NHS
Oxfordshire
Clinical Commissioning Group

Incident Response Plan

OXFORDSHIRE CLINICAL COMMISSIONING GROUP PLAN FOR RESPONDING TO INCIDENTS IN OXFORDSHIRE

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Foreword by Chief Executive

The overarching Incident Response Plan together with the Incident Response Operational Manual for Oxfordshire Clinical Commissioning Group describes how the CCG will respond to an incident. The plan aims to bring coordination and professionalism to the often unpredictable and complicated events of an incident.

The purpose of planning for emergencies is to ensure that as an organisation, the CCG can provide an effective response to any incident or emergency and to ensure that the organisation returns to normal services as quickly as possible.

The overall aim of the Incident Response Plan is to achieve an effective response to any emergency regardless of the cause. This plan is sufficiently flexible to deal with a range of situations. It is therefore necessary for all members of Oxfordshire Clinical Commissioning Group to become acquainted with these procedures and, through training and exercising, become fully aware of their individual responsibilities.

This plan has been put together in collaboration with our partner organisations across Oxfordshire including the emergency services, local authorities and emergency planning experts. I commend this document to you and thank you for your cooperation.

Louise Patten
Interim Chief Executive

Document Control

Date	Author	Reason for change
19.12 2013	Julie Dandridge	Addition of point 1.4
07.11.2014	Rachel Jeacock	Update to NHS England Core Standards for EPRR 2014 (previously 2013)
02.11.2015	Rachel Jeacock	Change to correct name for NHS England, Oxford University Hospitals NHS Foundation Trust and South, Central and Est Commissioning Support Unit
19.11.2015	Rachel Jeacock	Changes to definitions of incidents and incident levels in line with NHS England Emergency Preparedness, Resilience and Response Framework published on 10 November 2015
29.01.2018	Rachel Jeacock	Minor updates to change names of NHSE South (South Central) to NHSE-South Central; updated S2.2 NHS Guidance
01.08.2018	Rachel Jeacock	Change name to Incident Response Plan; Change of name NHSE; Change of name of DH to DHSC; 2.2 Update additional documents; 4.7 Update risks; 6.5.3 additional functions of ICC; 6.6.1 addition of Joint Decision Model (JESIP); 7.1.5 addition of METHANE; 7.1.6 addition of JESIP; 7.2.4 addition of Resilience Direct; 7.6.1 addition of national Recovery guidance; 13.1 update references; Appendices A, B,C updated

EXTERNAL DISTRIBUTION LIST

NHS South, Central and West Commissioning Support Unit
Cherwell District Unitary Council
Environment Agency
NHS England
Public Health England Centre (Thames Valley)
Oxford City Council
Oxford Health NHS Foundation Trust
Oxfordshire County Council
Oxford University Hospitals NHS Foundation Trust
South Central Ambulance Service NHS Foundation Trust
South Oxfordshire District Council
Thames Valley Police
Vale of White Horse District Council
West Oxfordshire District Council

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1. Introduction

1.1. The NHS carries out emergency planning to ensure it is able to respond appropriately and effectively to incidents. The Incident Response Plan for Oxfordshire Clinical Commissioning Group (OCCG) is built on the principles of risk assessment, cooperation with partners, emergency planning, communicating with the public, and information sharing.

1.2. This plan is sufficiently flexible to deal with a range of situations and comprises two parts. The first part is the overarching Incident Response Plan itself which sets out the role of the Clinical Commissioning Group (CCG) in an incident and explains how this role fits with those of other NHS organisations and the emergency services. This is the strategic part of the plan and is designed to be read by all staff, especially those on call.

1.3. The second document is known as the Incident Response Operational Manual. This document is designed to be used during an incident. It summarises the practical steps that need to be taken in the event of an emergency situation.

1.4. This plan will be published on the OCCG website and regularly updated as required.

2. NHS Guidance

2.1. The OCCG Incident Response Plan is based on the NHS England Emergency Preparedness Resilience and Response (EPRR) Framework (V 2.0 2015) and follows a set of general principles that guide all NHS organisations in developing their ability to respond to major incidents, significant incidents and other emergencies and to manage recovery locally within the context of the requirements of the Civil Contingencies Act 2004 (CCA 2004).

2.2. This document should be read in conjunction with:

- NHS England Emergency Preparedness Resilience and Response Framework (2015)
- NHS England Core Standards for Emergency Preparation, Resilience and Response (2018)
- Thames Valley Local Resilience Forum multi agency plans
- NHS England-South Central Operational Pressures Escalation Levels (OPEL) Framework 2018-2019
- Public Health England Centre (PHEC) response plans.
- Concept of Operations for the Management of Mass Casualties 2017
- NHS England – South East Mass Casualty Framework January 2018

3. Definition of an Emergency, Major Incident, Critical Incident or Business Continuity Incident

3.1. This section provides definitions for emergencies, major incidents, critical incidents and business continuity incidents as they apply to NHS organisations and providers of NHS funded care and the varying scale of these incidents.

3.2. Emergency

Under Section 1 of the Civil Contingencies Act 2004 an 'emergency' means:

"(a) an event or situation which threatens serious damage to human welfare in a place in the United Kingdom;

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

3.3 Incident

For the NHS, incidents are classed as either:

- Major Incident
- Critical Incident
- Business Continuity Incident

Each will impact upon service delivery within the organisation, may undermine public confidence and require contingency plans to be implemented.

3.4 Major Incident

A major incident is any occurrence that presents serious threat to the health of the community or causes such numbers or types of casualties, as to require special arrangements to be implemented. For the NHS this includes any event defined as an emergency as in section 3.2 above.

3.5 Critical Incident

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

3.6 Business Continuity Incident

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

3.7 Incident Levels

As an incident evolves it may be described in terms of its level as shown. For clarity these levels are used by all organisations across the NHS when referring to incidents.

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

3.8 Types of Incident

The following is a list of commonly used classifications of types of incident. It is not an exhaustive list and other classifications may be used as appropriate. The nature and scale of the incident will determine the appropriate incident level

- **Business continuity / internal incidents** – fire, breakdown of utilities, significant equipment failure, hospital acquired infections, violent crime
- **Big bang** – a serious transport accident, explosion, or series of smaller incidents
- **Rising tide** – a developing infectious disease epidemic, or a capacity/staffing crisis or industrial action
- **Cloud on the horizon** – a serious threat such as a significant chemical or nuclear release developing elsewhere and needing preparatory action
- **Headline news** – public or media alarm about an impending situation, reputation management issues
- **Chemical, biological, radiological, nuclear and explosives (CBRNE)** – CBRNE terrorism is the actual or threatened dispersal of CBRN material (either on their own or in combination with each other or with explosives), with deliberate criminal, malicious or murderous intent
- **Hazardous materials (HAZMAT)** – accidental incident involving hazardous materials
- **Cyber-attacks** – attacks on systems to cause disruption and reputational and financial damage. Attacks may be on infrastructure or data confidentiality
- **Mass casualty** – typically events with casualties in the 100s where the normal major incident response must be augmented with extraordinary measures

4. NHS Standard Contracts and NHS England Emergency Preparedness Resilience and Response Framework 2015

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

4.2. The Act divides local responders into two categories, imposing a different set of duties on each. **Category one responders** are those organisations at the core of the response to most emergencies. This category includes all Acute Trusts and Ambulance NHS Trusts, NHS England and Public Health England. They are subject to the following civil protection duties:-

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

4.3. Primary care, community providers, mental health and other NHS organisations (NHS Blood and Transplant, NHS Logistics and NHS Protect) are not listed in the CCA (2004). However, Department of Health and Social Care (DHSC) and NHS England guidance expects them to plan for and respond to incidents in the same way as category one responders.

4.4. **Category two responders** are required to cooperate and share relevant information with other Category one and two responders. Category two responders, such as **Clinical Commissioning Groups (CCGs)**, are seen as 'co-operating bodies'. They are less likely to be involved in the heart of the planning, but they will be heavily involved in incidents that affect their sector. It is vital that they share relevant information with other responders (both category one and two) if Emergency Preparedness, Resilience and Response (EPRR) arrangements are to succeed.

4.5. Category one and two responders come together to form the **Local Resilience** F**orum** based on police areas. These forums help to co-ordinate activities and foster co-operation between local responders. For OCCG the strategic forum for joint planning for emergencies is the **Thames Valley Local Health Resilience Partnership (LHRP)**. They provide the health sector's contribution to multi-agency planning through Thames Valley Local Resilience Forum (LRFs). Thames Valley LHRP will coordinate health input and support the NHS England, Local Authorities and Public Health England (PHE) in ensuring that member organisations develop and maintain effective planning arrangements for major incidents, significant incidents and emergencies. There is one Thames Valley Accountable Emergency Officer representing Oxfordshire, Berkshire and Buckinghamshire CCGs on the LHRP.

Risk Assessment

4.6. The Civil Contingencies Act 2004 places a risk assessment duty on all category one responders to ensure that planning is proportionate to each risk. A Community Risk Register is compiled by the Thames Valley Local Resilience Forum and consists of a table of hazards summarising hazard information, outcome descriptions, risk rating and mitigation plans (http://www.thamesvalleylrf.org.uk/riskregister.ashx).

4.7. The top risks currently identified on the Thames Valley Risk Register are:

- Influenza Type Disease
- Fluvial/River flooding
- Severe Weather
- Fuel Shortages
- Loss of Critical Infrastructure
- Animal Disease
- Environmental Pollution and Industrial Accidents
- Transport Accidents

The national and community risk register has informed local health and multi-agency planning and the TV LHRP Three Year Strategy.

Requirements Applicable within the Health and Social Care Act 2012

4.8. The Health and Social Care (2012) Act embeds the requirement of NHS services to respond effectively to incidents and emergencies. The key elements are:-

- NHS England and each CCG must take appropriate steps for securing that it is properly prepared for dealing with a relevant emergency.
- NHS England must take steps as it considers appropriate for securing that each relevant service provider is properly prepared for dealing with a relevant emergency.

Core standards

4.9. The minimum core standards, which NHS organisations and providers of NHS funded care must meet, are set out in the NHS England Core Standards for EPRR. These standards are in accordance with the CCA (2004), the Health and Social Care Act 2012, the NHS England planning framework ('*Everyone Counts: Planning for Patients*') and the NHS standard contract.

4.10. NHS organisations and providers of NHS funded care must:

- nominate an accountable emergency officer who will be responsible for EPRR;
- contribute to area planning for EPRR through local health resilience partnerships;
- contribute to an annual NHS England report on the health sector's EPRR capability and capacity in responding to national, regional and LRF incidents. Reports must include control and assurance processes, information-sharing, training and exercise programmes and national capabilities surveys. They must be made through the organisations' formal reporting structures;
- have suitable, up to date incident response plans which set out how they plan for, respond to and recover from significant incidents and emergencies. The plans should fulfil the testing schedule as detailed in the CCA 2004;
- have suitably trained, competent staff and the right facilities (incident coordination centres) available round the clock to effectively manage a major incident or emergency;
- share their resources as required to respond to a major incident or emergency.

Business Continuity (service resilience) planning

4.11. The CCA 2004 places a statutory duty on organisations to develop a comprehensive approach to business continuity.

4.12. This framework follows the principles of ISO 22301 and PAS 2015. Some elements of ISO 22301 must be done in partnership with other health organisations and this will be led by the Thames Valley Local Health Resilience Partnership and Thames Valley Local Resilience Forum.

The NHS England Business Continuity Framework 2013 can be found at:
http://www.England.nhs.uk/ourwork/gov/eprr

Local cooperation

4.13. At the local level, it is important that planning for major incidents, significant incidents and emergencies is co-ordinated within individual NHS organisations, between NHS

funded organisations and at a multi-agency level with emergency services, local authorities, voluntary agencies, the independent health and social care sector and other partner organisations.

4.14. Training, exercising and testing of all EPRR plans within OCCG, between NHS funded organisations and with multi-agency partners will be an important part of emergency preparedness and will be documented as part of the annual work programme.

4.15. NHS England is responsible for maintaining a mechanism that will enable NHS organisations to plan and cooperate appropriately and to performance manage these organisations for this aspect of their responsibilities. This will be supported by the Thames Valley LHRP, the annual memorandum of understanding and national assurance process.

Mutual Aid

4.16. Mutual Aid can be defined as an arrangement between Category one and two responders, other organisations not covered by the CCA 2004, within the same sector or across sectors and across boundaries, to provide assistance with additional resource during any incident that may overwhelm the resources of a single organisation. The NHS England will be responsible for the co-ordination and implementation of mutual aid requests during a major incident, significant incident or emergency.

Networks (critical care, trauma, burns)

4.17. Clinical networks exist in many specialist areas of care and ensure that patients can access the optimum care for their condition. Within Thames Valley there is a Trauma network that works alongside the Critical Care networks across the region and with neighbouring areas. The London and South East Burns Network incorporates the Thames Valley and works alongside the other regional networks which effectively ensure mutual aid arrangements when needed.

Information Sharing

4.18. Under the CCA 2004 local responders have a duty to share information and this is seen as a crucial element of civil protection work, underpinning all forms of co-operation.

4.19. The sharing of information will include, if required for the response, details of vulnerable people. The general definition of a vulnerable person is a person: *"present or resident within an area known to local responders who, because of dependency or disability, need particular attention during incidents"*

5. Organisational Roles and responsibilities

5.1. Clinical Commissioning Groups (CCGs)

5.1.1. OCCG will have a Director on Call available at all times through a pager system should a provider of NHS funded care have a problem that needs escalating either in or out of normal hours. The Director will be available to providers or NHS England

5.1.2. OCCG will use the Oxfordshire Escalation Framework, which is backed up by the NHS England (OPEL) Escalation Framework to determine how and when issues should be escalated.

5.1.3 As category two responders under the CCA 2004, CCGs must respond to reasonable requests to assist and cooperate during an emergency. NHS England may decide to include CCG members in the formal command and control structure and to assist in any response to a major incident. CCG's may assist and support NHS England undertake the following tasks:

- Mobilising resources from locally commissioned services
- Providing local NHS leadership if required
- Liaise with relevant partner organisations
- Cascading information to relevant service level providers
- Inform and maintain dialogue with neighbouring CCGs when appropriate
- Support CCG commissioned organisations with any local demand, capacity and systems resilience issues

5.2. Providers of NHS funded Care

Providers of NHS funded care will fulfil relevant legal and contractual EPRR requirements, including the CCA (2004), and ensure a robust and sustainable 24/7 response to emergencies and:

- provide the resilience to manage incidents and emergencies that affect only them, with escalation where necessary;
- provide an Accountable Emergency Officer to take executive responsibility and leadership for EPRR at service level;
- collaborate with local multi-agency partners to facilitate inclusive planning and response;
- ensure preparedness to maintain critical services in periods of disruption;
- facilitate NHS EPRR assurance, including business continuity.

5.3. NHS England

5.3.1. NHS England will provide leadership across Thames Valley. If an incident requires a wider NHS or multi-agency response, this co-ordination and leadership is provided by a NHS England Director. The NHS England Director has overall responsibility for ensuring that NHS England and the local health economy are able to respond to a major incident, significant incident or emergency.

5.3.2. The NHS England on-call Director may take command and control of the situation if several NHS and partner organisations need to be involved and the need for a coordinating role arises.

5.3.3. If there is a Strategic Coordination Group, 'health' will be represented by NHS England on-call Director (NHS Gold). If necessary, Public Health England, local authority Directors and the South Central Ambulance Service will also attend.

5.3.4. NHS England and the CCG may be required to respond actively by:

- escalating the use of GP surgeries as necessary, to see patients that, but for the major incident, significant incident or emergency, would normally be at or would go to the local acute hospital e.g. patients with less serious problems that, because of the incident, cannot be readily seen in the emergency department.
- mobilising support from GPs to help at a local acute hospital receiving the casualties and/or by referring other patients to other hospitals.
- mobilise assistance from GPs to support at a rest centre. A rest centre is managed by the Local Authority and is for people evacuated from a scene of a major incident.

- Co-ordinating and managing NHS response to the public and media.

5.4. NHS England (National team)

In extreme situations such as pandemic influenza, a national fuel shortage or extreme weather, the NHS England national team may take command of all NHS resources across England. In this situation, direction from the national team will be actioned through the regional teams.

5.5. Public Health England Centres

Public Health England (PHE) provides expert advice to the DHSC, Regional Directors of Public Health and the NHS on health protection policies and programmes. It also provides specialist emergency planning advice to NHS organisations to:

- ensure that PHE has plans for emergencies in place across the local area. Where appropriate, these will be joint emergency plans with the NHS and local authorities, through the LHRP;
- discharge the local PHE EPRR functions and duties;
- have the capability to lead the PHE response to an emergency at a local level.
- ensure a 24/7 on-call rota for emergency response in the local area;
- ensure that staff have the appropriate competencies and authority to coordinate the health protection response to an emergency.

5.6. PHE Regional Offices

The Regional Office provides strategic EPRR advice and support to PHE Centres and maintains PHE's capacity and capability to coordinate regional public health responses to emergencies 24/7.

5.7. PHE National Level

At a national level they provide leadership and co-ordination of PHE and national information on behalf of the PHE during periods of national emergencies. They support the response to incidents that affect two or more PHE regions and will act as the national link on EPRR matters between PHE, DHSC and NHS England.

5.8. Local Authorities

5.8.1. Through the Director of Public Health (DPH), the local authorities within Thames Valley will take steps to ensure that plans are in place to protect the health of their populations and escalate any concerns or issues to the relevant organisation or to the LHRP as appropriate. Local authorities in the Thames Valley have delegated overall leadership to the DPH of Oxfordshire County Council. The DPH will co-chair the LHRP alongside the Director of Operations and Delivery for the NHS England.

5.8.2. Each DPH will provide initial leadership with PHE for the response to public health incidents and emergencies within their local authority area. The DPH will maintain oversight of population health and ensure effective communication with local communities. PHE will deliver and manage the specialist health protection services.

5.8.3. In addition they fulfil the responsibilities of a Category one responder under the CCA 2004.

5.9. Department of Health and Social Care

The Department of Health and Social Care (DHSC) Emergency Preparedness Division advises Ministers on the development of policy and promulgates agreed policy. It

oversees and ensures planning and preparedness in the NHS and coordinates the overall NHS response to major incidents where necessary. The division also supports the Central Government response through the Cabinet Office Briefing Room (COBR). The structure of emergency planning and response is shown in Appendix A

6. Command and Control Structure

This section describes how the NHS will respond when a major incident, significant incident or emergency has been formally declared and the NHS has been asked to activate its major incident plans. It is important that all health services respond to each incident in a coordinated and consistent manner.

6.1. The NHS response to an incident needs to be:

- Proportionate: Different approaches are necessary both to the varying size of incidents and also to the health implications of an incident.
- Flexible: The implications of incidents can change rapidly during their course. The NHS needs to have flexible systems which ensure that it has a response appropriate to the incident at any time.
- Clear: In particular, it must be clear at any time both to NHS organisations and to partner organisations which part of the NHS has taken overall command and control in a particular geographical area. The taking of command and control does not preclude other organisations from establishing their incident operations centres for their own organisations.

6.2. At all times during the course of an incident, it is the responsibility of the NHS England to ensure that there is clarity about which organisation is leading the NHS response.

6.3. Escalation

Table 1 describes the four broad levels of escalation and provides broad parameters for decision making. It is the responsibility of the senior manager leading the NHS response at any particular time to decide, in conjunction with colleagues, what level of command is appropriate for the local NHS.

Table 1

Alert	Activity	Action	NHS England Incident levels	
Alert	**Dynamic Risk Assessment**	**Declaration of Incident level**	**1**	**An incident that can be responded to and managed by a local health provider within their business as usual capabilities and business continuity plans in liaison with the local commissioners**
			2	**An incident that requires the response of a number of health provider organisations across the local health economy and will require NHS coordination by the local commissioners with the NHS England local office**
			3	**An incident that requires the response of a number of health organisations across the geographical area within the NHS England region. NHS England to coordinate the NHS response in collaboration with local commissioners at the tactical level**
			4	An incident that requires NHS England National Comand and Control to support the NHS response. NHS England to coordinate the NHS response in collaboration with local commissiones at the tactical level

6.4. The establishment of a Strategic Coordinating Group (SCG) has been excluded from Table 1, as this is at the discretion of the Chief Constable of Thames Valley Police and the NHS follows these arrangements. NHS England will provide NHS input to the SCG if required. In some circumstances the CCG may provide the NHS input to a SCG, but this will be the exception rather than the rule.

6.5. Incident Level 1 – Oxfordshire CCG GREEN

6.5.1 The response will initially be led by the OCCG Director on Call. If required the Director on Call responding to the major incident may convene an Incident Management Team with relevant expertise from within the CCG and externally (as necessary). The Incident Management Team will manage the incident.

6.5.2 OCCG may establish an Incident Co-ordinating Centre (ICC) from which the incident can be managed. The ICC for OCCG is based in Conference Room B, Jubilee House, Oxford Business Park South, Oxford. The incident co-ordinating centre may be shared with NHS England.

6.5.3 The role of the ICC is Coordination; Policy Making; Operations, Information Gathering; Dispersing Public Information :

- manage the operational response to the incident
- Co-ordinate response across the local health economy
- report to the NHS England
- handle media issues/enquiries
- coordinate with district councils and unitary authorities
- manage the return to normality
- ensure liaison with other key partners as required

6.6. Incident Level 2 – NHS England YELLOW

6.6.1 The NHS England on-call Director may convene an Incident Management Team with relevant expertise from within and external to the NHS England to direct and coordinate the management of the major incident. The team will take executive decisions in the light of best available information and obtain input from all relevant sources of expertise and agencies and convene quickly. Decision making, especially during an incident, is often complex and decisions are open to challenge. The Joint Decision Model (JDM) http://www.jesip.org.uk/joint-decision-model/ is suitable for all decisions and has been adopted by JESIP.

6.6.2 An NHS England Incident Co-ordinating Centre (ICC) may be set up at the headquarters of NHS England and may be shared with OCCG.

6.6.3 The ICC will have direct contact with all responding NHS providers. Its role is to remain informed of their current status and provide relevant information to the SCG Health Gold representative.

6.7. Incident level 3 - NHS England- South AMBER

- An NHS England ICC will normally be based at the offices in Reading. The role of the ICC will be:
- strategic management of the incident and return to normality;
- reporting to the NHS England National team;
- downwards links with NHS England Incident Co-ordinating Centres;
- communications and media management.

6.8. Multi-agency Command and Control

There are three commonly accepted levels within emergency management command and control (Table 2) and adherence to these by all organisations ensures a coordinated response to a major incident.

Table 2: Levels within command and control structures

Level	Role	Colour
Strategic	Establish strategic objectives and overall management framework. Ensure long-term resourcing/expertise.	**Gold**
Tactical	Determine priorities in obtaining and allocating resources. Plan and co-ordinate overall response.	**Silver**
Operational	Manage front line operations.	**Bronze**

The multi-agency response to a major incident, significant incident or emergency is described below:

- The DHSC will be the source of information regarding the NHS for the COBR (Cabinet Office Briefing Room) at national level;
- NHS England will represent the NHS at regional level;
- NHS England will attend the Strategic Coordinating Group (SCG) led by Thames Valley Police. Public Health England Centre will provide the Public Health Consultant to attend and chair the Scientific and Technical Advice Cell (STAC);
- NHS England may attend multi-agency silver and interact at a bronze level;
- Local CCGs may attend county wide silver and interact at a local bronze level.

6.9. Science and Technical Advice Cell (STAC)

6.9.1. The Scientific and Technical Advice Cell (STAC) provides technical advice to the SCG. The STAC would be expected to advise on issues such as the impact on the health of the population, public safety, environmental protection, and sampling and monitoring of any contaminants.

6.9.2. In the event of a major incident the STAC is activated by the Police Gold Commander through the cell lead or relevant duty officer. However, a senior public health professional (i.e. Director of Public Health or the PHE Director) may recommend to the Gold Commander that a STAC needs to be established due to the potential impact on the health of the local population from an actual or evolving incident.

7. OCCG response to a major incident

7.1. Alerting arrangements

7.1.1. The ambulance service is likely to be the first NHS service to be notified of, and respond to, a major incident. The ambulance service will:

- immediately notify or confirm with the police and the fire and rescue service the location and nature of the incident, including identification of specific hazards, for example, chemical, radiation or other known hazards
- alert the most appropriate receiving hospital(s)
- alert the wider health community via triggering the communications cascade
- alert voluntary area services

7.1.2. The standard alerting messages are:

1	**Major Incident – standby** This alerts staff members that a major incident may need to be declared. Preparatory arrangements are then made appropriate to the incident.
2	**Major Incident declared – activate plan** This alerts staff members that the plan should be activated and additional resources mobilised.
3	**Major Incident – cancelled** This alert cancels any previous messages
4	**Major Incident – stand down** All receiving hospitals are alerted as soon as all live casualties have been removed from the site. Where possible the Ambulance Incident Commander will make it clear whether any casualties are still en-route. The CCG will then assess its own appropriateness to stand down.

7.1.3. The Director on Call for OCCG would be alerted to a major incident by either the Oxford University Hospital NHS Foundation Trust (as the hospital receiving these casualties) or NHS England. Each CCG can declare its own major incident when its own services and/or assets are affected (or potentially) by, for example, fire, flood, major equipment breakdown, or civil disturbance (firearms).

7.1.4. In cases where the CCG is alerted to a local incident within a local provider the CCG Director on Call will determine whether there is a need to inform the Director on Call for NHS England or any other local NHS providers or neighbouring CCGs.

7.1.5. METHANE : The Joint Emergency Services Interoperability Principles (JESIP) identifies METHANE as the preferred model to share information to promote a shared situational awareness.

Major incident declared?
Exact location
Type of incident
Hazards present or suspected
Access - routes that are safe to use
Number, type, severity of casualties
Emergency services present and those required

7.2. Incident Management Team

7.2.1. In exceptional circumstances and if required, the OCCG Director on Call responding to the major incident will convene an Incident Management Team with relevant expertise from within and external to the CCG to direct and co-ordinate the management of the major incident. Specialist advice will be sought from the NHS England or PHE Centre, according to the particular nature of the incident being faced. The team will take executive decisions in the light of best available information and obtain input from all relevant sources of expertise and agencies and convene quickly.

7.2.2. National Decision Making Model : **JESIP (Joint Emergency Services Interoperability Programme Decision Making Model)** : This model is suitable

for all decisions and can be applied to spontaneous incidents or planned operations. See Appendix C.

7.2.3. The Incident Management Team will take responsibility for local communication with the Chief Executive and other external provider organisations. It will also ensure (through the NHS England and with communication managers) that the public is informed and the media is briefed. It is likely that any communications would be through the NHS England or PHE.

7.2.4. Meetings, investigations and actions will be properly documented.

7.2.5. Resilience Direct : The information sharing, data storage and mapping system designed and managed by the Civil Contingencies Secretariat. It offers Local Resilience Forums and individual agencies tools to improve data and information sharing for planning and response.

7.3. Finances

If warranted when responding to an emergency situation, a separate cost centre will be set up in agreement with the Director of Finance.

7.4. Health and Safety Issues

7.4.1 During and after a major incident the welfare of staff is of paramount concern to OCCG. Staff should, as under normal circumstances, pay due regard to the health, safety and welfare of themselves and other employees at all times.

7.4.2 The need to regularly 'risk assess' during major incidents is extremely important and employees should not expose themselves to unnecessary risks. Where a higher risk situation is identified this should be assessed with the support of a line manager.

7.4.3 It is also particularly important during emergency situations, where staff may be experiencing higher levels of stress than normal, that regular meal breaks and periods of 'off duty' are observed.

7.5. Stand down arrangements at the end of a major incident

As the incident diminishes and emergency services declare 'major incident - stand down' a decision should then be made by OCCG when it is appropriate to disband the Incident Management Team. This is because OCCG is likely to have a continuing role after emergency services have stood down. Before the OCCG team is disbanded an incident report should be prepared and arrangements made to review the incident and the outcome. The conclusions of the report and any debriefings will help to inform future training and improve procedures.

7.6. Debriefing

In order to identify lessons learned, a series of debriefs post incident are seen as good practice.

- Hot debrief: Immediately after incident with incident responders (at each location);
- Organisational debrief: 48-72 hours post incident;
- Multi-agency debrief: within one month of incident;
- Post incident reports: within six weeks of incident.

7.6.1. These will be supported by action plans and recommendations in order to update OCCG plans and provide any training and further exercising required.

7.6.2. OCCG may also contribute to multiagency debriefing and actions from incident reports

7.7. Recovery

7.7.1 Recovery and the return to normal working is an important part of the management of all major incidents. In many incidents, the aftermath of the major incident becomes another phase, taking stock of the overall impact and facilitating the restoration of normal health services. The national Emergency Response and Recovery Guidance provides detailed advice for organisations; https://www.gov.uk/emergency-response-and-recovery It may also offer opportunities for service redesign and changes to operational practice. The recovery phase should begin at the earliest opportunity following the start of an incident and should be run in parallel with the response. The recovery phase does not end until all disruption has been rectified, demands on services have returned to normal levels and the physical and psychosocial needs of those involved have been met.

7.7.2 OCCGs role in recovery might include:

- renegotiating priorities with commissioned services;
- assessing and arranging for the continuing need of primary and community health services such as psychological support and counselling;
- provision of care and support to staff that may have been personally affected;
- consideration of legal and financial risks that might ensue.

8. Communications

8.1. Effective communication is paramount to any major incident response. OCCG has an effective communications cascade system and full details are set out in the Incident Response Operational Manual. This cascade is tested through regular exercises.

8.2. The communications cascade which is activated on declaration of a major incident includes alerting the NHS South, Central and West Commissioning Support Unit (SCW CSU) Media desk (in ours) or on–call Communication Manager (out of hours) in the first tranche of contacts. The communications manager is responsible for media handling and represents the CCG in multi-agency press briefing arrangements. Additional responsibilities of the Communications Manager might include:

- to agree with other NHS agencies locally the procedure for coordinating information in an incident;
- to plan facilities which can be made available at short notice, e.g. rooms for the media;
- to prepare simple, easily understood information about NHS organisations;
- to ensure communications leads and designated spokespersons have appropriate training.

8.3. Media

8.3.1. The presence of media can be used effectively to support the coordination of a major incident response. Press statements will be coordinated through Thames Valley Police when there is a Strategic Coordinating Group established.

8.3.2. In the event that a STAC (Science and Technical Advice Cell) is set up to advise the Strategic Coordinating Group, the Director of Public Health and Public

Health England Centre will be responsible for agreeing clear public health messages to be given to the public. (The chair of STAC is not necessarily the DPH)

8.3.3. At levels below this the Director on Call responsible for co-ordinating the incident will ensure advice/active involvement is sought from the SCW CSU media desk (in hours) or on-call Communication Manager (out of hours).

8.4. Public

Information will be required to ensure public/patients and their next of kin are appropriately informed. Depending on the nature of the incident, provision of suitable facilities for the public will also need to be made. The provision of help lines through OCCG Patient Services will assist by diverting enquires away from NHS switchboards (e.g. hospitals, GP Practices) which may already be experiencing a high volume of calls.

9. Business Continuity

9.1. The CCA (2004) places a statutory duty on organisations to develop a comprehensive approach to business continuity. As a category two responder OCCG is required to maintain plans to ensure that services are provided in the event of an incident so far as is reasonably practical. Business continuity plans have been developed in line with these requirements and link to arrangements for the recovery phase after a major incident.

9.2. OCCG will also ensure that providers have in place adequate business continuity plans and major emergency plans for their own organisation.

10. Vulnerable Persons

10.1. Within the CCA (2004) the particular needs of vulnerable persons are recognised. These individuals are defined as "people present or resident within an area known to local responders who, because of dependency or disability, need particular attention during incidents". Vulnerable persons could therefore include children and older people; BME communities, particularly those for whom English is a second language, and people with disabilities, including physical disabilities and impairments, learning disabilities and those with mental illness.

10.2. Black and Minority Ethnic Communities

Care will be taken when producing and distributing information to ensure that it is accessible to all. This may necessitate the production of translated materials, the use of health advocates, and the use of interpreting services.

10.3 Children

Many major incidents involve children and in some children are the main casualties. Children have special needs that are different from adults in terms of their size, physiology and psychological needs – all of which have an impact on their care. The Director on Call and the Incident Management Team will need to consider and take account of the children's needs in planning and response to a major incident. Special consideration must be given to schools, nurseries, childcare centres and medical facilities for children.

10.4. People with inhibited physical ability

This may be by reason of age, illness, disability, pregnancy or other reason. Attention should be paid to hospitals, residential homes and day centres likely to be housing any

people with inhibited physical ability. Access to records of residents in the community who have inhibited physical ability is also important and may be achieved in partnership with Social and Community Services.

10.5. People with learning disabilities and mentally ill people

OCCG will respond as appropriate in order to assist people with learning disabilities or mental illness by using existing facilities and arrangements wherever possible. If there is a need for additional or specialist assistance then help will be sought from Oxford Health Foundation Trust as appropriate.

11. Exercises and Testing Plans

11.1 In accordance with emergency planning guidance, plans are tested through regular exercises, in partnership with other partners.

11.2 Most exercises will be led by the NHS England or be multiagency and OCCG will participate in all those that are relevant. A communication exercise is held on at least a six monthly basis, a table top exercise is carried out annually, and a live exercise is carried out at least once every three years.

11.3 Details of all exercises are reported to the OCCG Board on an annual basis and amendments as a result of training are incorporated into reviews of incident response plans.

11.4 The Accountable Emergency Officer is responsible for ensuring that plans are regularly reviewed to ensure that they reflect legislative and/or organisational change and the on-going risk assessment process.

12. Staff Training, Induction and Records

12.1 Training is provided for key staff that may be required to carry out essential tasks in response to a major incident. Staff are provided with training that ensures they understand the role they are to fulfil in the event of an incident and have the necessary competencies to fulfil that role.

12.2 Staff members that are likely to follow an Action Card are sent an annual reminder that cards should be reviewed. Staff are also be given the opportunity to participate in NHS and multi-agency exercises.

13. Assurance

13.1. OCCG will ensure that its business continuity plans are fit for purpose in line with the NHS England Business Continuity Framework 2013. It will be able to respond to any incident as part of a multiagency response.

13.2. OCCG will be assured of plans and organisational resilience from all its providers. These are listed in the in accordance with the NHS England Core Standards for EPRR (2018).

13.3. NHS England will seek similar assurance from the CCGs using the NHS England Core Standards for EPRR (2018).

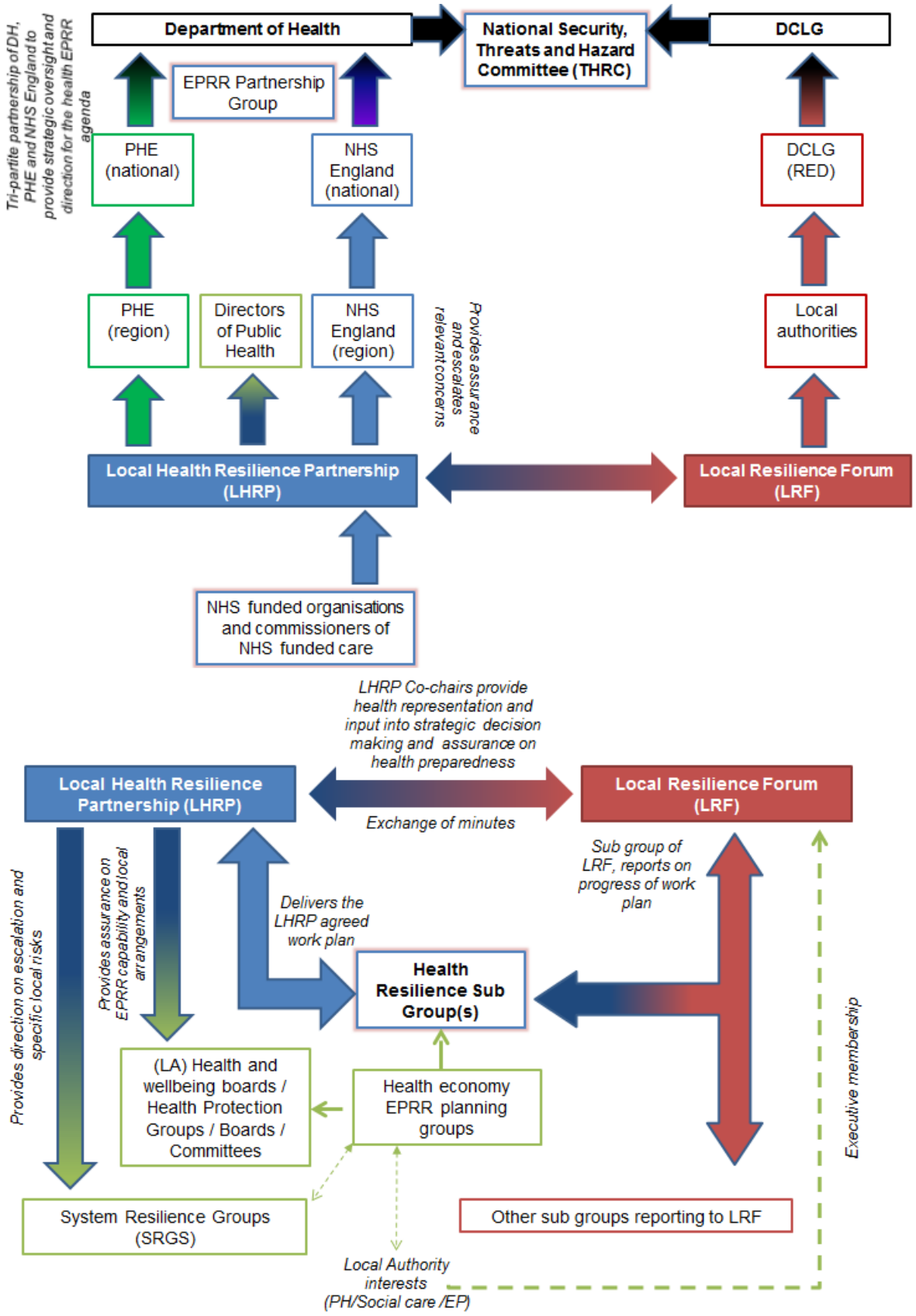
13.4. Providers of NHS funded care are responsible for providing assurance to the CCGs and NHS England. In accordance with the NHS England Core Standards for EPRR (2018).

13.5. In gathering wide ranging assurances from individual NHS organisations, NHS England will provide assurance to the NHS England-South that all providers of NHS funded care within their area, are fit for purpose.

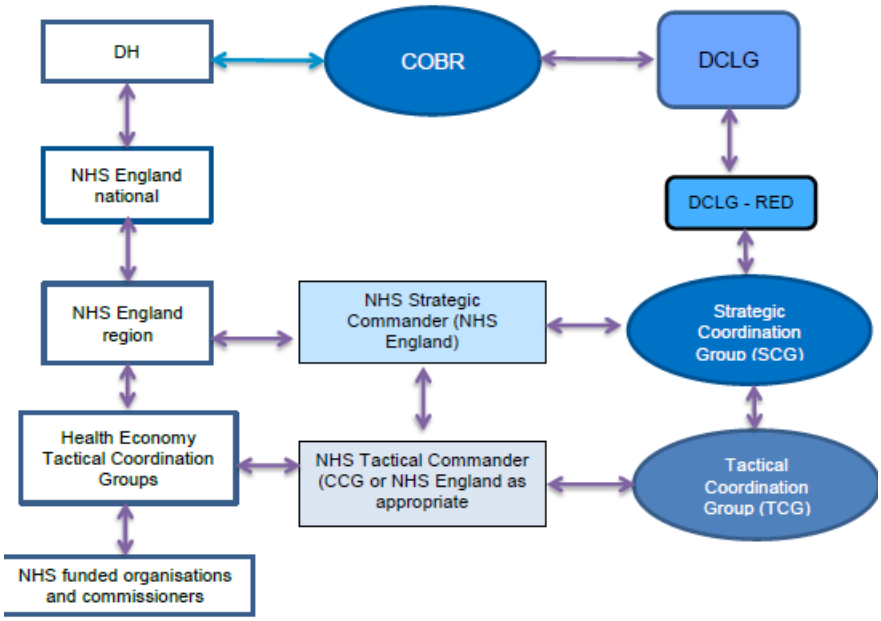
13.6. Directors of Public Health will seek NHS EPRR assurance through the LHRP processes.

Appendix A

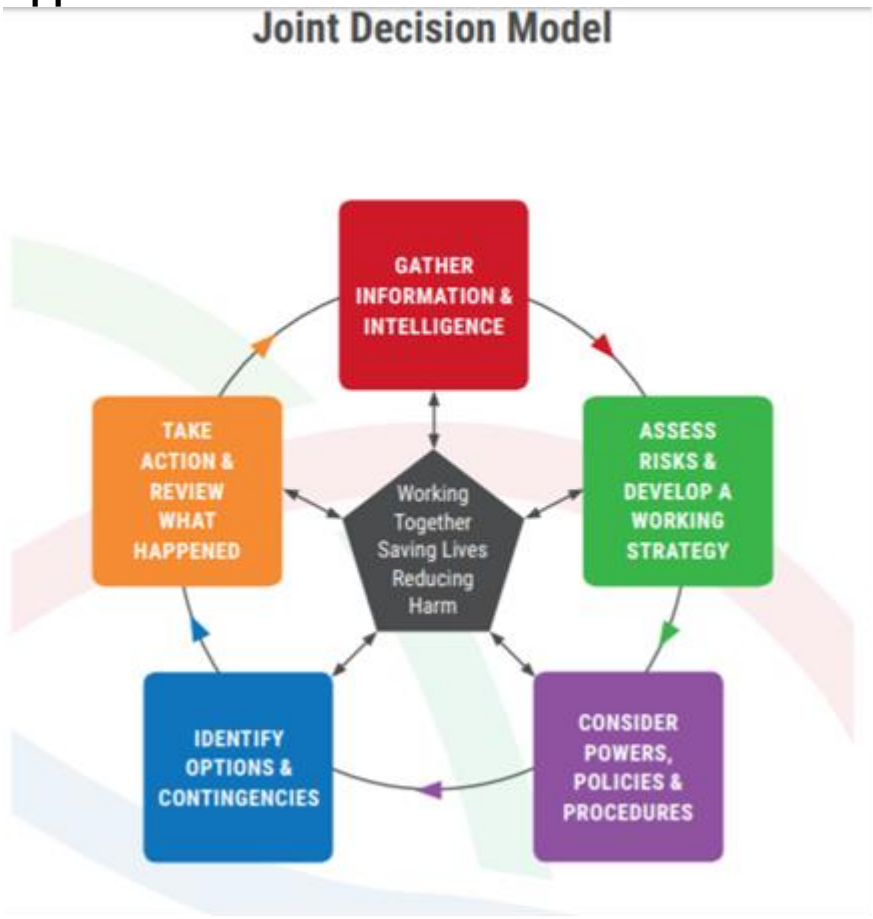
Planning Structure



Appendix B
EPRR Response Structure for the NHS in England



Appendix C



Abbreviations

CCA	Civil Contingencies Act
CCG	Clinical Commissioning Group
SCW CSU	South Central and West Commissioning Support Unit
DHSC	Department of Health and Social Care
EPRR	Emergency Preparedness, Resilience and Response
ICC	Incident Co-ordinating Centre
ISO	International Standards Organisation
JESIP	Joint Emergency Services Interoperability Programme
LHRP	Local Health Resilience Partnership
LRF	Local Resilience Forum
OCCG	Oxfordshire Clinical Commissioning Group
PALS	Patient Advice and Liaison Service
PAS	Publicly Available Specification
PHE	Public Health England
PHEC	Public Health England Centre
SAGE	Scientific Advisory Group for Emergencies
SCG	Strategic Co-ordinating Group
STAC	Science and Technical Advice Cell