group
Name of approval committee:	Integrated Governance Committee
Date approved:	14/09/16
Name of Executive Sponsor:	Director of Nursing/Chief Operating Officer
Key search words:	Major Incident, M28
Date issued:	
Review date:	

E

CONTENTS

Version Control, Review and Amendment Logs

Record of Changes made to Major Incident Command & Control Plan V4			
Section Number	**Page Number**	**Changes Made**	**Reason for Change**
1.1	Page 4	Updated major incident definition	In line with nationally updated definition
1.2	Page 5	ED Consultant to declare major incident following authorisation from Strategic Commander	To action being taken in the hospital at major incident level
1.4	Page 5	Reference to obtaining advice on ballistic injuries from MOD	Additional information now available to support response to a firearms/ explosive incident
3.2	Page 8	Reference to 1st On Call Manager being the Tactical Commander in hours as well as out of hours (unless there is someone more experienced to carry out the role)	To ensure there is a seamless response to the major incident
3.2	Page 8	Tabard collection	New procedure following last major incident declaration in February 2016
6	Page 11	Confirmation of parents/carers reception area	To ensure appropriate place to access parents and carers is identified
Appendix B	Page 15-16	Updated flowchart for major incident declaration in hours and out of hours	Updated arrangement agreed at a debrief meeting in February 2016
Appendix C through to Appendix F	Page 17-20	Updated situation reports from key areas	Updated SITREP template
Appendix G	Page 21	Business continuity incident severity ratings updated	In line with recommendation from NHS England

1. Introduction

This is an operational plan and should be invoked by the Trust Strategic Commander (Chief Operating Officer) when a major incident has been declared, requiring a strategic whole hospital response and therefore the activation of the Major Incident Command and Control arrangements.

The Trust Strategic Commander is as follows:

Working Hours (09:00 – 17:00 hrs.)	Out of Hours (17:00 – 09:00 hrs.)
Chief Operating Officer (if not available, this is the 2nd On Call Manager).	2nd On Call Manager

1.1 Major Incident Definition:

The Civil Contingencies Secretariat defines a major incident as:

*a **severe event** or situation, with a range of significant impacts, which requires special arrangements to be implemented by one or more emergency responder organisation.*

A major incident is:

a) beyond the scope of normal operations or business-as-usual;

b) likely to involve serious harm, damage or risk to human life or welfare, essential services, the environment or to the security of the UK;

*c) **so severe**, that the associated impact is likely to constrain or complicate the ability of emergency responders to manage the incident;*

d) likely to require a multi-agency response, rather than just a single-agency response, which may include multi-agency support to a primary responding agency.

Major incidents may include (but are not limited to) the following:

- Major accident such as a transport or industrial accident
- Deliberate release of a chemical, biological, radiological, nuclear or explosive agent (CBRNE)
- Conventional terrorist attack, e.g. suicide bomb, improvised explosive device (IED)
- Significant civilian disorder
- Major disaster with threat to public health
- Major outbreak of communicable disease e.g. flu pandemic
- Radiation hazard e.g. release of material from a fixed site, or from material being transported by road or rail
- Chemical hazards by air, water or other materials e.g. gas cloud type incident
- Major service provision failure e.g. power supplies interrupted, fuel or water shortage
- Adverse weather e.g. heat wave, flooding, significant snowfall
- Major Fire in the hospital
- Major Breakdown of utilities in the hospital
- Major equipment failure in the hospital

- Mass Hospital acquired infections

NHS England, via the North West Ambulance Service (NWAS) Health Control Desk, must be informed that the Trust has declared a major incident, so that they can prepare for any knock on effect to partner agencies and offer resources and coordination. The Merseyside Clinical Commissioning Group must also be notified for information.

1.2 Declaring a Major Incident:

A major incident can be declared:

- By North West Ambulance Service (NWAS) or other emergency service via a phone call to the Emergency Department due to an incident occurring externally. The ED Consultant/Nurse in Charge will note down the major incident information received using the 'METHANE' form in **Appendix A.**

- By the NHS major incident command structure i.e. NHS Silver or Gold commander for Merseyside i.e. in the event of a wider scale incident e.g. Pandemic Flu.

- By the Emergency Department Consultant or Nurse in Charge **but only after authorisation from the Chief Operating Officer or 2nd On Call Manager** in the event of a trauma incident where a large number of casualties are due to arrive at the hospital and additional resource is required.

- In the event of an internal significant business continuity incident (**see Appendix G**) where the Trust Strategic Commander (Chief Operating Officer in hours or 2nd On Call Manager out of hours) has made a decision to declare a major incident

The Trust Strategic Commander must notify NHS England and the CCG when a major incident has been declared and confirm if any external resource is required or if the incident is being managed internally by the hospital.

It is far easier to declare a major incident and scale down from the incident response, even if it is only needed for a short while, rather than to wait and then get hit by the full force of a big event. A slow, unprepared or under resourced emergency response is likely to result in loss of life, disablement and delayed or halted recovery of casualties and jeopardise the safety and welfare of staff and patients. This could damage Trust reputation and leave it open to the possibility of litigation.

1.3 Flow Chart for Major Incident Declaration

Please refer to Appendix B.

1.4 Mass Casualty Incidents and Major Incident Advice including advice on Ballistic and Explosive Injuries:

Please refer to the mass casualty plan for further detail. Experienced military clinicians are available to give telephone advice or visit Major Trauma Centre's in the event of a major incident. This may be as an individual or as a team. NHS indemnity is in place.

The Ministry of Defence (MOD) **holds a list of military specialist with experience in ballistic injuries**. Specialties available include anaesthetics, emergency medicine, general surgery, plastics, radiology and trauma & orthopaedics. **To activate**, **telephone national EPRR Major Incident Line** 0844 822 2888 and ask for "NHS 05".

Give: location, key contact person at major trauma centre (and number) and type(s) of advisor needed.

Trust response in the event of a mass casualty event where the hospital will receive casualties is as follows:

- Activate the **Trust Major Incident Plan** and initiate communications cascade
- Open and staff the Major Incident Tactical Command Room.
- Inform NHS England 1st On Call that the Major Incident Tactical Command Room is operational.
- Immediately update the Capacity Management System (CMS) as required.
- Consider **Trust Lockdown Plan** taking into consideration proximity of the incident and latest intelligence
- Implement **business continuity management** arrangements
- Review staffing arrangements to ensure optimum staffing within the Emergency Department (ED), Surgical Wards and Paediatric Intensive Care Unit (PICU)
- Prepare for rapid expansion of ED, Surgery and PICU
- Consider:
  - Ceasing all elective activity
  - Supplementing available equipment
  - Alternate use of specialist/day care beds
- Implement accelerated discharge process to create capacity and resources as far as possible
- Review blood and trauma stocks
- Prepare to receive police casualty bureau
- Consider the use of available hospitals for non-acute activity
- Consider the need for staff welfare and counselling
- Mortuary to implement business continuity arrangements and consider preparations for MRF Mass Fatalities Plan
- Identify the requirement/benefit of voluntary/faith sector assistance within the Trust via NHS England (unity Protocol)
- Prepare to respond to further information from NHS England via established Command and Control procedures

Note: *Lockdown or walk in centre preparations may or may not be required due to proximity to the incident/incidents and intelligence relating to threat.

1.5 Situation Reporting (SITREP) During a Major Incident:

When a major incident is declared, the following areas will submit a situation report into the Tactical Command Email address (tactical.command@alderhey.nhs.uk) :

- **CBU Lead Nurses** (For their wards, except Critical Care, Theatres, A&E who will submit their own report). Refer to Appendix C.
- **CBU Service Managers** (For their CBU Support Services). Refer to Appendix C.
- **CBU Operational Manager** (For their CBU Admin and Clerical Teams). Refer to Appendix C.
- **Emergency Department**. Refer to Appendix D.
- **Critical Care**. Refer to Appendix E.
- **Theatres**. Refer to Appendix F.
- **Out of hours** – one summary to be provided by 304 Bleep Holder or Night Matron with focus on the Emergency Department, Critical Care and Theatres. Refer to Appendix C.

2. Command and Control

When a major incident is declared, the Trust Strategic Commander will initially base themself in the Tactical Command Room with key officers of the Trust. The Tactical Command Room can be located in:

- ED Hub for an external major incident; or
- Meeting Room 8 for internal hospital incident

Once the initial response plan is agreed, the Trust Strategic Commander will identify which staff will form the Strategic Command Team. This Strategic Command Team will leave the Tactical Command Room and base themselves in the Strategic Command Room (Executive Offices Meeting Room).

The Tactical Commander will coordinate the response to the incident however; the Trust Strategic Commander will keep in close contact with the Trust Tactical Commander.

The Trust Strategic Commander will return to the Tactical Command Room to hold regular update meetings as required by the incident.

2.1 Location of Command Rooms:

COMMAND ROOMS	
Strategic Command Room	Executive Team Meeting Room
Tactical Command Room ***(occupied during internal incident in the hospital, normally a business continuity incident)***	Meeting Room 8, CHP
Tactical Command Room ***(occupied during external incident where casualties are brought to and treated in the Emergency Department)***	Emergency Department Hub
Back Up Major Incident Room	Pathology Seminar Room, CHP
Off Site Major Incident Room	Boardroom, Women's Hospital or CBU Management Seminar Room
Operational Command Rooms	Emergency Department Training Room/ Critical Care/ Theatres

See **Appendix H** for the contact numbers of these rooms and **Appendix I** for the facilities in each of the rooms.

2.2 Decision Making Model - JESIP:

The Joint Emergency Services Interoperability Programme (JESIP) decision model should be used as a framework for decision making throughout the course of the emergency. The model is cyclical where each step logically follows another and allows for continued reassessment of the emergency, enabling previous steps to be revisited. The decision model is included in **Appendix J.**

3. Key Roles and Responsibilities of the Trust Strategic Commander and Trust Tactical Commander:

3.1 Strategic Commander:

Commander	In Hours	Out of Hours
Trust Strategic Commander	Chief Operating Officer, or if not available, 2nd On Call Manager	2nd On Call Manager

The Trust Strategic Commander is the person responsible for strategically managing the whole hospital response.

Upon declaration/receipt of a major incident notification, the Strategic Commander will put on the Strategic Commander tabard (located in the Executive Team Meeting Room) and attend the Emergency Department to:

- Confirm nature of the incident
- Liaise with the Trust Tactical Commander and ED Nurse Coordinator and confirm which staff are required to stay to provide support
- Set out the arrangements for responding to the incident
- Strategic Commander must notify NHS England and CCG of the hospital major incident declaration, and confirm if any external support is required, or not

Once initial response plans are in place, the Strategic Commander will identify key staff to form the Trust Strategic Command Team. The Strategic Command Team will base themselves in the Strategic Command Room (Executive Office Meeting Room).

Please refer to the Strategic Commander action card (hyperlink located in appendix L) for further detail.

3.2 Tactical Commander:

Commander	In Hours	Out of Hours
Trust Tactical Commander	1st On Call Manager in first instance. Strategic Commander will identify if another member of the CBU Management Team is more appropriate to take over	1st On Call Manager

The Trust Tactical Commander is the person responsible for coordinating the tactical response to the major incident.

Upon declaration/receipt of a major incident notification, the Tactical Commander will go to the Emergency Department Seminar Room to collect their major incident tabard. They will then meet the Strategic Commander and ED Nurse Coordinator to:

- Confirm nature of the incident
- Confirm which staff are required to stay to provide support
- Set out the arrangements for responding to the incident
- Strategic Commander to notify NHS England and CCG that major incident declared, and confirm if any external support is required, or not

The Tactical Command Team will be based in:

- **the Emergency Department Hub** in the event of an external incident where casualties are arriving and being treated in the ED; **or**

- **Meeting Room 8**, Mezzanine Floor in the event of a significant business continuity incident.

Please refer to the Tactical Commander action card (hyperlink located in appendix L) for further detail.

4. Informing NHS England in the event of a Hospital Major Incident Declaration:

When declaring a major incident for the hospital, **the Trust Strategic Commander must** inform the following partners and confirm whether or not any external resources are required or if the incident is being managed internally by the Trust:

Organisation	Contact Number	Contact Details
NHS England Merseyside Area Team 1st On Call	Via the North West Ambulance Service (NWAS) Regional Health Control Desk on 0345 113 0099	Ask for the 'Merseyside Area Team 1st On Call' (NHS Tactical Commander) and provide NWAS with the following information: - Name of job title/role of caller - Organisation - Contact telephone number, and; - Reason for the call NWAS will contact the 'Merseyside Area Team 1st On Call' (NHS Tactical Commander)' who in turn will call the Commander back and then facilitate the necessary representation/support required.
Merseyside Clinical Commissioning Group (CCG)	Via the North Mersey On Call rota number 0845 124 9802.	Contact the North Mersey rota number and provide the contact centre with the following information: - Name of job title/role of caller - Organisation - Contact telephone number, and; - Reason for the call The contact centre will telephone the CCG On Call Officer. The CCG On Call Officer will then contact the provider concerned to discuss the issue and consider the action required.

5. Re-designation of Areas in the Event of a Major Incident

During the course of a major incident, areas within the Trust will change to ensure the space available is utilised properly as follows:

Existing Function	Major Incident Function
Ambulance Foyer	Triage Area
Emergency Department Training Room	Emergency Department Major Incident Control Room
Emergency Department Hub	Tactical Command Room *(during an external incident where casualties are arriving to be treated in the ED)*
Meeting Room 8, CHP	Trust Tactical Command Room *(during an internal incident in the hospital)*
Executive Office Meeting Room	Trust Strategic Command Room *(internal/external incident)* Where the Strategic Command team will meet to arrange strategic response to incident.
Pathology Seminar Room/ CBU Management Block Seminar Room – Retained Estate	Back up to Tactical Command Room
Research Unit	Press holding area
Resuscitation Rooms plus 2 HDU Cubicles	'RED/P1' patients who require immediate treatment *(external incident only)*
Minor Ops Room	Additional area for P1 casualties
Emergency Department Cubicles (3 cubicles on each side of majors nurse base)	The area will be emptied of existing patients. This will be the treatment area for 'YELLOW/P2' patients *(external incident only)*
Emergency Department Waiting Area moving on to **P3 cubicles near minors nurse base**	'GREEN/P3' patients with minor casualties and stable will wait in this area and then move into the P3 cubicles near minors nurse base. *(external incident only)*
Emergency Department Cubicles (opposite minors nurse base)	Existing non-incident patients *(external incident only)*
Radiology Seminar Room	Parents and Carers Reception Area during a major incident *(external Incident)*
Emergency Department Relatives Room	Family Interview/Meeting Room
Emergency Department Open Plan Office	Police Documentation Team *(internal/external incident only)*
Emergency Decision Unit (EDU)	To be used as normal, however, will be the overspill area for patients waiting for inpatient beds.

6. Parents/Carers Reception Area during a Major Incident:

A Parents and Carers Reception area will be set up, ready for use when a major incident involving a large number of casualties is declared. The reasons for setting up a parents and carers reception area:

- To keep the relatives informed regarding the casualty's condition, prognosis and treatment etc.
- To obtain information from the relatives to assist in identifying the casualties, and reuniting them at an appropriate time.
- To discourage worried relatives from inundating the Emergency Department
- To care for the welfare of those relatives and access necessary support for them.

There are action cards for the following roles:

- Parents/Carers Contact Officer
- Parents/Carers Area Coordinator
- Parents/Carers Area Assistant
- Parents/Carers Area runner

6.1 Designated Parents and Carers Area:

The following areas will be set up to respond to the families whose children are involved in the major incident:

Parents and Carers Reception Area	Radiology Seminar Room
Parents and Carers Interview/Meeting Room	Emergency Department Relatives Room
Police Documentation Area	• Emergency Department Office Area • Radiology Consulting Room

6.2 Role of the Police:

If resources allow, Merseyside Police aim to deploy documentation teams to the Emergency Department during a major incident involving large numbers of casualties. They will interview witnesses and family to assist in identifying potential casualties and deceased victims.

Their purpose is to obtain reports of persons believed to be present or missing as a result of the incident. This will become shared data for the purposes of:

- Reuniting casualties admitted in the Emergency Department with their families or simply keeping them informed until they can be reunited.
- Informing the Police Casualty Bureau, trying to match missing persons with the families who have reported them missing

7. Major Incident Action Cards

Please see **Appendix L** for a hyperlink to the major incident action cards.

8. Monitoring

Compliance with this plan will be monitored by the Emergency Preparedness Manager through a programme of monitoring, which will monitor the compliance with the policy statements in the relevant sections of the policy, as shown in the schedule below:

Process to be monitored	Schedule of monitoring	Monitoring conducted by whom	Form of monitoring	Findings of monitoring reported to
Action cards will be reviewed and updated annually	Annually	EP&BC Manager/ Clinical Audit Team	Version control	Emergency Preparedness Group and Integrated Governance Committee
Contact lists will be updated annually	Annually	EP&BC Manager/ Clinical Audit Team	Review of debrief reports	Emergency Preparedness Group and Integrated Governance Committee

The findings from this monitoring programme will be reported by the Emergency Preparedness Manager to the Emergency Preparedness Group and Integrated Governance Committee as stated above, at the next available meeting on completion of the monitoring.

An action plan will accompany the report, should any deficiencies in the compliance of this policy be identified. Implementation of any action plans will be monitored by the Emergency Preparedness Group and Integrated Governance Committee.

The Emergency Preparedness Group reports to the Integrated Governance Committee. The Integrated Governance Committee reports to the Trust Board, therefore providing Board assurance.

9. Associated Documentation

- Bomb Threats and Suspect Packages Procedure, Alder Hey Children's NHS Foundation Trust
- Business Continuity Policy, Alder Hey Children's NHS Foundation Trust:
- Community Risk Register, Merseyside
- Decontamination Plan, Emergency Department, Alder Hey Children's NHS Foundation Trust
- Escalation Plan, Alder Hey Children's NHS Foundation Trust
- Evacuation Procedure, Alder Hey Children's NHS Foundation Trust:
- Lockdown Plan, Alder Hey Children's NHS Foundation Trust:
- Major Burns Plan, Alder Hey Children's NHS Foundation Trust:
- Major Incident Command and Control Plan, Alder Hey Children's NHS Foundation Trust
- Mass Casualty/Multiple Locations Major Incident, Alder Hey Children's NHS Foundation Trust:
- Pandemic Flu Plan, Alder Hey Children's NHS Foundation Trust

NHS England Plans:

- NHS England – Management of Surge (Burns)
- NHS England – Management of Surge (ECMO)
- NHS England – Management of Surge (PICU)
- NHS England (NW Region) Major Contingencies – Guidance for Critical Care Escalation, October 2013

Appendix A

MAJOR INCIDENT RECORDING FORM ('METHANE') FORM

On receiving a warning message or an alert, the following information should be carefully recorded in the spaces provided – please write clearly:

Form completed by:……..

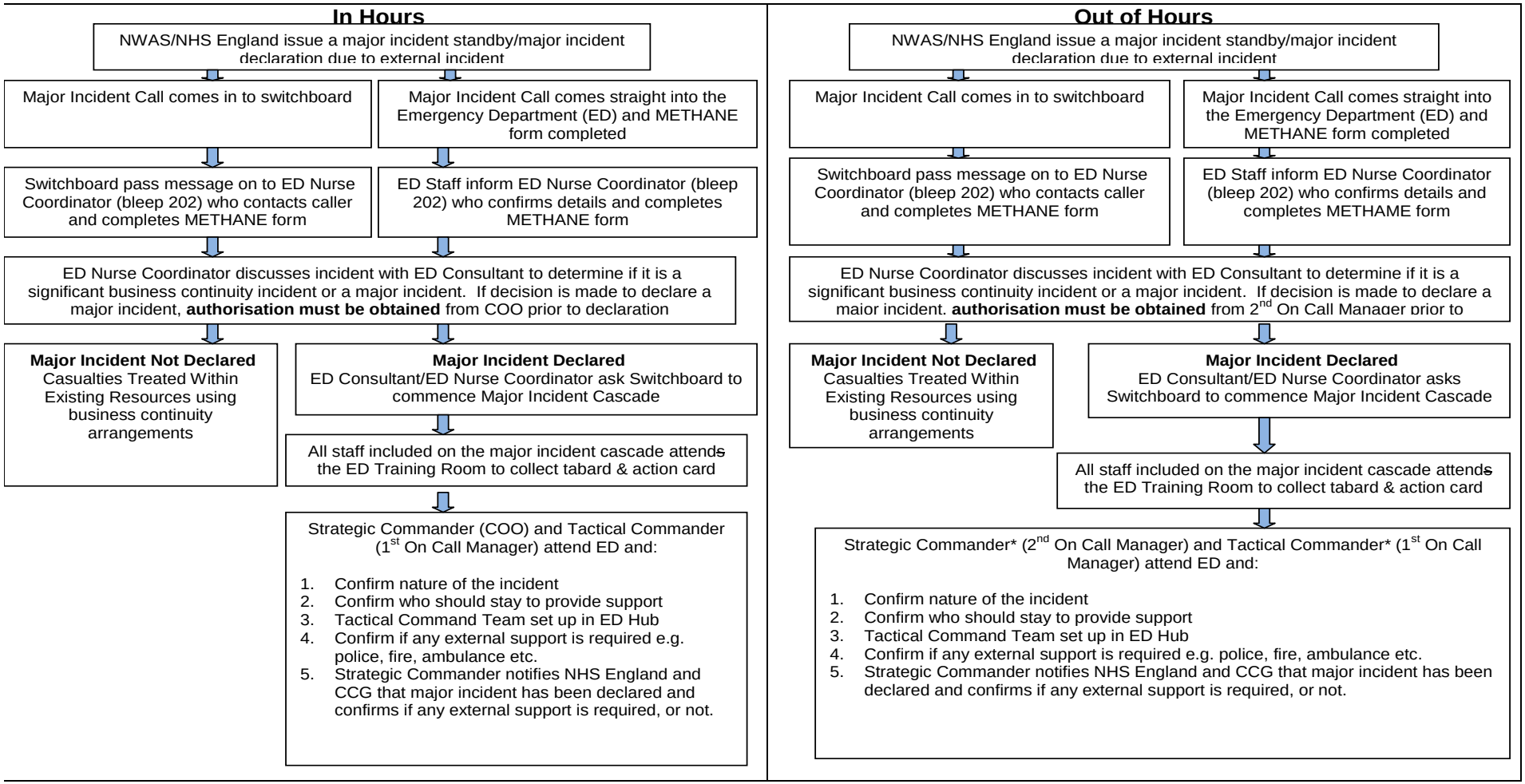
Contact Details:

Message Received From (Name):		
Name of Alerting Organisation:		
Contact Telephone Numbers:		
Landline Number:		
Mobile phone number:		
Date and Time Call Received	**Date (dd/mm/yy):**	**Time (24 hour):**

Incident Details:

Major Incident Status	**Organisation**	**Please tick relevant status**	
		Standby Status	**Declared Status**
	NHS England		
	Police		
	North West Ambulance Service (NWAS)		
Exact location of incident			
Type of incident			
Hazards present/suspected			
Access/egress arrangements/issues			
Number and type of casualties involved			
Emergency Services involved			

MAJOR INCIDENT DECLARATION ARRANGEMENTS DUE TO EXTERNAL INCIDENT
(Where casualties will be coming to the Emergency Department for treatment)



MAJOR INCIDENT DECLARATION ARRANGEMENTS DUE TO AN INCIDENT INSIDE THE HOSPITAL

In Hours

Significant Business Continuity Incident Occurs in the Hospital (see business continuity severity level reference sheet)

↓

Strategic Business Continuity Management Team set up.

Chief Operating Officer (if absent, 2nd On Call Manager) authorises if a major incident needs to be declared.
*(**Note:** major incident should only be declared if an emergency arises that requires the implementation of special arrangements by one or more of the Emergency Services, the NHS or local Authority, for the initial treatment, rescue and transport of **a large number of casualties** e.g. major rail/road crash, major hospital power failure requiring evacuation etc.)*

↓

Major Incident Not Declared
Incident dealt with by business continuity management team

Major Incident Declared
Manager requests switchboard to commence major incident cascade

↓

All staff called via the cascade attend the ED Training Room to collect tabard & action card

↓

Strategic Commander (COO) and Tactical Commander (1st On Call Manager) attend ED and:

1. Confirm nature of the incident
2. Confirm who should stay to provide support
3. Tactical Command team set up in Meeting Room 8, mezzanine floor
4. Confirm if any external support is required e.g. police, fire, ambulance etc.
5. Strategic Commander notifies NHS England and CCG that major incident has been declared and confirms if any external support is required, or not.

Out of Hours

Significant Business Continuity Incident Occurs in the Hospital (see business continuity severity level reference sheet)

↓

2nd and 1st On Call Manager attend site to act as the strategic business continuity management team.

2nd On Call Manager authorises if a major incident needs to be declared.
*(**Note:** major incident should only be declared if an emergency arises that requires the implementation of special arrangements by one or more of the Emergency Services, the NHS or local Authority, for the initial treatment, rescue and transport of **a large number of casualties** e.g. major rail/road crash, major hospital power failure requiring evacuation etc.)*

↓

Major Incident Not Declared
Incident dealt with by business continuity management team

Major Incident Declared
Manager requests switchboard to commence major incident cascade

↓

All staff called via the cascade attend the ED Training Room to collect tabard & action card

↓

Strategic Commander* (2nd On Call Manager) and Tactical Commander* (1st On Call Manager) attend ED and:

1. Confirm nature of the incident
2. Confirm who should stay to provide support
3. Tactical Command team set up in Meeting Room 8, mezzanine floor
4. Confirm if any external support is required e.g. police, fire, ambulance etc.
5. Strategic Commander notifies NHS England and CCG that major incident has been declared and confirms if any external support is required, or not.

Appendix C

CBU SITUATION REPORT (SITREP) TEMPLATE

For completion by:

- **CBU LEAD NURSES (For their wards, except Critical Care, Theatres, A&E who will submit their own report)**
- **CBU SERVICE MANAGERS (For their CBU Support Services)**
- **CBU OPERATIONAL MANAGERS (For their CBU Admin and Clerical Teams)**
- **Out of hours – one summary to be provided by 304 Bleep Holder or Night Matron with focus on the Emergency Department, Critical Care and Theatres.**

Please submit this form to tactical.command@alderhey.nhs.uk

Name of Clinical or Corporate Area:	
Name of Person completing SITREP:	
Role of Person completing SITREP:	
Date:	
Time:	
What is the impact/critical issues for your area?	
What support can be provided by your area in responding to the incident	
Number of Beds Available (if applicable):	
Patient Dependencies	
Could any of the patients be discharged, if situation requires it?	
Existing Staffing Situation	
Number of additional staff available to attend site if required	
Are there any facilities, IM&T or security issues?	
Any other issues that require raising to the Tactical Command Team	

Appendix D

EMERGENCY DEPARTMENT SITUATION REPORT (SITREP)

Please submit this form to tactical.command@alderhey.nhs.uk

Name of Area	Emergency Department
Name of Person completing SITREP:	
Role of Person completing SITREP:	Nurse in Charge
Date:	
Time:	
What is the impact/critical issues for your area?	
What additional support do you require?	
No. cubicles available	
No. resuscitation beds available	
No. patients in main waiting area	
Patient Dependencies	
Could any of the patients be discharged, if situation requires it?	
Existing Staffing Situation	
Number of additional staff available to attend site if required	
Are there any facilities, IM&T or security issues?	
Any other issues that require raising to the Tactical Command Team	

Appendix E

CRITICAL CARE WARD SITUATION REPORT

Please submit this form to tactical.command@alderhey.nhs.uk

Name of Area	Critical Care
Name of Person completing SITREP:	
Role of Person completing SITREP:	Nurse in Charge
Date:	
Time:	
What is the impact/critical issues for your area?	
What additional support do you require?	
No. beds available	
Existing Patient Dependencies	
Could any of the patients be stepped down, if situation requires it?	
Existing Staffing Situation	
Number of additional staff available to attend site if required	
Are there any facilities, IM&T or security issues?	
Any other issues that require raising to the Tactical Command Team	

Appendix F

THEATRES SITUATION REPORT

Please submit this form to tactical.command@alderhey.nhs.uk

Name of Area	Theatres
Name of Person completing SITREP:	
Role of Person completing SITREP:	Theatre Manager/ Theatre Lead
Date:	
Time:	
What is the impact/critical issues for your area?	
What additional support do you require?	
What Theatres are available?	
Could any of the patients be stepped down, if situation requires it?	
Existing Staffing Situation	
Number of additional staff available to attend site if required	
Are there any facilities, IM&T or security issues?	
Any other issues that require raising to the Tactical Command Team	

Appendix G

DISRUPTIVE BUSINESS CONTINUITY INCIDENT SEVERITY RATINGS

Three levels of business continuity incidents are described below and the Chief Operating Officer/2nd On Call Manager, acting as the Executive in Charge, will decide which level applies:

Level 1 Minor Disruption/ Incident	**One or more of the following apply** • Limited impact on patient and staff safety • Incident expected to be fully resolved and closed within 24 hours • Limited but some impact on service delivery in critical areas • One or a number of local contingency plans activated • Incident still expected to be managed through localised contingency arrangements • Limited financial / performance impact • Limited Governance issues • Possible public/media/political interest
Incident managed using local contingency arrangements: Where the initial impact assessment grades the situation as a minor disruption, the incident should be managed by the department. The Managers will escalate where necessary. Where the incident spills over (or has the potential to) into the evening or weekend, the relevant On call Manager and the hospital 1st On Call Manager should be informed regarding the contingency arrangements in place.	
Level 2 **Moderate Internal Disruption /Incident**	**One or more of the following apply** • Disruption to a number of critical services likely to last for more than 1 working day • Moderate impact on patients and staff • Access to one or more sites denied where critical services are carried out for more than 24 hours • Suspension of a number of services required • Access to systems denied and incident expected to last more than 1 working day and therefore impacting on operational service delivery • A number of critical services seeking to activate service level contingency plans thus requiring overall management • Impacts on finances and performance • Governance issues • Possible public/media/political interest
Numerous contingency plans activated thus requiring effective management by calling together of a specific multi directorate team Where the initial impact assessment grades the situation as a level 2 disruption, it will need to be formally managed to ensure resources and activities are effectively coordinated. An Incident Management Team should be set up and during working hours, the COO/2nd On Call Manager will decide on its composition. Out of hours, the hospital 1st On Call Manager must be informed first, who in turn will notify the 2nd On Call Manager and the team composition agreed. It may also be necessary to inform the CCG and NHS England on call managers and the Chief Operating Officer/2nd On Call Manager will make this decision.	
Level 3 **Significant Business Continuity Incident**	**One or more of the following apply** • Internal or external incident expected to impact on critical services for more than 48 hours • Wide spread disruption, loss of a major or multi-occupancy site • Major impact on patient and staff safety • Wide-scale incident in a geographical area affecting multiple critical services • Significant disruption to business activities • Local contingency plans inadequate to deal with incident • Response requires strategic coordination and assistance from other health economy partners
Widespread incident requiring senior strategic management: Where there is significant disruption, the incident will need to be formally managed to ensure resources and activities are effectively coordinated. In hours, the Chief Operating Officer (2nd On Call Manager in their absence) and 1st On Call Manager must be notified. The Chief Operating Officer/2nd On Call Manager, following liaison with members of the Executive Team and other senior managers will agree the composition of a Significant Business Continuity Management Team. Out of hours, the hospital 1st On Call Manager must be informed, who will notify the 2nd On Call Manager and the team composition agreed. **The Chief Operating Officer/2nd On Call Manager can make the decision to declare a Significant Business Continuity Incident**, and if declared, it will be necessary to inform the CCG and NHS England on call managers. The Chief Operating Officer/2nd On Call Manager will consider if a major incident needs to be declared. **Please note that a major incident** should only be declared in the event of a severe event or situation, with a range of significant impacts, which requires special arrangements to be implemented by one or more emergency responder organisation e.g. Major rail/road crash, major hospital power failure requiring evacuation etc. A major incident is: a) beyond the scope of normal operations or business-as-usual; b) likely to involve serious harm, damage or risk to human life or welfare, essential services, the environment or to the security of the UK; c) a situation where the severity of impacts associated with a major incident are likely to constrain or complicate the	

ability of emergency responders to manage the incident;

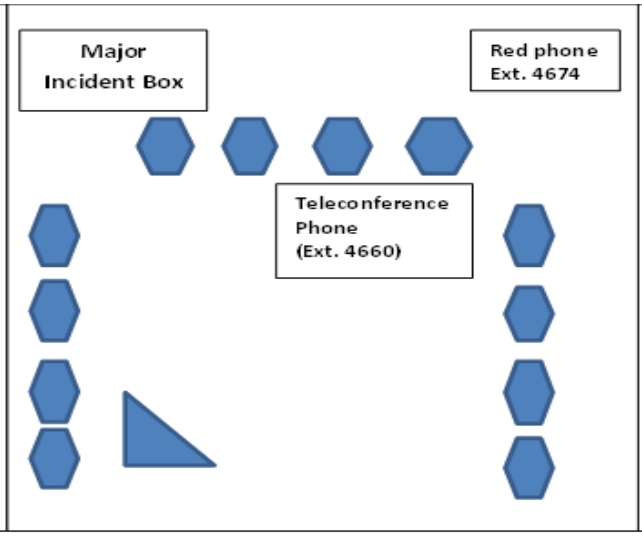
d) likely to require a multi-agency response, rather than just a single-agency response, which may include multi-agency support to a primary responding agency.

Appendix H

STRATEGIC COMMAND ROOM (EXECUTIVE TEAM MEETING ROOM)

Command Room	Location	Contact Details
Strategic Command Room	Executive Office Meeting Room	**Tel ext.** 4674 **Conference tel**. ext. 4660

Computer Workstations available in the Executive Team Office Area, plus access to photocopier



Executive PA Area:

Ext. 2412

Ext. 2572

Ext. 2001

Major Incident Box includes:

- **Tabards:**
  - Medial Director
  - Chief Executive
  - Communications Centre
  - Strategic Command Loggist
  - Strategic Commander
- **Major Incident and Business Continuity Action Cards & Plans (Yellow file)**
- **'Commander' Personal Log Pads**
- **Green Loggist Book (for loggist to use)**

How to open strategic commander electronic email:

- Open your personal email account
- Click 'file' (top left) and 'open'
- Click 'other users folder'
- In the box next to 'name', type in the word 'strategic' and click 'ok'
- Strategic command email account will then open up

Contact Number for Tactical Command Room(s):

If tactical team are based in ED Hub (during an incident where casualties are coming to the Emergency department):

Ext. 3034 (internal calls only), Ext. 3198 (internal calls only), Ext. 2600 (0151 252 5600)

If tactical team are based in Meeting Room 8 (when it is an incident due to an internal hospital issue):

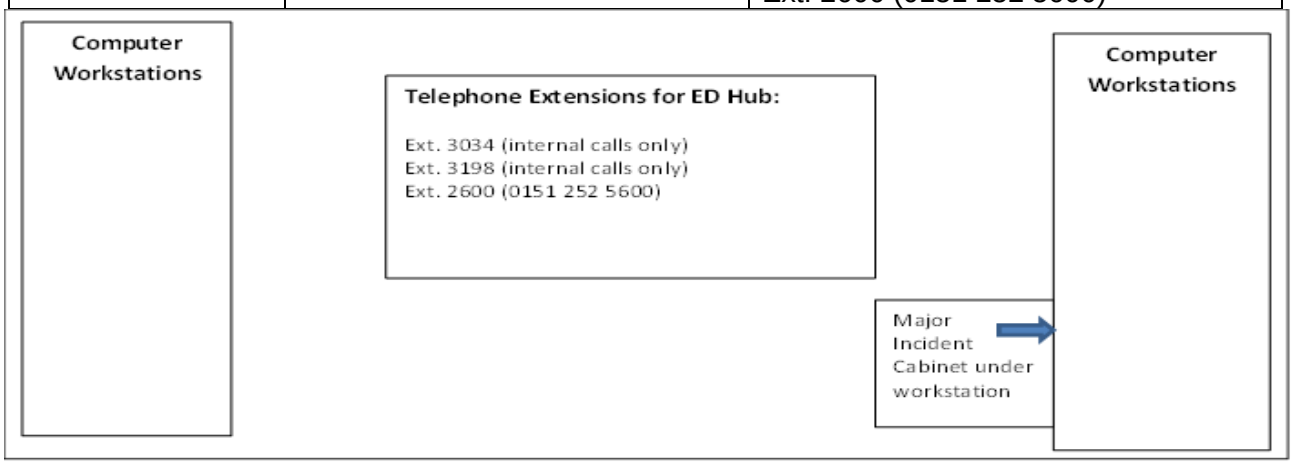
Ext: 4623

Emergency Preparedness Cost Centre Code:
917805 (only to be used to respond to major incidents or significant business continuity incidents affecting the whole hospital

Appendix I

TACTICAL COMMAND ROOM – ED HUB
(Used by Tactical Command Team when casualties are arriving in the Emergency Department)

COMMAND ROOM	LOCATION	CONTACT DETAILS
Tactical Command Room *(external incidents)*	Emergency Department Hub	**Tel Exts:** Ext. 3034 (internal calls only) Ext. 3198 (internal calls only) Ext. 2600 (0151 252 5600)



Major Incident Cabinet in ED Hub Contains:

- Major Incident Plans (Blue file)
- Major Incident Action Cards
- Green Loggist Book (for loggist to use)
- List of loggists available
- Commander Personal Log Pads (for commander to use)

How to open tactical commander electronic email:

- Open your personal email account
- Click 'file' (top left) and 'open'
- Click 'other users folder'
- In the box next to 'name', type in the word 'tactical' and click 'ok'
- Tactical command email account will then open up

Contact Number for ED Seminar Room (ED Operational Control Room):

Ext: 2519

Contact Number for Strategic Command Room:

Exec Team Meeting Room, Ext: 4674

Teleconference Phone: Ext: 4660

Emergency Preparedness Cost Centre Code:

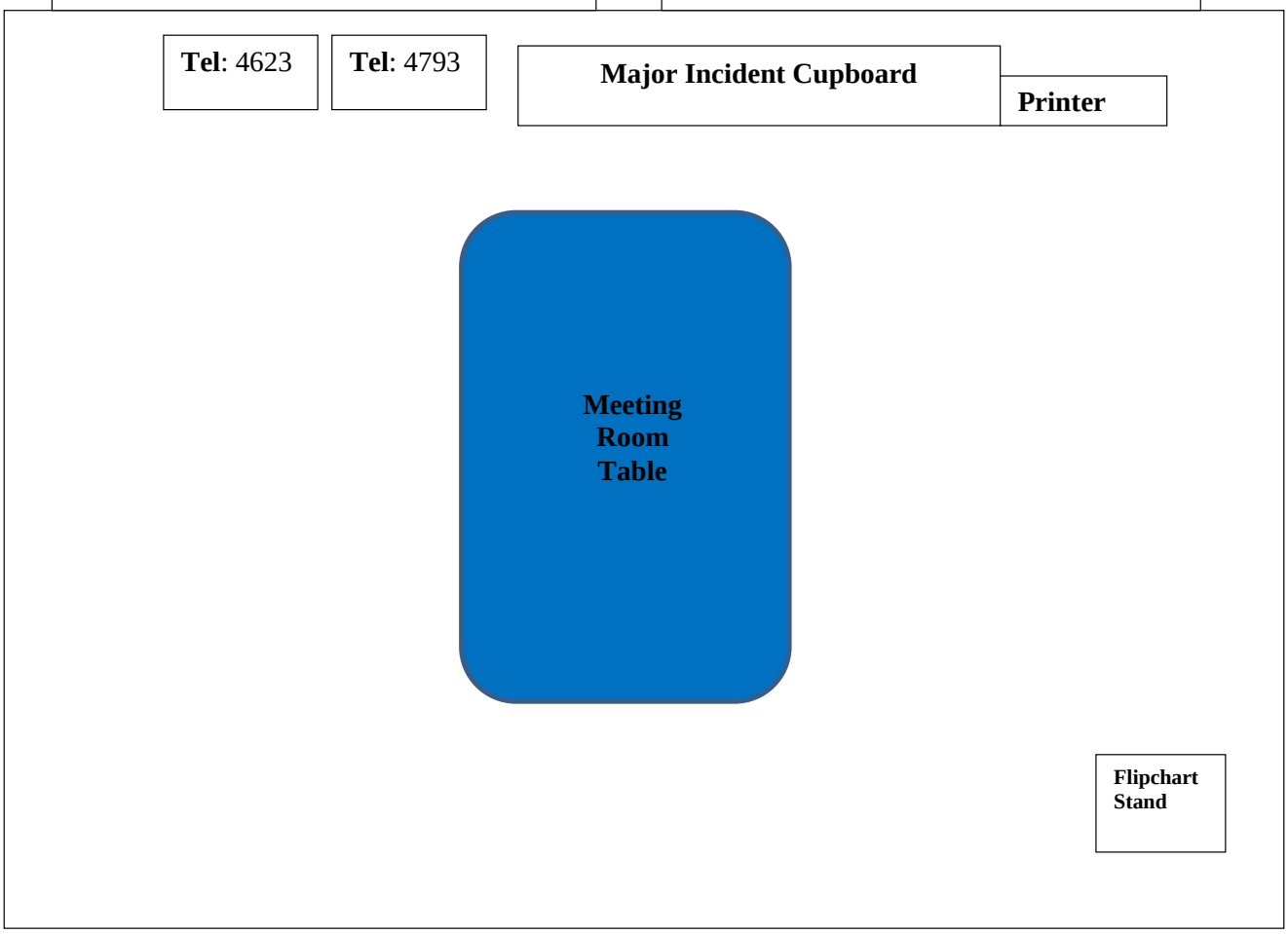
917805 (only to be used to respond to major incidents or significant business continuity incidents affecting the whole hospital

TACTICAL COMMAND ROOM – MEETING ROOM 8, MEZZANINE FLOOR
(Used by Tactical Command Team when an incident has occurred in the hospital – normally a business continuity incident)

COMMAND ROOM	LOCATION	CONTACT DETAILS
Tactical Command Room *(internal incidents)*	Meeting Room 8, new CHP	**Telephone line to use to <u>make calls into</u> the Tactical Command Room:** Ext. 4623 (0151 282 4623)
		Telephone lines to use, to <u>make calls from the</u> Tactical Command Room: Ext. 4793 (0151 282 4793 - **emergency phone line**)
		Conference Call Number: Ext. 2750 (0151 282 2750)
		General use Number: Ext 4624 (0151 282 4624)

Computer and OHP – use to display any information required or sky news

Screen on the wall – monitor emails coming in to tactical command inbox



TACTICAL COMMAND ROOM – MEETING ROOM 8, MEZZANINE FLOOR

Major Incident Cupboard Contains:

- Major Incident and Business Continuity Plans
- Major Incident Action Cards
- Green Loggist Book (for loggist to use)
- Loggist Details
- Commander Personal Log Pads (for commander to use)
- Stationery
- Blow up mattresses and overnight supplies

How to open tactical commander electronic email:

- Open your personal email account
- Click 'file' (top left) and 'open'
- Click 'other users folder'
- In the box next to 'name', type in the word 'tactical' and click 'ok'
- Tactical command email account will then open up

Contact Number for Strategic Command Room (Exec Team Meeting Room):

Exec Team Meeting Room, Ext: 4674

Teleconference Phone: Ext: 4660

Executive Team PA's: Ext. 2412, Ext. 2572, Ext. 2001

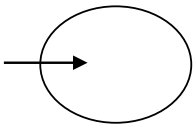
Emergency Preparedness Cost Centre Code:

917805 (only to be used to respond to major incidents or significant business continuity incidents affecting the whole hospital

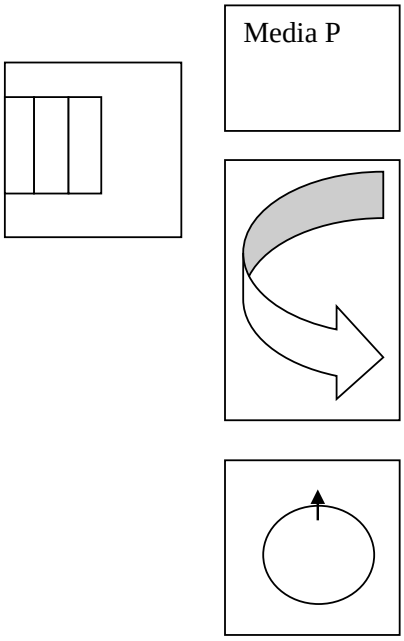
SWITCHING ON TV SCREEN & COMPUTER BASE IN MEETING ROOM 8

(TACTICAL COMMAND ROOM FOR MANAGING MAJOR INCIDENTS GENERATED IN THE HOSPITAL WHERE THERE ARE NO CASUALTIES IN THE EMERGENCY DEPARTMENT)

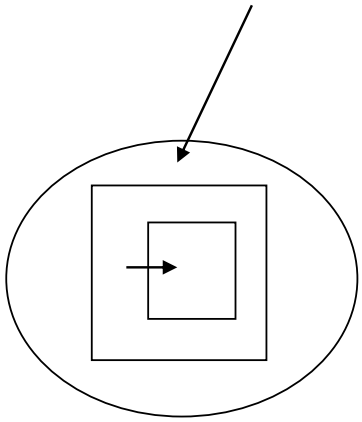
Note: This could be used by the Tactical Commander to monitor the emails coming into the Tactical Command Email Inbox.



1. Press button on computer base to switch it on
2. Type control, alt, delete (all together)
3. Enter your normal computer log in password
4. If the TV wall mounted screen does not come on do the following:-
   - At the back of the screen (bottom right hand corner as you are facing the screen) press the small round button. The following will appear on screen:-



Move the small round button to the right to highlight the icon.



5. Then move the small round button highlight: **HDMI2/DVI**

SWITCHING ON THE COMPUTER AND OVERHEAD PROJECTOR IN MEETING ROOM 8

(INTERNAL MAJOR INCIDENT TACTICAL COMMAND ROOM)

Note: this could be used to project any information the Tactical Command Team need to see onto the wall.

1. Switch on the White OHP (button at the back of the projector).

2. If required press the on/off button at the top of the projector.

3. Switch on the computer base and log in as you would normally log on.

Appendix K

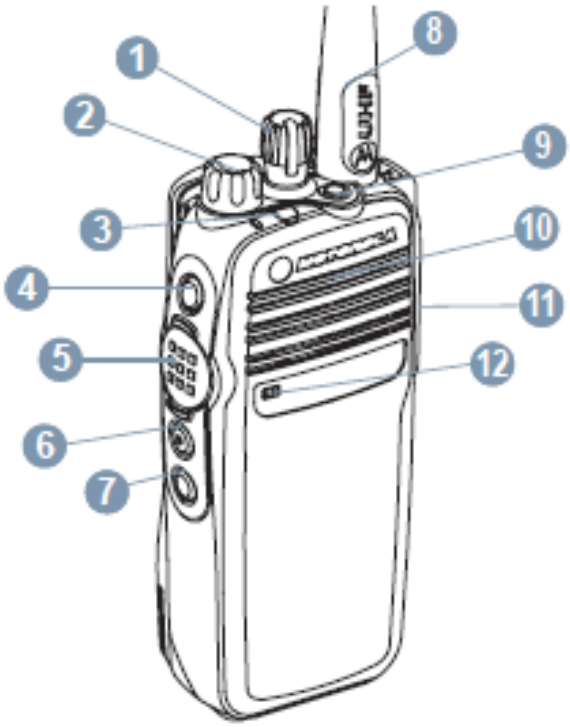
Radio Guidance Notes

There is a bank of radios in switchboard and a bank of radios in the Facilities Manager Office - basement (security can access the room out of hours)

These guidance notes have been developed to assist you with:

- Radio controls
- Powering up the radio
- Adjusting the volume
- Making a radio call
- Receiving a radio call
- Understanding the LED indicators
- Powering off the radio
- Charging the radio
- Understanding the charger docking station LED indicators

1.0 Radio controls



1 Channel selector knob

2 On/Off/Volume control knob

3 LED indicator

4 Side button 1*

5 Push-To-Talk (PTT) button

6 Side button 2*

7 Side button 3*

8 Antenna

9 Emergency button*

10 Speaker

11 Universal connector for accessories

12 Microphone

*These buttons are programmable

2.0 Powering up the radio

Rotate the On/Off/Volume control knob clockwise until you hear a click. The LED blinks green. A brief tone sounds, indicating that the power up test is successful. If your radio does not power up, check your battery. Make sure that it is charged.

3.0 Adjusting the volume

To increase the volume, turn the On/Off/Volume Control Knob clockwise. To decrease the volume, turn this knob counter clockwise. **NOTE:** Your radio can be programmed to have a minimum volume offset where the volume level cannot be turned down fully.

4.0 Making a radio call

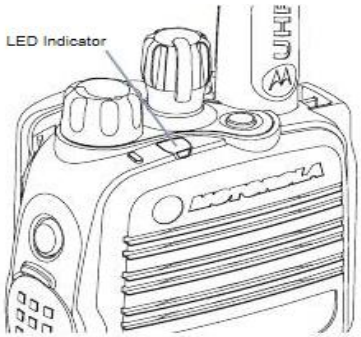
1. Power on the radio
2. Turn the Channel selector knob to **channel 1** (the radio will most likely be set to this channel anyway)
3. Press and hold the PTT button to initiate a radio call. You must keep this button pressed at all times when speaking **NOTE:** If you hear an engaged / bleeping tone when you press and hold the PTT button, this means that there are no spare radio channels. Keep trying until you hear the talk permit tone (consecutive small tone), which indicates that you've got a spare radio channel, and so can make a radio call
4. Hold the radio vertically 1 to 2 inches from your mouth
5. Wait for the talk permit tone to finish and speak clearly into the microphone
6. Release the PTT button to listen for a response to your radio call

5.0 Receiving a radio call

You do not need to do anything to receive / answer a radio call. They will come through to your radio automatically.

6.0 Understanding the LED indicators

The LED indicator shows the operational status of your radio



LED Indicator	Status
BLINKING GREEN	Radio is powering up
SOLID GREEN	Radio is transmitting
BLINKING RED	Radio is transmitting at low battery condition

7.0 Powering off the radio

To turn off the radio, rotate the On/Off/Volume control knob counter clockwise until you hear a click.

8.0 Charging the radio

To charge your radio, dock the radio into the charger docking station.

It takes roughly 8 hours to fully charge a radio. When fully charged, battery life of the radio is approximately 10 hours.

9.0 Understanding the charger docking station LED indicators

LED Indicator	Status
BLINKING YELLOW	Stand-by
SOLID RED	Charging
SOLID YELLOW	Recondition
BLINKING RED	Not chargeable

Appendix L

CONTACT DETAILS FOR BACKUP MAJOR INCIDENT COMMAND ROOMS

COMMAND ROOM	LOCATION	CONTACT DETAILS
Back up Tactical Command Room: (Pathology Seminar Room)	This room is only to be used in the event that the normal Tactical Command room is not in service.	0151 252 5842
Off Site Command Room: (Women's Hospital)	Contact the main switchboard on 0151 708 9988 and ask for the Director on call. They will give permission to access, and security will be able to give you access as it is an access controlled area 24/7. The main switchboard will bleep security. If it is out of hours, security will be on the switchboard so you will go straight through to them.	Located in the Corporate Office next door. Fax number 0151 708 6303

CONTACT DETAILS FOR OPERATIONAL COMMAND/CONTROL ROOMS

COMMAND ROOM	LOCATIONS	CONTACT NUMBERS
Operational Command Rooms:	**A&E Training/Seminar Rm:** Major Incident BT line: 0151 228 9764 (to be migrated) Internal phone: Ext. 2519 **ICU:** Telephone extension 2241/2242 (nursing station) **Theatres:** Telephone ext. 2684 (front desk). If nobody available, contact coordinator bleep 353 and Theatre 4 emergencies ext. 2193)	Fax line not available

Appendix M

JOINT EMERGENCY SERVICES INTEROPERABILITY PROGRAMME (JESIP) DECISION MODEL

The JESIP Joint Decision Model should be used as a framework for decision making throughout the course of the emergency. The model is cyclical where each step logically follows another and allows for continued reassessment of the emergency enabling previous steps to be revisited.

If the principles are followed then the result should be a jointly agreed working strategy where all parties understand what is going to happen when and by who, this strategy should include:

- What are the aims and objectives to be achieved?
- Who by – Trust staff, police, fire, ambulance and partner organisations?
- When – timescales, deadlines and milestones
- Where – what locations?
- Why – what is the rationale? Is this consistent with the overall strategic aims and objectives?
- How are these tasks going to be achieved?
- For the Joint Decision Model see http://www.jesip.org.uk/joint-decision-model

Appendix N

ALDER HEY CHILDRENS NHS FOUNDATION TRUST

A hard backed green loggist book is available in all command rooms for use during unexpected major incidents. However, during a planned response, there is the option to use the templates below which are available electronically in the senior manager on call folder under 'Loggist Templates'.

TACTICAL COMMAND ROOM LOG

LOGGIST…… (Name)

Date: ……

Named post holders in Command Room:

1.
2.
3.

Ref for the action log:

RESOLVED ISSUE
ONGOING ISSUE-CHECK/FIX
JUST INFO/NOTE

Ref	Time of report/ call	From	Issue/report received	Info given or Decision Made and by whom	Time of Decision	Action taken	Time of Action
1							
2							
3							
4							
5							
6							
7							

Log signed off as a correct record by: ……

Role: ……..

ALDER HEY CHILDREN'S NHS FOUNDATION TRUST

MAJOR INCIDENT COMMAND ROOM MEETING LOG

LOGGIST…… (Name)

Date ……

Signing in Sheet details those persons present at the briefing meeting

Time of Briefing	Issue	Decision Made and by whom	Action taken	Time of Action

Log signed off as a correct record by: …… Date: Time:

Role: ……..

Appendix O

MAJOR INCIDENT ACTION CARDS

<<insert hyperlink>>

MAJOR INCIDENT ACTION CARDS – SEPTEMBER 2016

CONTENTS:

SWITCHBOARD MAJOR INCIDENT CASCADE ACTION CARD

a) On **being informed by one of the emergency services that they have declared a major incident**, take the caller details and immediately contact the Emergency Department Sister on Duty via Bleep. Please ensure the Emergency Department Sister responds to the bleep. The Emergency Department Sister on Duty will telephone the emergency services lead back and take further information from them. Await further instruction from the Emergency Department.

b) On **being asked by the Emergency Department Sister, Emergency Department Consultant or CBU Manager to start the Major Incident cascade**, transmit the major incident message to the following people:

IN HOURS *"Major Incident Declared – Please go to the Emergency Department Training Room":*		**OUT OF HOURS** *"Major Incident Declared – Please go to the Emergency Department Training Room"*:	
Bleep Group already set up:		**Bleep Group already set up:**	
ED Nurse in Charge, Bleep 202		ED Nurse in Charge, Bleep 202	
ED Consultants, Bleeps 602 & 603		ED Consultants, Bleeps 602 & 603	
Charge Hand Porter, Bleep 370		Charge Hand Porter, Bleep 370	
Shift Porter, Bleep 322		Shift Porter, Bleep 322	
Security Bleeps 346, 356 and 077		Security Bleeps 346, 356 and 077	
Interserve Shift Engineer, Bleep 800		Interserve Shift Engineer, Bleep 800	
Retained Estate Shift Engineer, Bleep 302		Retained Estate Shift Engineer, Bleep 302	
Anaesthetic Registrar on Duty (General) Bleep 327		Anaesthetic Registrar on Duty (General) Bleep 327	
PICU Registrar on Duty, Bleep 321		PICU Registrar on Duty, Bleep 321	
Surgical Registrar First On Call, Bleep 331		Surgical Registrar First On Call, Bleep 331	
Medical Registrar First On Call, Bleep 381		Medical Registrar First On Call, Bleep 381	
Radiographer on Duty, Bleep 399		Radiographer on Duty, Bleep 399	
Surgical SHO on Call, Bleep 387		Surgical SHO on Call, Bleep 387	
Orthopaedic Registrar, Bleep 537		Orthopaedic Registrar, Bleep 537	
Orthopaedic SHO On Call, Bleep 536		Orthopaedic SHO On Call, Bleep 536	
Biomedical Scientist, Bleep 289 or ext. 2492		Biomedical Scientist, Bleep 289 or ext. 2492	
Theatre ODP (anaes), Bleep 329		Theatre ODP (anaes), Bleep 329	
Emergency Theatre, Bleep 353		Emergency Theatre, Bleep 353	
Theatre Clinical Lead, Bleep 720 & Bleep 019		Resuscitation Nurse Specialists via mobile	
Theatre Clinical Lead, Bleep 019		On Call Biomedical Engineer, via mobile	
Resuscitation Nurse Specialists bleep 345 & 402		Bleep 310 Clinical Patient Flow Manager	
Biomedical Engineering Manager, ext. 2293 or 2080		Bleep 306 Associate Patient Flow Manager	
Bleep 802, Senior Manager on Site		Bleep 304 Manager (Senior Nurse on Site)	
Bleep 310 Clinical Patient Flow Manager		Bleep 317 Clinical Support Nurse	
Bleep 306 Associate Patient Flow Manager			
Bleep 304 Manager (Senior Nurse on site)			
Bleep 317 Clinical Support Nurse			
By Telephone:		**By Telephone:**	
Chief Operating Officer and Executive Team via ext. 2412		**2nd On Call Manager** (via mobile)	
1st On Call Manager (via mobile)		**1st On Call Manager** (via mobile)	
2nd On Call Manager (via mobile)		**Consultant Surgeon on Call** (mobile or home)	
Emergency Preparedness Manager ext. 2761		**Emergency Preparedness Manager via** 07815 707 500 (Blackberry) or mobile	
ED Consultant on Call (mobile/home)		**ED Consultant On Call** (mobile/home)	
Consultant Surgeon on Call (mobile or home)		**Medical Consultant On Call** (mobile or home)	
Medical Consultant On Call (mobile or home)		**Consultant Anaesthetist On Call – General** (mobile). *If no response, bleep 327 or telephone ext. 2223 and ask Anaesthetic Reg to contact Consultant*)	
Inpatient Dispensary Between 8:45am and 5:30pm weekdays **Turn Over ……**		Sat/Sun between 9:30am - 4:00pm phone **Inpatient Dispensary**. Outside of these hours contact the **on-call pharmacist** **Turn Over …….**	

SWITCHBOARD MAJOR INCIDENT CASCADE ACTION CARD (CONTINUED)			
IN HOURS		**OUT OF HOURS**	
Consultant Anaesthetist On Call - General (mobile). *If no response, bleep 327 or telephone ext. 2223 and ask Anaesthetic Reg to contact Consultant*)		**Consultant Anaesthetist On Call – Cardiac** (mobile). *If no response, bleep 327 or telephone ext. 2223 and ask Anaesthetic Reg to contact Consultant*)	
Consultant Anaesthetist On Call Cardiac (mobile). *If no response, bleep 327 or telephone ext. 2223 and ask Anaesthetic Reg to contact Consultant*)		**Mortuary Technician** (landline/mobile)	
Mortuary Technician (landline/mobile)		**Volunteer Manager** (**Home** or **Mobile**	
Volunteer Manager (landline)		**Consultant Orthopaedic On Call** (mobile). *If no response, via trauma bleep and request attendance.*	
Consultant Orthopaedic On Call (mobile*). If no response, via trauma bleep and request attendance.*		**Consultant Intensivist On call**	
Consultant Intensivist On Call *If no response via 2241/2242.*		**Contact:** • Ward 4C (ext. 3123/2688) • Ward 4A (ext. 4490) • Theatres (bleep 720 & 353) • Critical Care (ext. 2241) • Radiology (ext. 2322) And ask them to cascade the major incident message to other areas listed in their action card	
Contact: • Ward 4C (ext. 3123/2688) • Ward 4A (ext. 4490) • Theatres (bleep 720 & 353) • Critical Care (ext. 2241) • Radiology (ext. 4197) And ask them to cascade the major incident message to other areas listed in their action card		**Chaplains Catholic & CoE** (mobile or long range bleep)	
Chaplains Catholic & CoE (mobile or long range bleep)		**Head of Facilities** (via mobile)	
Security Manager (LSMS) (phone/mobile)		**Deputy Head of Facilities/Hotel Services** (via mobile)	
Communications Team (via landline/mobile)		**Head of Estates**, Retained (via mobile)	
Health & Safety Manager via mobile		**Health & Safety Manager** via mobile	
Head of Facilities (via mobile)		**Interserve** (0151-252- 5118)	
Deputy Head of Facilities/Hotel Services (via mobile)		**Associate Director of IM&T** (via mobile)	
Head of Estates, Retained (via mobile)		**Security Manager (LSMS)** (via mobile)	
Associate Director of IM&T (via mobile)		**Communications Team** (via mobile)	
CBU Management Office on ext. 2151 and ask PA to cascade major incident message to CBU Team			
Interserve (0151-252- 5118)			
• Contact extra switchboard staff if you require additional support			
• When 'major incident stand down' is declared by the Trust Strategic or Tactical Commander, cascade this message to the same group of staff.			
• For major incident cascades, keep a log of key actions that you took. This should be recorded in black pen, signed, dated and timed.			

MAJOR INCIDENT CASCADE BY THE WARDS		
On being informed that the Major Incident Command and Control plan has been implemented, the following message is to be transmitted ***"The Major Incident Plan has been activated. You are responsible for informing the rest of your ward/department AND other areas listed on the cascade sheet"***. This should be primarily by telephone or by sending a member of staff (should switchboard be inoperable or if the line is busy). If there is no response from this extension, proceed to the next area on the list. Continue in this manner until a response is obtained.		
ACTION TO BE TAKEN BY:		**WARD**
Switchboard	**NOTIFY**	Ward 4C (Gen Paediatrics)
		Ward 4A (Neurosurgery)
		Theatres
		Critical Care
		Radiology
Ward 4C	**NOTIFY**	Ward 3C (medical specialties)
		Medical Day Case & Renal Unit
Ward 4A	**NOTIFY**	Ward 4B (LTV/Neurology)
		Ward 3A (Paediatric Surgery)
Ward 3A	**NOTIFY**	Surgical Day Case Ward
		Ward 1C (Neonatal Surgery/Cardiac)
Ward 3C	**NOTIFY**	Oncology and Oncology Outpatients

All other departments will be informed by their Service Manager if the Major Incident Plan is implemented.

STRATEGIC COMMANDER (CHIEF OPERATING OFFICER OR 2ND ON CALL IN THE ABSENCE OF THE COO)

MAJOR INCIDENT ACTION CARD	
Office Hours: **09:00 – 17:00 hrs**	**Out of Hours:** **17:00 – 09:00 hrs. weekdays, weekends and bank holidays**
Chief Operating Officer or in their absence, 2nd On Call Manager	2nd On Call Manager

Responsibilities:

- Strategic responsibility for the hospital major incident response and recovery
- Authorise declaration of a Major Incident (ED Consultant can declare a major incident due to significant number of casualties arriving in ED due to an incident outside of the hospital)
- **Once authorised, declare the major incident to NHS England Merseyside Tactical** (Silver Commander) via the NWAS Health Control Desk on 0345 113 00 99. Also notify the Merseyside Clinical Commissioning Group (CCG) via the On Call rota on 0845 124 9802 that a major incident has been declared
- **For incidents relating to specialised services**, which require a bespoke response, e.g. demand surge in paediatric intensive care and ECMO services, low secure mental health facilities, contact the North Region Specialised Commissioning On Call Team on 0191 430 2453 (main number) or 0191 430 2498 (back up)
- **For firearms/ballistic injuries** The Ministry of Defence (MOD) **holds a list of military specialist with experience in ballistic injuries**. Specialties available include anaesthetics, emergency medicine, general surgery, plastics, radiology and trauma & orthopaedics. **To activate**, telephone national EPRR Major Incident Line 0844 822 2888 and ask for "NHS 05". Give: location, key contact person at major trauma centre (and number) and type(s) of advisor needed.
- Manage potential harm to the Trusts reputation
- Ensure resources are used to the best effect
- Continually review events and request updates from the Hospital Tactical Commander
- It is recommended that all Strategic Commanders obtain access to Citrix in order to be able to access documentation when off site.

ACTION CARD AND LOG SHEET	TIME
• Start a log of decisions made using a Dictaphone or the personal log book available from the major incident cupboard. During office hours, appoint a personal loggist to stay with you and record your decisions made, including the options available to you. Decisions should be recorded, dated and timed and signed in black pen. Also ensure the loggist maintains a record of any briefing meetings held.	
• If a significant business continuity incident has occurred in the hospital, you will make the decision whether or not the situation warrants a major incident to be declared or if it can be dealt with using existing resources. If you make decision to declare a major incident, arrange for switchboard to start the major incident cascade. Ensure the ED Nurse Coordinator and ED Consultant is notified in advance so they can prepare for the tabards and action cards to be made available.	
• The 1st On Call Manager will be the Tactical Commander in hours (unless there is someone more suitable, depending on the nature of the incident) or out of hours.	
• If the incident occurs out of hours/weekends, the 1st On Call Manager will phone you to discuss the incident and to confirm a time when you will both be on site.	
• Upon major incident alert, collect your 'Strategic Commander' action card from the Strategic Command Major Incident Box located in the Executive Meeting Room.	

• Attend the Emergency Department Training room and meet the Tactical Commander there. Staff will start to arrive to support the response to the incident. Decide which staff need to stay to provide support and which staff are not required, dependant on the nature of the incident.	
• If it is a major incident involving casualties arriving in the Emergency Department, the Tactical Command Team will be based in the Emergency Department Hub. If a significant business continuity issue has warranted a major incident to be declared but no casualties are coming to the Emergency Department, the Tactical Command Team will be based in Meeting Room 8, Mezzanine Floor.	
• Gain a full understanding of the scale of the incident and agree initial actions required. Refer to the Strategic/Tactical major incident prompt sheet which lists the type of information you will need to gather.	
• Notify NHS England Merseyside Area Team 1st On Call of the major incident declaration (contact details above)	
• Notify the Merseyside Clinical Commissioning Group of the major incident declaration (contact details above).	
• Meet with the Tactical Command Team and agree initial actions. Consider the need for halting/suspending normal services e.g. cancellation of clinics, Theatres, transfers.	
• Once initial actions are agreed, identify key members of staff who will form the Hospital Strategic Command Team and base yourselves in the Strategic Command Room (Executive Office Meeting Room). Suggested members of the Strategic Command Recovery Team are: - Chief Executive - Medical Director - Director of Nursing - Director of Finance - Director of Human Resources - Communications Manager - Strategic Command Room Loggist - Any other co-opted members as required	
• Open the 'Strategic Command' email account on the computer and review any situation reports coming through to this account (strategic.command@alderhey.nhs.uk)	
• Nominate a person to monitor the 'Strategic Command' email account and arrange for the loggist to record receipt of these emails and the associated action taken.	
• Request regular updates from the Tactical Commander and hold regular briefings in the Lecture Theatre.	
• Provide regular situation briefings to the Chief Executive	
• Ensure handover to the 2nd On Call Manager well in advance of them starting their on call at 17:00 hrs.	
• Consider those staff who are working extended hours and ensure they take breaks.	
STAND DOWN	
• You will make the decision when to stand down from a major incident. When you are ready to stand down: - Confirm stand down with the Tactical Commander - Ask switchboard to send out 'Major Incident Stand down' message to major incident cascade list. It is important that the formal cascade message is sent out to all staff. - Notify NHS England Merseyside Area Team 1st On Call - Notify Merseyside Clinical Commissioning Group	
• Hold a 'hot debrief' immediately after stand down	

• Arrange a formal Trust wide debrief meeting within a week's time. Provide the debrief report to the Emergency Preparedness and Business Continuity Manager.	
RECOVERY	
• Consider if the impact of the incident will affect the coming days services e.g. theatres, clinics, and whether future electives need to be cancelled while the Trust recovers from the incident.	
• Ensure additional staffing is provided to the operational areas who have responded to the immediate incident, to allow 'tidy up' and restock of areas to enable them to resume a normal service e.g. Emergency Department, Theatres, Critical Care etc.	

TACTICAL COMMANDER (1ST ON CALL MANAGER)

MAJOR INCIDENT ACTION CARD	
Office Hours: **09:00 – 17:00 hrs**	**Out of Hours:** **17:00 – 09:00 hrs. weekdays, weekends and bank holidays**
1st On Call Manager	1st On Call Manager

Responsibilities:

- Tactical responsibility for the hospital major incident response and recovery.
- Discuss the incident with the Strategic Commander and ensure the Strategic Commander has reported the hospital major incident declaration to NHS England and the Merseyside Clinical Commissioning Group. **For incidents relating to specialised services**, which require a bespoke response, e.g. demand surge in paediatric intensive care and ECMO services, low secure mental health facilities, the Strategic Commander will notify North Region Specialised Commissioning On Call Team which is referenced in their action card.
- **For firearms/ballistic injuries** The Ministry of Defence (MOD) **holds a list of military specialist with experience in ballistic injuries**. Specialties available include anaesthetics, emergency medicine, general surgery, plastics, radiology and trauma & orthopaedics. **To activate**, telephone national EPRR Major Incident Line 0844 822 2888 and ask for "NHS 05". Give: location, key contact person at major trauma centre (and number) and type(s) of advisor needed.
- Investigate and assess the extent of the problem
- Obtain situation reports (SITREPs) from clinical and corporate departments as required.
- Provide information to and receive briefings from the Trust Strategic Commander Continually review events and request updates from the Strategic Commander and Tactical Command Teams
- It is recommended that all Tactical Commanders obtain access to Citrix in order to be able to access documentation when off site.

ACTION CARD AND LOG SHEET	TIME
• Start a log of decisions made using a Dictaphone or the personal log book available from the major incident cupboard in meeting room 8. During office hours, appoint a personal loggist to stay with you and record your decisions made, including the options available to you. Decisions should be recorded, dated and timed and signed in black pen. Also ensure the loggist maintains a record of any briefing meetings held.	
• If a major incident has been declared you will be notified via the major incident cascade. If a significant business continuity incident has occurred in the hospital, the Strategic Commander will make the decision whether or not the situation warrants a major incident to be declared or if it can be dealt with using existing resources. If the Strategic Commander makes the decision to declare a major incident they will arrange for switchboard to start the major incident cascade. Ensure the ED Nurse Coordinator and ED Consultant is notified in advance so they can prepare for the tabards and action cards to be made available.	
• If the major incident occurs out of hours, telephone the 304 Bleep Holder (between 16:30 – 19:00 weekdays and 07:00 – 19:00 weekends/bank holidays) or Night Matron (from 19:00 – 07:00 weekdays and weekends) to obtain initial information about the incident. Ask the 304 Bleep Holder/Night Matron to act as Tactical Commander until you arrive on site confirming the time you are likely to arrive. In addition discuss the incident with the Strategic Commander and agree immediate approach going forward and the anticipated time will both be on site.	
• Go to the Emergency Department Training room and collect your 'Tactical Commander' action card and 'Tactical Commander' navy tabard.	
• You will meet the Strategic Commander in the Emergency Department. Staff will	

start to arrive to support the response to the incident. Decide which staff need to stay to provide support and which staff are not required, dependant on the nature of the incident.	
• If it is a major incident with casualties arriving into the Emergency Department**, base the Tactical Command Team in the Emergency Department** hub. If it is a significant business continuity issue in the hospital, warranting a major incident to be declared (with no casualties attending the Emergency Department), **base the Tactical Command Team in Meeting Room 8, Mezzanine Floor.**	
• If it is an external incident with casualties arriving into the Emergency Department, ensure there is staffing available to set up the Radiology Seminar room to receive families/friends (staff members needed to cover 'Relatives Contact Officer', 'Relatives Coordinator', 'Relatives Assistant', 'Relatives Runner' roles).	
• Meet with the command team to gain a full understanding of the scale of the incident and agree the initial actions required. Key members of the Command Team are: - Trust Strategic Commander (if on site) - Tactical Command Room Loggist (contact details available in major incident cupboard) - Medical Incident Officer (if an external incident has been declared) - 310 Bleep Holder (Patient Flow Manager) - 304 Bleep Holder (Senior Nurse on Site during 16:30 – 19:00) - Medical Director - Communications Manager - IM&T Manager - Head of Estates - Director of Facilities - Interserve Representative - CBU Tactical Representation as required (CBU Lead Nurses, CBU General Managers, CBU Service Managers) If the above staff have not arrived following the major incident cascade message, then request a colleague to contact switchboard to request the required staff attend.	
• Open the Tactical Command email account on the computer and review any situation reports (SITREPS) coming through to this account (tactical.command@alderhey.nhs.uk)	
• **Refer to the major incident prompt sheet** which lists the type of situation reports you will need to gather from key areas within the hospital.	
• Monitor the 'Tactical Command' email account and arrange for the loggist to record receipt of these emails and the associated action taken.	
• Nominate a person to act as the Command Room Call Taker, and another person to act as the Situation Board Writer (to write key actions/information onto the flipchart).	
• If applicable, ensure adequate supplies are maintained by Pharmacy, Pathology, Stores, Catering and any external agencies as required.	
• Consider the need for halting/suspending normal services e.g. cancellation of clinics, Theatres, transfers, however, this must be agreed with the Trust Strategic Commander.	
• Ensure that all key decisions are reported in a timely way to relevant personnel and departments	
• Once initial actions are agreed, the Trust Strategic Commander form a Strategic Command Team in the Chairman's office. The Strategic Commander will request regular updates from you.	

• Consider those staff who are working extended hours and ensure they take breaks. Consider if catering and accommodation for staff is required.	
• Activate the Emergency Preparedness cost centre code to record any spending allocated to the major incident response (code is available in the on call manager electronic folder)	
• Ensure handover to the 1st On Call Manager well in advance of them starting their on call at 17:00 hrs.	
• Notify the Risk Management Team when a major incident has occurred. If the incident has occurred out of hours, notify them the next working day.	
STAND DOWN	
• Confirm with Strategic Commander that the Major Incident Stand down message has been formally cascaded via switchboard. It is important that the formal cascade message is sent out to all staff.	
• Organise a 'hot debrief' immediately after stand down which will be organised by the Strategic Commander.	
• Attend the formal Trust wide debrief meeting within a week's time which will be organised by the Strategic Commander.	
RECOVERY	
• Following discussion with the Strategic Commander, consider if the impact of the incident will affect the coming days services e.g. theatres, clinics, and whether future electives need to be cancelled while the Trust recovers from the incident.	
• Ensure additional staffing is provided to the operational areas who have responded to the incident, to allow 'tidy up' and restock of areas to enable them to resume a normal service e.g. Emergency Department, Theatres, Critical Care etc.	
• Request support of domestic staff to clean required areas following initial response.	

MAJOR INCIDENT PROMPT SHEET
(FOR USE BY TACTICAL AND STRATEGIC COMMANDER)

MAJOR INCIDENT PROMPT SHEET

1. **Summary of Incident:**

   - Has NWAS declared a major incident for their organisation, or is it Major Incident Standby?
   - Has Alder Hey declared a formal major incident for the hospital, or is it being managed as a business continuity incident within resources available?
   - Exact location of the Incident
   - Type of Incident?
   - Hazards Involved?
   - Access/Exit arrangements (if applicable)?
   - Numbers and Types of casualties affected?
   - Which Emergency Services are involved?

2. **Current Impact on Alder Hey Hospital?**

   Obtain Situation Reports (SITREPs) on:

   - Number of beds available (Patient Flow Team will provide)
   - Staffing available to support incident (304 Bleep Holder/Ward Managers will provide). Ask CBU Management for support in obtaining this information if available during working hours.
   - Critical Care Capacity
   - Impact on Electives and non-urgent services during incident and over the coming days
   - Patient Dependencies and Discharges taking place
   - Facilities Issues
   - IM&T Issues
   - Security Issues
   - Other Critical issues

3. **What action has been taken so far?**

4. **Is support required from external agencies?**

5. **Media Impact/Communication to staff**

6. **Confirmation of Actions agreed**

7. **Strategic Commander to form Strategic Command Team in Chairman's office**

8. **Is the Trust in a position to declare Major Incident Stand Down yet (if applicable)? Trust Strategic Commander will authorise Stand Down.**

9. **Recovery arrangements (additional staffing/support to operational areas who responded to the incident, impact on electives, cleaning required etc.)**

10. **Time of next Briefing Meeting**

Email address for Strategic and Tactical Command Rooms:
Strategic.command@alderhey.nhs.uk

tactical.command@alderhey.nhs.uk

COMMAND ROOM LOGGIST

MAJOR INCIDENT ACTION CARD	
Office Hours: **09:00 – 17:00 hrs**	**Out of Hours:** **17:00 – 09:00 hrs. weekdays, weekends and bank holidays**
Trained loggist (sheet of loggists available in Major Incident Cupboard in Meeting Room 8, Mezzanine and in Senior Manager electronic file	Telephone the list of loggists to confirm if anyone can attend. Otherwise, personal log to be kept.

Responsibilities:	
• To keep an accurate record of decisions made in the either the Strategic Command Room or the Tactical Command Room	
ACTION CARD AND LOG SHEET	**TIME**
• In the first instance, attend the Emergency Department, collect your tabard and action card and meet up with the Tactical Commander. The Tactical Commander will advise you whether to stay in the Tactical Command Room or act as the loggist in the Strategic Command Room.	
• Situate yourself in the relevant command room.	
• Sit next to the Commander.	
• Log all briefings, debriefings and meetings. If required, stop the command team chair and ask for clarification for the log as required. Indeed it is recommended that the Chair rounds up the points to be noted at the end of each meeting.	
• Log the emails that have come into the Tactical Command Email folder or Strategic Command Email folder, depending on where you are based.	
• Be careful to note: - Key intelligence - Decisions made - Reasons for these decisions - Reported actions taken Do not minute every word as this is not the purpose of the log.	
STAND DOWN ARRANGEMENTS	
• After stand down is declared and all debriefing is complete, provide all completed logs to the Emergency Preparedness Manager. Ensure all logs are signed off as a correct record by the Strategic and Tactical Commander in black pen.	
• Should a relief loggist take over from you please give them a handover/ briefing and sign off in the log, ensuring you add the date and time	

COMMAND ROOM CALL TAKER

MAJOR INCIDENT ACTION CARD	
Office Hours: **09:00 – 17:00 hrs**	**Out of Hours:** **17:00 – 09:00 hrs. weekdays, weekends and bank holidays**
Executive Team PA/ CBU PA	Available staff member
Responsibilities:	
• To receive calls in the strategic or tactical command room and pass the message on	
ACTION CARD AND LOG SHEET	**TIME**
• Attend the Emergency Department and collect your tabard	
• Obtain your briefing from the Hospital Tactical Commander (1st On Call Manager). Attend the strategic or tactical command room as requested.	
• As all calls, emails or faxes come in: - Ensure the caller is calling about the incident or the exercise underway (if it is an exercise, prompt them to quote the exercise name) - Obtain information from the caller to complete the message, including the callers contact details. - Complete the message form and liaise with the loggist to ensure the call is logged. - Pass message onto the Commander for action.	

TACTICAL COMMAND ROOM SITUATION BOARD WRITER

MAJOR INCIDENT ACTION CARD	
Office Hours: **09:00 – 17:00 hrs**	**Out of Hours:** **17:00 – 09:00 hrs. weekdays, weekends and bank holidays**
Executive Team PA	Available staff member
Responsibilities:	
• Attend the Emergency Department Training Room and collect your tabard. Receive a briefing from the Tactical Commander.	
• Attend the designated Tactical Command Room as soon as possible. This will either be in the Emergency Department Hub (if it is an incident involving casualties arriving at the Emergency Department) or Meeting Room 8, Mezzanine Floor (if it is another type of incident that does not involve casualties in the Emergency Department).	
• Situate yourself with the flip chart in the Tactical Command Room	
• Number the flip chart pages clearly in the top left hand corner with a circle around the number	
• Mark the flip chart pages at the top with date and nature of the incident or exercise name	
• Mark the flip chart pages with columns headed for time, issue, action and time actioned	
• Record any key issues/messages requiring action, by completing an entry on the situation board in BLACK pen as per the columns. Leaving space for the response and time of response.	
• When the page is complete, tear it off and display it in chronological order	

MEDICAL DIRECTOR

MAJOR INCIDENT ACTION CARD	
Office Hours: **09:00 – 17:00 hrs**	**Out of Hours:** **17:00 – 09:00 hrs. weekdays, weekends and bank holidays**
Medical Director	Available consultant on call (if required)

Responsibilities:

- Coordination of medical staff response to a major incident (this covers medical staff of all specialties e.g. medicine, surgery etc.)
- Liaison with the Trust Strategic Commander to provide advice on medical aspects of the response to the major incident.

ACTION CARD AND LOG SHEET	TIME
• Start a log of decisions made using a Dictaphone or the personal log book available from the major incident cupboard. During office hours, appoint a personal loggist to stay with you and record your decisions made, including the options available to you. Decisions should be recorded, dated and timed and signed in black pen. Also ensure the loggist maintains a record of any briefing meetings held.	
• Upon alert by switchboard, put on your major incident tabard located in the Major Incident Box in the Executive Team Meeting Room.	
• Receive a briefing from the Trust Strategic Commander.	
• Provide advice in respect of the medical aspects of the response.	
• Work closely with the Director of Nursing on the strategic management of the clinical response.	
• If the circumstance dictates, liaise with the ED Consultant, Medical Consultant On Call, Surgical Consultant on Call to ascertain the number and severity of injured casualties, the resources required (i.e. theatre space, surgeons, nursing staff) in order to deal with the current and expected patient load.	
• If the circumstances dictate, liaise with the Medical Consultant Coordinator and Surgical Consultant Coordinator to ascertain the number and severity of medical and surgical casualties and resources required to deal with the current and expected patient load.	
• In conjunction with the Trust Strategic Commander, decide whether some or all of the following steps should be taken: - Call in additional medical staff - Cancel elective surgery - Arrange urgent inpatient ward rounds in order to create capacity within the hospital	
• Activate clinicians and strategically coordinate the medical staffing response across the hospital in close liaison with medical staff on call/duty	
• Brief members of senior medical staff as they arrive and direct them to the areas where they are required	
• When handing over the role to your relief medical coordinator, provide a handover including details of plans in place to deal with expected escalation or continuation of the response	
STAND DOWN	
• When stand down is declared, attend the hot debrief meeting	
• Attend the Trust wide debrief meeting which will be arranged within a week of the incident, and will be organised by the Trust Strategic Commander.	
RECOVERY	
• Liaise with the Strategic and Tactical Commander to identify any additional clinician resources required to support the areas while they recover back to normal service	

PATIENT FLOW MANAGER - (BLEEP 310)

MAJOR INCIDENT ACTION CARD	
Office hours: Flexible	Out of Hours: Not available
Patient flow Manager	Not available
Responsibilities:	
• To organise patient flow during the major incident	
• On receipt of notification of a major incident, put on your Patient Flow Manager tabard located in the Patient Flow Office and retrieve your major incident action card.	
• Attend the Emergency Department Training Room to receive a briefing from the ED Nurse Coordinator or Tactical Commander.	
• Provide patient flow support as required. Liaise with the 304 Bleep Holder when on site.	
• When it is possible to do so, write a record of the key decisions you made in response to the incident, including the options that were available to you. use black in to record these details. Keep a copy of these decisions with the major incident paperwork incase they need to be referred to at a later date.	
• Instruct Associate Patient Flow Manager to: - Put on their tabard and go to the ED - On request of nursing staff runner, arrange bed allocations - Provide updated information concerning bed state to the ED Coordinator and ED Consultant - Provide regular updates to you - Liaise with the ED Coordinator, ED Consultant Medical Incident Officer at all times	
• Attend the Tactical Command Room to provide update on bed status	
• Inform other CBU Bleep Holders to liaise with ward staff to clear the wards as directed	
• Obtain bed status of the District General Hospitals	
• Liaise with Tactical Commander regarding potential cancellation/divert of any external transfers from District General Hospitals	
• Review bed state and liaise with the Trust Tactical Commander regarding cancelling elective surgery	
STAND DOWN ARRANGEMENTS	
• Receive stand down notification from the Hospital Strategic or Tactical Commander	
• Attend the hot debrief meeting	
• Attend the Trust formal debrief meeting within a weeks' time, which will be organised by the Trust Strategic Commander.	

ASSOCIATE PATIENT FLOW MANAGER – (BLEEP 306)

MAJOR INCIDENT ACTION CARD	
Office hours: 07:00 – 17:30	Out of Hours: 17:30 – 19:00
Associated Patient Flow Manager	Associate Patient Flow Manager up to 19:00 hrs
Responsibilities:	
• To support the Patient Flow Manager with the major incident response.	
• Bleep the Patient Flow Manager during working hours on Bleep 310	
• Put on your major incident tabard located in the Patient Flow Office and retrieve major incident action card.	
• Organise bed arrangements and provide up to date information concerning the bed status to the Patient Flow Manager.	
• If required, obtain support from the Discharge Navigators and Clinical Support Nurses.	
• When it is possible to do so, write a record of the key decisions you made in response to the incident, including the options that were available to you. Use black ink to record these details. Keep a copy of these decisions with the major incident paperwork incase they need to be referred to at a later date.	
• Base yourself in the Emergency Department Major Incident Control Room (ED Training Room) and: - Obtain a briefing from the ED Consultant or Senior Nurse - Organise bed arrangements - Provide up to date information concerning bed status to the ED Coordinator, ED Consultant - Provide regular updates to the patient Flow Manager - Liaise with ED Senior Nurse, ED Consultant and Medical Incident Offer as required.	
• If required, obtain support from the Discharge Navigators and Clinical Support Nurses.	
• When it is possible to do so, write a record of the key decisions you made in response to the incident, including the options that were available to you. Use black in to record these details. Keep a copy of these decisions with the major incident paperwork incase they need to be referred to at a later date.	
STAND DOWN ARRANGEMENTS	
• Receive stand down notification from the Hospital Strategic or Tactical Commander	
• Attend the hot debrief meeting	
• Attend the Trust formal debrief meeting within a weeks' time, which will be organised by the Trust Strategic Commander.	

304 BLEEP HOLDER (SENIOR NURSE)

MAJOR INCIDENT ACTION CARD	
Office hours: Bleep switched on at 16:00 Monday to Friday	**Out of Hours**: 16:00 – 19:30 weekdays and 07:00 – 19:30 weekends and bank holidays
TBC	
Responsibilities:	
• To provide support to the Tactical Commander during a major incident. If the major incident occurs out of hours, to act as Tactical Commander until the 1st On Call Manager arrives on site.	
• Go to the Emergency Department Training Room and collect your 'Senior Nurse' tabard and put it on. Collect action card. Receive a briefing from the ED Nurse in Charge.	
• If the incident occurs out of hours and the Tactical Commander is off site, obtain an estimated time of arrival and agree initial plan of action. Act as the Tactical Commander until the 1st On Call Manager arrives on site.	
• Obtain situation reports (SITREPS) from the wards to obtain an understanding of staffing availability, beds available, potential discharges and the need for any other departments that may need to offer support e.g. Pharmacy if T.T.O.'s required.	
• Liaise with 306 Bleep Holder to receive an update on bed status	
• Meet the Tactical Command Team in their command room (located in the ED Hub if it is an incident where casualties are treated in ED, or in Meeting Room 8, Mezzanine Floor, if it is an incident not involving casualties in ED) and provide support as requested.	
• Handover to the Bleep 306 Night Matron when they arrive on site	
• When it is possible to do so, write a record of the key decisions you made in response to the incident, including the options that were available to you. Use black in to record these details. Keep a copy of these decisions with the major incident paperwork in case they need to be referred to at a later date.	
STAND DOWN ARRANGEMENTS	
• Receive stand down notification from the Hospital Strategic or Tactical Commander	
• Attend the hot debrief meeting	
• Attend the Trust formal debrief meeting within a weeks' time, which will be organised by the Trust Strategic Commander.	

NIGHT MATRON

MAJOR INCIDENT ACTION CARD	
Office hours	Out of Hours: 19:00 – 07:30 a.m. Monday to Sunday
Not available	Night Matron
Responsibilities:	
• To provide support to the Tactical Commander during a major incident. If the major incident occurs out of hours, to act as Tactical Commander until the 1st On Call Manager arrives on site.	
• On receipt of the major incident declaration, go to the Emergency Department Training Room to collect the 'Night Matron' tabard and receive a briefing from the ED Nurse in Charge or the Tactical Commander.	
• If the incident occurs out of hours and the Tactical Commander is off site, obtain an estimated time of arrival and agree initial plan of action. Act as the Tactical Commander until the 1st On Call Manager arrives on site.	
• Obtain situation reports (SITREPs) from the wards in the event that patients need to be moved into another ward due to a local incident.	
• Meet the Tactical Command Team in the Tactical Major Incident Command Room (located in the ED Hub if it is an incident where casualties are treated in ED, or in Meeting Room 8, Mezzanine Floor, if it is an incident not involving casualties in ED) and provide support as requested.	
• When it is possible to do so, write a record of the key decisions you made in response to the incident, including the options that were available to you. Use black in to record these details. Keep a copy of these decisions with the major incident paperwork in case they need to be referred to at a later date.	
STAND DOWN ARRANGEMENTS	
• Receive stand down notification from the Hospital Strategic or Tactical Commander	
• Attend the hot debrief meeting	
• Attend the Trust formal debrief meeting within a weeks' time, which will be organised by the Trust Strategic Commander.	

COMMUNICATIONS MANAGER

MAJOR INCIDENT ACTION CARD FOR TRUST COMMUNICATIONS MANAGER	
Office Hours: **09:00 – 17:00 hrs.**	**Out of Hours:** **17:00 – 09:00 hrs.**
Member of the Communications Team	2nd On Call Manager
Responsibilities:	
To manage media handling of the incident.	
Action Card and Log Sheet	
• Start a log of decisions made. It is important that the options available to you, the decision made and the reason why that decision was made is recorded. Legally, decisions should be recorded in a numbered hard back and in black pen, signed, dated and timed.	
• Collect the 'Communications' tabard and action card from the Executive Team Meeting Room Major Incident box.	
• Attend the Emergency Department and make contact with the Strategic Commander	
• Receive briefing from Strategic Commander and decide whether to attend the Strategic Command Room	
• Make available public helpline no (if required).	
• Set up a designated media area in the Research Institute.	
• Direct media on site to the designated media area in the Research Institute and keep them informed.	
• Organise any press interviews or press conferences as appropriate	
• Field media calls and advise as appropriate	
• Agree any press releases with the Chief Executive and/or Trust Strategic Commander	
• Distribute press releases to the Trust staff, relevant media, and CCG/NHS England. This will include setting up of information points around the Trust. Pre-designated information points in the restaurant, Mulberry House and concierge areas. Consider the appropriate use of twitter and social networking sites.	
• In liaison with the Trust Security Management Specialist, coordinate requests for the management of VIP visits with advice from the Executive Team.	
MAJOR INCIDENT STAND DOWN ARRANGEMENTS	
• When stand down is declared, attend the 'Hot Debrief' meeting	
• Attend the Trust wide debrief meeting in a week's time which will be organised by the Trust Strategic Commander.	

MAJOR INCIDENT ACTION CARD FOR IM&T MANAGER	
Office Hours: **09:00 – 17:00 hrs.**	**Out of Hours:** **17:00 – 09:00 hrs.**
Associate Director of Informatics	IM&T On Call Officer
Responsibilities:	
To manage media handling of the incident.	
Action Card and Log Sheet	
• Attend the Emergency Department Training Room, collect your tabard and action card and receive a briefing from the ED Nurse in Charge or Tactical Commander.	
• Start a log of decisions made. During office hours, appoint a loggist. It is important that the options available to you, the decision made and the reason why that decision was made is recorded. Legally, decisions should be recorded in a numbered hard back and in black pen, signed, dated and timed.	
• Depending on the nature of the incident, direct IM&T staff to respond to the incident as required.	
• Provide any additional IM&T requirements in the command rooms as required.	
MAJOR INCIDENT STAND DOWN ARRANGEMENTS	
• When stand down is declared, attend the 'Hot Debrief' meeting	
• Attend the Trust wide debrief meeting in a week's time which will be organised by the Trust Strategic Commander/Executive in Charge. Provide a report on actions taken and reasons why to the Executive in Charge and the Emergency Preparedness and Business Continuity Manager.	

MAJOR INCIDENT ACTION CARD		
ED RECEPTIONIST		
Role - To provide robust administrative assistance		
1 Card		
No.	**Action**	**Time**
1	Obtain ED Major Incident administration box from the storage area	
2	Ensure all reception staff on duty are aware of the incident and each put on a pale blue tabard available from the Reception Major Incident Box.	
3	A member of reception staff to assume Lead Receptionist role.	
4	Call in extra reception staff using B.T. direct line telephone. Please ensure time and information logged on reception call sheet.	
5	Ensure all ED cards that have been manually documented are transferred onto the Meditech system as quickly as possible to ensure investigation results availability on screen.	
6	Lead receptionist to collate an up to date major incident list and ensure all data input requirements have been met.	
7	In partnership with the nursing staff ensure all major incident documentation is re stocked and stored appropriately.	

Please make a record of any important actions/decisions undertaken using a notebook (or Dictaphone if available). Please record date and time.

Always safeguard the wellbeing of all staff, patients and visitors by employing all reasonable practicable measures

MAJOR INCIDENT ACTION CARD		
MEDICAL INCIDENT OFFICER		
Role – To have an overview of clinical activity within the Trust		
1 Card		
(In a medical emergency, the medical on-call consultant will take on the role of Medical Incident Officer (M.I.O.) and in a surgical/trauma emergency, the surgical on-call consultant will take on the role of M.I.O.).		
No.	**Action**	**Time**
1	Liaise with ED Consultant.	
2	Obtain a blue tabard from the Nurse Co-ordinator and put this on.	
3	Liaise with the Tactical Commander to obtain an overview of Trust arrangements during the major incident to ensure an effective flow of communication between ED and the rest of the hospital.	
4	Liaise with Critical Care, Theatres, Anaesthetics, support services (Radiology, Pharmacy, Pathology and Haematology regarding provision of blood transfusions) to provide support, advice and information.	

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MAJOR INCIDENT ACTION CARD		
URGENT CARE 24 GP		
2-10PM 7 days a week		
1 Card		
No.	**Action**	**Time**
1	Continue receiving patients allocated via the triage nurse	
2	Put on burgundy tabard available from the ED Nurse Coordinator in the Emergency Department Training Room	

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MAJOR INCIDENT ACTION CARD		
EMERGENCY DEPARTMENT CONSULTANT		
Role - To take control of co-ordinating Clinical Services		
1 Card		
No.	**Action**	**Time**
1	Collect orange tabard from ED Nurse Coordinator. If a mass casualty incident has occurred a code word will be provided.	
2.	**For firearms/ballistic injuries** The Ministry of Defence (MOD) **holds a list of military specialist with experience in ballistic injuries**. Specialties available include anaesthetics, emergency medicine, general surgery, plastics, radiology and trauma & orthopaedics. **To activate**, telephone national EPRR Major Incident Line 0844 822 2888 and ask for "NHS 05". Give: location, key contact person at major trauma centre (and number) and type(s) of advisor needed.	
3	Co-ordinate all activities in the ED Department. Liaise with: • Middle grade emergency doctor • Nurse coordinator • Snr Nurses and deputies • Medical incident officer (who could either be the medical/surgical on-call consultant, as appropriate). • Critical Care & Operating Theatres The consultant in charge of the ED will take the place of the Medical Incident Officer until that person arrives in the hospital.	
4	As soon as it becomes clear that the incident is a mock major incident exercise, inform ICU, Operating Theatres and Haematology of this.	
5	Request medical, surgical and Orthopaedic on call doctors to help with non-incident patients, if not required for the major incident patients.	
6	Maintain close contact with the command and control team.	
7	Ensure that after initial sift triage there is a process of re-triaging taking place within the ED for all incident and non-incident patients.	
8	Declare 'stand down' after liaison with nurse coordinator and strategic commander. Inform telephonist when decision is made to stand down.	
9	Liaise with the operating theatre and ICU operational commanders frequently to keep them updated.	
10	If you feel that you are inundated with patients, you could always ask for senior help from your consultant emergency physician colleagues whose contact details are in the major incident folder.	

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MAJOR INCIDENT ACTION CARD

ED NURSE COORDINATOR
(NURSE CO-ORDINATOR/ED OPERATIONAL COMMANDER)

Role - to take a lead nursing role in coordinating the incident response
Not all of these tasks need to be performed by you personally but please ensure that you delegate them appropriately to other members of the staff.

NOTE: If informed by the ambulance services that there has been a major incident involving children, you should talk to the on call ED consultant and then inform the Switchboard to declare a major incident if decided. If casualties begin to arrive in the ED prior to a 'major incident' warning reporting that there has been a major incident, the nurse co-ordinator must telephone NWAS control room to confirm a major incident (contact details are available next to the ED standby phone.

NB If a mass casualty incident has occurred a code word will be provided.

For firearms/ballistic injuries The Ministry of Defence (MOD) **holds a list of military specialist with experience in ballistic injuries**. Specialties available include anaesthetics, emergency medicine, general surgery, plastics, radiology and trauma & orthopaedics. **To activate**, telephone national EPRR Major Incident Line 0844 822 2888 and ask for "NHS 05". Give: location, key contact person at major trauma centre (and number) and type(s) of advisor needed.

1 Card

No.	Action	Time
1	Inform all ED staff on duty.	
2	Ensure that major incident control room (ED Training Room) and major incident store room is unlocked and the action cards folder available.	
3	Bring major incident tabard rail from the ED Store Room through to the ED Major Incident Control Room (ED Training Room)	
3	Put on your orange tabard	
4	Direct someone to start calling in extra ED staff, if required, via telephone list.	
5	Allocate nursing staff to different areas within the ED, issue them with their action cards, and instruct them to prepare their areas.	
6	Check availability of: a. nursing teams (1 nurse, 1 assistant and 1 runner for each area); b. escorts; c. ensure that there is a healthcare assistant/junior nurse allocated to you at all times who will help you as a runner	
7	Direct the emergency department's nursing and medical staff to try and clear the department's patients as follows: a. Patients awaiting transfer to wards and potential admissions should be discussed with the relevant clinician on call and Patient Flow so that they can be moved to the wards quickly; b. Orange and yellow triage category patients waiting to be seen should be handed over to the medical on call team.	

	c. Direct non-urgent patients to other services e.g. walk in centres, minor injuries units, general practitioners or neighbouring hospitals.	
8	Ensure that the triage area near the ambulance entrance is set up first and that a senior nurse and emergency doctor are ready to triage the patients.	
9	Allocate one member of the staff to keep the patient tracking board updated with patient locations.	
10	Contact bleep holder to arrange for more nursing staff to be sent to the ED from the wards.	
11	Plan a face-to-face meeting with your ED consultant and the bleep holders.	
12	Allocate duties to porters, e.g. trolley distribution, extra wheelchairs, drip stands, blankets, etc.	
13	Inform Shift Engineer of the nature of the incident and advise if any necessary action, preparation etc, is required.	
14	Ensure that the removal of deceased patients to the mortuary takes place.	
15	Ensure all staff involved within ED are informed of the stand down procedure after discussion with the ED consultant and the tactical commander.	
16	Ask everyone who participates in a major incident to attend the debrief.	

Please make a record of any important actions/decisions undertaken using a notebook (or Dictaphone if available). Please record date and time.

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MAJOR INCIDENT ACTION CARD		
ED DOCTOR		
Role - to assist the Consultant in charge of ED		
15 Cards		
No.	**Action**	**Time**
1	Attend the Emergency Department Training Room. Collect your burgundy tabard and action card from the ED Nurse Coordinator.	
2	Liaise with ED Consultant.	

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Please make a record of any important actions/decisions undertaken using a notebook (or Dictaphone if available). Please record date and time.

MAJOR INCIDENT ACTION CARD		
TRIAGE DOCTOR		
Role - to assist the Consultant in charge of ED Department		
1 Card		
No.	**Action**	**Time**
1	Collect your black tabard and action card from the ED Nurse Coordinator located in the ED Training Room.	
2	Then, go to Ambulance entrance, ED Department.	
3	Assess each patient on arrival along with Triage Nurse. Sort patients into one of the following categories: (a) Needing immediate treatment with resuscitation (Resuscitation Room). TRIAGE PRIORITY RED (b) Needing urgent treatment – Cubicle Area (TRIAGE PRIORITY YELLOW). (c) Not needing urgent treatment main waiting area (TRIAGE PRIORITY – GREEN). (d) Dead Mortuary (TRIAGE PRIORITY - BLACK).	
4	DO NOT LEAVE POST – Do not treat patients.	

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Please make a record of any important actions/decisions undertaken using a notebook (or Dictaphone if available). Please record date and time.

MAJOR INCIDENT ACTION CARD		
TRIAGE NURSE		
Role - To assist the Triage Doctor as requested		
1 Card		
No.	**Action**	**Time**
1	Collect your black tabard and action card from the ED Nurse Coordinator located in the ED Training Room.	
2	Collect numbered bags, primary casualty list and ballpoint pens from the documentation box. Collect coloured triage cards	
3	Report to triage doctor at ambulance entrance.	
4	On arrival of each patient affix numbered 'identi band' and issue numbered clothing bag.	
5	Give brief identification details to receptionist for entry on primary casualty list and ensure numbered bag containing cards travels with appropriate patient.	
6	On instructions of triage doctor, label patients using colour coded cards as follows: Immediate red Urgent yellow Delayed green Dead white	
7	Allocate patients to areas and indicate patient number/name on the patient tracking board. Immediate Resuscitation Room/High Dependency Cubicles Urgent Cubicles area Delayed Main waiting area Confirmed dead on arrival Mortuary	
8	Do Not Treat Do Not Leave Post	

Please make a record of any important actions/decisions undertaken using a notebook (or Dictaphone if available). Please record date and time.

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MAJOR INCIDENT ACTION CARD		
NURSE TEAM LEADER, MAIN WAITING AREA		
ROLE – To coordinate assessment of patients in the main waiting area		
1 Card		
No.	**Action**	**Time**
1	Collect your green tabard and action card from the ED Nurse Coordinator located in the ED Training Room.	
2	Then go to main waiting area. You will be in charge of a Nurse, an assistant and a runner, ask only the Nurse Co-ordinator for additional resources.	
3	Oversee flow of patients being triaged using major incident triage sort. Non-incident priority green should be advised to attend GP, Minor Injuries, Walk in Centres as appropriate.	
4	Liaise and request assistance from nurse coordinator (orange tabard) by using runner.	

Please make a record of any important actions/decisions undertaken using a notebook (or Dictaphone if available). Please record date and time.

Always safeguard the wellbeing of all staff, patients and visitors by employing all reasonable practicable measure

MAJOR INCIDENT ACTION CARD		
TRIAGE NURSE, MAIN WAITING AREA		
ROLE – To assess patients in the main waiting area		
1 Card		
No.	**Action**	**Time**
1	Collect your green tabard and action card from the ED Nurse Coordinator located in the ED Training Room.	
2	Go to main waiting area.	
3	Triage patients using major incident triage sort. Non incident priority green should be advised to attend GP, Minor Injuries, Walk in Centres as appropriate.	
4	Liaise and request assistance from nurse coordinator (orange tabard) by using runner.	

Please make a record of any important actions/decisions undertaken using a notebook (or Dictaphone if available). Please record date and time.

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MAJOR INCIDENT ACTION CARD		
NURSING ASSISTANT, MAIN WAITING AREA		
Role - To assist the Main Waiting Room Nurse		
3 Cards		
No.	**Action**	**Time**
1	Collect your green tabard and action card from the ED Nurse Coordinator located in the ED Training Room.	
2	Go to main waiting area in ED.	
3	Assist nurse in charge of waiting area.	
4	Stay with your team unless instructed otherwise by the Nurse Co-ordinator.	

Please make a record of any important actions/decisions undertaken using a notebook (or Dictaphone if available). Please record date and time.

Always safeguard the wellbeing of all staff, patients and visitors by employing all reasonable practicable measures

MAJOR INCIDENT ACTION CARD		
RUNNER, MAIN WAITING AREA		
Role - to respond to requests from the waiting room staff		
2 Cards		
No.	**Action**	**Time**
1	Collect your green tabard and action card from the ED Nurse Coordinator located in the ED Training Room.	
2	Go to the waiting room area.	
3	Liaise with Nurse Co-ordinator as requested by waiting room staff.	
4	Do not leave the ED unless instructed by Nurse Co-ordinator.	
5	Ensure patient location is updated as advised by clinical staff.	

Please make a record of any important actions/decisions undertaken using a notebook (Dictaphone if available). Please record date and time.

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MAJOR INCIDENT ACTION CARD		
NURSE TEAM LEADER, RESUSCITATION		
Role – to coordinate nursing of patients in resuscitation		
1 Card		
No.	**Action**	**Time**
1	Collect your red tabard and action card from the ED Nurse Coordinator located in the ED Training Room.	
2	Wear RED tabard.	
3	You are allocated to the Resuscitation Room. You will be in charge of a Resuscitation Nurse, Resuscitation Assistant and a Runner. Ask only the Nurse Co-ordinator for help of any sort.	
4	Ensure appropriate resuscitation equipment is available.	
5	Oversee flow of patients through Resuscitation Rooms	
6	Ensure patients are transferred to appropriate area in a timely manner to ensure availability of resus beds.	
7	On arrival of patients, oversee the team to: (a) Check A.B.C. and document vital signs, check numbered wristband has been attached. (b) Work within the Resuscitation Team. (c) Place any clothing removed in the numbered bag (d) Do not leave patient or position unless instructed by nurse co-ordinator.	
8	When the patient has left the department, ensure patient location is kept up to date on the patient tracking board. Send records and property on trolley with patient	
9	Prepare for next patient	

Please make a record of any important actions/decisions undertaken using a notebook (or Dictaphone if available). Please record date and time.

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MAJOR INCIDENT ACTION CARD		
RESUSCITATION NURSE		
Role - to nurse patients in resuscitation		
4 Cards		
No.	**Action**	**Time**
1	Collect your red tabard and action card from the ED Nurse Coordinator located in the ED Training Room.	
2	Wear RED tabard.	
3	You are allocated to the Resuscitation Room. You will be in charge of an assistant and a runner, ask only the Nurse Co-ordinator for help of any sort.	
4	Ensure appropriate resuscitation equipment is available.	
5	On arrival of patients: (a) Check A.B.C. and document vital signs, check numbered wristband has been attached. (b) Work within the Resuscitation Team. (c) Place any clothing removed in the numbered bag (d) Do not leave patient or position unless instructed by nurse co-ordinator.	
6	When the patient has left the department, ensure patient location is kept up to date on the patient tracking board. Send records and property on trolley with patient	
7	Prepare for next patient	

Please make a record of any important actions/decisions undertaken using a notebook (or Dictaphone if available). Please record date and time.

Always safeguard the wellbeing of all staff, patients and visitors by employing all reasonable practicable measures

MAJOR INCIDENT ACTION CARD		
RESUSCITATION NURSING ASSISTANT		
Role - to assist the Resuscitation Nurse		
4 Cards		
No.	**Action**	**Time**
1	Collect your red tabard and action card from the ED Nurse Coordinator located in the ED Training Room.	
2	Wear red tabard.	
3	Assist doctor and nurse (red tabard) in charge of patient.	
4	Stay with your team unless instructed otherwise by the Nurse Co-ordinator.	

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MAJOR INCIDENT ACTION CARD		
RESUSCITATION ROOM RUNNER		
Role - to respond to requests from the resuscitation staff		
4 Cards		
No.	**Action**	**Time**
1	Collect your red tabard and action card from the ED Nurse Coordinator located in the ED Training Room.	
2	Wear red tabard and go to Resuscitation Room.	
3	Liaise with Nurse Co-ordinator as requested by resuscitation staff	
4	Do not leave the ED unless instructed by Nurse Co-ordinator.	
5	Ensure patient location is updated as advised by clinical staff.	

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MAJOR INCIDENT ACTION CARD		
PICU LEAD		
Role – To support the Medical Incident Officer		
1 Card		
No.	**Action**	**Time**
1	Collect your red tabard and action card from the ED Nurse Coordinator located in the ED Training Room. Wear tabard.	
2	Upon receiving information from Critical Care Registrar obtain further information from ED Consultant as required. ▪ Identify patients who can be transferred out of Critical Care to free beds for major incident patients (Liaise with Critical Care coordinator). ▪ Liaise with Patient Flow Coordinator regarding workload/transfer of patients ▪ Advise Critical Care coordinator to call in other staff as appropriate to the situation. Consider staffing for sustained response.	
3	Liaise with ED Consultant/Medical Incident Officer to ascertain need for further anaesthetic support with resuscitation and stabilisation of patients	
4	Along with consultant anaesthetist (general) co-ordinate transfer of major incident patients from ED to Critical Care.	
5	Co-ordinate transfer of appropriate Critical Care patients to other wards/hospitals as necessary to the situation	

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MAJOR INCIDENT ACTION CARD		
CONSULTANT ANAESTHETIST (GENERAL)		
Role - to assist the Consultant in charge of ED with anaesthetic management.		
1 Card		
No.	**Action**	**Time**
1	Go to ED and receive a briefing from the Consultant in Charge of the ED or the Nurse Coordinator	
2	Collect your red tabard and action card from the ED Nurse Coordinator located in the ED Training Room.	
3	Instruct the Anaesthetic Registrar on the number of additional anaesthetic staff required for the ED and Theatres (list and map in anaesthetic office ext. 2223).	
4	Take overall charge of resuscitation and transfer of patients to Theatres, Critical Care, Radiology etc.	

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MAJOR INCIDENT ACTION CARD		
CONSULTANT ANAESTHETIST (CARDIAC)		
Role – To assist the Consultant in Charge of the Emergency Department (ED) where you will be located in Theatres		
1 Card		
No.	**Action**	**Time**
1	Go to ED and receive briefing from the consultant in Charge of ED or the ED Nurse Coordinator	
2	Collect your red tabard and action card from the ED Nurse Coordinator located in the ED Training Room.	
3	Go to Theatre to prepare to receive patients from the ED, helped as soon as possible by the extra anaesthetists that have been called in/available.	
4.	Coordinate with Theatre Duty Manager about Operating Department Assistant (ODA) staffing. Out of hours initially use theatre 7 (emergencies) ext.**2193** In hours use theatre office (next to coffee room) ext.**4655**	
4	Coordinate anaesthetic care of patients in Theatres and subsequent transfers from theatre to Critical Care or out of the trust.	

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MAJOR INCIDENT ACTION CARD		
ANAESTHETIC REGISTRAR ON DUTY		
Role – To take lead responsibility for anaesthetic management during a major incident, until the Consultant Anaesthetist arrives.		
1 Card		
No.	**Action**	**Time**
1	Go to the Emergency Department and collect your red tabard and action card from the ED Nurse Coordinator located in the ED Training Room.	
2	Obtain a briefing from the Consultant in Charge of ED or the Nurse Coordinator	
3	Go to the ED Resuscitation Room	
4	Take charge of airway management and general resuscitation until the Consultant Anaesthetist arrives.	
5	Once Consultant arrives to take charge clinically – call in the additional anaesthetic staff required for the ED and Theatres. Contact via the Anaesthetic Secretaries office in normal working hours ext. **2223** (a list of contacts with map is available in the Anaesthetic office). Out of hours take the list from secretaries office to theatre 7 (emergencies) and call from there ext. **2193** or the theatre office (next to coffee room) ext. **4655** **If this task must be delegated to another theatre team member (due to clinical need) ensure explicit instructions are followed.**	

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MAJOR INCIDENT ACTION CARD		
NURSE TEAM LEADER, CUBICLES		
Role – to coordinate nursing the patients in the cubicle area		
1 Card		
No.	**Action**	**Time**
1	Collect your yellow tabard and action card from the ED Nurse Coordinator located in the ED Training Room. Wear tabard.	
2	You are allocated to the cubicle area. You will be in charge of a Nurse, an assistant and a runner, ask only the Nurse Co-ordinator for additional resources.	
3	Ensure patients are being triaged using Manchester Triage Sort	
4	On arrival of patients, oversee the following: (a) Check A.B.C. and document vital signs, check numbered wristband has been attached. (b) Perform treatment as appropriate. (c) Place any clothing removed in the numbered bag (d) Do not leave patient or position unless instructed by nurse co-ordinator.	
5	When the patient has left the department, ensure patient location is kept up to date on the patient tracking board. Send records and property on trolley with patient.	
6	Prepare for next patient.	

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MAJOR INCIDENT ACTION CARD		
CUBICLES NURSE		
Role - to nurse the patients in the cubicle area		
6 Cards		
No.	**Action**	**Time**
1	Collect your yellow tabard and action card from the ED Nurse Coordinator located in the ED Training Room. Wear tabard.	
2	You are allocated to the cubicle area. You will be in charge of an assistant and a runner, ask only the Nurse Co-ordinator for additional resources.	
3	On arrival of patients: (a) Check A.B.C. and document vital signs, check numbered wristband has been attached. (b) Perform treatment as appropriate. (c) Place any clothing removed in the numbered bag (d) Do not leave patient or position unless instructed by nurse co-ordinator.	
4	When the patient has left the department, ensure patient location is kept up to date on the patient tracking board. Send records and property on trolley with patient.	
5	Prepare for next patient.	

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MAJOR INCIDENT ACTION CARD		
CUBICLES NURSING ASSISTANT		
Role - to assist the Cubicles Nurse		
6 Cards		
No.	**Action**	**Time**
1	Collect your yellow tabard and action card from the ED Nurse Coordinator located in the ED Training Room. Wear tabard. Go to cubicles area.	
2	Assist doctor and nurse in charge of patient.	
3	Stay with your team unless instructed otherwise by the Nurse Co-ordinator.	

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MAJOR INCIDENT ACTION CARD		
RUNNER, CUBICLES		
Role - to respond to requests from the cubicles staff		
4 Cards		
No.	**Action**	**Time**
1	Collect your yellow tabard and action card from the ED Nurse Coordinator located in the ED Training Room. Wear tabard and go to the cubicles area.	
2	Liaise with Nurse Co-ordinator as requested by cubicles staff.	
3	Do not leave the ED unless instructed by Nurse Co-ordinator.	
4	Ensure patient location is updated as advised by clinical staff.	

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MAJOR INCIDENT ACTION CARD		
SURGICAL CONSULTANT		
Role - To assist the Consultant in charge of the ED		
1 Card		
No.	**Action**	**Time**
1	Collect your lime green tabard and action card from the ED Nurse Coordinator located in the ED Training Room.	
2	Liaise with ED Consultant.	

NB. YOU MAY BE ASKED TO TAKE ON THE ROLE OF THE INCIDENT COORDINATOR

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MAJOR INCIDENT ACTION CARD		
SURGICAL REGISTRAR ON CALL		
Role - to assist the Consultant in Charge of ED Department		
Me1 Card		
No.	**Action**	**Time**
1	Collect your lime green tabard and action card from the ED Nurse Coordinator located in the ED Training Room. Put on tabard and liaise with ED Consultant.	
2	Contact on call Surgical Consultant. Do not go through Switchboard.	
3	Act as Triage Doctor until Consultant Surgeon arrives	

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MAJOR INCIDENT ACTION CARD		
CONSULTANT ORTHOPAEDIC SURGEON		
Role - To assist the Consultant in charge of the ED		
1 Card		
No.	**Action**	**Time**
1	Collect your green tabard and action card from the ED Nurse Coordinator located in the ED Training Room. Liaise with ED Consultant	
2	Take overall charge of musculoskeletal injuries along with your on-call SHO and SpR in resuscitation and transfer of patients to Theatres, Critical Care, X-ray etc.	

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MAJOR INCIDENT ACTION CARD		
S.H.O. ON DUTY FOR ORTHOPAEDICS		
Role - To assist the Consultant in charge in ED		
1 Card		
No.	**Action**	**Time**
1	Collect your tabard and action card from the ED Nurse Coordinator located in the ED Training Room.	
2	Inform Orthopaedic Registrar and Consultant on call,	

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MAJOR INCIDENT ACTION CARD		
MEDICAL REGISTRAR 1st ON CALL (MEDIC)		
Role - to assist the Consultant in charge of ED		
1 Card		
No.	**Action**	**Time**
1	Collect your tabard and action card from the ED Nurse Coordinator located in the ED Training Room. Liaise with ED Consultant.	
2	Contact consultant paediatrician.	
3	Contact second on call medical registrar and ask him to go to ED.	
4	If major accident deal with all routine patients not involved in major incident.	

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MAJOR INCIDENT ACTION CARD		
MEDICAL SHO 1st ON CALL (MEDIC)		
Role - to assist the Consultant in charge of ED		
1 Card		
No.	**Action**	**Time**
1	Collect your tabard and action card from the ED Nurse Coordinator located in the ED Training Room. Liaise with 1st on call medical registrar.	
2	Assist Medical Registrar to deal with all routine patients not involved in the incident.	

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MAJOR INCIDENT ACTION CARD		
WARD MANAGER/SENIOR NURSE ON WARD		
Role - To enable admission of patients from major incident		
1 Card Required		
No.	**Action**	**Time**
1	Follow major incident cascade message sheet overleaf	
2	Delegate one member of staff to ascertain availability of staff **Use attached matrix to cover extra shift patterns**	
3	Assess number of patients on ward, their dependency and current vacancies.	
4	Assess potential discharges – TTOs etc. and allocate staff member to deal with discharges.	
5	Provide information as requested to Lead Nurse for the Trust and ascertain if additional staff can attend site if required.	
6	Liaise with appropriate medical staff as appropriate.	
7	Delegate staff to check stock (fluids, drugs and equipment).	
8	Assess skill level of staff some staff may be moved to support critical services	

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Continued on reverse

MAJOR INCIDENT CASCADE MESSAGE BY SWITCHBOARD AND THE WARDS		
On being informed that the Major Incident Command and Control plan has been implemented the following message is to be transmitted ***"The Major Incident Plan has been activated. You are responsible for informing the rest of your ward/department AND other areas listed on the cascade sheet"***. This should be primarily by telephone or by sending a member of staff (should switchboard be inoperable or if the line is busy). If there is no response from this extension, proceed to the next area on the list. Continue in this manner until a response is obtained.		
ACTION TO BE TAKEN BY:		**WARD**
Switchboard	**NOTIFY**	Ward 4C (Gen Paediatrics)
		Ward 4A (Neurosurgery)
		Theatres
		Critical Care
		Radiology
Ward 4C	**NOTIFY**	Ward 3C (medical specialties)
		Medical Day Case & Renal Unit
Ward 4A	**NOTIFY**	Ward 4B (LTV/Neurology)
		Ward 3A (Paediatric Surgery)
Ward 3A	**NOTIFY**	Surgical Day Case Ward
		Ward 1C (Neonatal Surgery/Cardiac)
Ward 3C	**NOTIFY**	Oncology and Oncology Outpatients

Continued on reverse

EXTRA SHIFT COVER MATRIX

NAME	GRADE	CONTACT No.	EXTRA HOURS COVERED SIX HOUR BLOCKS			
			00:00-0600	06:00-12:00	12:00-18:00	18:00-00:00

MAJOR INCIDENT ACTION CARD		
THEATRES COORINDATOR		
Role - To provide theatre support if required in a major incident.		
1 Card		
No.	**Action**	**Time**
1	You will be contacted directly via the cascade system.	
2	Collect the Major incident box from Theatre – this contains the relevant information for in and out of hours incidents.	
3	Inform the Theatre Manager or Deputy (in hours).	
4	You will inform the two Consultant Anaesthetists on-call (General and Cardiac) and alert the senior anaesthetist on duty in theatres.	
5	You will follow the guidelines laid out in the Major Incident Box for Theatres.	
DO NOT CANCEL/POSTPONE OR SEND PATIENTS AWAY FROM THEATRE UNLESS INFORMED OTHERWISE BY A CONSULTANT SURGEON		
6	The Theatre Nurse in Charge follows the "call-in" procedure to inform staff of the situation and keeps a written record of staff contacted and their availability.	
7	The Nurse in Charge informs the staff present to set up theatres for emergency cases.	
8	The Nurse in Charge continues to liaise directly with the Consultant Anaesthetist (Cardiac) who will be on site in theatre or contactable on a long-range bleep.	
9	Liaise with anaesthetic staff in ED and provide (if available) ODA/ODP support.	

PATIENTS IN THE ANAESTHETIC ROOM OR IN THE OPERATING ROOM MUST CONTINUE TO BE TREATED AS USUAL. CONTINUE WITH ANY PLANNED PROCEDURE UNLESS INFORMED OTHERWISE BY THE MEDICAL INCIDENT CO-ORDINATOR

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MAJOR INCIDENT ACTION CARD		
SENIOR PHARMACIST		
Role - To ensure the pharmaceutical needs of patients are met.		
1 Card		
No.	**Action**	**Time**
1	Liaise with the Nurse Co-ordinator (orange tabard) in the Emergency Department (ED)	
2	Assess the demand for pharmaceutical services.	
3	Inform other members of pharmacy staff. Agree support required.	
4	At weekends, if required call in other Pharmacy staff (avoid phoning switchboard).	
5	Collect the Pharmacy Major Incident Folder which is located in small, white filing cabinet under desk opposite emergency box room An electronic copy is also available in the on call file on the Pharmacy K Drive.	
6	Arrange for supplies of medicines and IV fluids as required by the ED, Theatres and Wards.	
7	Dispense medicines for ED patients or in-patients being discharged from hospital.	
8	You will be notified when the Major Incident has been stood down via switchboard	
9	Attend the Trust debrief meeting when notified	

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MAJOR INCIDENT ACTION CARD		
ON CALL PHARMACIST		
Role - To ensure the pharmaceutical needs of patients are met		
1 Card		
No.	**Action**	**Time**
1	Attend the hospital at once and liaise with the Nurse Co-ordinator (orange tabard) in the Emergency Department (ED)	
2	Inform senior member of pharmacy staff. Agree support required.	
3	Assess the demand for pharmaceutical services	
4	If required Call in other Pharmacy staff (avoid phoning switchboard).	
5	Collect the Pharmacy Major Incident Folder which is located in small, white filing cabinet under desk opposite emergency box room An electronic copy is also available in the on call file on the Pharmacy K Drive.	
6	Arrange for supplies of medicines and IV fluids as required by ED, Theatres and Wards.	
7	Open the Pharmacy, if necessary, to dispense medicines for ED or for in-patient being discharged from the hospital.	
8	You will be notified when the Major Incident has been stood down via switchboard	
9	Attend the Trust debrief meeting when notified	

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MAJOR INCIDENT ACTION CARD		
BIOMEDICAL SCIENTIST (BMS) HAEMATOLOGY		
Role - To liaise with designated personnel and to ensure the haematology needs of the patient are met		
1 Card		
No.	**Action**	**Time**
1.	Collect action card from ED Training Room and obtain briefing from ED Nurse Co-ordinator	
2.	Telephone senior member of staff (via external phone) who will organise extra staff if required.	
3.	Refer to Pathology Teams Major Incident Standard Operating Procedure (SOP) which is located via 'I-Passport' or via the Pathology major incident box located in Transfusion.	
4.	Prepare for potential transfusion if appropriate (urgent order for plasma/blood).	
5.	Keep in touch with ED, Operating Theatres and Critical Care until stand down.	
6.	If patients are from overseas, then on call Consultant Microbiologist is to be contacted.	
7.	If required, take receipt of nerve agent antidote and cyanide pods requested by the Ambulance Service, order and take receipt of botulinum Antitoxin and obidoxome pods requested by ED and liaise with ED regarding their movement to the ED.	

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MAJOR INCIDENT ACTION CARD		
RADIOGRAPHER ON DUTY CALLED BY SWITCHBOARD		
Role - To ensure all Radiology staff are aware of the procedures to follow		
1 Card		
Major Incident Occurs Within Normal Working Hours 08:30 a.m. – 17:00 hrs		
1	Inform Radiology Service Manager and Consultant Radiologist.	
2.	Collect action card and pink tabard from ED Training Room and put tabard on. Obtain a briefing from the ED Nurse in Charge.	
3.	Obtain Radiology major incident paperwork from the Radiology Major Incident (Blue) Box located in recovery. Documentation also available electronically in the Radiology major incident folder (k drive/Radiology/major incident)	
4.	If required, clear the department of all non-urgent work, returning patients to referral source.	
5.	Prepare department to receive casualties.	
6.	Maintain contact with the Emergency Department and Theatres until 'stand down'.	
Major Incident Occurs during 17:00 hrs – Midnight		
1.	One of the two Duty Radiographers should follow items 1 – 6 above and the other should begin to prepare the department.	
2.	Call in the CT Duty Radiographer if the incident is designated as a major trauma by the Emergency Department Consultant in Charge.	
3.	Consider if the Consultant Radiologist On Call needs to be called in.	
Major Incident Occurs during Midnight – 08:30 a.m.		
1.	Inform Radiology Service Manager or deputy of the alert using the direct external line. He/she will then come in to manager extra staff needs.	
2.	Inform Duty Consultant Radiologist using direct external line	
3.	Inform and call in CT duty Radiographer if incident is designated major trauma by Accident and Emergency Consultant in Charge.	
4.	Consider if the Consultant Radiologist On Call needs to be called in.	
5.	Collect action card and pink tabard from ED Training Room and put tabard on. Obtain a briefing from the ED Nurse in Charge.	
6.	Obtain Radiology major incident paperwork from the Radiology Major Incident (Blue) Box located in Recovery. Documentation also available electronically in the Radiology major incident folder (k drive/Radiology/major incident)	
7.	If required, clear the department to receive casualties.	
8.	Prepare department to receive casualties	
9.	Maintain contact with the Emergency Department and Theatres until 'stand down'.	

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MAJOR INCIDENT ACTION CARD		
ANATOMICAL PATHOLOGY TECHNOLOGIST (APT - MORTUARY)		
Role - To ensure the mortuary facilities are available if required		
1 Card		
No.	**Action**	**Time**
1	Upon receipt of major incident message, go to the Emergency Department (ED) to obtain a briefing from the Nurse in Charge of ED	
2	Return to Mortuary to assess situation.	
3	Open Mortuary.	
4	Receive patients.	
5	Maintain register of patients by name and number attached by identi-band label. The same number will be used to label a bag with clothes, etc.	
6	If additional capacity was required, initial reserve capacity would be sought from local Trusts via mutual aid as outlined in the Merseyside NHS Mortuary Capacity and Escalation Policy and in accordance with the Merseyside Resilience Forum's Extra Deaths plan. Contact details for the Royal Liverpool Hospital Mortuary is 0151 706 3800. Out of hours is bleep through switchboard 0151 706 2000.	

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MAJOR INCIDENT ACTION CARD			
PARENTS/CARERS CONTACT OFFICER			
In Hours:	**PALS Officer/ Ward Sister (not 304 Bleep Holder)**	**Out of Hours:**	**Available Nurse**
Role - To notify relatives of the major incident			
1 Card			

No.	Action	Time
1	Collect blue tabard and action card from ED Nurse Coordinator located in ED Training Room. Go to ED Nurse in Charge to obtain names and numbers of children involved.	
2	Obtain telephone numbers from casualty cards for parents/guardians and check with the patient of other telephone numbers that a relative can be contacted at.	
3	The Emergency Department Major Incident Control Room (ED Training room) is to be used for contacting parents.	
4	Ask parents to attend the East Prescot Road Main entrance and report to the Emergency Department reception. Upon arrival, the parent can be escorted to the Radiology Seminar room.	
5	Keep a written record of the time the parent was contacted and the name of the parent using the proforma overleaf.	
6	Maintain contact with the Nurse in Charge of Relatives on a regular basis for the names of parents who have arrived.	

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RELATIVES CONTACT SHEET

Date of Incident:

TIME OF CALL	NAME OF PARENT	NAME OF CHILD	OUTCOME OF CALL

MAJOR INCIDENT ACTION CARD			
PARENT/CARERS AREA COORDINATOR			
In Hours:	Patient Experience Manager/ Volunteers Manager/ Chaplain (if available)	**Out of Hours:**	Available Nurse
Role – To coordinate the response to relatives of major incident patients			
1 Card			

No.	Action	Time
1.	Collect BLUE tabard from ED Nurse in Charge located in the ED Training Room and wear it.	
2.	You are allocated to the Radiology Seminar room. You will be in charge of one assistant and one runner. Ask only the ED Nurse in Charge (via the runner) for additional resources, if required.	
3.	Brief the assistant and runner.	
4.	Liaise with the ED Nurse Coordinator to coordinate the directing and transporting of worried relatives away from the Emergency Department to the Radiology Seminar room.	
5.	Make a list of relatives arriving and their location using the template overleaf.	
6.	Provide the family with the information leaflet overleaf.	
7.	Provide regular announcements and briefings to families regarding the situation (if there is nothing to report just provide reassurance that everything is in place and that there is nothing further to report at this time).	
8.	Use telephone interpreting services for non-English speaking families/friends (information available on the intranet). To access telephone interpreter services in hours or out of hours, dial Language Line Solutions on 0845 310 9900 and follow the telephone menu directions. The Language Line access code for the Emergency Department is 286180.	
9.	Liaise with the Police Family Liaison Officer as required.	
10.	Liaise with the nurse from the Mortuary (if required), on identification of deceased patients.	
11.	Arrange the call in of more staff if required, or for subsequent shifts	
12.	Remain in contact with the Tactical Commander (1st On Call Manager) to provide updates and also to request refreshments for the visitors and staff.	
13.	Attend hot debrief and formal debrief which will be organised by the Strategic Commander (Chief Operating Officer/2nd On Call Manager).	

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PARENT AND CARERS RECEPTION AREA – REGISTER

Date of Incident: ……

TIME IN	NAME OF FAMILY/ FRIEND ATTENDING (PRINT)	ARE THEY FAMILY OR FRIEND?	IF FAMILY, WHAT RELATION	THEIR ADDRESS	THEIR CONTACT NUMBER	NAME AND DATE OF BIRTH OF CHILD THEY ARE HERE TO SEE		MEDITECH NO. (if available)	TIME OUT
						Name	DOB		
						Name	DOB		
						Name	DOB		
						Name	DOB		
						Name	DOB		

MAJOR INCIDENT ACTION CARD			
PARENT/CARERS AREA ASSISTANT			
In Hours:	Available HCA/ PALS Officer	**Out of Hours:**	Available HCA
Role - to assist the nurse in charge of relatives			
2 Cards			

No.	Action	Time
1	Collect BLUE tabard from ED Nurse in Charge located in the ED Training Room and wear it. Go to Parent/Carers area.	
2	Assist the Nurse in Charge of Relatives.	
3	Stay with your team unless instructed otherwise by the Nurse In Charge.	

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MAJOR INCIDENT ACTION CARD			
PARENT/CARERS AREA RUNNER			
In Hours:	Volunteer	**Out of Hours:**	Available staff member
Role - to respond to requests from the Nurse in Charge of Relatives			
2 Cards			

No.	Action	Time
1	Collect tabard from ED Nurse in Charge located in the ED Training Room and wear it. Attend the Parent and Carers Area (Radiology Seminar room).	
2	Liaise with Nurse in Charge of Relatives and take action as requested.	
3	Do not leave the allocated area unless instructed by The Nurse in Charge of Relatives.	

Please make a record of any important actions/decisions undertaken using a notebook (or Dictaphone if available). Please record date and time.

Always safeguard the wellbeing of all staff, patients and visitors by employing all reasonable practicable measures

MAJOR INCIDENT ACTION CARD		
CHAPLAINS		
Role - to support families and staff affected by the Incident		
2 Cards		
Report to Nurse Co-ordinator in the ED. (S/he will be situated in the vicinity of the ED ambulance entrance and will be wearing an orange tabard). Collect and put on white tabard. Act as coordinating chaplain liaising with the Nurse Co-ordinator. Areas where chaplains help/support may be of use:		
No.	**Action**	**Time**
1	Sacramental ministry to seriously injured Resus Area	
2	Relatives waiting area.	
3	Support staff in Mortuary.	
4	Non-incident patients.	
5	Incident Patients needing support	
6	Staff.	
7	Follow up all admissions if requested.	
8	Call in representatives of other religions as appropriate.	

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MAJOR INCIDENT ACTION CARD		
CHARGEHAND PORTER		
Role - to co-ordinate and control the activities of the Portering Team		
1 Card		
When informed of major incident, proceed at once to the ED Training Room. Collect and put on grey tabard.		
No.	**Action**	**Time**
1	Inform all available porters to base themselves near Major Incident Control Room as required	
2	If necessary, call in extra staff.	
3	As soon as further staff are available send: (i) One porter to ED Department to report to Nurse Co-ordinator (orange tabard). When these duties are completed porters should report to Nurse in Charge (orange tabard) in ED.	
4	On checking with the ED Nurse Coordinator on duty in ED Department, delegate porters to transfer trolleys and wheelchairs from Theatre and X Ray to ED if they are no longer required.	
5	Assist ED Nurse in Charge, as appropriate.	

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Turn over page

MAJOR INCIDENT ACTION CARD		
SECURITY MANAGEMENT SPECIALIST		
Role - To coordinate security of designated areas as requested by the Tactical Commander		
1 Card		
On being advised by one of the switchboard operators that a major incident has occurred, you will:		
No.	**Action**	**Time**
1	Proceed immediately to the ED Department Major Incident Control Room (ED Training Room). Put on tabard and collect action card.	
2	Call out additional security staff as required.	
3	Delegate the following actions:- (a) Traffic control (instruct volunteer designated to traffic duty) (b) Unlock any requested areas out of hours (c) Press control/escorting press to the press conference (Research Unit) (d) Allocate member of staff to entrances to direct people (e) Crowd control (f) Allocate someone to observe security measures in identified major incident areas.	

MAJOR INCIDENT ACTION CARD		
CARD TO BE DISPLAYED IN SECURITY REST ROOM		
SECURITY OFFICER		
Role - To ensure the security of designated areas		
1 Card		
On being advised by one of the switchboard operators that a major incident has occurred, you will:		
No.	**Action**	**Time**
1	Proceed immediately to the ED Department Major Incident Control Room (ED Training room) for a briefing from the Nurse in Charge (orange tabard) and to collect your action card and tabard.	
2	Please wear your tabard over your high vis jacket.	
3	Undertake the following actions as requested by the ED Nurse in Charge, Tactical Commander or Security Manager (if on site):- (a) Traffic control (instruct volunteer designated to traffic duty) (b) Unlock areas as requested (out of hours) (c) Press control/escorting press to the press conference (Research Unit) (d) Allocate member of staff to entrances to direct people (e) Crowd control	

This list is neither exhaustive nor conclusive and staff must adopt a flexible approach.

Please make a record of any important actions/decisions undertaken using a notebook (or Dictaphone if available). Please record date and time.

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MAJOR INCIDENT ACTION CARD	
ESTATES LEAD (INTERSERVE)	
Office Hours: **09:00 – 17:00**	**Out of Hours:** **17:00 – 09:00**
Interserve Helpdesk	Shift Engineer

Responsibilities

- Coordination of estates management in response to a major incident
- Activation of Estates staff
- Coordination of Estates staff
- Provide advice on estates management aspect of the response to the Trust Strategic Commander (Chief Operating Officer) or Tactical Commander (1st On Call Manager).

Action Card and Log Sheet	Time
• Upon alert of a major incident, report to the Emergency Department, collect orange tabard and discuss the situation with the Tactical Commander (1st On Call Manager).	
• Start a log of decisions made. It is important that the options available to you, the decision made and the reason why that decision was made is recorded. Legally, decisions should be recorded in a numbered hard back and in black pen, signed, dated and timed.	
• Investigate and assess the extent of the problem and identify whether the incident is applicable to the Estates team. If applicable, consider actions that need to be taken and instruct your staff and arrange for contactors to address the problem.	
• Keep in touch with the Tactical Commander (1st On Call Manager) or Strategic Commander (2nd On Call Manager) as required	
MAJOR INCIDENT STAND DOWN ARRANGEMENTS	
• When stand down is declared, attend the hot (immediate) debrief by the Executive in Charge	
• Attend the Trust wide debrief meeting in a week's time which will be organised by the Trust Strategic Commander.	

This list is neither exhaustive nor conclusive and staff must adopt a flexible approach.

Please make a record of any important actions/decisions undertaken using a notebook (or Dictaphone if available). Please record date and time.

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MAJOR INCIDENT ACTION CARD		
SHIFT ENGINEER (INTERSERVE)		
Role - To ensure supply/isolation of utilities and services as directed by the Interserve Estates Lead		
1 Card		
No.	**Action**	**Time**
1	Proceed to ED make contact with ED Nurse in Charge and await further instructions. Collect and put on grey tabard	
2	If required investigate working condition of mechanical and electrical services, medical gases, etc. in all affected areas and respond accordingly to ensure safe and adequate services are provided.	
3	Refer to the appropriate section of the Estates Emergency Manual and instigate secondary plans where appropriate.	
4	Provide expert advice to the incident team and keep the Estates Lead (Interserve) updated.	
STAND DOWN ARRANGEMENTS		
5	When stand down is declared, attend the hot (immediate) debrief organised by the Strategic Commander.	
6	Attend the Trust formal debrief meeting in a week's time which will be organised by the Strategic Commander.	

This list is neither exhaustive nor conclusive and staff must adopt a flexible approach.

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MAJOR INCIDENT ACTION CARD	
HEAD OF INTERIM ESTATE	
Office Hours: **09:00 – 17:00**	**Out of Hours:** **17:00 – 09:00**
Head of Interim Estate	On Call Engineer/Shift Engineer

Responsibilities

- Coordination of estates management response to a major incident.
- Activation of Estates staff
- Coordination of Estates staff
- Provide advice on estates management aspect of the response to the Trust Strategic Commander (Chief Operating Officer) or Tactical Commander (1st On Call Manager).

Action Card and Log Sheet	Time
• Upon alert of a major incident, report to the Emergency Department, collect orange tabard and discuss the situation with the Tactical Commander (1st On Call Manager).	
• Start a log of decisions made. It is important that the options available to you, the decision made and the reason why that decision was made is recorded. Legally, decisions should be recorded in a numbered hard back and in black pen, signed, dated and timed.	
• Investigate and assess the extent of the problem and identify whether the incident is applicable to the Estates team. If applicable, consider actions that need to be taken and instruct your staff and arrange for contactors to address the problem.	
• Keep in touch with the Tactical Commander (1st On Call Manager) or Strategic Commander (2nd On Call Manager) as required	
MAJOR INCIDENT STAND DOWN ARRANGEMENTS	
• When stand down is declared, attend the hot (immediate) debrief by the Executive in Charge	
• Attend the Trust wide debrief meeting in a week's time which will be organised by the Trust Strategic Commander.	

This list is neither exhaustive nor conclusive and staff must adopt a flexible approach.

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MAJOR INCIDENT ACTION CARD		
ON CALL ENGINEER/SHIFT ENGINEER (INTERIM ESTATE)		
Role - To ensure supply/isolation of utilities and services as directed by the Head of Interim Estate		
1 Card		
No.	**Action**	**Time**
1	Proceed to ED make contact with ED Nurse in Charge and await further instructions. Collect and put on grey tabard	
2	If required investigate working condition of mechanical and electrical services, medical gases, etc. in all affected areas and respond accordingly to ensure safe and adequate services are provided.	
3	Refer to the appropriate section of the Estates Emergency Manual and instigate secondary plans where appropriate.	
4	Provide expert advice to the incident team and keep the Head of Interim Estate updated.	
STAND DOWN ARRANGEMENTS		
5	When stand down is declared, attend the hot (immediate) debrief organised by the Strategic Commander.	
6	Attend the Trust formal debrief meeting in a week's time which will be organised by the Strategic Commander.	

This list is neither exhaustive nor conclusive and staff must adopt a flexible approach.

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MAJOR INCIDENT ACTION CARD		
VOLUNTEER CO-ORDINATOR		
Role - To act as Volunteer Coordinator		
1 Card		
No.	**Action**	**Time**
1.	When informed of major incident proceed at once to the ED Training Room. Collect and put on yellow tabard.	
2.	Instruct volunteers, based on their experience, skills and background, as appropriate.	
3.	Organise as required, depending on the nature of the incident. Examples are (list not exhaustive): • Acting as a runner in the Emergency Department clinical areas • Acting as a runner for the Tactical Command Team • Acting as a runner in the Emergency Department Control Room • Tracking patients on Emergency Department Tracker Sheet • Providing support in the 'Family and Friends' area • Way finder • Delivery of linen • Making Beds/cots • Delivery of catering • Assisting with Cleaning • Delivering Equipment, etc.	
4.	Keep a list of volunteers who are supporting the major incident, including the areas they are allocated to and their duties.	

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MAJOR INCIDENT ACTION CARD		
BEREAVEMENT CARE SERVICES SUPPORT WORKER		
Role - to give practical and psychological support to bereaved relatives in the event of a major incident		
1 Card		
No.	**Action**	**Time**
1	ED Senior Nurse to notify Bereavement Care Services Support Worker of incident as required.	
2	Attend ED and report to ED Nurse In Charge (wearing orange tabard) and collect action card.	
3	Notify the Bereavement Care Services Manager of the incident, and contact other members of the Bereavement Care Services Team to attend as required.	
4	Liaise with 'Nurse in Charge of Relatives' to coordinate communication and support to bereaved relatives.	
5.	Liaise with designated medical staff and police for informing relatives of a fatality.	
6.	Liaise with Mortuary Technologist as required.	
7.	Liaise with Coordinating Chaplain as required.	

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MAJOR INCIDENT ACTION CARD		
PLAY CARE MANAGER		
Role - To assist the Nursery Manager to care for staff members' children		
1 Card		
No.	**Action**	**Time**
1	On being notified that there is a major incident, collect action card from ED	
2	Contact all available Play Specialists and instruct them to make their way in to the designated area	
3	Receive staff children and complete a personal detail form for each child.	
4	Co-ordinate managing play staff to care for the children.	
5	Throughout major incident liaise with Snr Nurse to remain informed of developments. Give information to children as required.	
6	Ensure safe return of children to parent/carer at end of major incident, or upon arrival of carer.	

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MAJOR INCIDENT ACTION CARD		
NURSERY CO-ORDINATOR		
Role - To manage the care facilities required for staff members' children		
1 Card		
No.	**Action**	**Time**
1	On being notified of a major incident, collect action card from the ED Department.	
2	On receiving information of the major incident, prepare to receive staff children in the designated area.	
3	Ensure open access to designated area for Play Co-ordinator, play leaders and staff children.	
4	Ensure details are noted of where cover will be during the major incident.	
5	Gather information in relation to who will be collecting child from the designated area and an approximate time.	
6	Liaise with staff and Play Co-ordinator to provide care facilities for staff members' children.	
7	Liaise with Snr Nurse for updated information relevant.	

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Please make a record of any important actions/decisions undertaken using a notebook (or Dictaphone if available). Please record date and time.

Alder Hey Children's NHS
NHS Foundation Trust

RM5 - BUSINESS CONTINUITY POLICY

Version:	5
Ratified by:	Trust Board
Date Ratified:	04/10/16
Name of originator/author:	Emergency Preparedness Manager in consultation with Emergency Preparedness Group
Name of responsible committee:	Integrated Governance Committee
Name of Executive Sponsor:	Chief Nurse
Key search words:	Business Continuity, severity levels
Date Issued:	
Review Date:	

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Quick Reference Guide – Business Continuity Policy
Please refer to the full policy on the intranet for further guidance

NHS organisations are regularly required to respond to a wide range of disruptive challenges whether they are external incidents such as floods or internal incidents such as staff shortages. The Civil Contingencies Act 2004 places a duty on the Trust to have a robust business continuity management (BCM) system in place to manage disruptions to the delivery of services.

Business Continuity arrangements should ensure that the Trust continues to meet its legal, statutory and regulatory obligations to its staff and to its dependent stakeholders.

All NHS organisations are expected to prepare, maintain and review business continuity plans to enable them to maintain critical services for at least seven days. An effective BCM programme allows the Trust to:

- be able to proactively identify the impacts of an operational disruption
- have in place an effective response to disruptions which in turn minimises impact
- maintain an ability to manage uninsurable risks
- encourage cross team working
- demonstrate a credible response through a programme of testing and exercising

Emergency Preparedness and Business Continuity Manager

- Acts as the Trust lead on business continuity management issues;
- Implements and updates the BCM Policy and system in line with national guidance and best practice in consultation with the Emergency Preparedness Group.
- Continually reviews and develops the policy and plans in line with national guidance and best practice;
- Monitors standards and compliance with the policy;
- Provides support and guidance to Clinical Business Units

CBU Managers and Heads of Departments (support services):

- Responsible for overseeing, supporting and actively participating in the preparation of plans in all aspects of the implementation of the BCM Policy and planning system.

All Staff are responsible for:

- Cooperating in the implementation of the BCM Policy and planning system
- Cooperating and participating in BCM training
- Cooperating and participating in BCM exercises

Training:

- All staff must complete mandatory training on Emergency Preparedness and Business Continuity.
- Specific training will be provided for those staff with responsibility for implementing the BCM system.
- Training records of all personnel involved will be retained for audit purposes.

For further detail on how to respond during a Business Continuity incident, please refer to the Trust Business Continuity Plan.

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Version Control, Review and Amendment Logs

Version Control Table				
Version	**Date**	**Author**	**Status**	**Comment**
5	September 2015	Emergency Preparedness Manager in consultation with Emergency Preparedness Steering Group	Current	Updated to reflect 1st on all responder arrangements during working day, incident severity levels and Business Continuity Scrutiny Group meetings
4	September 2015	Emergency Preparedness Manager	Archived	Updated in line with move to CHP. Appendix A added to provide clear guidance for each stage of incident
3	March 2015	Emergency Preparedness Manager	Archived	Policy extended to August 2015
2	December 2013	Emergency Preparedness Manager in consultation with Emergency Preparedness Steering Group	Archived	
1	October 2010	Emergency Preparedness Steering Group	Draft	

Record of Changes made to Business Continuity Policy Version 3			
Section Number	**Page Number**	**Changes Made**	**Reason for Change**
All	All	Dates updated and Corporate Risk Committee changed to Integrated Governance Committee throughout.	Policy extended to August 2015

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CONTENTS

1 Introduction

The Civil Contingencies Act 2004 places a duty on the Trust to have a robust Business Continuity Management (BCM) system in place.

The outcomes of an effective BCM system are that:

- key products and services are identified and protected, ensuring their continuity;
- an incident management capability is enabled to provide an effective response;
- the Trust's understanding of itself and its relationships with other organisations, relevant regulators and other relevant agencies is properly developed, documented and understood;
- staff are trained to respond effectively to an incident or disruption through appropriate training and exercising plans;
- stakeholder requirements are understood and are able to be delivered;
- staff receive adequate support and communications in the event of disruption;
- the Trust's supply chain is secured;
- the Trust's reputation is protected and;
- the Trust remains compliant with its legal and regulatory obligations.

This BCM Policy will:

- ensure that all BCM activities are conducted and implemented in an agreed and controlled manner;
- achieve a business continuity capability that meets changing business needs;
- establish a clearly defined framework for the ongoing BCM capability.

The BCM system will be produced in accordance with the requirements of the NHS England Core Standards for Emergency Preparedness Resilience and Response (EPRR) 2013 and IS0 22301.

2 Purpose

The purpose of this policy is to ensure that a BCM system is approved, promoted and implemented across the Trust and that the capability is integrated into the Trust change management activity.

To comply with requirements of the Civil Contingencies Act 2004 and to comply with relevant guidance, the Trust will undertake the following:

- Nominate an accountable emergency officer who will be responsible for Emergency Preparedness, Resilience and Response (EPRR) and business continuity management.

- Identify a member or members of staff to be responsible for the implementation and maintenance of the BCM system in their CBU;

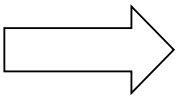
- Ensure that adequate resources are made available to deliver and maintain the BCM system;

- adopt the following activities to be undertaken both initially and on an on-going basis:

  - define the scope, roles and responsibilities for BCM;
  - undertake business impact analysis, risk and threat assessments;
  - develop BCM strategies;
  - promote BCM across the Trust and with stakeholders;
  - develop a training and exercise programme;
  - produce incident management, business continuity and business recovery plans;
  - ensure regular reviews and updates of the business continuity capability;
  - maintain documentation;
  - monitor performance;
  - manage costs associated with the BCM programme;
  - establish monitoring change management and succession management regimes, and;
  - maintain service level agreements and contracts

The International Standard for Business Continuity Management, ISO 22301, specifies requirements to:

- Plan
- Establish
- Implement
- Operate
- Monitor
- Review
- Maintain
- Continually improve



a documented management system to protect against, reduce the likelihood of occurrence, prepare for, respond to and recover from disruptive incidents when they arise.

This plan seeks to provide assurance that Alder Hey Children's NHS Foundation Trust has made every effort to maintain essential services and aim to recover critical services within a required recovery time objective.

3 Definitions *(From the International Standard for Business Continuity):*

3.1 Business Continuity

Capability of the organisation to continue delivery of products or services at acceptable predefined levels following a disruptive incident.

3.2 Business Continuity Management (BCM)

Holistic management process that identifies potential threats to an organisation and the impacts to business operations those threats, if realised, might cause, and which provides a framework for building organisational resilience with the capability of an effective response that safeguards the interests of its key stakeholder, reputation, brand and value creating activities.

3.3 Business Continuity Management System (BCMS)

Part of the overall management system that establishes, implements, operates, monitors, reviews, maintains and improves business continuity. It should be noted that the management system includes organisational structure, policies, planning, activities, responsibilities, procedures, processes and resources.

3.4 Business Continuity Plan (BCP)

Documented procedures that guide organisations to respond, recover, resume and restore to a pre-defined level of operation following disruption. This typically covers resources, services and activities required to ensure the continuity of critical business functions.

3.5 Business Impact Analysis

Process of analysing activities and the effect that a business disruption might have upon them.

3.6 International Standard:

The International Standard for Business Continuity Management adopted by the NHS ISO 22301 consists of two internationally agreed standards:

- International Standard ISO 22301:2012, Societal Security, Business Continuity Management Systems (Requirements)

- International Standard ISO 22301:2012, Societal Security, Business Continuity Management Systems (Guidance)

3.7 Maximum Period of Tolerable Disruption:

The time it would take for adverse impacts which might arise as a result of not providing a product/service or performing an activity, to become unacceptable.

3.8 Recovery Time Objectives (RTO):

Period of time, following an incident within which the service/activity must be resumed, or resources must be recovered.

3.9 Consequence

Outcome of an incident that will have an impact on an organisation's objectives

3.10 Critical Activities

Those activities which have to be performed in order to deliver the key products and services which enable an organisation to meet its most important and time-sensitive objectives

3.11 Exercise

Activity in which the business continuity plan is rehearsed in part or in whole to ensure that the plan(s) contains the appropriate information and produces the desired result when put into effect

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3.12 Incident

A situation that might be, or could lead to, a business disruption, loss, emergency or crisis. An event, whether anticipated (e.g. a labour strike or hurricane) or unanticipated (e.g. a blackout or earthquake), which causes an unplanned, negative deviation from the expected delivery of products or services according to the organization's objectives

3.13 Incident Management Plan

Clearly defined and documented plan of action for use at the time of an incident, typically covering the key personnel, resources, services and actions needed to implement the incident management process

3.14 Products and Services

Beneficial outcomes provided by an organization to its customers, recipients and stakeholders, e.g. manufactured items, car insurance, regulatory compliance and community nursing

3.15 Resilience

The capacity for a successful outcome despite incidents, adversity, threatening circumstances and challenges.

3.16 Risk

The probability or likelihood that harm, damage or loss may occur, coupled with the consequences of that harm and the achievement of objectives

3.17 Risk assessment

Overall process of risk identification, analysis and evaluation

3.18 Risk Management

A framework for the systematic identification, assessment, treatment and monitoring of risks, whether the risks are clinical, organisational, business, financial or environmental. Its purpose is to minimise risks to patients, staff, visitors and the organisation as a whole by ensuring that effective risk management systems and processes are implemented in all areas of service provision, and that these are regularly reviewed.

3.19 Stakeholders

Those with a vested interest in the organisation's achievements

4 Differences between Business Continuity Planning and Major Incident Planning:

4.1 Business Continuity Planning is contingency planning for the continuation of business despite loss of staff or services etc. within safe limits for patients and staff. Appendix A details the incident severity descriptors and associated response. If the incident reaches 'significant business continuity' level, then a decision may be made to declare a major incident in line with the agreed arrangements contained within the Trust Major Incident Command and Control Plan and notifying NHS England.

4.2 Major Incident Planning (emergency planning) describes how the Trust will provide an emergency response to emergencies coordinated with partner agencies and within the major incident command structure. A major incident should only be declared in the event of a severe event or situation, with a range of significant impacts, which requires special arrangements to be implemented by one or more emergency responder organisation e.g. major rail/road crash, major hospital power failure requiring evacuation etc:

a) a major incident is beyond the scope of normal operations or business-as-usual;
b) a major incident is likely to involve serious harm, damage or risk to human life or welfare, essential services, the environment or to the security of the UK;
c) the severity of impacts associated with a major incident are likely to constrain or complicate the ability of emergency responders to manage the incident;
d) a major incident is likely to require a multi-agency response, rather than just a single-agency response, which may include multi-agency support to a primary responding agency.

5 Duties:

5.1 Trust Board:

As a Category 1 responder under the provisions of the Civil Contingencies Act 2004, responsibility for approving the BCM Policy and ensuring the BCM system is undertaken.

5.2 Chief Executive Officer:

Has overall responsibility for ensuring that the Trust has business continuity management arrangements in place, as outlined in the Civil Contingencies Act 2004 for Category 1 responders. The Chief Executive also ensures that adequate resources are available to facilitate the planning and implementation of the BCM system.

5.3 Executive Directors/Senior Management Team:

Are responsible for responsible for maintaining the overall service and for alerting the need to activate the Trust Business Continuity Plan if such an event occurs.

They will demonstrate leadership and commitment with respect to the BCMS by:

- ensuring that policies and objectives are established for the business continuity management system and are compatible with the strategic direction of the organisation
- ensuring the integration of the business continuity management system requirements into the organisations business processes

- ensuring that the resources needed for the business continuity management system are available
- communicating the importance of effective business continuity management and confirming to the BCMS requirements to all staff
- ensuring that the BCMS achieves its intended outcome(s)
- directing and supporting persons to contribute to the effectiveness of the BCMS
- promoting continual improvement,
- supporting other relevant management roles to demonstrate their leadership and commitment as it applies to their areas of responsibility
- conducting internal audits and management reviews of the BCMS
- demonstrating commitment to continual improvement

5.4 Medical Director:

Responsible for overseeing medical staff training and ongoing preparation of clinical services on the BCM policy and system with the support of Clinical Business Units.

5.5 Clinical Directors:

Overseeing, supporting and actively participating in the preparation of medical staff in the implementation of the BCM Policy and system.

5.6 Chief Nurse:

Is the accountable emergency officer responsible for:

- Emergency Planning, Resilience and Response (EPRR) and business continuity management.
- Ensuring the organisation has robust business continuity planning arrangements in place which reflect standards set out in the Framework for Health Services Resilience (PAS 2015);
- Ensuring the organisation has a robust surge capacity plan that provides an integrated organisational response and that it has been tested with other providers and parties in the local community(ies) served.
- Ensuring that the organisation complies with any requirements of NHS England, or agents thereof, in respect of the monitoring of compliance.
- Providing NHS England, or agents thereof, with such information as it may

require for the purpose of discharging its functions; and

- Ensuring that the organisation is appropriately represented at any governance meetings, sub-groups or working groups of the Local Health Resilience Partnership (LHRP) or Local Resilience Forum (LRF).

5.7 Emergency Preparedness and Business Continuity Manager:

- Acts as the Trust lead on business continuity management issues;
- Implements and updates the BCM Policy and system in line with national guidance and best practice in consultation with the Emergency Preparedness Group.
- Continually reviews and develops the policy and plans in line with national guidance and best practice;
- Monitors standards and compliance with the policy;
- Provides support and guidance to Clinical Business Units

5.8 CBU Managers and Heads of Departments (support services):

Overseeing, supporting and actively participating in the preparation of staff in all aspects of the implementation of the BCM Policy and planning system.

5.9 All Staff

- cooperating in the implementation of the BCM Policy and planning system
- cooperating and participating in BCM training
- cooperating and participating in BCM exercises

5.10 Business Continuity Scrutiny Group:

a) To compare the local ward and department business continuity plans against the generic template and review any additional information or changes from the standard template.

b) If changes/additions are appropriate, to ratify the local Ward and Department Business Continuity plans, however, each plan must have been signed off by the CBU General Manager or Head of Department for corporate areas.

c) To consider the next steps for Business Continuity plans once they are approved

6 Training:

All staff must complete mandatory training on Emergency Preparedness and Business Continuity. Specific training will be provided for those staff with responsibility for implementing the BCM system. A training needs analysis is included in the Trust Major Incident Policy. Training for all staff involved will comply with the requirements of the National Occupational Standards and records of all training undertaken and the training records of all personnel involved will be retained for audit purposes.

7 Consultation, Approval and Ratification Process:

This policy was ratified by the Integrated Governance Committee on 16/09/2015 subject to approval by the Emergency Preparedness Group. It was approved by the Emergency Preparedness Group on 23/09/2015.

8 Equality and Diversity:

The Trust is committed to an environment that promotes equality and embraces diversity both within our workforce and in service delivery. This policy should be implemented with due regard to this commitment.

No potential for differential impact has been identified for any specific equality group in relation to this policy. If evidence of adverse impact is identified, actions will be taken, where possible, to address any inequality. This will be done in collaboration with the Trust Equality Leads.

9 Review and Revision Arrangements including Version Control:

This document is reviewed annually or when there are significant changes to organisational arrangements.

The Chief Nurse is responsible for reviewing the business continuity management system at planned intervals and when significant changes occur to ensure its continuing suitability, adequacy and effectiveness.

The Trust will improve the BCM system through the application of preventive and corrective actions. Action will be taken to guard against potential non-conformities in order to prevent their occurrence.

Action will also be taken to prevent the recurrence of potential non-conformities and preventive action will be appropriate to the magnitude of the problems and commensurate with the business continuity policy and objectives.

The Trust will take action to eliminate the cause of non-conformities associated with the implementation and operation of the BCM system in order to prevent their recurrence.

The Trust will continually improve the effectiveness of the BCM system through the review of the Business Continuity Policy and objectives, audit results, analysis of monitored events, preventive and corrective actions and management review.

Business Continuity activities will be included in the Emergency Preparedness and Business Continuity (EPRR) annual report which will be submitted to the Integrated Governance Committee and Trust Board.

10 Dissemination and Implementation:

Dissemination and implementation will take place through the Clinical Business Unit and Corporate Business Unit Teams.

The Policy Administrator will update the intranet and arrange for new and revised policies to be advertised.

11 Monitoring Compliance with the Effectiveness of Policy:

The Business Continuity Policy and Plan will be audited on an annual basis by the Merseyside Clinical Commissioning Group/Commissioning Support Unit, on behalf of NHS England Merseyside Area Team. Merseyside England Area Team will submit the results of the audit to the Local Health Resilience Partnership (LHRP) as an assurance tool which forms part of the LHRP assessment that emergency and business continuity plans are fit for purpose.

As a Trust, deficiencies identified from the audit will be reviewed and an action plan will be devised and overseen by the Emergency Preparedness Steering Group. The Chair of the Emergency Preparedness Steering Group will ensure that the outcomes of monitoring and any deficiencies are reported to the Integrated Governance Committee.

Compliance with this policy will be monitored through the following Key Performance Indicators:

Policy Key Performance Indicator	Schedule of Monitoring	Monitoring conducted by whom	Form of monitoring	Findings of monitoring reported to
EPRR annual report (referencing business continuity) to be produced for submission to CRC and Trust Board	Annual	EP&BC Manager	Submission of annual report to Integrated Governance Committee and Trust Board	Integrated Governance Committee and Trust Board
90% attendance compliance at mandatory training	Annual	EP & BC Manager	Attendance information	Emergency Preparedness Group
Evidence of reviewing and monitoring external audit action plan	Annual	EP & BC Manager	Minutes of Emergency Preparedness Group	Emergency Preparedness Group

12. References:

(i) Civil Contingencies Act 2004

(ii) NHS England Core Standards for Emergency Preparedness Resilience and Response (EPRR) 2013

(iii) IS0 22301

(iv) National Occupational Standards for Business Continuity

(v) St Helens & Knowsley Teaching Hospitals NHS Trust Business Continuity Plan August 2013

13. Associated Documentation:

- Bomb Threats and Suspect Packages Procedure, Alder Hey Children's NHS Foundation Trust:

- Business Continuity Plan, Alder Hey Children's NHS Foundation Trust:
- Community Risk Register, Merseyside
- Decontamination Plan, Emergency Department, Alder Hey Children's NHS Foundation Trust
- Escalation Plan, Alder Hey Children's NHS Foundation Trust *(coming soon)*
- Evacuation Procedure, Alder Hey Children's NHS Foundation Trust:
- Lockdown Plan, Alder Hey Children's NHS Foundation Trust:
- Major Burns Plan, Alder Hey Children's NHS Foundation Trust:
- Major Incident Command and Control Plan, Alder Hey Children's NHS Foundation Trust *(Available via Senior Manager On Call Folder)*
- Mass Casualty/Multiple Locations Major Incident, Alder Hey Children's NHS Foundation Trust:
- Pandemic Flu Plan, Alder Hey Children's NHS Foundation Trust

13.1 Local Organisational Plans:

- NHS England – Management of Surge (Burns)
- NHS England – Management of Surge (ECMO)
- NHS England – Management of Surge (PICU)
- NHS England (NW Region) Major Contingencies – Guidance for Critical Care Escalation, October 2013

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Appendix A

BUSINESS CONTINUITY INCIDENT SEVERITY RATINGS

Three levels of business continuity incidents are described below and the Chief Operating Officer (in hours) or 2nd On Call Manager (in absence of COO or out of hours), acting as the Executive in Charge, will decide which level applies:

Level 1 **Minor Disruption/ Incident**	**One or more of the following apply** • Limited impact on patient and staff safety • Incident expected to be fully resolved and closed within 24 hours • Limited but some impact on service delivery in critical areas • One or a number of local contingency plans activated • Incident still expected to be managed through localised contingency arrangements • Limited financial / performance impact • Limited Governance issues • Possible public/media/political interest
Incident managed using local contingency arrangements: Where the initial impact assessment grades the situation as a minor disruption, the incident should be managed by the department. The Managers will escalate where necessary. Where the incident spills over (or has the potential to) into the evening or weekend, the relevant On call Manager and the hospital 1st On Call Manager should be informed regarding the contingency arrangements in place.	
Level 2 **Moderate Internal Disruption /Incident**	**One or more of the following apply** • Disruption to a number of critical services likely to last for more than 1 working day • Moderate impact on patients and staff • Access to one or more sites denied where critical services are carried out for more than 24 hours • Suspension of a number of services required • Access to systems denied and incident expected to last more than 1 working day and therefore impacting on operational service delivery • A number of critical services seeking to activate service level contingency plans thus requiring overall management • Impacts on finances and performance • Governance issues • Possible public/media/political interest
Numerous contingency plans activated thus requiring effective management by calling together of a specific multi directorate team Where the initial impact assessment grades the situation as a level 2 disruption, it will need to be formally managed to ensure resources and activities are effectively coordinated. An Incident Management Team should be set up and during working hours, the COO/2nd On Call Manager will decide on its composition. Out of hours, the hospital 1st On Call Manager must be informed first, who in turn will notify the 2nd On Call Manager and the team composition agreed. It may also be necessary to inform the CCG and NHS England on call managers and the Chief Operating Officer/2nd On Call Manager will make this decision.	
Level 3 **Significant Business Continuity Incident**	**One or more of the following apply** • Internal or external incident expected to impact on critical services for more than 48 hours • Wide spread disruption, loss of a major or multi-occupancy site • Major impact on patient and staff safety • Wide-scale incident in a geographical area affecting multiple critical services • Significant disruption to business activities • Local contingency plans inadequate to deal with incident • Response requires strategic coordination and assistance from other health economy partners
Widespread incident requiring senior strategic management: Where there is significant disruption, the incident will need to be formally managed to ensure resources and activities are effectively coordinated. In hours, the Chief Operating Officer (2nd On Call Manager in their absence) and 1st On Call Manager must be notified. The Chief Operating Officer/2nd On Call Manager, following liaison with members of the Executive Team and other senior managers will agree the composition of a Significant Business Continuity Management Team. Out of hours, the hospital 1st On Call Manager must be informed, who will notify the 2nd On Call Manager and the team composition agreed. **The Chief Operating Officer/2nd On Call Manager can make the decision to declare a Significant Business Continuity Incident**, and if declared, it will be necessary to inform the CCG and NHS England on call managers. The Chief Operating Officer/2nd On Call Manager will consider if a major incident needs to be declared. **Please note that a major incident** should only be declared in the event of a severe event or situation, with a range of significant impacts, which requires special arrangements to be implemented by one or more emergency responder organisation e.g. Major rail/road crash, major hospital power failure requiring evacuation etc. A major incident is:	

a) beyond the scope of normal operations or business-as-usual;
b) likely to involve serious harm, damage or risk to human life or welfare, essential services, the environment or to the security of the UK;
c) a situation where the severity of impacts associated with a major incident are likely to constrain or complicate the ability of emergency responders to manage the incident;
d) likely to require a multi-agency response, rather than just a single-agency response, which may include multi-agency support to a primary responding agency.

Equality Analysis (EA)		
Please refer to guidance when completing this form		
Policy Name	Business Continuity Policy	
Policy Overview	This is an overarching policy, which provides a framework to enable effective and coordinated planning and response to any potential business continuity incident. This includes business continuity severity levels which can be managed via local business continuity plans or implement special arrangements by the Trust.	
Equality Relevance hyperlink Select LOW, MEDIUM or HIGH	LOW	
If the policy is LOW relevance, you **MUST** state the reasons here.	The information included in this policy will not affect groups of staff in a negative way and only provides information what the Trust is required to do in order to respond to a business continuity incident.	
Form completed on:	Date: 27/09/2016	
Form completed by:	Name: Elaine Menarry	Job Title: Emergency Preparedness & Business Continuity Manager

If LOW relevance, proceed to Approval and Ratification Section. No further information required

If MEDIUM or HIGH Equality Relevance, complete all sections	
Equality Indicators Identify the equality indicators which will or could potentially be impacted by the policy. (use hyperlink to assess the impact on each protected characteristic)	Age ☐ Details: Click here to enter text. Disability ☐ Details: Click here to enter text. Gender reassignment ☐ Details: Click here to enter text. Marriage & Civil Partnership ☐ Details: Click here to enter text. Pregnancy or Maternity ☐ Details: Click here to enter text. Race ☐ Details: Click here to enter text. Religion or Belief ☐ Details: Click here to enter text. Sex ☐ Details: Click here to enter text. Sexual Orientation ☐ Details: Click here to enter text. Human Rights (FREDA principles) ☐ Details: Click here to enter text.
Equality Information & Gaps What equality information is available for protected groups affected by the policy? If none available, include steps to be taken to fill gaps.	Click here to enter text.
Stakeholder Engagement What stakeholders are engaged to help understand the potential effects on protected groups?	Click here to enter text.
Interdependency How will this affect other policies, projects, schemes from an equality perspective?	Click here to enter text.
Summary of Equality Analysis Findings & Mitigation Include details of all actions to mitigate negative equality impact on protected groups.	Click here to enter text.
Monitoring	Click here to enter text.

Include details of how the equality impact will be monitored.	

If MEDIUM or HIGH relevance, the EA should be reviewed annually. Complete Approval and Ratification Section.

Approval & Ratification of Equality Analysis		
Policy Author:	Name: Elaine Menarry	Job title: Emergency Preparedness & Business Continuity Manager
Approval Committee:	Emergency Preparedness Group and Integrated Governance Committee	Date approved:
Ratification Committee:	Trust Board	Date ratified: 04/10/2016
Person to Review Equality Analysis:	Name: Elaine Menarry	Review Date: 01/09/2017
Comments:	Click here to enter text.	

Alder Hey Children's NHS
NHS Foundation Trust

TRUST BUSINESS CONTINUITY PLAN

Version:	6
Ratified by:	Trust Board
Date Ratified:	04/10/16
Name of originator/author:	Emergency Preparedness Manager
Name of responsible committee	Integrated Governance Committee in consultation with Emergency Preparedness Group
Name of Executive Sponsor:	Chief Nurse
Key search words:	Business Continuity, severity levels
Date Issued:	
Review Date:	

CONTENTS

PLAN OVERVIEW

1. EXECUTIVE SUMMARY:

NHS organisations are frequently experiencing events which test their resilience ranging from extreme weather, staff shortages, fire, flood, denial of access to premises, failure of technology or telecommunications, loss of utilities or failure of key suppliers and contractors.

Business Continuity Management (BCM) is the process adopted by the Trust to identify its key services and the potential hazards and threats, both internal and external, which threaten those services.

The BCM process includes the preparation of a Trust wide plan, encompassing CBU and Corporate Services plans to manage hazards and threats which could cause interruptions to the Trust's delivery of services and ensuring the continuation of critical services and functions leading to an effective recovery.

The NHS England Core Standards for Emergency Preparedness Resilience and Response (EPRR) provides a minimum standard which NHS Trusts must meet and the accountable emergency officer is responsible for making sure these standards are met. All NHS organisations and providers of NHS funded care must develop, maintain and continually improve their business continuity management systems. This means having suitable plans which set out how each organisation will maintain continuity in its services during a disruption from identified local risks and how they will recover delivery of key services in line with ISO22301.

- All staff must be aware of this plan and should receive a briefing on the key points at Trust mandatory training.

- All Directors (executive and non-executive), CBU General Managers and Heads of Corporate Services must be familiar with the plan contents and associated documentation such as policies and procedures, and must attend appropriate training sessions.

2. INTRODUCTION:

With increased risks and a changing NHS, there is a need to ensure that the Trust's structure is resilient. BCM is an important component. Consequently there is a need for the Trust to have a robust system in place to plan, test and train staff for response against a range of potential disruptive challenges.

All NHS organisations are expected to prepare, maintain and review Business Continuity Plans based on the principle that their organisation should be able to maintain critical services for a period of seven days.

The development of BCM is an integral part of Corporate Governance for NHS organisations. The Trusts system of internal control is designed to eliminate risk where reasonably practicable and mitigate all remaining risk to the lowest acceptable level.

In addition to its own internal performance management, the Trust is subject to rigorous external review and monitoring of its performance against national and local targets. The CQC Essential Standards of Quality and Safety and the Monitor compliance regime require that the Trust produces and regularly reviews its BCM Plan.

2.1 Types of Business Continuity Incidents (list not exhaustive):

- Power outage followed by failure of back-up systems
- Communications system failure
- ICT failure over an hour, or predicted to be protracted
- Essential equipment failure
- Disruption to drinking water supply and/or sanitary systems

- Disruption to essential supplies
- Disruption to medical gases
- Flooding
- Fire
- Explosion
- Hazardous material (gas/fluid/power/radiation) release
- Large scale or endemic infection control issues
- Structural damage to buildings
- Loss of buildings (whole or part)
- Staff shortage (over 30% of overall or in critical areas or shortage of essential staff) for any reason (e.g. epidemic/pandemic, fuel crisis, extreme/severe weather, transport infrastructure disruption or strike action)
- Loss of access to buildings or areas (including police road closures and major incidents nearby e.g. major fires, local explosions, smoke plumes etc)
- Public order situations
- Media event affecting reputation of the Trust, its staff or partners or causing disruption to the operational running of the hospital
- Incidents requiring closure of the hospital in entirety or part or large scale evacuation (especially out of the hospital building)

Business Continuity planning is contingency planning for the continuation of business despite loss of staff or services etc. within safe limits for patients and staff.

3. AIM:

The Business Continuity Plan will provide a framework for preparedness, response and recovery to a business continuity incident; embedding risk reduction strategies to ensure that the Trust is prepared and coordinated to respond to a disruption restoring key activities as soon as possible.

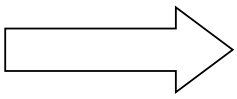
4. OBJECTIVES:

The objectives of the Business Continuity Plan are to:

- Provide a consistent approach to business continuity planning and response;
- Outline appropriate processes for response and recovery to a business continuity incident
- Define the Trust's essential service activity

5. SCOPE:

- Plan
- Establish
- Implement
- Operate
- Monitor
- Review
- Maintain
- Continually improve



a documented management system to protect against, reduce the likelihood of occurrence, prepare for, respond to and recover from disruptive incidents when they arise.

This document will inform all Trust staff, service users and key stakeholders of the coordinated approach to a business continuity incident. This plan will support each area of business to effectively respond and recover to a disruption to critical activity. This document assumes that staff will be trained as appropriate.

A response to business continuity incidents should be in line with local business continuity plans and this Trust plan.

In the event of a business continuity incident, the following objectives are to be ensured:

- To protect life
- Reduce the impact or harm to patients, carers/visitors, staff and contractors
- Secure replacement of critical infrastructure and facilities
- Resume normal business operations as quickly as possible
- Minimise any negative impact arising from either a financial perspective or on the reputation of the Trust, or its employees as a result of a business continuity incident.

This plan seeks to provide assurance that Alder Hey Children's NHS Foundation Trust has made every effort to maintain essential services and aim to recover critical services within the required recovery time objective.

6. DEFINITIONS:

(From the International Standard for Business Continuity):

6.1 Business Continuity

Capability of the organisation to continue delivery of products or services at acceptable predefined levels following a disruptive incident.

6.2 Business Continuity Management (BCM)

Holistic management process that identifies potential threats to an organisation and the impacts to business operations those threats, if realised, might cause, and which provides a framework for building organisational resilience with the capability of an effective response that safeguards the interests of its key stakeholder, reputation, brand and value creating activities.

6.3 Business Continuity Management System (BCMS)

Part of the overall management system that establishes, implements, operates, monitors, reviews, maintains and improves business continuity. It should be noted that the management system includes organisational structure, policies, planning, activities, responsibilities, procedures, processes and resources.

6.4 Business Continuity Plan (BCP)

Documented procedures that guide organisations to respond, recover, resume and restore to a pre-defined level of operation following disruption. This typically covers resources, services and activities required to ensure the continuity of critical business functions.

6.5 Business Impact Analysis

Process of analysing activities and the effect that a business disruption might have upon them.

6.6 International Standard:

The International Standard for Business Continuity Management adopted by the NHS ISO 22301 consists of two internationally agreed standards:

- International Standard ISO 22301:2012, Societal Security, Business Continuity Management Systems (Requirements)

- International Standard ISO 22301:2012, Societal Security, Business Continuity Management Systems (Guidance)

6.7 Maximum Period of Tolerable Disruption:

The time it would take for adverse impacts which might arise as a result of not providing a product/service or performing an activity, to become unacceptable.

6.8 Recovery Time Objectives (RTO):

Period of time, following an incident within which the service/activity must be resumed, or resources must be recovered.

(Other definitions):

6.9 Consequence

Outcome of an incident that will have an impact on an organisation's objectives

6.10 Critical Activities

Those activities which have to be performed in order to deliver the key products and services which enable an organisation to meet its most important and time-sensitive objectives

6.11 Exercise

Activity in which the business continuity plan is rehearsed in part or in whole to ensure that the plan(s) contains the appropriate information and produces the desired result when put into effect

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6.12 Incident

A situation that might be, or could lead to, a business disruption, loss, emergency or crisis. An event, whether anticipated (e.g. a labour strike or hurricane) or unanticipated (e.g. a blackout or earthquake), which causes an unplanned, negative deviation from the expected delivery of products or services according to the organization's objectives

6.13 Incident Management Plan

Clearly defined and documented plan of action for use at the time of an incident, typically covering the key personnel, resources, services and actions needed to implement the incident management process

6.14 Products and Services

Beneficial outcomes provided by an organization to its customers, recipients and stakeholders, e.g. manufactured items, car insurance, regulatory compliance and community nursing

6.15 Resilience

The capacity for a successful outcome despite incidents, adversity, threatening circumstances and challenges.

6.16 Risk

The probability or likelihood that harm, damage or loss may occur, coupled with the consequences of that harm and the achievement of objectives

6.17 Risk assessment

Overall process of risk identification, analysis and evaluation

6.18 Risk Management

A framework for the systematic identification, assessment, treatment and monitoring of risks, whether the risks are clinical, organisational, business, financial or environmental. Its purpose is to minimise risks to patients, staff, visitors and the organisation as a whole by ensuring that effective risk management systems and processes are implemented in all areas of service provision, and that these are regularly reviewed.

6.19 Stakeholders

Those with a vested interest in the organisation's achievements

7. DIFFERENCES BETWEEN BUSINESS CONTINUITY (INTERNAL) PLANNING AND MAJOR INCIDENT PLANNING:

Business Continuity Planning is contingency planning for the continuation of business despite loss of staff or services etc. within safe limits for patients and staff. Appendix A details the incident severity descriptors and associated response. If the incident reaches 'significant business continuity' level, then a decision may be made to declare a major incident in line with the agreed arrangements contained within the Trust Major Incident Command and Control Plan and notifying NHS England.

Major Incident Planning (emergency planning) describes how the Trust will provide an emergency response to emergencies coordinated with partner agencies and within the major incident command structure. A major incident should only be declared in the event of a severe event or situation, with a range of significant impacts, which requires special arrangements to be implemented by one or more emergency responder organisation e.g. major rail/road crash, major hospital power failure requiring evacuation etc.

a) a major incident is beyond the scope of normal operations or business-as-usual;

b) a major incident is likely to involve serious harm, damage or risk to human life or welfare, essential services, the environment or to the security of the UK;

c) the severity of impacts associated with a major incident are likely to constrain or complicate the ability of emergency responders to manage the incident;

d) a major incident is likely to require a multi-agency response, rather than just a single-agency response, which may include multi-agency support to a primary responding agency.

8. BUSINESS CONTINUITY POLICY

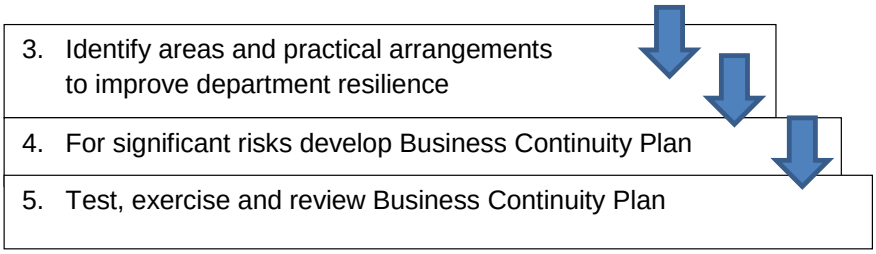
The Business Continuity Policy establishes the standards by which the Trust business continuity capability will be established by committing resources, allocating responsibilities for undertaking the business continuity management programme and plans and identifies ongoing monitoring arrangements in line with the NHS England Core Standards for Emergency Preparedness Resilience and Response (EPRR) and IS0 22301 principles.

9. DEVELOPMENT OF PLAN

This plan contains a predefined and tested incident response structure that will enable an effective response and predetermined processes and procedures to recover in the shortest possible time from disruptions.

Each ward and department is required to produce their Business Continuity Plan using the following processes:

1. Identify critical services
2. Undertake Business Impact Analysis



The services listed in Appendix B are the prioritised functions for the Trust.

The Business Continuity Scrutiny Group approves the CBU local business continuity plans once they are signed off the CBU General Manager or head of department.

10. PLAN OWNERSHIP:

Alder Hey Children's NHS Foundation Trust has a duty under the provisions of the Civil Contingencies Act 2004 to produce and keep under review its emergency and business continuity plans.

This plan has been sponsored by the Director of Nursing, who is the accountable officer for emergency preparedness, resilience and response (EPRR).

11. RESPONSIBILITIES:

11.1 Trust Board:

As a Category 1 Responder under the provisions of the Civil Contingencies Act 2004, responsibility for approving the BCM Plan and ensuring the BCM system is undertaken.

11.2 Chief Executive Officer:

Has overall control of the implementation of the BCM Plan and system. The Chief Executive ensures that adequate resources are available to facilitate the planning and implementation of the BCM system.

11.3 Chief Operating Officer:

To be the Trust Strategic Responder during a Trust Business Continuity Incident. A member of the Executive Team will provide the Trust Strategic response in the absence of the Chief Operating Officer.

11.4 Executive Directors and Senior Management Team

Responsible for maintaining the overall service and for alerting the need to activate the Trust Business Continuity Plan if such an event occurs.
They will demonstrate leadership and commitment with respect to the BCMS by:

- ensuring that policies and objectives are established for the business continuity management system and are compatible with the strategic direction of the organisation

- ensuring the integration of the business continuity management system requirements into the organisations business processes
- ensuring that the resources needed for the business continuity management system are available
- communicating the importance of effective business continuity management and confirming to the BCMS requirements to all staff
- ensuring that the BCMS achieves its intended outcome(s)
- directing and supporting persons to contribute to the effectiveness of the BCMS
- promoting continual improvement,

- supporting other relevant management roles to demonstrate their leadership and commitment as it applies to their areas of responsibility
- conducting internal audits and management reviews of the BCMS
- demonstrating commitment to continual improvement

11.5 Medical Director

Responsible for overseeing medical staff training and ongoing preparation of clinical services on the BCM Plan and system with the support of Clinical Business Units.

11.6 Clinical Directors

Overseeing, supporting and actively participating in the preparation of medical staff in the implementation of the BCM Plan and system.

11.7 Director of Nursing

Is the accountable emergency officer responsible for:

- Emergency Planning, Resilience and Response (EPRR) and business continuity management.
- Ensuring the organisation has robust business continuity planning arrangements in place which reflect standards set out in the Framework for Health Services Resilience (PAS 2015);
- Ensuring the organisation has a robust surge capacity plan that provides an integrated organisational response and that it has been tested with other providers and parties in the local community(ies) served.
- Ensuring that the organisation complies with any requirements of NHS England, or agents thereof, in respect of the monitoring of compliance.
- Providing NHS England, or agents thereof, with such information as it may require for the purpose of discharging its functions; and
- Ensuring that the organisation is appropriately represented at any governance meetings, sub-groups or working groups of the Local Health Resilience Partnership (LHRP) or Local Resilience Forum (LRF).

11.8 Emergency Preparedness and Business Continuity Manager:

- Acts as the Trust lead on business continuity management issues;
- Implements the BCM Plan and system in line with national guidance and best practice;
- Continually reviews and develops the BCM Plan in line with national guidance and best practice;
- Monitors standards and compliance with the plan;
- Provides support and guidance to Clinical Business Units

11.9 CBU Managers and Heads of Departments (support services):

Overseeing, supporting and actively participating in the preparation of staff in all aspects of the implementation of the BCM Plan and system.

11.10 All Staff:

All staff are responsible for understanding their role within the Business Continuity Plan and cooperating and participating in BCM training and/or exercises.

11.11 Business Continuity Scrutiny Group:

a) To compare the local ward and department business continuity plans against the generic template and review any additional information or changes from the standard template.

b) If changes/additions are appropriate, to ratify the local Ward and Department Business Continuity plans, however, each plan must have been signed off by the CBU General Manager or Head of Department for corporate areas.

c) To consider the next steps for Business Continuity plans once they are approved

12. Assessment of Risk:

This plan complements the Trust's risk management process and the business continuity process takes reference from the following risk register:

- Local Health Resilience Partnership (LHRP) Risk Register
- Merseyside Forum Risk Register
- Trust Risk Register

The owner of the Business Continuity Plan will take responsibility to review the Risk Register on a regular basis and will communicate to the Trust lead for EPRR.

13. Staff Training:

All staff must complete mandatory training on Emergency Preparedness and Business Continuity and specific training will be provided for those staff with responsibility for implementing the BCM system. Training for all staff involved will comply with the requirements of the National Occupational Standards and records of all training undertaken and the training records of all personnel involved will be retained for audit purposes.

14. Testing the Plan:

A vital component of BCM is to test plans by exercises on a regular basis. In line with the Civil Contingencies Act 2004, the Trust will as a minimum, arrange or participate in a live exercise every three years, arrange a table top exercise every year and test communication arrangements every six months.

The plan will be reviewed as necessary in light of learning from incidents, exercises and comments received.

15. Plan, Audit and Review:

This plan is subject to ongoing review, however, subject to formal review on an annual basis.

Additional reviews may take place following the activation of the plan during exercises or live incidents and/or significant organisational changed within the Trust.

All amendments will be audited through the Emergency Preparedness and Business Continuity Manager and communicated to stakeholders as appropriate. Any major amendments to the document will require both approval and ratification by the Corporate Risk Committee and Trust Board.

Compliance with the plan will be monitored through the following Key Performance Indicators:

Plan Key Performance Indicator	Schedule of monitoring	Monitoring conducted by whom	Form of monitoring	Findings of monitoring reported to
Annual NHS	Annual	EP&BC	Action Plan	Emergency

England self-assessment audit is undertaken		Manager/ Clinical Governance Team		Preparedness Group, Corporate Risk Committee and Trust Board
When a significant business continuity incident occurs, ensure notification to Clinical Commissioning Group	Annual	EP&BC Manager/ Clinical Governance Team	Audit of debrief records	Emergency Preparedness Group and Corporate Risk Committee
Formal debrief meeting to take place up to 2 weeks following date of incident	Annual	EP&BC Manager/ Clinical Governance Team	Audit of debrief records	Emergency Preparedness Group and Corporate Risk Committee
CBU Business Continuity Plans updated annually	Annual	EP & BC Manager/ Clinical Governance Team	Version control	Emergency Preparedness Group and Corporate Risk Committee

16. Finance:

The Trust will have a cost code available to senior staff for use in a business continuity incident if required, which will allow for an audit trail of the cost of a response. It will be the responsibility of the Finance Department to put in place the management arrangements of the cost centre and budget codes. A member of the finance team will be requested to attend the Business Continuity response team in order to track and record expenditure.

17. Plan Distribution:

Dissemination and implementation will take place through the Clinical Business Unit and Corporate Business Unit Teams.

The Plan will be displayed on the Trust intranet and a briefing on the plan submitted to staff.

Contemporary paper copies will be held centrally in the Major Incident Command Room(s).

In addition all CBU's and Corporate Service Departments will keep a paper copy of their own plans and action cards in a central point within their area of responsibility.

18. Links to Useful Websites:

Cabinet office	www.cabinetoffice.gov.uk
Department of Health	www.dh.uk/emergencyplanning
British Standards Institute	www.bsigroup.co.uk
Continuity Central	www.continuitycentral.com

19. Associated Trust Documents:

- Bomb Threats and Suspect Packages Procedure, Alder Hey Children's NHS Foundation Trust:
- Business Continuity Policy, Alder Hey Children's NHS Foundation Trust:

- Community Risk Register, Merseyside
- Decontamination Plan, Emergency Department, Alder Hey Children's NHS Foundation Trust
- Escalation Plan, Alder Hey Children's NHS Foundation Trust *(coming soon)*
- Evacuation Procedure, Alder Hey Children's NHS Foundation Trust:
- Lockdown Plan, Alder Hey Children's NHS Foundation Trust:
- Major Burns Plan, Alder Hey Children's NHS Foundation Trust:
- Major Incident Command and Control Plan, Alder Hey Children's NHS Foundation Trust *(Available via Senior Manager On Call Folder)*
- Mass Casualty/Multiple Locations Major Incident, Alder Hey Children's NHS Foundation Trust:
- Pandemic Flu Plan, Alder Hey Children's NHS Foundation Trust

19.1 Local Organisational Plans:

- NHS England – Management of Surge (Burns)
- NHS England – Management of Surge (ECMO)
- NHS England – Management of Surge (PICU)
- NHS England (NW Region) Major Contingencies – Guidance for Critical Care Escalation, October 2013

20. References:

(i) Civil Contingencies Act 2004
(ii) NHS England Core Standards for Emergency Preparedness Resilience and Response (EPRR) 2013
(iii) IS0 22301
(iv) National Occupational Standards for Business Continuity

(v) St Helens and Knowsley Teaching Hospital NHS Trust Business Continuity Plan, August 2013

STAGE 1 - INCIDENT RESPONSE

21. INITIAL RESPONSE

21.1 Initial Assessment and Notification

Incidents with the potential to affect Trust services could occur without warning. *At all times, staff must as a priority, consider the safety of themselves and other staff, patients and visitors. Staff should not put themselves or anyone else in danger in attempting to manage the incident.*

21.2 Incident Levels and Response:

Business Continuity Incidents should be responded to in line with Appendix A.

21.3 Methods of Activation:

The Executive who makes the declaration becomes the Executive in Charge. This is normally the Chief Operating Officer or in their absence the 2nd On Call Manager. Out of hours it is the 2nd On Call Manager.

21.4 Notifying Partner Agencies:

Many Business Continuity Incidents (BCI) e.g. loss of utilities may be internal incidents that require an internal route for declaration. However, as the Trust does not operate in isolation from its partners, the Merseyside Clinical Commissioning Group should be notified at an early stage. If the incident develops into a major incident, the NHS England Team Tactical Commander must be notified. Appendix C details the declaration process.

21.5 External Declaration by other Stakeholders:

A Business Continuity Incident such as extreme weather across the region, a fuel crisis, pandemic or major road closure may be declared ('activation' or 'standby') externally to the Trust by either NWAS or via the Major Incident Command Structure by the NHS Merseyside Area Team Gold Commander.

22. SETTING UP THE BUSINESS CONTINUITY TEAM

In the event of a moderate or significant Business Continuity Incident occurring, requiring the activation of an incident management team (see Appendix A), the incident management room will be in Meeting Room 8.

Business Continuity Team Roles (as required, however, list is not exhaustive and depends on the nature of the incident):

Role	Office Hours (09:00 hrs. – 17:00 hrs.)	Out of Hours (17:00hrs – 09:00 hrs.)
Executive In Charge	Chief Operating Officer (in their absence, 2nd On Call Manager)	2nd On Call Manager
Tactical Manager in Charge	1st On Call Manager, or appropriate member of the senior leadership team nominated by Executive In Charge	1st On Call Manager
Medical Coordinator	Medical Director	Consultant on Call
Executive Nurse	Chief Nurse/Acting Director of Nursing	Managed by 2nd On Call Manager unless appropriate lead is called in
Department Leads (areas affected)	Head of Department/Deputy	On Call lead (if available)
Interserve Estates	Estates Manager/ Assistant Estates Manager	Interserve Shift Engineer
Head of Interim Estate	Head of Interim Estate	On Call Engineer, Interim Estate/ Shift Engineer, Interim Estate
Technical Support:		
Loggist	Loggist	Loggist – refer to loggist list
Communications Team	Head of Communications	2nd On Call Manager

Once the situation has been clarified and initial actions agreed, the Executive in Charge will identify the strategic team of staff who can support him/her in planning the Trust recovery phase (if required) and this team will move to the Trust Strategic Command Room (Executive Team Office), whilst the Tactical Manager in Charge continues to manage the Trust response to the incident.

22.1 ONGOING BUSINESS CONTINUITY TEAM REMIT AND ACTIONS

Other tactical managers e.g. Patient Flow Team, Senior Nurses, CBU Service Managers, Operational Managers will continue to patrol the clinical/affected areas to 'trouble shoot' and report to the Tactical Manager in Charge. On a regular basis, the Tactical Manager in Charge will update the Executive in Charge and discuss the strategic options and resource allocation across the Trust as appropriate.

Depending on the length of the incident management process, the Executive in Charge (who may delegate the Chair, but not responsibility to another member of staff) will call daily emergency response meetings in the Incident Command Room (Meeting Room 8).

Decisions made at meetings must be recorded by a trained loggist, including date and time.

The attendees to these meetings will change frequently according to the demands of the situation and availability will consist of representatives from relevant Trust departments, wards or functions.

22.2 TACTICAL BUSINESS CONTINUITY MANAGEMENT (Departmental Management Plans):

The Patient Flow Team, Directorate Managers, Clinical Directors, Ward Managers and Heads of Departments are the 'Tactical' coordinators for their ward/area and will report to the Tactical Manager in Charge.

If their domain is affected they will:

- Coordinate their CBU/Corporate Service operational Business Continuity Plans
- Manage staff, taking care to put welfare and special safety arrangements in place if staff are working longer shifts or out of hours.
- Patrol their department/area to 'trouble shoot' as needed
- Under the direction of the Tactical Manager in Charge, redistribute staff across the organisation to support areas where the pressure is greatest
- Brief staff regularly with updates
- Report to the Incident Management Team as and when developments occur or at regular intervals determined by the Team
- Attend Emergency Response meetings as determined by the Trust Tactical Manager in Charge
- Provide situation reports (sitreps) as required and by the deadline
- Cascade the stand down declaration and hold an immediate 'hot debrief' for their domain and arrange for this to be logged.
- Thank the staff for their response and provide feedback regarding the response
- Represent their area at the Trust formal debrief when called by the Executive in Charge.
- Draw up an action plan for their domain to facilitate Business Continuity Plan review
- Send a debrief report to the Executive in Charge and to the Emergency Preparedness and Business Continuity Manager.

23. INCIDENT COMMAND AND CONTROL ROOMS:

The following Trust Incident Command and Control Rooms are identified:

Control Room	**Location**
Trust Strategic/Executive Team Command Room	Executive Team Meeting Room
Trust Strategic Control Room	Executive PA's Office
Trust Tactical Incident Command Room	Meeting Room 8, Mezzanine Floor
Trust Back up Command Room	Pathology Seminar Room
Off Site Command and Control Room	Women's Hospital

24. MEDIA COMMUNICATION POLICY

The Trust Media Policy will apply. The Research Unit has been identified as the venue to support liaison with the media and other stakeholder groups.

25. COMMUNICATION WITH PATIENTS, STAFF AND VISITORS

The Communications Office will distribute press releases to the media and staff. This arrangement will include setting up information points within the Trust. Consideration will be given to the use of twitter and social networking sites for staff off site.

26. VULNERABLE PEOPLE

26.1 Responsibilities

The guidance relating to the Civil Contingencies Act 2004, (Emergency Preparedness) sets out the responsibilities placed on Category 1 responders to plan for and meet the needs of those who may be vulnerable in emergency situations.

The section concerning making and maintaining plans for reducing, controlling or mitigating the effects of an emergency specifically covers the vulnerable as 'people who are less able to help themselves in the circumstances of an emergency.'

The section concerning warning and informing outlines how the needs of vulnerable persons, including those who may have difficulty understanding warning and informing messages, need to be taken into consideration by those Category 1 responders responsible for communicating both pre-event and during an emergency.

Other legislation may interact with the Trust responsibilities under the Civil Contingencies Act, in particular the Disability Discrimination Act 1995 and 2005.

The Civil Contingencies Act allows the sharing of certain information for emergency planning purposes, although sensitive information (which would include personal data within the meaning of the Data Protection Act) needs to be subject to controls on the way it is handled, and the purposes to which it is put. The restrictions that need to be placed on sharing information at the planning stage are different from those applying in an emergency.

26.2 Defining the vulnerable

It is not easy to define in advance for planning purposes who are the vulnerable people to whom special consideration should be given in plans. Those who are vulnerable will vary depending on the nature of the emergency. For planning purposes there are broadly four categories which should be considered:

- those who, for whatever reason, have mobility difficulties, including people with physical disabilities or a medical condition
- pregnant women
- those with mental health difficulties
- others who are dependent, such as babies and children

26.3 Planning

The emergency preparedness guidance states that in the planning process, a distinction must be made between the self-reliant and the vulnerable.

Whilst all people caught up in an emergency could be defined as vulnerable (including staff and visitors), the planning and response arrangements should focus on those who are assessed as vulnerable.

The basis of planning to meet the needs of vulnerable people is that they have specific needs over and above that of the self-reliant in an emergency.

Whilst, for example, the local authority responsibility to attempt to identify vulnerable persons in the community can be difficult, the Trust is in a more advantageous position as it holds current records of inpatients and outpatients who fall into the category of vulnerable persons defined in paragraph 25 above.

26.4 Sharing Information

Given the sensitive nature of attempting any pre-identification of those who may be considered vulnerable, there is a reluctance to share specific details between agencies ahead of an emergency. Also, in the case of the Trust, the vulnerability of patients in most cases is time limited. However, the Trust is able to and will share certain information with partner agencies in advance of an emergency including:

- An indication of the type and indicative numbers of patients considered to be vulnerable
- The method and format in which specific information will be shared in an emergency

Arrangements will be made with agencies represented on the Merseyside Resilience Forum to achieve this

26.5 Response Arrangements

Arguably, most, if not all patients fall into the categories of vulnerable people identified in paragraph 26. Therefore the Trust has considered their needs in the event of an internal or external emergency during the preparation of the Business Continuity Plan.

The Trust Plans provide for the relocation of patients to unaffected areas within the Trust and in a business continuity incident affecting the Trust site, for patients to be decanted to other Trusts.

The Trust evacuation procedures or the Trust lockdown procedures could be implemented depending upon the type and scale of the incident.

The welfare of the patients is paramount under such circumstances.

27. HEALTH AND SAFETY

A business continuity incident may involve staff working in areas they do not normally work. The Trust is committed to the implementation of a plan aimed at providing and maintaining a healthy and safe working environment for all staff, patients, visitors and contractors.

The Trust recognises the benefits of ensuring safe systems of work, continuous improvement in Health and Safety and compliance with the relevant Health and Safety legislation

During the response to an incident, members of staff will not be expected to compromise their personal health and safety and the Trust policy will continue to apply.

As all staff carry some degree of responsibility for health and safety, staff will undertake those same responsibilities during the response to an incident.

28. STAFF WELFARE

Responding to incidents puts staff under more pressure than normal. It is therefore vital that staff welfare issues are given a high priority. In order to achieve this, those staff with management responsibility will ensure that the following issues are continually addressed:

- the availability of food and other refreshments
- working hours
- rest breaks
- travel arrangements
- consideration of personal circumstances
- emotional support during and after the incident

To assist staff in the response to an incident, regular briefings will be given by senior staff, particularly at the start of a shift at shift changes and handovers.

29. COUNSELLING ARRANGEMENTS

Those who have been involved in an incident either as victims or responders may be traumatised and suffering from shock intense anxiety and grief. Some may also need social support such as contacting family and friends, transport, finding temporary accommodation and financial assistance.

Liverpool City Council is responsible for coordinating both a professional and voluntary sector welfare response, particularly when people have been evacuated from their homes.

The incidence of Post Traumatic Stress Syndrome in survivors and responders has been recognised from past experiences such as Hillsborough and the London Bombings. Trust staff, contractors, staff, patients and visitors may require support in the event of an incident occurring on the Trust site. Trust Chaplains, trained Alder Centre staff and volunteers will be able to assist but advice should be sought from NHS England Merseyside Area Team and Liverpool City Council.

Independent support organisations and their services include:

- Samaritans (offer a 24 hour helpline for those in crisis) tel; 08457 909 090
- Disaster Action (provide support and guidance), tel 01483 799 066
- Assist Trauma Care (offer telephone counselling and support to individuals and families), tel 01788 560 800

30. VISITS BY VIPS

During the response to an incident or during the recovery stage, visits by VIPs can be anticipated. A Government minister may make an early visit to the scene or areas affected to mark public concern and to report to Parliament on the current situation. Depending upon the scale of the incident, visits by members of the Royal Family and Prime Minister may take place. Local VIP visitors may include religious leaders, local MPs, mayors and local authority leaders. If foreign nationals are involved, their country's Ambassador, High Commissioner or other dignitaries may visit.

Visiting ministers and other VIPs will require comprehensive briefing before the visit and will require briefing before any meetings with the media.

VIPs are likely to want to meet patients who are well enough and prepared to see them. This will be dependent upon medical advice and respect for the wishes of individual patients and their relatives.

In the case of such visits to hospitals it is common for VIP interviews to take place at the hospital entrance to cover how patients and medical staff are coping.

Merseyside Police are experienced in handling VIP visits and are likely to be involved and along with the Trust Local Security Management Specialist would be the main contact point so far as the arrangements are concerned.

In the event of a VIP visit being announced, the Trust VIP/Celebrity Policy will be activated.

31. RECORDS OF ACTIONS

- Detailed records of actions taken will be kept.
- Trained Loggists will make a record of all actions taken by the Response Team.

32. BUSINESS CONTINUITY INCIDENT DATA FORM:

The Business Continuity Incident Data recording form is attached as Appendix D.

STAGE 3 - RECOVERY

33. RECOVERY RESPONSE:

Patient safety and care is paramount and some compromises and sacrifices have to be made temporarily to ensure this in terms of rescheduling of non-urgent routine surgery and clinics. Plans for reinstatement/rescheduling of suspended services must be part of a recovery strategy that should be considered at the outset.

The Business Continuity Team will develop and roll out a graduated return to normal services, taking care not to increase unsustainable pressure to departments along the chain of recovery.

A trained Loggist will attend to ensure that an accurate record of actions taken is made.

33.1 FINANCIAL ASSISTANCE FOR RECOVERY:

If the incident is something like a fire, severe flood, severe HAZMAT contamination or building collapse then declaring a major incident externally may provide financial assistance from the Department of Health via NHS North of England and the Local Resilience Forum NHS emergency planning representative body NHS England, Local Area Team.

If however, the incident is something national or regional in nature (extreme weather, plan flu etc.) then the Trust may be expected to find its own resources for lost revenue. Any costs incurred due to an internal business continuity incident, must be recorded under the Trust 'Emergency Preparedness' cost centre code to ensure an audit trail of costs for each incident is recorded.

33.2 STAND-DOWN/DEBRIEF ARRANGEMENTS:

The decision to stand-down from a business continuity incident will be taken by the Executive in Charge who will:

- Relay the stand down message to all staff and external agencies involved in the response
- Conduct a hot debrief immediately after stand down has been declared. This must be followed by a formal strategic debrief up to 2 weeks later to establish:
    - What happened and how?
    - What were the consequences of this?
    - What measures were effective in tackling the problems?
    - What measures could have been more effective?
    - What actions are needed to effect required changes, by whom and in which timescale?
- Contribute to any multi-agency debriefs (using the log to confirm accuracy of reported actions)
- Obtain logs, reports and other records of the response to the incident from Trust staff
- Make recommendations for amending the Business Continuity Plan and/or the Major Incident Plan
- Produce a debrief report including learning points and future training issues
- Contribute to any external debrief reports
- Circulate lessons learnt

Managers and welfare officers must monitor staff, defuse them during the response as necessary or after the shift/stand down and offer them the opportunity to be referred to the Alder Centre, Occupational Health or be signposted to other provisions.

33.3 Action Plan:

An action plan must be devised at the formal debrief to determine what actions must be taken, by whom and by what deadlines and a review date set.

APPENDIX A

BUSINESS CONTINUITY INCIDENT SEVERITY RATINGS

Three levels of business continuity incidents are described below and the Chief Operating Officer (in hours) or 2nd On Call Manager (in absence of COO or out of hours), acting as the Executive in Charge, will decide which level applies:

Level 1 Minor Disruption/ Incident	**One or more of the following apply** • Limited impact on patient and staff safety • Incident expected to be fully resolved and closed within 24 hours • Limited but some impact on service delivery in critical areas • One or a number of local contingency plans activated • Incident still expected to be managed through localised contingency arrangements • Limited financial / performance impact • Limited Governance issues • Possible public/media/political interest
Incident managed using local contingency arrangements: Where the initial impact assessment grades the situation as a minor disruption, the incident should be managed by the department. The Managers will escalate where necessary. Where the incident spills over (or has the potential to) into the evening or weekend, the relevant On call Manager and the hospital 1st On Call Manager should be informed regarding the contingency arrangements in place.	
Level 2 **Moderate Internal Disruption /Incident**	**One or more of the following apply** • Disruption to a number of critical services likely to last for more than 1 working day • Moderate impact on patients and staff • Access to one or more sites denied where critical services are carried out for more than 24 hours • Suspension of a number of services required • Access to systems denied and incident expected to last more than 1 working day and therefore impacting on operational service delivery • A number of critical services seeking to activate service level contingency plans thus requiring overall management • Impacts on finances and performance • Governance issues • Possible public/media/political interest
Numerous contingency plans activated thus requiring effective management by calling together of a specific multi directorate team Where the initial impact assessment grades the situation as a level 2 disruption, it will need to be formally managed to ensure resources and activities are effectively coordinated. An Incident Management Team should be set up and during working hours, the COO/2nd On Call Manager will decide on its composition. Out of hours, the hospital 1st On Call Manager must be informed first, who in turn will notify the 2nd On Call Manager and the team composition agreed. It may also be necessary to inform the CCG and NHS England on call managers and the Chief Operating Officer/2nd On Call Manager will make this decision.	
Level 3 **Significant Business Continuity Incident**	**One or more of the following apply** • Internal or external incident expected to impact on critical services for more than 48 hours • Wide spread disruption, loss of a major or multi-occupancy site • Major impact on patient and staff safety • Wide-scale incident in a geographical area affecting multiple critical services • Significant disruption to business activities • Local contingency plans inadequate to deal with incident • Response requires strategic coordination and assistance from other health economy partners
Widespread incident requiring senior strategic management: Where there is significant disruption, the incident will need to be formally managed to ensure resources and activities are effectively coordinated. In hours, the Chief Operating Officer (2nd On Call Manager in their absence) and 1st On Call Manager must be notified. The Chief Operating Officer/2nd On Call Manager, following liaison with members of the Executive Team and other senior managers will agree the composition of a Significant Business Continuity Management Team. Out of hours, the hospital 1st On Call Manager must be informed, who will notify the 2nd On Call Manager and the team composition agreed. **The Chief Operating Officer/2nd On Call Manager can make the decision to declare a Significant Business Continuity Incident**, and if declared, it will be necessary to inform the CCG and NHS England on call managers. The Chief Operating Officer/2nd On Call Manager will consider if a major incident needs to be declared. **Please note that a major incident should only be declared** in the event of a severe event or situation, with a range of significant impacts, which requires special arrangements to be implemented by one or more emergency responder organisation e.g. Major rail/road crash, major hospital power failure requiring evacuation etc. A major incident is: a) beyond the scope of normal operations or business-as-usual; b) likely to involve serious harm, damage or risk to human life or welfare, essential services, the environment or to the	

security of the UK;

c) a situation where the severity of impacts associated with a major incident are likely to constrain or complicate the ability of emergency responders to manage the incident;

d) likely to require a multi-agency response, rather than just a single-agency response, which may include multi-agency support to a primary responding agency.

July 2016

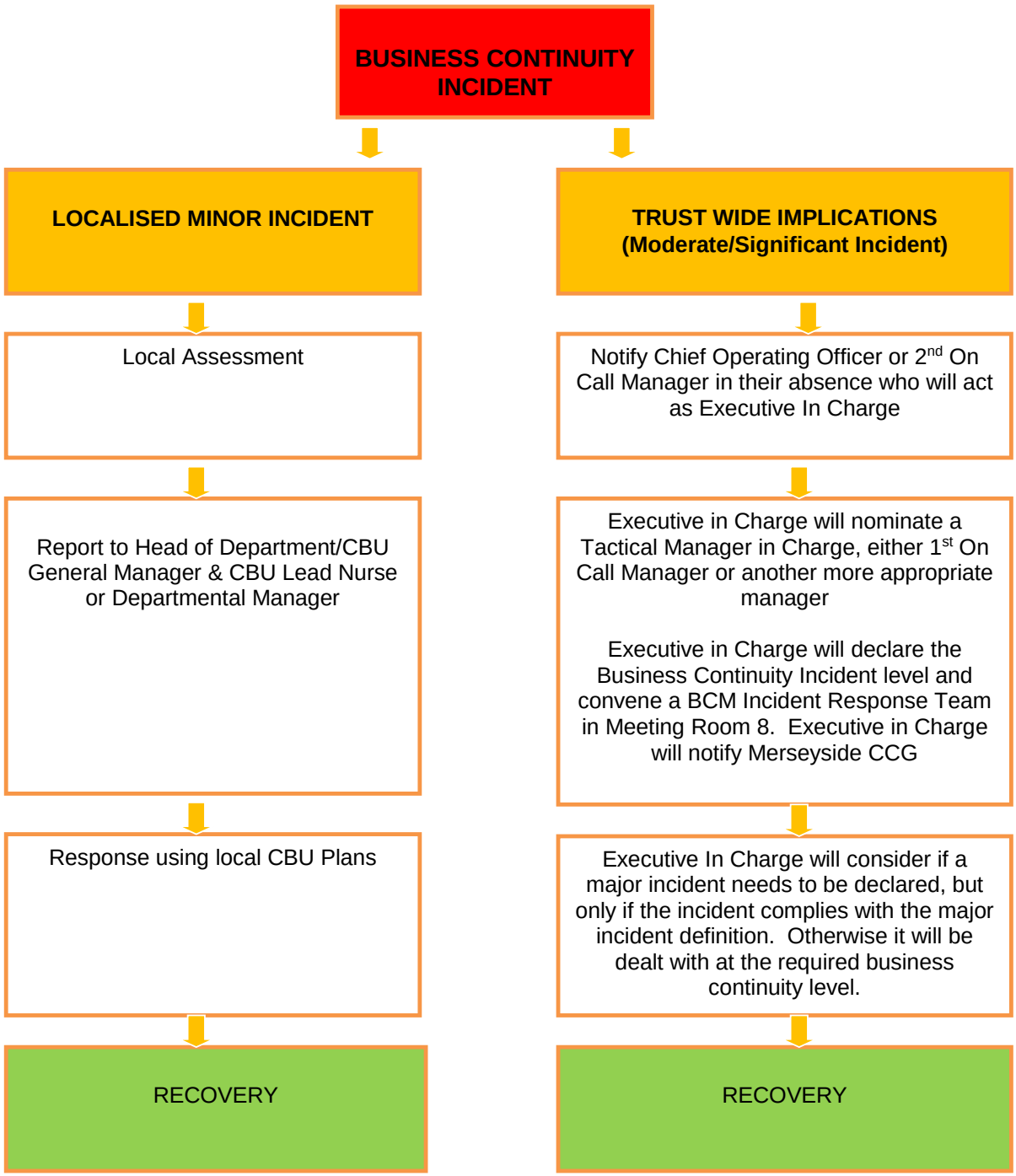
APPENDIX B

TRUST PRIORITISED SERVICES

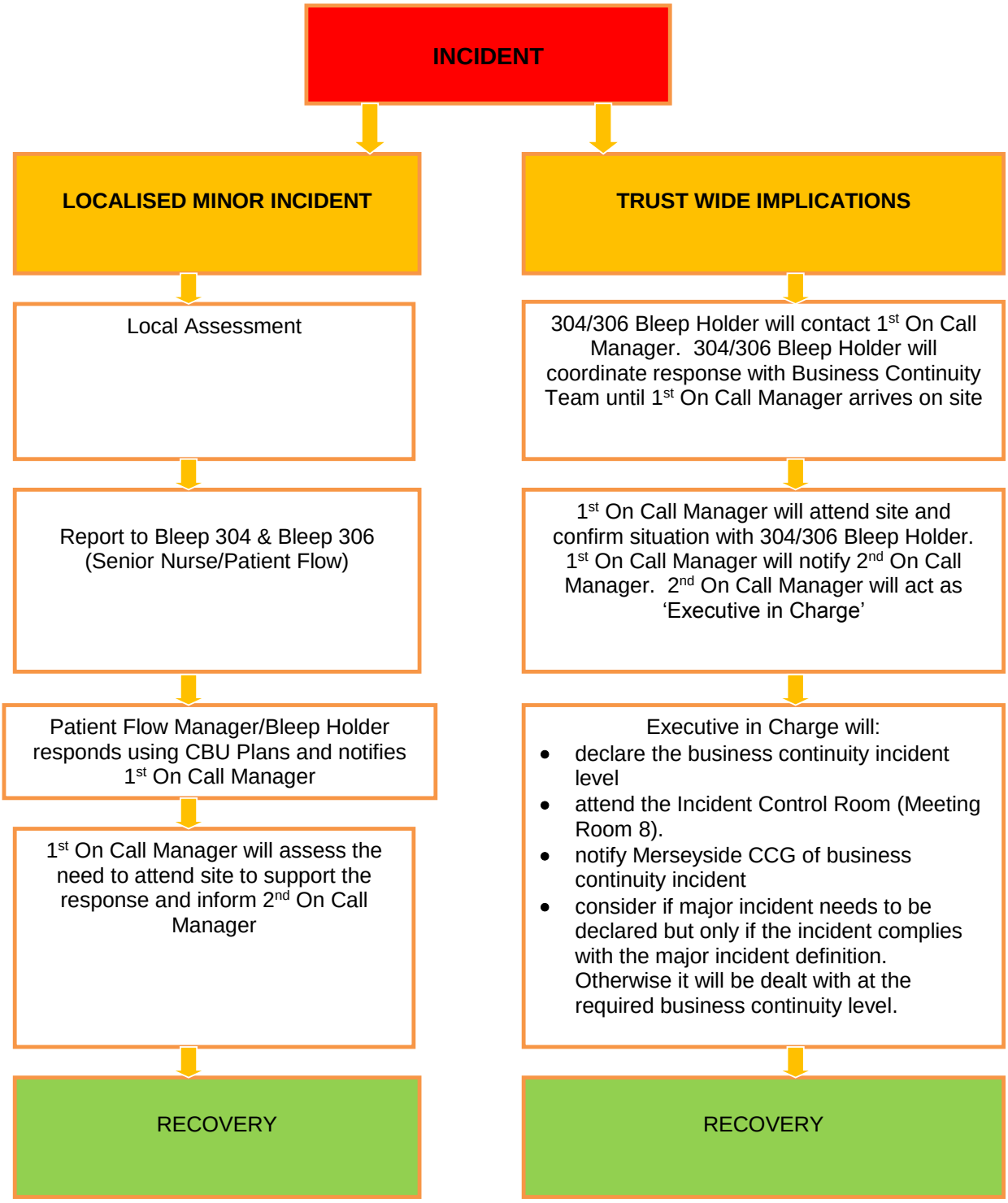
<<To be Inserted Following approval at Business Continuity Scrutiny Group and Emergency Preparedness Group Meeting>>

Appendix C

DECLARING TRUST INTERNAL BUSINESS CONTINUITY INCIDENT (IN HOURS)



DECLARING TRUST INTERNAL BUSINESS CONTINUITY INCIDENT (OUT OF HOURS)



Appendix D

BUSINESS CONTINUITY INCIDENT LOG
(To be completed on alert of a Business Continuity Incident)

If you are taking a call about a Business Continuity Incident, prompt the caller for the following details:

Incident Date:		**Caller Name:**	
Incident Time:		**Caller Organisation:**	
Activation Date:		**Caller Contact Number:**	
Activation Time:			

Nature of Incident:	
Internal action taken:	

Departments/Wards affected	**Effect(s) on Service (*consider impacts, duration, systems/data affected by the incident, etc.)***	**Cost e.g. lost income, lost service**	**CBU/Corporate Service Contingency Plan used?**	
			Yes	**No**

Name/Major Incident Role of person completing form			
Ward/Department		**Signature**	

BUSINESS CONTINUITY ACTION CARD FOR THE EXECUTIVE IN CHARGE	
Office Hours (09:00 – 17:00 hrs)	**Out of Hours (17:00 hrs – 09:00 hrs)**
Chief Operating Officer (or 2nd On Call Manager in their absence)	2nd On Call Manager

Responsibilities:

- To take strategic command of the business continuity response for the Trust upon alert of a Trust Business Continuity Incident.
- Identify and communicate the Trust Business Continuity Incident Severity Level
- When a Trust Business Continuity Incident has occurred, notify the Mersey Clinical Commissioning Group (CCG) via the North Mersey On Call rota on 0845 124 9802
- Only if the situation requires it, to declare a Major Incident to:
  - Trust Staff
  - Mersey Clinical Commissioning Group via North Mersey On Call rota on 0845 124 9802
  - NHS Merseyside Tactical (Silver Commander) via the NWAS Health Control Desk on 0345 113 0099

Action Card and Log Sheet	Time
• Start a log of decisions made. During office hours, appoint a loggist. It is important that the options available to you, the decision made and the reason why that decision was made is recorded. Legally, decisions should be recorded in a numbered hard back and in black pen, signed, dated and timed.	
• Confirm who is acting as 'Trust Tactical Manager in Charge'. Tactical Manager in Charge will coordinate the response to the incident.	
• Call a Business Continuity (BC) Incident Management Meeting in the Incident Command Room (Meeting Room 8). Key people to attend are the Trust Tactical Manager in Charge, Medical Director, Director of Nursing or Deputy, Interserve Estates Manager/Deputy, Head of Interim Estate and other key services as initially required.	
• Discuss the incident with the teams and consider initial actions required	
• Confirm the Business Continuity Incident Severity Level (minor/moderate/significant) and arrange for this to be communicated to staff as required.	
• Instruct the Tactical Manager in Charge to liaise with local tactical managers to investigate the effects of the incidents on essential and critical areas and report to the Incident Meeting Room (Meeting Room 8)	
• Notify Mersey Clinical Commissioning Group of the business continuity incident via the North Mersey On Call rota on 0845 124 9802	
• If you identify the incident as being a 'Significant Business Continuity Incident' consider if it also meets the major incident definition. If you make a decision to declare a major incident activate the Trust major incident cascade to staff via switchboard. You must also inform the NHS Merseyside Tactical (Silver Commander) via the NWAS Health Control Desk on 0345 113 0099	
• Once the initial response plan is in place, identify any staff who can assist you in the Trust strategic response. Move yourself and your 'Strategic Response Team' to the Strategic Incident Meeting Room (Meeting Room 8). Strategically direct the Business Continuity response and determine arrangements with the Trust tactical management team.	

• When the incident has been stood down, declare and cascade the Trust Stand down internally to the Trust tactical command team and to Liverpool Clinical Commissioning Group/ NHS England Merseyside Area Team Silver (tactical) Commander (if reported)	
• Hold a Hot Debrief and strategically manage recovery and return to normality. Provide a report to the Emergency Preparedness and Business Continuity Manager.	
• Arrange an immediate 'hot debrief' to allow those staff involved to report any lessons learned. Then organise a formal debrief within two weeks of the incident occurring	

BUSINESS CONTINUITY ACTION CARD FOR THE TRUST TACTICAL MANAGER IN CHARGE	
Office Hours: (09:00 – 17:00 hrs)	**Out of Hours (17:00 – 09:00 hrs)**
1st On Call Manager (Member of the CBU Senior Leadership Team will take over if appropriate and agreed by COO)	1st On Call Manager (304 Bleep Holder/Night Matron 306 acts as 1st On Call until 1st On Call arrives on site)

Responsibilities:	
• Activate the Business Continuity Plan as directed by the Executive in Charge • Investigate and assess the extent of the problem and complete the Business Continuity Incident data sheet • Direct managers to operate contingency plans • Obtain situation reports from wards, areas and functions (other tactical managers) • Support Executive in Charge with Stand down arrangements	
Action Card and Log Sheet	**Time**
• Discuss the situation with the Executive in Charge who will make the decision on the Business Continuity Incident Severity Level (minor/moderate/significant). Investigate and assess the extent of the problem and complete the Business Continuity Data form as far as possible	
• Start a log of decisions made. It is important that the options available to you and the decision made is recorded. Legally, decisions should be recorded in a numbered hard back and in black pen, signed, dated and timed.	
• Notify another member/other members of the general management team to respond within the hospital, while you attend the Incident Command Room (Meeting Room 8).	
• Consider activation of the emergency preparedness cost centre finance code to record spending	
Operational Actions:	
• Go to the Incident Command Room (Meeting Room 8) for a briefing by the Executive in Charge.	
• Contact all wards, areas and function managers (starting with critical functions/areas) establishing and noting which are affected, how much and what contingency measures are being used)	
• Arrange to obtain regular situation reports from all managers at intervals	
• Report findings to the Business Continuity Team	
• Ensure that all key intelligence and decisions are transmitted immediately to all relevant personnel and departments	
• When the business continuity incident can be stood down by the Executive In Charge, attend the immediate 'hot debrief' meeting to report any lessons learned and attend the formal debrief meeting which will be organised by the Executive In Charge within two weeks.	

BUSINESS CONTINUITY ACTION CARD FOR THE PATIENT FLOW MANAGER (BLEEP 310)	
Office Hours: (flexible)	**Out of Hours**
Patient Flow Manager	Not available

Responsibilities:

- To organise patient flow during the business continuity incident

Action Card and Log Sheet	**Time**
• On notification of the business continuity incident, attend the incident meeting room as requested and receive a briefing	
• Start a log of decisions made. It is important that the options available to you and the decision made is recorded. Legally, decisions should be recorded in a numbered hard back and in black pen, signed, dated and timed.	
• Provide patient flow support as required.	
• If required, instruct Associate Patient Flow Manager to: - Arrange bed allocations - Provide updated information concerning bed state to you	
• If required, inform other CBU staff to liaise with ward staff to clear the wards as directed	
• Obtain bed status of District General Hospital	
• Provide support as requested	
• When business continuity incident is stood down, attend the immediate 'hot debrief' to report any lessons learned and attend the formal debrief meeting as requested.	

BUSINESS CONTINUITY ACTION CARD FOR THE ASSOCIATE PATIENT FLOW MANAGER (BLEEP 306)	
Office Hours: (07:00 – 17:30)	**Out of Hours (17:30 – 19:00)**
Associate Patient Flow Manager	Associate Patient Flow Manager up to 19:00 hrs

Responsibilities:	
• To support the Patient Flow Manager with the business continuity response	
Action Card and Log Sheet	**Time**
• Write a record of the key decisions you made in response to the incident, including the options that were available to you. Use black ink to record these details. Keep a copy of these incase they need to be referred to at a later date.	
• Organise bed management/patient flow arrangements and provide up to date information concerning the bed status to the Patient Flow Manager as requested.	
• If required, obtain support from the Discharge Navigators and Clinical Support Nurses.	
• Once notified of business continuity incident stand down, attend the immediate 'hot debrief' and the formal debrief meeting within two weeks' time.	

BUSINESS CONTINUITY ACTION CARD FOR THE 304 BLEEP HOLDER	
Office Hours: (16:00 – 19:00)	**Out of Hours (17:00 – 19:00)**
306 Bleep Holder holds 304 bleep (weekday)	**Weekday**, 306 Bleep holder holds 304 Bleep up to 19:00 hours. **Weekend**, the 304 Bleep Holder is managed via the senior nurse rota
Responsibilities:	
To provide support to the Tactical Manager in Charge during a business continuity incident. If the incident occurs out of hours, to act as the Tactical Manager until the 1st On Call Manager arrives on site.	
Action Card and Log Sheet	**Time**
• On being notified of the business continuity incident, if it is reported to you in hours, notify the CBU General Manager and Chief Operating Officer. Out of hours, notify 1st On Call Manager and review options.	
• Start a log of decisions made. It is important that the options available to you and the decision made is recorded. Legally, decisions should be recorded in a numbered hard back and in black pen, signed, dated and timed.	
• If a decision is made to set up the incident command room, attend the incident command room (meeting room 8) and provide support as required.	
• Obtain situation reports from the ward to obtain an understanding of impact, staffing availability, beds available, potential discharges and need for any other departments that may need to offer support.	
• Handover to 1st on Call Manager when they arrive on site and provide support as requested	
• Handover to the Bleep 306 Night Matron when they arrive on site.	
• When business continuity incident is stood down, attend the immediate 'hot debrief' and then attend the formal debrief which will take place within two weeks after the incident.	

BUSINESS CONTINUITY ACTION CARD FOR THE NIGHT MATRON	
Office Hours: (07:00 – 19:00)	**Out of Hours (19:00 – 07:00)**
Not available	Night Matron (Night Matron to free up CSN to provide support, if ward based).

Responsibilities:	
• To be the on-site contact for Trust business continuity incidents and to report these to the relevant Head of Service Executive In Charge (via executive team secretaries)	
Action Card and Log Sheet	**Time**
• Notify the 1st On Call Manager	
• Notify and link with the Trust Executive in Charge during working hours (1st On Call Manager to be contacted out of hours, who will contact the 2nd on Call Manager).	
• Start a log of decisions made. It is important that the options available to you and the decision made is recorded. Legally, decisions should be recorded in a numbered hard back and in black pen, signed, dated and timed.	
• Go to the incident command room (Meeting Room 8) and update Trust Executive in Charge and Tactical Manager in Charge as appropriate.	
• Attend debrief meeting	

BUSINESS CONTINUITY ACTION CARD FOR THE MEDICAL DIRECTOR	
Office Hours: (09:00 – 17:00 hrs.)	**Out of Hours (17:00 – 09:00 hrs.)**
Medical Director	On Call Consultant

Responsibilities:

- The title 'Medical Coordinator' is intended to cover all specialties (medicine, surgery, neuro etc.) to coordinate the response by medical staff as a whole
- Activation of medical staff
- Liaison with Executive in Charge to provide advice on medical aspects of the response to the Business Continuity Incident, if applicable

Action Card and Log Sheet	**Time**
• Upon alert by the Executive In Charge, discuss the situation with her/him	
• Start your log of decisions made. It is important that the options available to you, the decision made and the reason why that decision was made is recorded. Legally, decisions should be recorded in a numbered hard back and in black pen, signed, dated and timed.	
• Report to the Incident Meeting Room (meeting room 8) for a briefing by the Executive in Charge	
Operational Actions:	
• Provide advice to the Executive in Charge with respect to the medical aspects of the response	
• In liaison with the Executive in Charge, decide whether some or all of the following steps should be taken: - Repatriation - Call in additional medical staff - Cancel elective surgery and clinics - Transfer medical and/or nursing staff from St Helens and other departments	
• Brief members of senior medical staff as they arrive and direct them to the areas where they are required	
• Communicate with medical teams from other Trusts to inform them of the current situation and expected development of the Business Continuity Incidents	
• As the situation develops and resolves, reinstate services as appropriate	
• When the incident has been stood down, attend 'hot debrief' and attend the formal debrief which will be organised within two weeks of the incident occurring.	

BUSINESS CONTINUITY ACTION CARD HEAD OF INTERIM ESTATE	
Office Hours: **(09:00 – 17:00 hrs.)**	**Out of Hours:** **(17:00 – 09:00 hrs.)**
Head of Interim Estate	Shift Engineer

Responsibilities:

- Coordination of estates management response to a business continuity incident
- Activation of estates staff
- Coordination of Estates staff
- Provide advice on estates and facilities management aspect of the response to the Executive in Charge (2nd On Call Manager out of hours)

Action Card and Log Sheet	Time
• Upon alert by the Executive in Charge, discuss the situation with her/him and start the Business Continuity data form.	
• Start your log of decisions made. It is important that the options available to you, the decision made and the reason why that decision was made is recorded. Legally, decisions should be recorded in a numbered hard back and in black pen, signed, dated and timed.	
• Investigate and assess the extent of the problem and complete the Business Continuity Data form as far as possible.	
• Report to the Incident Command Room (Meeting Room 8) for a briefing by the Executive in Charge.	
• In liaison with the Executive in Charge, decide which actions need to be taken to fix the estate/facilities management aspects of the incident and instruct your staff and arrangement for contactors to address the problems	
• Report progress to the Business Continuity Incident Team	
• When stand down is declared, attend the immediate 'hot debrief' and the formal debrief which will be held within two weeks of the incident	

ON CALL ENGINEER/SHIFT ENGINEER (INTERIM ESTATE)	
Office Hours: **(09:00 – 17:00 hrs.)**	**Out of Hours:** **(17:00 – 09:00 hrs.)**
Shift Engineer	On Call Engineer

Responsibilities:	
• Provide support to the Interim Head of Estate	
Action Card and Log Sheet	**Time**
• Start your log of decisions made. It is important that the options available to you, the decision made and the reason why that decision was made is recorded. Legally, decisions should be recorded in a numbered hard back and in black pen, signed, dated and timed.	
• Investigate and assess the extent of the problem	
• Report findings to the Interim Head of Estates	
• In liaison with the Interim Head of Estates, or out of hours, 1st On Call Manager, decide which actions need to be taken to fix the estate/facilities management aspects of the incident and instruct your staff and arrangement for contactors to address the problems	
• Report progress to the Business Continuity Incident Team	
• When stand down is declared, attend the immediate 'hot debrief' and if requested, attend the formal debrief meeting which will take place within two weeks of the incident	

ESTATES MANAGER (INTERSERVE)	
Office Hours: **(09:00 – 17:00 hrs.)**	**Out of Hours:** **(17:00 – 09:00 hrs.)**
Interserve Helpdesk	Shift Engineer

Responsibilities:

- Coordination of estates management in response to a business continuity incident
- Activation of estates staff
- Coordination of estates staff
- Provide advice on the estates management aspect of the response to the Executive in Charge or Tactical Manager.

Action Card and Log Sheet	Time
• Start your log of decisions made. It is important that the options available to you, the decision made and the reason why that decision was made is recorded. Legally, decisions should be recorded in a numbered hard back and in black pen, signed, dated and timed.	
• Upon alert of a business continuity incident identify if you are required to attend the incident meeting room (meeting room 8).	
• Investigate and assess the extent of the problem and identify whether the incident is applicable to the estates team. If applicable, consider actions that need to be taken, instruct your staff and arrange for contractors to address the problem.	
• Keep in touch with the Tactical Manager in charge, reporting progress as required.	
• When stand down is declared, attend the immediate 'hot debrief' and if requested, attend the formal debrief meeting which will take place within two weeks of the incident	

SHIFT ENGINEER (INTERSERVE)	
Office Hours: **(09:00 – 17:00 hrs.)**	**Out of Hours:** **(17:00 – 09:00 hrs.)**
Interserve Helpdesk	Shift Engineer

Responsibilities:	
• To ensure supply/isolation of utilities and services as directed by the Interserve Estates Lead	
Action Card and Log Sheet	**Time**
• Start your log of decisions made. It is important that the options available to you, the decision made and the reason why that decision was made is recorded. Legally, decisions should be recorded in a numbered hard back and in black pen, signed, dated and timed.	
• Upon alert of a business continuity incident identify if you are required to attend the incident meeting room (meeting room 8).	
• Investigate and assess the extent of the problem and identify whether the incident is applicable to the estates team. Report findings to the Estate Manager.	
• Keep in touch with the Estates Manager in charge, reporting progress as required.	
• When stand down is declared, attend the immediate 'hot debrief' and if requested, attend the formal debrief meeting which will take place within two weeks of the incident	

BUSINESS CONTINUITY ACTION CARD FOR THE COMMUNICATIONS TEAM	
Office Hours: (09:00 – 17:00 hrs)	**Out of Hours (17:00 – 09:00 hrs)**
Communications Team	2nd On Call Manager
Responsibilities:	
• Coordination of communications response to an incident	
Action Card and Log Sheet	**Time**
• Upon alert by the Executive in Charge, discuss the situation with her/him and start the Business Continuity data form.	
• Start your log of decisions made. It is important that the options available to you, the decision made and the reason why that decision was made is recorded. Legally, decisions should be recorded in a numbered hard back and in black pen, signed, dated and timed.	
• Report to the Incident Command Room (Meeting Room 8) for a briefing by the Executive in Charge.	
Operational Actions:	
• Take advice from members of the Business Continuity team on the details and extent of the problem	
• Provide updates on the situation to staff, partner agencies and the public as appropriate or available via: - E-mail - Intranet - Website - Telephone - Fax	
• For incidents that affect the geographical area and therefore lots of agencies and/or incidents that are likely to be very protracted, liaise closely with Gold Command Communications Cell and obtain help and support via the Merseyside Press and Media Protocol	
• Upon stand down, attend the hot debrief led by the Executive in Charge.	
• Assist in the broadcast of the stand down	
• Prepare a report for the Executive in Charge and Emergency Preparedness Manager	
• When the incident is stood down, attend the immediate hot debrief, to report any lessons learned and then attend the formal debrief meeting which will be organised within two weeks of the incident.	

BUSINESS CONTINUITY ACTION CARD FOR THE LOGGIST	
Office Hours: (09:00 – 17:00 hrs)	**Out of Hours (17:00 – 09:00 hrs)**
List of loggists available	Refer to loggist sheet and contact those who have given permission to be contacted
Responsibilities:	
• To manage all logging requirements as directed during the emergency • The loggist book must be written in black ink, signed, dated and timed • If using the electronic log, ensure it is signed off by the Executive in Charge and the Tactical Manager in charge.	
Action Card and Log Sheet	
• Attend the Incident Room (meeting room 8) as soon as possible	
• Obtain a briefing from the Executive in Charge	
• Situate yourself in the Incident room near to the Executive in Charge	
• Obtain the official log book from the Major Incident Cupboard, or if available, use electronic log sheet)	
• Log all briefings, debriefings and command team meetings in the official log book as per your training	
Be careful to note: - Key intelligence - Decisions made - The reasons for those decisions and - Reported actions taken - Ensure all entries are timed, recorded sequentially and make clear who has given the information to be recorded - Begin each entry on a new line but ensure there are no line gaps between entries. Record the stand down/handover time Do not minute every word as this is not the purpose of the log.	
• After stand down is declared and all debriefing is complete, give all completed log books to the Emergency Preparedness Manager	
• Should a relief loggist take over from you, please give them a quick briefing and sign off in the log book ensuring you add the date and time you logged off.	
Note: Feel free to stop the Command Team chair and ask for clarification for the log as required. It is recommended that the Chair round up the points to be noted at the end of each meeting. Please do not leave the Incident Command Room unless you are formally relieved or instructed to do so by the Committee Chair.	

Appendix F

INTERNAL CONTACTS

The Business Continuity Team will operate from one of the following designated meeting rooms Command Rooms:

Business Continuity Incident Control Rooms:

Area	Telephone Numbers
Strategic Incident Room (Executive Team Meeting Room)	Tel ext: 4674 Conference telephone: Ext. 4660
Tactical Incident Room : (Meeting Room 8)	**To receive calls:** Ext. 4623 (0151 282 4623) **To make calls:** Ext. 4793 (0151 282 4793) **this is also the emergency phone line** **Conference call:** Ext. 2750 (0151 282 2750) **General Use number:** Ext. 4624 (0151 282 4624)
Back up Tactical Command Room: (Pathology Seminar Room)	**Tel:** 0151 252 5842
Off Site Command Room: (Women's Hospital)	Contact the main switchboard on 0151 708 9988 and ask for the Director on call. They will give permission to access, and security will be able to give you access as it is an access controlled area 24/7. The main switchboard will bleep security. If it is out of hours, security will be on the switchboard so you will go straight through to them. Fax machine is located in the corporate office next door. Fax number is 0151 708 6303

Appendix G

EXTERNAL CONTACTS

Informing Clinical Commissioning Group 24 hour Duty Officers for Internal Business Continuity Incidents:

For internal business continuity incidents, inform:

North Mersey CCG duty officer = Liverpool or Sefton area	**0845 124 9802**
Mid Mersey CCG Duty Officer = Halton, St Helens, Knowsley area	0845 833 5287

Informing/Activating NHS England Gold/Silver Command Merseyside:

If the internal business continuity incident develops into a Major Incident, the Trust's Executive in **Charge must inform and activate NHS England Area Team Gold Command. This will automatically** release regional resources and ensure activation of the Merseyside Major Incident Commander Structure.

For initial activation, call the 24 hour NWAS Health Desk on 0345 113 0099. Ask to speak to the NHS England Area Team Gold or Silver Commander for Merseyside.

Providers:

Royal Liverpool & Broadgreen University Hospitals NHS Trust	0151 706 2000
Southport & Ormskirk Hospital NHS Trust	01704 547 471
St Helens & Knowsley Hospitals NHS Trust	0151 426 1600
Warrington & Halton Hospitals NHS Foundation Trust	01925 635 911
Aintree University Hospitals NHS Foundation Trust	0151 525 5980
Liverpool Heart and Chest Hospital NHS Foundation Trust	0151 600 1616
Liverpool Womens NHS Foundation Trust	0151 708 9988
The Walton Centre NHS Foundation Trust	0151 525 3611
5 Boroughs Partnership NHS Foundation Trust	01925 664 000
Mersey Care NHS Trust	0151 473 0303
Sheffield Children's NHS Foundation Trust	0114 271 7000
Great Ormond Street Hospital NHS Foundation Trust	020 7405 9200
Royal Manchester Children's Hospital	0161 276 1234
Birmingham Children's Hospital NHS Foundation Trust	0121 333 9999

Key Utilities:

Gas emergency contact (Transco Gas Emergency Line)	0800 111 999
Water and Sewerage (United Utilities)	0845 746 2200 (Emergencies)
Scottish Power	0845 300 999
British Gas	0800 111 999
Telecoms:	Maintel: 0844 871 1122
	Virgin Media: 0800 052 0800
	BT: 0800 1217667

EMERGENCY STAFF ACCOMMODATION

On Site Accommodation Supplies :

The following supplies are available from the Major Incident Cupboard:

- 10 x inflatable mattresses, mattress pump and 30 x toiletry packs containing shampoo sachet, soap, comb, toothbrush and toothpaste (available from the stores department). They can be accessed by the security staff however approval from the CBU Lead Nurse/CBU Manager (out of hours the 1st On Call Manager) or the Patient Flow Manager (Patient Flow Manager/Hospital at Night Manager).

- sheets counterpanes (in place of blankets), pillowcases and pillows are kept in the linen room. Out of hours, the supplies can be obtained via the security staff. Again, approval from the CBU Lead Nurse/CBU Manager (out of hours the 1st On Call Manager) or Patient Flow Manager (Patient Flow Manager/Hospital at Night Manager).

The above items can be accessed by the security staff upon request by the CBU General Manager/CBU Lead Nurse or 1st On Call Manager/ Patient Flow Manager out of hours, who can issue them to staff once the user has signed for receipt of the item and left a contact number. The user must sign the supplies back in (with the exception of a toiletry pack) when the situation is over.

Off Site Accommodation:

The 'Stag and Rainbow' Premier Inn based on Queens Drive, Liverpool may be able to provide vacant accommodation. If the 'Stag and Rainbow' is fully booked, they will be able to contact the Premier Inn based on Roby Road, Huyton.

During Working Hours:

During the hours 09:00 to 16:30 p.m., to book emergency accommodation at the Stag and Rainbow, the CBU Senior Manager must contact the Hospital Cashier on telephone extension 2499. All accommodation requirements must be approved by the CBU Senior Manager prior to making the booking.

Out of Hours:

To book emergency accommodation out of hours, contact the 1st On Call Manager who will authorise whether or not a room should be booked and will make the booking with the Stag and Rainbow. Please e-mail the Hospital Cashier (cash office) immediately to confirm that a booking has been made and the cost centre this is to be charged to. The following morning, the cashier will fax confirmation of the booking to the Stag and Rainbow.

Please note that if the Stag and Rainbow is fully booked, the 1st On Call Manager/CBU Senior Manager can ask them to contact the Derby Lodge, Premier Inn based on Roby Road, Liverpool 36.

Alder Hey Children's NHS
NHS Foundation Trust

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EMERGENCY PREPAREDNESS, RESILIENCE AND RESPONSE (EPRR) ANNUAL REPORT

2015/16

1. Introduction:

As a provider organisation, the Trust is required to fulfil relevant legal and contractual EPRR requirements including the Civil Contingencies Act (CCA) statutory requirements placed upon Category 1 responders and ensure a robust and sustainable 24/7 response to emergencies and disruptions.

This report identifies the work undertaken to ensure that the Trust is complaint with its legal and statutory requirements to meet the new EPRR framework and the CCA 2004. It outlines the Trust's state of readiness in responding to any emergency or disruptive event which may impact on service delivery.

It also sets the planning, training and exercising which have taken place during 2015/16 as well as Emergency Preparedness and Business Continuity priorities for 2016/17

A number of key areas of focus are contained within the report as follows:

- Responsibility and Accountability
- Planning
- Training and Exercising
- Response (events/incidents the Trust has responded to during 2015/16)
- Priorities for 2016/17

2. Background:

Training and exercising initiatives relating to major incident planning and business continuity have also taken place throughout 2015/16, identifying lessons learnt, areas of good practice and key actions. Training exercises have also provided the opportunity to work with partner organisations and provide assurance of the Trust's resilience and ability to respond in the face of risks that may threaten the delivery of services.

The Trust has an Emergency Preparedness Group (EPG) providing assurance to the Integrated Governance Committee on behalf of Trust Board. The EPG monitors the measures that are in place to ensure the continued delivery of Trust services.

Under the EPRR framework, the Trust is represented at the Local Health Resilience Partnership (LHRP) Strategic Group. In addition, the Trust is represented at the LHRP Health Response Group, and other sub groups as and when requested.

The Trust has reviewed its major incident and business continuity Trust plans and continues to test these internally. Lessons learned from live incidents and exercises, self-assessment outcomes and external inspections will form priority plans for 2016/17.

3. Responsibility and Accountability:

The Trust has an Accountable Emergency Officer (AEO) which is the Chief Nurse. The Chief Nurse if the names chair for the Emergency Preparedness Group and this is delegated to the Head of Risk Management.

The Trust Integrated Governance Committee receives an updated EPRR paper and action plan at each meeting.

4. Assurance and Obligations Under the Civil Contingencies Act 2004:

In order to respond to the obligations under the Civil Contingencies Act 2004, the Trust has undertaken a number of emergency preparedness activities during 2015/16:

- Internal and External Exercises (please refer to Appendix A) for which debrief documentation/action plans containing lessons learned are included.
- The Trust completed the required self-assessment of the new EPRR core standards to provide assurance of its resilience.
- Risks relating to emergency preparedness are included on the Trust Risk Register.
- Partnership working has taken place to ensure planning, exercising and responding is undertaken across organisations within the wider economy for example, local Trust attendance at the internal desk top exercise, attendance at other local Trust exercises, and attendance at LHRP sub groups etc.

5. Emergency Preparedness, Response and Resilience (EPRR):

The EPRR Core standards have been instigated since April 2013. These standards are underpinning requirements for NHS funded organisations and there is an expectation that as an NHS funded organisation, the Trust can demonstrate that plans are in place to manage and respond to a wide range of incidents and emergencies that could impact on service provision or patient care.

As part of the assurance process the Trust undertook a self-assessment against the EPRR Core Standards. Actions from the self-assessment have formed part of the emergency planning ongoing work programme which will be monitored by the Emergency Preparedness Group and the Integrated Governance Committee.

6. Planning:

The following plans and procedures have been reviewed, ratified and issued during 2015/16:

- **Major Incident Policy and Major Incident Command and Control Plan:**

  This has been updated following the move to the Children's Health Park.

- **Business Continuity Policy and Business Continuity Plan:**

  The existing Trust Business Continuity Policy and Business Continuity Plan has been updated following the move to the Children's Health Park, along with production of local ward/department business continuity plans. These local plans are approved by the Trust Business Continuity Scrutiny Group.

- **Heatwave and Cold Weather Alert Planning:**

  The Heatwave Plan and Cold Weather Plan is updated annually in line with information from Public Health England's national plans.

- **Pandemic Flu Plan:**

  The Trust Pandemic Flu Plan has been ratified and further action will be taken to add additional resilience to the plan.

7. Training and Exercising:

- **Major Incident/Business Continuity Training for all staff:**

  All staff attend mandatory training to receive an overview of emergency preparedness in the Trust.

- **Chemical, Biological, Radiological, Nuclear and Explosive (CBRNE) One Day Training:**

  Following the move to the new hospital, response to winter pressures and then the retirement of the ED Consultant emergency planning lead, the one day CBRNE training day has ceased to be provided. This is currently under review to allow this training day to be reactivated.

- **Tests/Exercises:**

  The Trust has undertaken exercises to test plans and to build on lessons learnt during 2015/16. These are set out in Appendix A. Lessons learnt from these exercises have been built into the further development of plans, changes to action cards and updated business continuity plans.

8. Response to Live Incidents:

The events/incidents the Trust has responded to during 2015/16 are described in Appendix B.

9. Work plan for 2016-17:

Based on the information and activities described in this annual report, the key emergency planning and business continuity priorities for the Trust in 2016/17 are outlined below:

- Test PICU fire evacuation arrangements
- Conduct smaller but more frequent major incident exercises
- Restart the CBRNE/HAZMAT training programme and review number of CBRNE/HAZMAT trainers available
- Continue with update major incident and business continuity training for hospital responders.
- Respond to further junior doctor strike action.
- Finalise telephone and bleep system resilience
- Develop the Research Institute Business Continuity Plan and finalise remaining business continuity plans
- Develop CBU overarching business continuity plans for local plans to feed into
- Develop mass casualty plan

- Develop excess deaths/mass fatalities arrangements to include additional area for holding bodies during excess death period.

- Update evacuation plan to consider secondary points of evacuation in the event of bomb threat

- Ongoing delivery of exercising and testing locally and multi-agency level.

- As part of our duties for cooperating and planning, to enhance coordination and efficiency, continue working with our local and emergency partners to ensure multi-agency working and exercising takes place.

The EPRR workplan will reflect priorities identified for 2016/17, which will be monitored via the Emergency Preparedness Group (quarterly), the Integrated Governance Committee (every two months) and the Trust Board annually.

EXERCISES UNDERTAKEN 2015/2016

Date	Exercise Name/Details	Type	Description
13/09/15	Exercise Casus	Live	To test the major incident response routes prior to moving into the new Children's Health Park.
20/11/15	Major Incident Cascade	Live cascade test	Test to ensure callers answered. Approximately 20 minutes to cascade the major incident message.
23/11/15	Exercise Pan Flu	Desktop	Exercise to test the Trust Pandemic Flu plan.
13/04/16	Exercise Bluebird	Desktop	Pandemic Flu Exercise led by NHS England.

Appendix B

Response to Live EPRR Major Incidents/Business Continuity Incidents 2015/16

Event/Incidents	Description
Series of Junior Doctor Strike Action Events	There have been a number of junior doctor strike action events throughout the year. However, for any strike action, the Trust meets to contingency plan for the action, including meetings with staff side union representatives. An overview of services is then produced for staff to refer to and the incidents were monitored at the local bed meetings. Situation reports were also provided to NHS England as requested. Further strike action is planned for 2016/17, but no further dates identified yet.
22/04/15	There were water issues at the Synergy plant where surgical equipment is sterilised. Business Continuity response group was set up and plans were made to continue with service until the situation was resolved. Identified the need to consider back up arrangements in the event of Synergy failure in the future as they serve a lot of NHS Trusts. Theatre lead advised this would be taken forward.
06/05/15	There was a problem with the power supply unit on Shelf 3, due to the age of the equipment. The power unit was replaced and service resumed back to normal. Back up arrangements were in place in the form of radios.
17/05/15	There was power failure in the Trust on Sunday 17th May 2015 due to a damaged electricity cable; however, the generators activated resulting in minimum disruption to the Trust. A local site was affected and the Trust provided support for the parents without electricity until power was restored. The site has been advised to work on a local contingency plan since the move to the new hospital.
16/12/15	There were to be changes made to meditech (patient record system) that day, scheduled to take 15 minutes, however, a problem occurred, triggering other issues, causing meditech to slow down to the point it couldn't be used. Since this incident the Trust has introduced Meditech V6 and there is a downtime action card to support this.
12/02/16	The Trust declared a major incident in response to a road traffic accident where 6 casualties were brought to the Emergency Department for treatment. A debrief meeting was held and lessons for learning recorded. The incident was responded to quickly and positive feedback received along with the lessons learned.
04/03/16	Water leak coming in through the roof into the mains high voltage incomer cabinet. This meant that all staff had to be evacuated out of the building. It identified that the business continuity plan for the Research Institute requires further review to incorporate arrangements for storage of fridge samples, insurance arrangements and consideration of all departments in the building to ensure all needs are met.