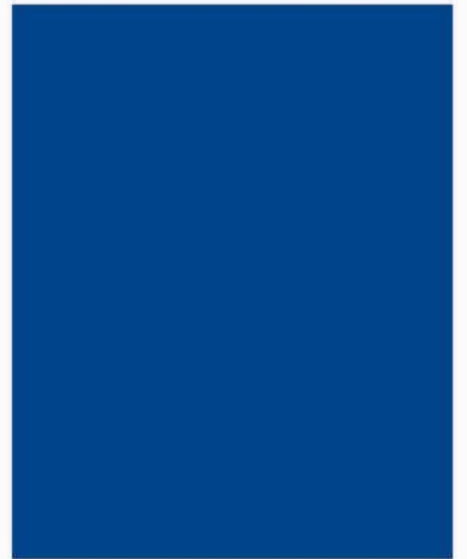


NHS CB London Regional Office
EPRR Operating Model and
Command & Control Plan
December 2012 Version 1



NHS CB London Regional Office EPRR Operating Model and Command & Control Plan

Date	December 2012 Version 1
Audience	<p>NHS Commissioning Board (NHS CB) London – All staff involved in EPRR and those responding to incidents</p> <p>NHS trust and NHS foundation trust chief executives, ambulance service chief executives, clinical commissioning groups and provider accountable emergency officers.</p> <p>Stakeholders across London, including PHE, Local Authorities, DsPH Cluster PCT and SHA staff</p>
Copy	Members of London Local Health Resilience Partnership (LLHRP), NHS CB EPRR leads, SHA emergency planning leads.
Description	<p><u>From 31 January 2013 this working document supersedes the NHS London Emergency Response Handbook (2010)</u></p> <p>It should be read in conjunction with NHS standard contracts, the 2013 NHS CB Emergency Planning framework¹ and the NHS CB London Incident Response Plan</p>
Cross Reference and Links	² http://www.commissioningboard.nhs.uk/epr/
Action Required	NHS Organisations and providers of NHS funded care must note the changes documented, and amend their escalation, communication and incident response plans accordingly.
Timing	Amended arrangements to commence at 10am on the 31st January 2013.
Contact Details	<p>epteam@london.nhs.uk</p> <p>NHS London, Southside, 105 Victoria Street, London, SW1E 6QT</p>

¹ The 2013 NHS CB Emergency Planning Framework will supersede the NHS emergency planning guidance (published in October 2005) from 1 April 2013.

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1. Executive Summary

- 1.1. The Health and Social Care Act (2012) will see the abolition of the London SHA and PCT Clusters from the beginning of April 2013 and the formation of new health organisations to fulfil some of their roles.
- 1.2. In preparation for the changes, the NHS Commissioning Board (NHS CB) London will begin new arrangements for the response to surge capacity management and major incidents on the 31st January 2013. This will be supported by a number of structures and organisations in London:
 - The NHS Commissioning Board London will maintain NHS01 as the first point of contact for emergencies (via PageOne tele: 0844 822 2888)
 - Previously reportable incidents (for example business continuity issues or stories likely to attract media attention), remain reportable to NHS CB London via NHS01
 - The London Local Health Resilience Partnership (LLHRP) is the pan-London strategic health EPRR forum, co chaired by an NHS CB London Director and a Director of Public Health
 - Resilience planning is conducted on three tiers in London (Borough, Sub-Regional and Pan-London) and that the appropriate health organisations are represented at each level
 - Clinical Commissioning Groups (CCGs), as designated Category 2 Responders (under the Civil Contingencies Act (CCA) 2004), have a duty to cooperate and support the NHS CB (a Category 1 Responder) with regard to EPRR in both planning and a 24/7, 365 days/year response
 - All NHS commissioning and provider organisations will appoint an Accountable Emergency Officer, who will be responsible for ensuring that the organisation fulfils its responsibility under the CCA and produces emergency response and business continuity plans in accordance with national guidance
 - NHS CB London will provide adequately trained staff to manage the tactical and strategic response regionally, via a suitably resourced Incident Coordination Centre (ICC)
 - Directors of Public Health in Local Authorities will provide public health leadership to local outbreak incidents, and require assurance of the plans to respond to any emergency affecting their population
 - Public Health England (PHE) will provide out of hours public health advice and will be responsible for the resourcing and coordination of the Scientific and Technical Advice Cell
 - All NHS organisations and CCGs will be responsible for ensuring the continuity of their own critical services during any incident
 - CCGs (or CSUs on their behalf) will manage pressure surge capacity planning and issue resolution with their commissioned providers locally. NHS CB London will ensure the overall robustness of planning, and that a system of escalation is in place (including command and control) if required during significant periods of pressure surge across London

2. INTRODUCTION

- 2.1. During times of pressure and in response to significant emergencies and major incidents NHS organisations require a mechanism to operate enhanced leadership and decision making in a structured manner. This structure provides a clear leadership pathway, with accountable decision making, which in itself can be problematic in a potentially information poor environment. The structured approach to leadership under pressure is known as 'command and control'.

Times of severe pressure can include winter periods, a sustained increase in demand for services (surge) or an infectious disease outbreak.

The term emergency is used as defined in the Civil Contingencies Act 2004 (CCA) - to describe an event or situation that threatens serious damage to human welfare in a place in the UK or to the environment of a place in the UK, or war or terrorism which threatens serious damage to the security of the UK. The term 'major incident' is commonly used to describe such emergencies. These may include multiple casualty incidents, terrorism or national emergencies such as pandemic influenza.

- 2.2. There is a nationally recognised command and control structure which is considered to be good practice and is used by the NHS and partner responding agencies. This is described within this document.
- 2.3. This document should also be read in conjunction with the NHS Commissioning Board (NHS CB) Emergency Preparedness Resilience and Response (EPRR) core standards document and the NHS CB Planning Framework for Emergency Preparedness, Resilience and Response.

3. PURPOSE

- 3.1. This document outlines the NHS CB London command and control structure for responding to local and regional periods of pressure, major incidents or emergencies.
- 3.2. This document is applicable from 10:00 on 31 January 2013, at which point it supersedes the NHS London Emergency Response Handbook (2010)
- 3.3. Accountable Emergency Officers and Emergency Preparedness Managers in commissioning and provider organisations of NHS funded care are required to be familiar with the principles of NHS command and control and be confident that they are aware of their roles, responsibilities and functions in their response to local, regional and national major incidents and emergencies.

4. TARGET AUDIENCE

- 4.1. The principles outlined within this document are applicable to all NHS organisations in London. These include the NHS Commissioning Board at all levels, NHS funded Provider organisations (including Foundation Trusts), Directors of Public Health in Local Authorities, Clinical Commissioning Groups, General Practice and other primary care organisations. Private Sector health organisations should also be aware of the new arrangements.
- 4.2. All providers of NHS funded care are required to adhere to the principles of NHS command and control and be confident that they can fulfil their role, responsibilities and functions in their response to local, regional and national incidents and emergencies.
- 4.3. This is an interim model, in advance of the final national guidance. Consequently amendment may be required to bring it in line with the national guidance when it is released.
- 4.4. The term 'providers of NHS funded care' refers to:
 - Acute hospital trusts, including Foundation Trusts
 - Mental health trusts, including Foundation Trusts
 - Providers of community services, including community trusts, acute hospitals, mental health trusts and social enterprises
 - Clinical Commissioning Groups
 - Commissioning Support Units
 - Specialist trusts
 - Any other specialist service that is commissioned to provide care to NHS patients
 - Primary care, including Gps, Dentists and Optometrists

5. LONDON REGIONAL OFFICE OPERATING MODEL

- 5.1. NHS CB London is required to ensure structures are in place in London in line with this document.
- 5.2. The vast majority of incidents and emergencies that the NHS responds to are confined to a single organisation (an internal major incident), therefore organisations need to be confident that they can respond to increased pressure both independently and as part of a wider system with other organisations.
- 5.3. Throughout this document, the term emergency is used as defined under the CCA and described above in section 2.1

Steady State

- 5.4. The NHS steady state works on the principle of business as usual, where all organisations undertake to manage their own responsibilities in accordance with national guidelines.
- 5.5. They have the strategic aim of enabling the delivery of high level patient care and include the coordination of a routine flow of information to assist decision makers in coordinating strategic management of issues and representation to the necessary bodies including the National Office of the NHS CB.
- 5.6. Arrangements to manage internal incidents are well practised with a history of response to events that invoke a local internal response, such as infrastructure failures, severe weather, localised major incidents in response to road traffic accidents, etc.

Rising tide

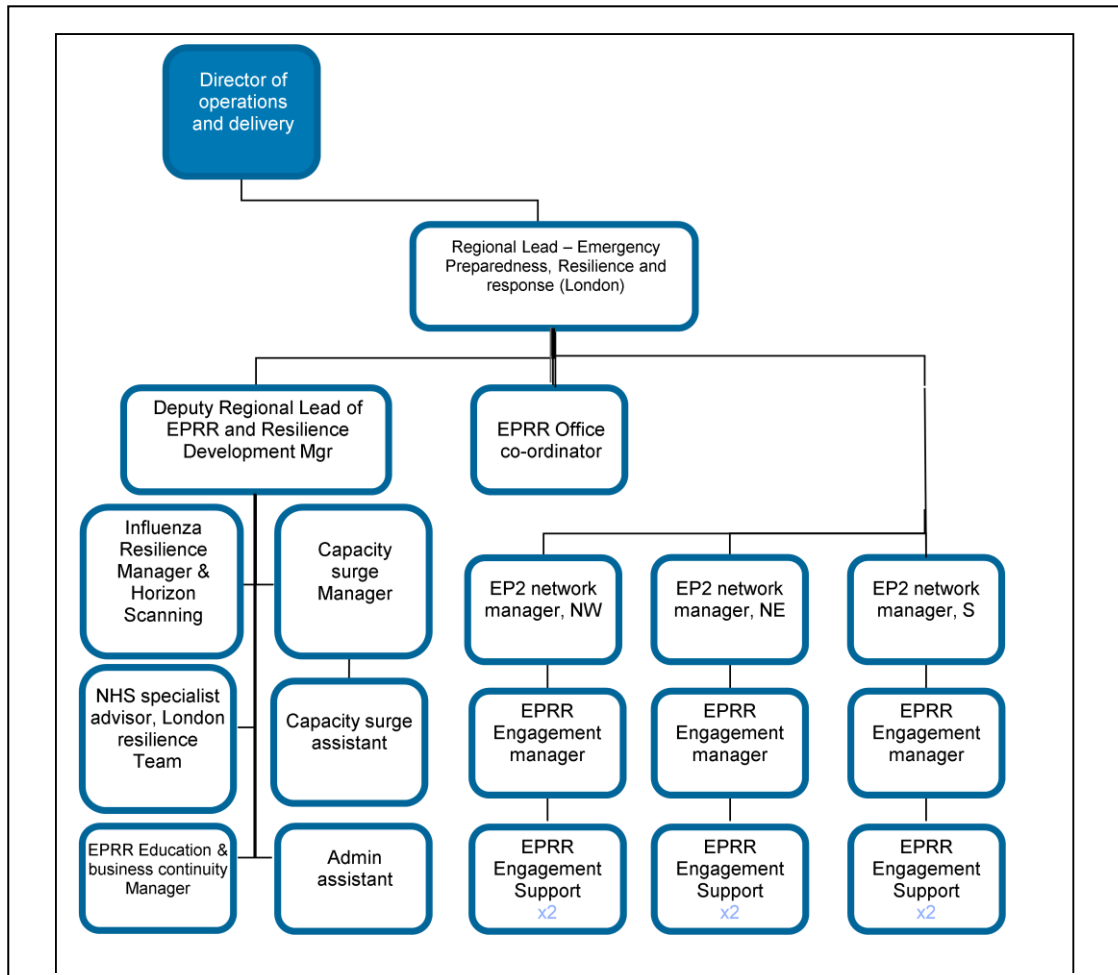
- 5.7. NHS CB London and NHS organisations in London (along with partner agencies such as PHE) will as part of business as usual, conduct horizon scanning to identify any rising tide events. Should an event arise that may require a future coordinated response to be considered, the NHS in London and NHS CB London will follow the Incident Coordination Centre guidelines

Major Incident/ Emergency

- 5.8. NHS CB London needs to be aware of any emergencies or major incident situations (notified through normal Major Incident reporting processes) affecting NHS organisations in London. It will provide support and coordination across the NHS when required, ensuring an effective response is enacted. NHS CB London and NHS organisations in London will ensure that they have the capacity to be able to respond to a major incident(s) involving the NHS in London while preserving their ability to coordinate business as usual activity.

6. Planning Arrangements

- 6.1. NHS CB London will have in place a team under the leadership of a Regional Lead, to ensure that the NHS resilience agenda is undertaken, in partnership with stakeholders; and also to ensure that its own resilience arrangements are maintained.
- 6.2. The structure of the NHS CB London EPRR team is:



- 6.3. The network teams will provide the liaison and support to health organisations across London with regard to their EPRR planning, training and exercising. The corporate team will work to ensure that nationally produced guidance is localised and that best practice is shared.
- 6.4. Surge capacity management will also fall under the control of the NHS CB London EPRR team. Issues regarding surge capacity management will be covered in the Appendix 1 of this document.
- 6.5. Every NHS organisation is required to have an 'Emergency Accountable Officer'. This person will be an executive director with responsibility for the organisation's EPRR agenda.

7. Command and Control

Command Framework

- 7.1. All CCA category 1 responders follow the nationally recognised '**strategic, tactical, operational**' framework as below. This corresponds to the emergency services² '**gold, silver, bronze**' structure. The following definitions are those commonly recognised command levels:

Strategic Command

- 7.1.1. Strategic (gold) command is responsible for determining the overall management, policy and strategy for the incident whilst maintaining the organisation or group of organisations normal services at an appropriate level. They should consider the incident in its wider context to determine longer term and wider impacts / risks with strategic implications.
- 7.1.2. The strategic commander has an executive command of their organisation and in liaison with partner organisations has responsibility for formulating the strategy for responding to the incident. They have overall command of the resources of their own organisation / sector, but delegates tactical decisions to their respective tactical commanders.
- 7.1.3. The strategic commander should not become involved in directly managing the tactical or operational detail of an incident but remain upward and outward facing. This involves the consideration of maintaining business as usual processes as far as possible in the context of the incident. They should be looking to the longer term effects on service delivery for the coming days and months. They also hold the financial responsibility to allocate funding and resources to the incident when required.
- 7.1.4. The Chief Executive Officer/Accountable Officer remains accountable for business delivery of their organisation throughout all situations. In response to extreme pressure or emergencies/major incidents this is usually discharged through an on-call executive director.
- 7.1.5. In a widespread incident across London which involves a number of NHS organisations, the NHS CB London will hold the responsibility for formulating and leading the strategy for these NHS organisations.
- 7.1.6. For the purpose of the emergency response across London, the NHS CB London will assume both tactical and strategic functions.

Tactical Command

- 7.1.7. Tactical (silver) command is responsible for providing direct management of the response to an incident on behalf of their organisation or agency and ensures that the response taken by the operational level is coordinated, coherent and integrated in order to achieve maximum effectiveness and efficiency.
- 7.1.8. They will establish response delivery priorities in line with any strategy determined by strategic command, allocate resources (obtaining further

² Police, Fire and Ambulance services

resources as required), plan and coordinate tasks and formulate the tactical plan for implementation by their organisation to achieve the strategy.

- 7.1.9. Tactical command should oversee and support, but not be directly involved in, the operational response to the incident. Where an NHS organisation has a number of key sites providing an operational response, such as a large Acute Trust, it may be necessary to appoint a tactical commander to each site.

Operational Command

- 7.1.10. The operational level of command (bronze) refers to those who will manage the main working elements of a response to an incident, carrying out specific operational tasks within a service area, geographical area or functional area.
- 7.1.11. Individual organisations retain command of their own resources and personnel, but each agency must liaise and coordinate with all other agencies, ensuring a coherent and integrated effort.
- 7.1.12. Operational command will manage the working elements of the response, taking direction from tactical command to operationalise the tactical plan. The operational command level has responsibility for a team or function as part of a whole systems approach. This would include a hospital ward, area of a community response, or aspect of a scene at a 'big bang' type incident.

Multi Agency Command and Control

- 7.2. There are two key documents for London multi agency command and control:
- the London Emergency Services Liaison Panel (LESLP) Major Incident Procedure Manual
 - London Command and Control Protocol

7.3. These documents relate to a stepped approach to multi agency command and control across London. The levels of response are defined as:

Level	Defined as
Horizon Scanning: <ul style="list-style-type: none"> • Common Recognised Information Picture • Partnership Teleconference 	Up coming and emerging risks and threats Produced by LRT, and cascaded to all Cat 1 and 2 responders NHS CB London contributes and participates and ensures information is shared with NHS partners accordingly
Tripartite Discussion: <ul style="list-style-type: none"> • Activation and Notification 	Allows the discussion to take place around the trigger for any Regional Coordination of an incident – both sudden impact and rising tide
Partnership Meeting	Where multi agency coordination is required then a partnership meeting may be called. This is a group of senior representatives that meet (or teleconference) and share information and advice in line with strategic objectives if the SCG is sitting. It is usually chaired by the police or London Resilience Team (LRT).
Gold/Strategic Coordinating Group	The multi agency strategic coordination is undertaken through a Strategic Co-ordinating Group (SCG). It should be noted that any agency may request the establishment of an SCG if it is felt that a multi agency strategic response is required (e.g. pandemic influenza) via the tripartite discussion detailed above. The NHS will be represented by a Director from NHS CB London (NHS Gold) and the Ambulance Service.
Strategic Coordination Centre	A SCG will meet at a nominated Strategic Co-ordination Centre (SCC). The primary location of the SCC in London is the Empress State Building in Earls Court, where there is adequate space and equipment for the NHS to be able to fulfil its SCG role. The fall back position is the Police Training College, Hendon.
Gold Communications Group	Linked to the SCC in support of a Gold Coordinating Group. NHS CB London would provide an NHS Communications representative to support this group.

NHS Command and Control

7.4. Incidents can take many forms and therefore the response will need to match the situation. Whilst most incidents will be dealt with by individual NHS organisations at an operational level without the need for further escalation, others may require a wider NHS or multi agency response.

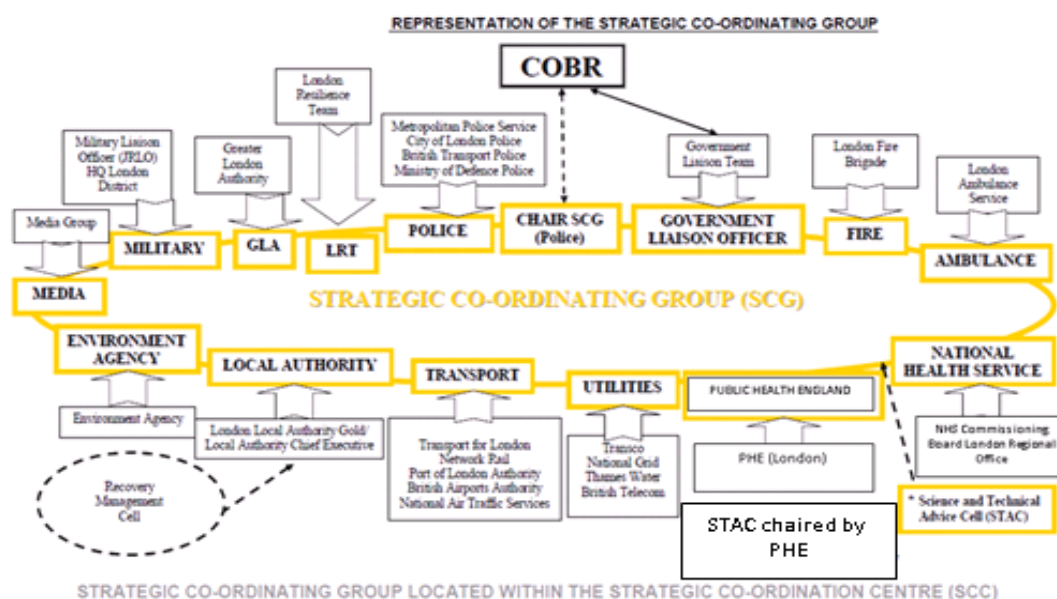
Escalation

- 7.4.1. Most incidents are handled by the responding organisation, without the need for further escalation. Organisations should manage their own business continuity and emergency issues wherever possible, within their own planning and response arrangements – but should always notify NHS01 of the situation.
- 7.4.2. For larger scale incidents which may require utilising the resources of more than one or two health providers, or where there is widespread impact from an incident, NHS CB London will undertake command and control of NHS resources across the region.
- 7.4.3. Where there is a requirement for NHS CB input at a local level command and control meeting, every effort will be made to ensure that the geographic teams of the NHS CB London EPRR team will be represented.
- 7.4.4. If an incident escalates to a national level, (e.g. fuel shortage, pandemic influenza), then the NHS CB national office may take command of all NHS resources across England. In this situation, direction from the NHS CB national office will be actioned through NHS CB regional offices and onto their respective areas.
- 7.4.5. In both instances, NHS attendance at a SCG will remain the responsibility of the NHS CB London on call director.
- 7.4.6. In the event of large or prolonged incidents, there may be the need to request support from a neighbouring region or regions

London Regional Office

- 7.4.7. In order to provide leadership across London, NHS CB London has the responsibility to ensure that should an incident require this response, it can be undertaken by a CB director.
- 7.4.8. The vast majority of incidents and emergencies can be appropriately managed at local or organisational level, with no requirement for the CB to take any action. **However in order that the CB has a comprehensive overview of the entire NHS demand and capacity within their area, local organisations must notify their respective commissioners and the CB EPRR team on-call manager (NHS01) of internal incidents, responses to local emergencies or the management of extreme pressure.** A full explanation of the roles and responsibilities can be found in section 8.10.
- 7.4.9. In some cases an emergency, major incident or extreme pressure escalates and involves a number of NHS organisations and/or partner agencies. This can warrant increased coordination and the CB on-call director (NHS Gold) may undertake command and control of the situation.
- 7.4.10. For large scale incidents with a multi agency impact, a Strategic Coordination Group (SCG) may be established. 'Health' will be represented by the on-call NHS CB London director (NHS Gold). Public Health England, Local Authority Gold officers and the Ambulance Service will attend in their own right.

- 7.4.11. As part of the major incident response there may be a requirement to call additional people in to support the response capability. The NHS CB London director at the SCG will be supported by a team which will include members of the EPRR team, a CB communications support, and a loggist.³
- 7.4.12. NHS Gold will be supported by a Senior Manager from NHS CB London. This person will be based in the London Incident Coordination Centre (ICC) collating information and intelligence about the operational / tactical response and facilitating effective coordination at all levels.



London Regional Office Incident Response Plan and Incident Coordination Centre

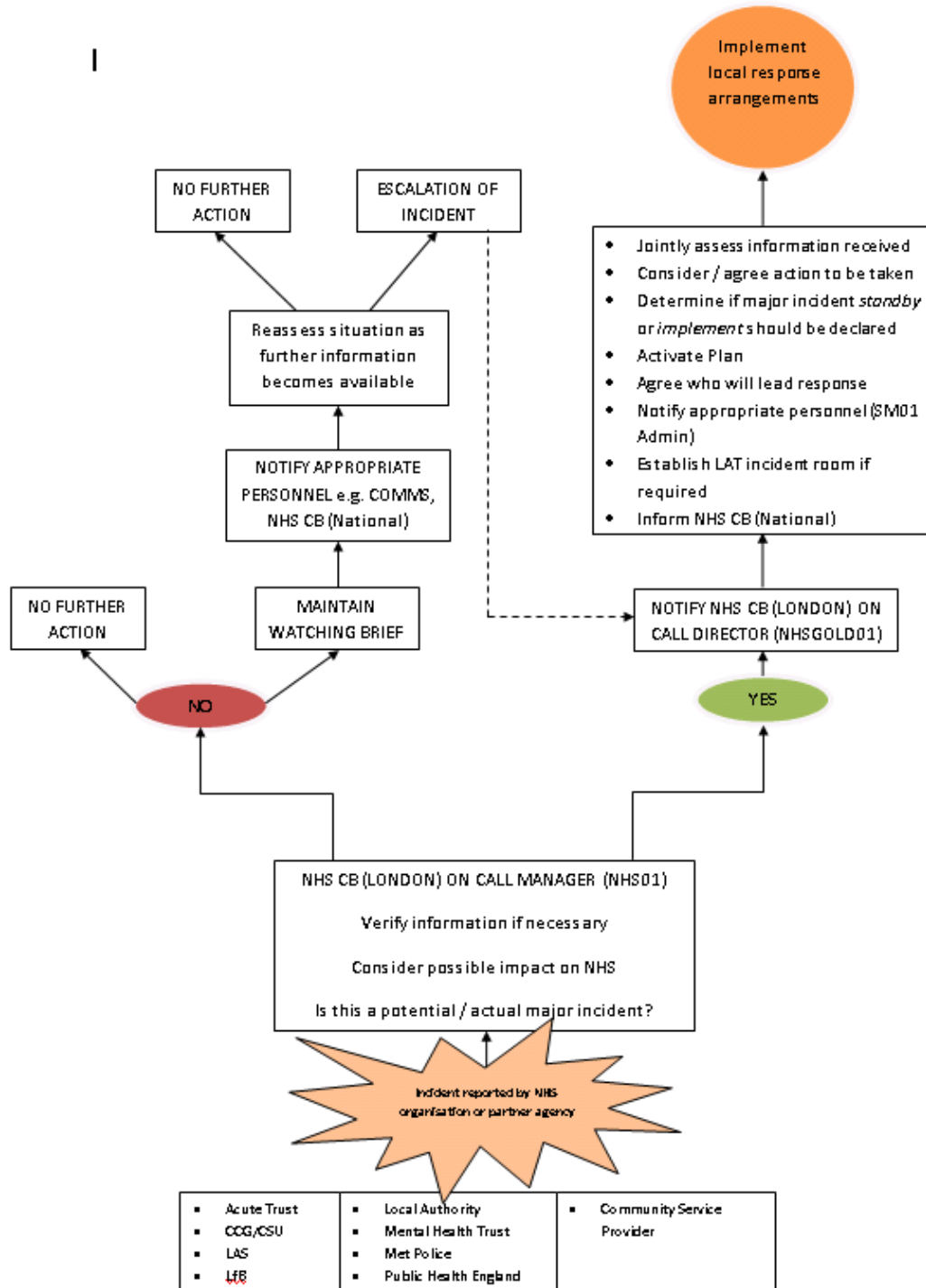
- 7.4.13. The NHS CB London ICC will serve as a focal point for all liaison with NHS and partner agencies regarding the incident and will have robust and resilient IT and telecommunications capability. Full operating details for CB staff are contained within the Incident Response Plan (IRP) and Incident Coordination Centre (ICC) plan.
- 7.4.14. The ICC will act as the tactical and strategic 'health cell', and will be located on the 4th floor of Southside, 105 Victoria Street, London, SW1E 6QT. It will have direct contact with all responding NHS provider organisations and provide relevant information to the SCG Health Gold representative and National CB when required.
- 7.4.15. If for any reason the offices at Southside in Victoria are not accessible, then a back up Incident Control Room is available at Hammersmith Hospital.
- 7.4.16. The room will be staffed by an NHS CB London senior manager (SM01), EPRR tactical adviser (NHS01), communication manager/support, administrative support (including loggists) and other relevant personnel as necessary. This could include the participation of CCG senior

³ A loggist is a recognised term identified in the CCA 2004 as someone who has received formal training in capturing decisions and rationale during emergencies

representatives or representatives from the wider health economy as required.

7.4.17. The primary functions of the NHS CB London ICC will be to:

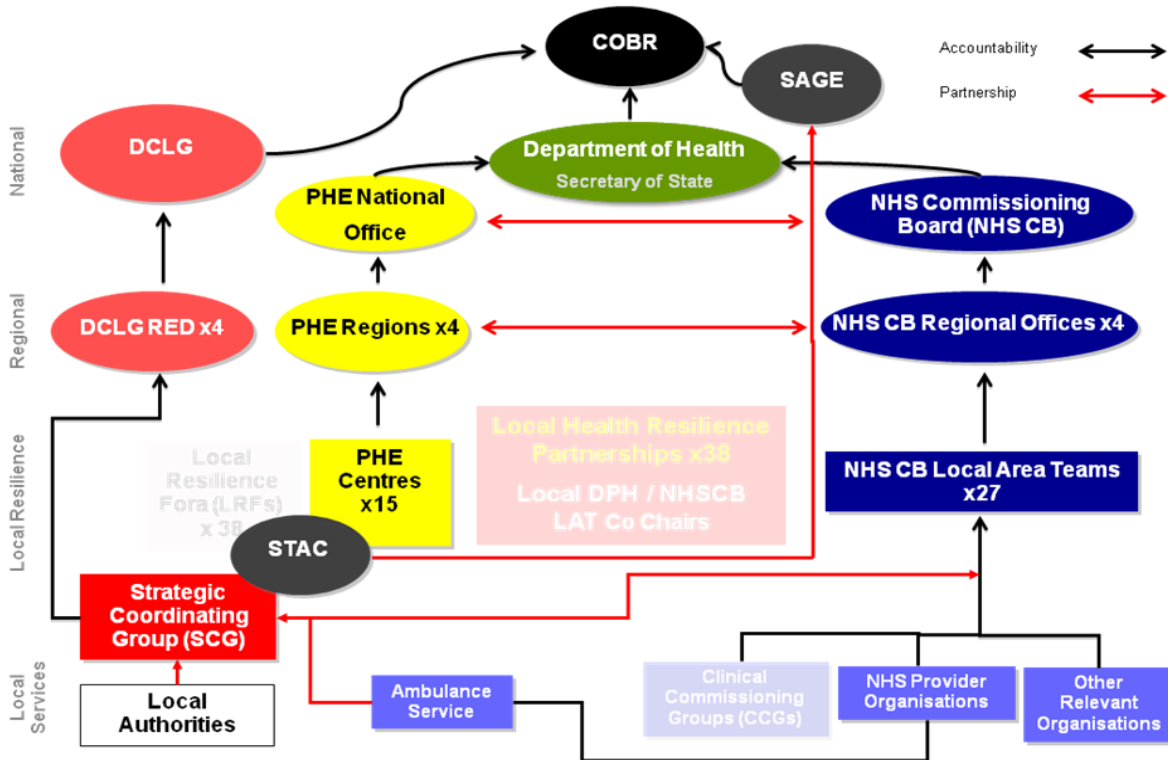
- collate information regarding the operational / tactical response across the NHS
- gather intelligence from wider sources relating to the incident
- ensure the efficient flow of information
- liaise and communicate between stakeholders where appropriate
- liaise and communicate with National CB where necessary



NHS CB London Operating Model for Emergency Response

National Emergency Response Structure

7.4.18. The National Commissioning Board will have oversight of large scale major incidents and provide the link to the Department of Health. The London Regional Office will provide the National CB with information that it collates from across the NHS organisations in London. In the diagram London is both a LAT and a Regional Office, and therefore undertakes both functions, including direct reporting to the National Office.

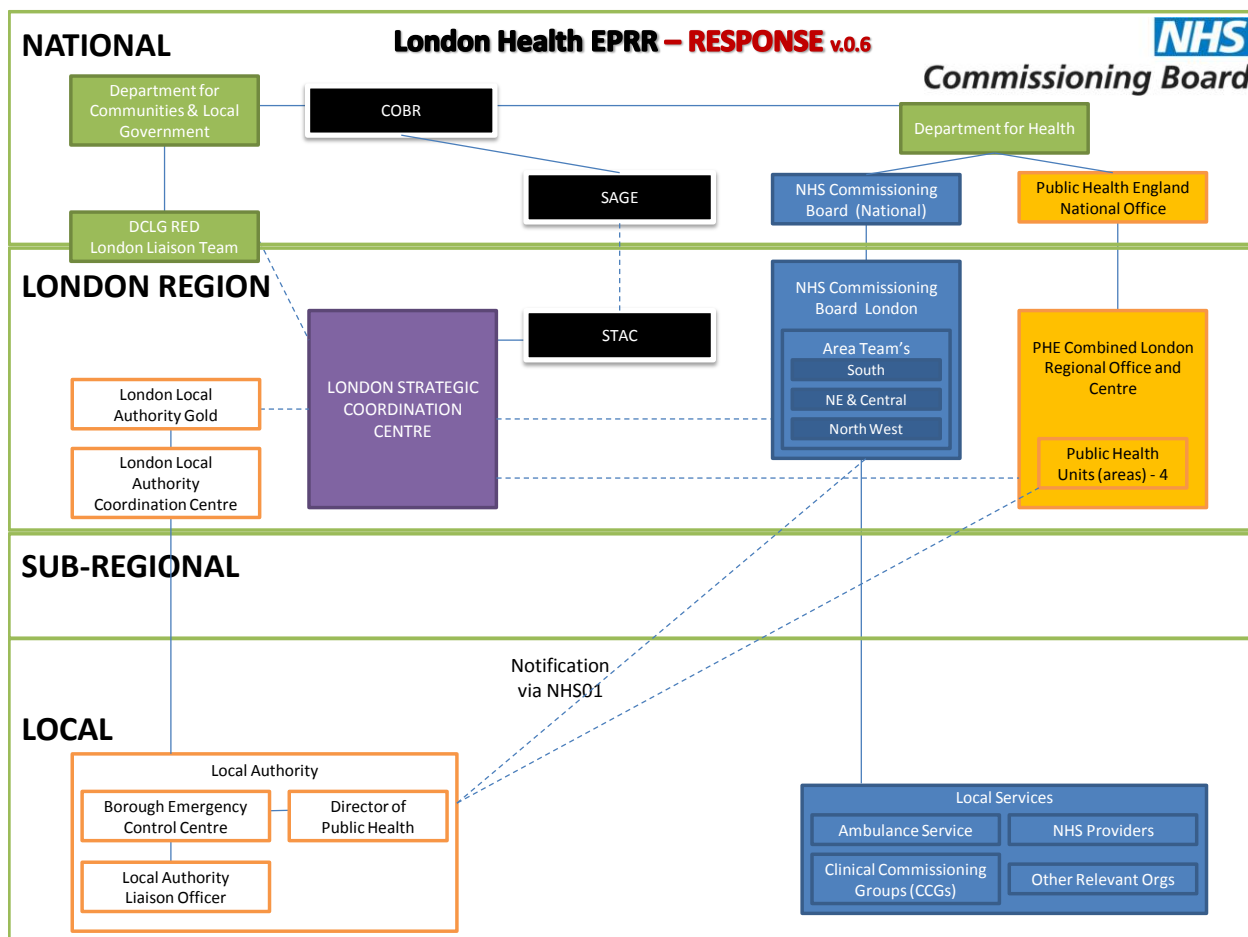


National Response Structure

7.4.19. The LLHRP has no response function, but sits as the strategic planning group, providing assurance of the health EPRR plans.

7.4.20. Depending on the scale of the incident, specialist scientific advice may be provided either by the Science and Technical Advisory Cell (STAC) for the SCG (in London), or by Science Advisory Group for Emergencies (SAGE) for COBR at governmental level.

7.4.21. Public Health England (PHE) will be involved on issues of public health and will be responsible for establishing and resourcing the STAC in London.



London Response Structure

On-call Staff

7.5. Each NHS organisation has a responsibility to ensure that there is appropriate leadership during times of pressure and emergency. This can occur at any time of day or night and therefore, each organisation must have an appropriate out of hours, on-call system. Ultimately a Director will need to be available to make strategic decisions for the organisation; however other staff may also be on-call to provide support.

7.6. Summary of on call roles for NHS CB London:

NHSGOLD01 – Director

- Is the NHS Commissioning Board London Director on call
- Holds overall responsibility for the strategic response to any alert or incident
- May be required to attend the multi agency Gold Coordinating Group (SCG) to represent the NHS across London

SM01 – Senior manager

- Is the NHS CB London Senior Manager on call
- Will be required to deputise for the Director if they are required to attend the SCG

- Will respond to any major incident alert by making their way to the NHS CB London Incident Coordination Centre (ICC)

NHS01 – EPRR team manager

- Is the NHS CB London EPRR team manager on call
- Receives the first contact of any alert or incident
- Assesses the information in conjunction with NHS Gold, in order to make decisions about the level of response from NHS CB London
- Provides support to NHS Gold and SM01 during the incident response
- May be required to support NHS Gold at the SCG

NHS02 – EPRR team member

- Undertakes a supporting role to NHS01
- Ensures coordination of the tactical response required within the NHS CB London Incident Coordination Centre
- Provides support to NHS01 during the incident response

ADMIN01

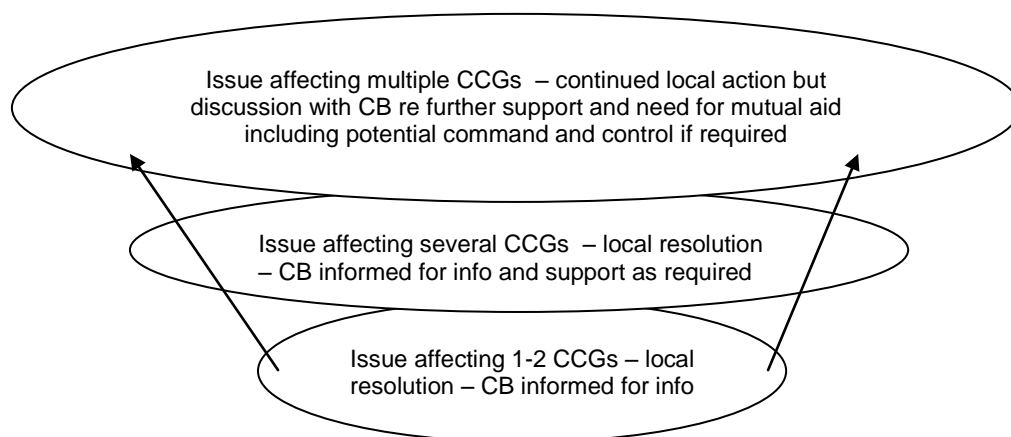
- Will work within the NHS CB London Incident Coordination Centre to support the strategic leadership of the NHS during an incident
- May be expected to support the NHS Gold Cell at the Strategic Coordination Centre

- 7.6.1. In the vast majority of cases the director on-call is not the first point of contact. For NHS CB London this role is fulfilled by NHS01. This rota provides the first point of contact who will make an informed decision whether to escalate the issue to the on-call Director, resolve at their level or log the information in the case of a 'for information' message.
- 7.6.2. Best practice examples include additional rotas to support the director and senior manager on-call. These additional on-call roles include communications support, technical EPRR support, Loggists and staff to operate an ICC out of hours.
- 7.6.3. CCGs (or CSU's on their behalf) will ensure that the providers it commissions have a point of escalation (24/7/365) in the event of any failure or potential failure of a service.
- 7.6.4. As Category 2 organisations under the CCA, CCGs will designate an on call officer who will be available to contact at all times, for the purpose of supporting the NHS CB London in the discharge of their Category 1 responsibilities. This will provide NHS01 with a link to local knowledge and for tactical advice in certain circumstances around emergency response. For example, where local NHS resources are impacted by an event, or where there is an impact on a specific provider.

- 7.6.5. CCGs may decide to undertake a shared rota across a neighbouring geographic area in agreement with NHS CB London.
- 7.6.6. Where there is a need for the urgent cascade of information, such as from National CB, DH, Environment Agency or the Met Office, NHS CB London will ensure that this is forwarded to NHS provider organisations and CCGs via their accountable emergency officers. There may be a requirement for this information to be forwarded during working hours to other providers via the CCG's.

Surge Capacity Management

- 7.7. NHS CB London will continue to take responsibility for ensuring that appropriate planning and preparation has been undertaken, including (but not limited too) the provision of guidance and an annual assurance process. This will include meeting with CCGs/ CSUs to discuss the quality of planning and the provision of assurance to the NCB National / London Boards and the Department of Health NHS Ops.
- 7.8. During times of elevated pressure, such as winter, the NHS CB London will oversee and participate in the implementation of pressure surge management arrangements. These may include regular teleconferences with CCGs / CSUs to look at current pressures, actions taken, escalation required and the implementation of Command and Control, including brokerage of mutual aid, from outside the London region.
- 7.9. The guiding principle underpinning the London pressure surge management arrangements is to maintain local management discretion to take escalation actions relevant to the local situation, ensuring maximum accountability and control where possible. Only where the situation is felt to be escalating beyond the local capacity (to manage) will command and control via NHS CB London be considered. The diagram below seeks to present this in pictorial format.



7.10. Full details of the London surge management arrangements are contained in two separate documents:

- Commissioning Board Pressure Surge Planning and Management Arrangements v.1
- Emergency Department Capacity Management and Closure Policy (ED Policy) v5

Pandemic Influenza

- 7.11. Pandemic influenza remains the top risk on the UK Cabinet Office National Risk Assessment (NRA).
- 7.12. With changes to the NHS through transition it is important to identify those essential roles and responsibilities undertaken by organisations that will no longer exist that need to continue under the new arrangements.

Pandemic preparedness roles and responsibilities

- 7.13. Health sector pandemic preparedness activity needs to continue during and post transition. Although the roles of NHS providers will largely remain unchanged, new organisations are forming that will assume responsibility for the pandemic preparedness and response activities previously undertaken by NHS London and the PCT (Clusters).
- 7.14. The London Local Health Resilience Partnership (LLHRP) will have some responsibilities for pandemic preparedness, as will Local Authorities (LAs) (in pandemic preparedness and response), and post transition this may change somewhat due to the transition of Directors of Public Health (DsPH) from the NHS to LAs.
- 7.15. A Task & Finish Group of EPRR Leads from NHS London/ NHS CB London and London PCT Clusters has been formed to consider the implications of these changes in respect of pandemic planning and response and to develop a view of top level roles and responsibilities of the NHS as it might apply regionally and locally in London. This will be broadened to include leads from acute, mental health and community providers, as well as specialties, in 2013.

Primary Care

- 7.16. Primary care organisations have an important role in providing direct local care to the public in emergencies. This is especially important for community based emergencies such periods of hot weather, evacuation and epidemic.
- 7.17. NHS CB London is responsible for the commissioning of primary care services across London – including GP, pharmacy, dental services and optometry.
- 7.18. Mobilisation of primary care to support a response will be accessed via the NHS CB London EPRR manager on call (NHS01), or via the Incident Coordination Centre (when operational). CCG on call officers may be approached for input of specialist local knowledge relating to the incident response, but would not be expected to facilitate mobilisation of primary care, which would be undertaken by the NHS CB.
- 7.19. The London CB Incident Coordination Centre will be responsible for monitoring of GP attendance, providing advice and information about where to go, what to take, and for their on going support where necessary.
- 7.20. Situations where this may be required include, but are not exclusively restricted to:
- local authority request for support for rest centre establishment

- outbreak management, where there is a need to mobilise NHS resources
 - pandemic flu management, such as the establishment of anti viral collection points
- 7.21. Out of Hours GP services may be commissioned directly by either the CCG or via NHS CB London. Access to out of hours services will be detailed specifically in the 'on call response handbook' for NHS CB London on call staff.
- 7.22. Local authority access to community nursing resources should also be made via NHS01 at the time of an incident.

8. RESPONSIBILITIES OF NHS ORGANISATIONS

- 8.1. All NHS organisations and those providing NHS funded care are required to have appropriate plans in place to effectively respond to emergencies and periods of extreme pressure. These plans include the ability of the organisation to enact a robust command and control structure to provide enhanced leadership and effective management of an internal or external incident.
- 8.2. The ability to enact command and control must be possible 24 hours a day, 365 days a year.

NHS Commissioning Board (National, Regional and Local)

- 8.3. The NHS Commissioning board must maintain an ability to take command and control of the NHS in large or widespread incidents at the most appropriate level. This is to ensure a consistent response to the public, but also to support local organisations in their response.

Commissioning

- 8.4. Commissioners need to ensure that contracts contain the relevant and appropriate reference to command and control in responding to internal, local and large external incidents where they may need to take direction from others. This is to ensure that the public receive an appropriate and consistent service and that NHS funded care services are able to support other organisations in responding to an emergency. The following commissioning notes are examples of these contact requirements for emergency command and control.

Commissioning Notes

(Relating to large scale providers of services - commissioners could include these points as relevant depending on the nature of the contract)

- NHS provider organisation must have robust arrangements for leading their organisations during times of great pressure and emergencies.
- NHS provider organisations must have 24/7 single point of contact for emergencies.
- NHS provider organisations must have a 24/7 on-call rota with availability of executive leadership and adequate support staff.
- NHS provider organisations must have an ability to control the resources of their organisation during times of pressure and emergency.
- The NHS organisation must have arrangements in place to provide timely briefings and reports to commissioners and NHS CB during emergencies

Clinical Commissioning Groups

8.5. The CCG as a Category 2 Responder has a duty to cooperate and support the CB with regard to EPRR in both planning and response.

Steady State

- 8.5.1. Support for CCG emergency and business continuity planning will be accessed via the NHS CB London EPRR geographic area teams. This will include the review of plans and the involvement in local training, exercising and testing.
- 8.5.2. The CCG will appoint an Accountable Emergency Officer, who will either directly or through delegation:
- Ensure the providers it commissions are contractually obliged to have robust business continuity plans and major incident response plans in place.
 - Attend meetings of the Borough Resilience Forum to share plans and ensure health response is integrated into multi-agency plans in its role as a commissioner.
 - Ensure it has a business continuity plan in place to manage the impact of any incident on its own services
 - Ensure that the providers it commissions have a robust point of escalation (24/7/365) in the event of any failure or potential failure of a service,
 - Put in place a system to manage surge capacity issues as they arise and which will integrate with London wide surge capacity systems through reporting systems, teleconferences, etc. see A 1 for further information

- Ensure that the system above is well communicated to providers, NHS CB London and other significant agencies.
- Ensure the CCG participates in training and exercises to ensure plans are robust and integrated.

Major incident response

- 8.5.3. As a Category 2 responder, CCGs have a duty to support the CB in any response to a major incident. This will include:
- Informing NHS CB London ICC of contact details in the event of a major incident (mobile number, email address, fax number). It is not a requirement to have a dedicated control room but some CCGs or groups of CCGs may wish to maintain this facility.
 - Management of surge capacity and decant operations arising as a consequence of a major incident in cooperation with providers and other agencies, e.g. Social care
 - Provider local knowledge to NHS CB London ICC where able to do so
 - Ensure that the actions taken and decisions made in relation to the major incident are logged.
 - Co-operate in and provide requested information at any subsequent debrief

Acute Hospitals

- 8.6. Acute hospitals have a fundamental role in the management of casualty based incidents. Acute hospitals are also very susceptible to peaks in demand, for example winter and periods of hot weather.
- 8.7. For this and the need to effectively manage internal incidents it is essential that acute hospitals have a robust, recognised command and control structure which fits in with the wider NHS structure as described in the command framework section
- 8.8. Depending on the number and type of casualties, it may be necessary for several acute hospitals to become involved in casualty handling. Inter-hospital communication will be necessary between parallel command structures and the common understanding led through planning at the London Local Health Resilience Partnership (LLHRP) will support effectiveness.

Ambulance Services

- 8.9. Ambulance services have a crucial role in the management of casualty based incidents. Ambulance services are also very susceptible to peaks in demand, for example winter and periods of hot weather. For this and the need to effectively manage internal incidents it is essential that ambulance services have a robust, recognised command and control structure which is compatible with other NHS organisations and emergency services.

Community Providers

- 8.10. Community providers have an important role in delivering local community based response to the public in emergencies. Community provider organisations deliver a very local response to patients in the community including such events as winter and periods of hot weather.
- 8.11. They also have an important role in managing surge during periods of high pressure such as winter and for the long term recovery of communities post emergencies and major incidents. Because of the widespread nature of their resources, it is a fundamental necessity that a robust structure for command and control is maintained.
- 8.12. Community services across London are provided by a variety of organisations. These are:
 - Stand alone Community Trusts
 - Acute Healthcare Trusts – including Foundation Trusts
 - Specialist Healthcare Trusts
 - Mental Health Trusts
 - Social Enterprises

Mental Health Providers

- 8.13. Mental Health providers have an important role in delivering local community based response to the public in emergencies. Mental Health organisations provide a very local response to patients in the community including such events as winter and periods of hot weather. Because of the widespread nature of their resources, it is a fundamental necessity that a robust structure for command and control is maintained.
- 8.14. Mental Health providers are responsible for ensuring that the assets or resources of the trust are available, where appropriate, for use by other NHS organisations (via mutual aid arrangements etc) and that effective command and control mechanisms are in place to ensure that this can happen.
- 8.15. Mental Health providers may be included in the response plans of other health organisations where they can provide psychological support services for those involved in the incident or for staff responding. They may see an increase in demand of their core services as a result of a major incident affecting other health providers.

Specialist Services and other NHS CB directly commissioned services

- 8.16. There are a number of specialist NHS Organisations that have a response function for emergencies. These include prison health, NHS Blood and Transplant, NHS Logistics as well as specialist trusts such as tertiary children's, orthopaedic, burns and eye hospitals. As with primary care, these functions are commissioned centrally and not via the CCGs. It is important that each of these organisations have command and control structure for both internal and external incidents, as part of a joint NHS response.
- 8.17. The NHS CB London EPRR team will maintain communication links with these specialised services, and they will be included in the consultation for

local planning where appropriate. Specific input to contracts relating to EPRR will be the responsibility of NHS CB London. Where this requires specific response requirements, then training and exercising will be supported. NHS CB London will ensure that emergency response is coordinated, and whilst it does not directly exercise command and control over NHS Blood and Transplant and NHS Logistics, it would ensure relevant communication and participation in any response.

Specialist Clinical Networks

- 8.18. Many NHS provider organisations are supported by specialist clinical networks to help the coordination of specific clinical services. These include such networks as Critical Care, Burn, Major Trauma and many more. These networks have an important role in the coordination of relevant services to support the appropriate allocation of capacity for demand. These networks require an ability to take a coordination function during times of greater demand and emergencies.

Local Authorities

- 8.19. Under the CCA (2004) Local Authorities are classified as Category One responders, meaning they are subject to the full range of duties within the Act.
- 8.20. Each Council maintains its own 24/7 response capability. In the event of an emergency the Local Authority will deploy a Local Authority Liaison Officer (LALO) to the scene to act as a liaison between Silver and the Council's Borough Emergency Control Centre (BECC). The BECC will coordinate the Council's response and it is in the later stages of a major incident where the local authority's involvement may be prolonged and extensive.
- 8.21. The local authority may be able to provide a range of skills and resources including but not limited to: building control; provision of reception centres; transport; and social services.
- 8.22. Where an incident has pan-London implications the London Local Authority Gold structure may be invoked. This involves an on-call Chief Executive attending Gold on behalf of all London Local Authorities.
- 8.23. Under new arrangements the Director of Public Health's role is to work closely with Public Health England to provide initial leadership for the response to public health incidents and emergencies within their LA area.

9. TRAINING

- 9.1. Those undertaking command roles within an emergency / major incident must undertake appropriate training for their function and in line with the required competencies for their role/function.
- 9.2. Core standards for NHS Command Training are contained within the Model Competencies for Members of NHS Commissioning Board Emergency On Call Rotas.

- 9.3. Training for incident commanders should occur regularly to familiarise themselves with command and control procedures and to ensure there is no erosion of skills.
- 9.4. All organisations are involved in an inclusive London wide programme of exercising and testing. This includes control room familiarisation, loggist training and situation report writing.
- 9.5. It is recognised that on call senior officers from CCGs will also require training to respond for their organisation. NHS CB London will support this training where appropriate.
- 9.6. Multi agency training and exercising is supported via the London Resilience Partnership Training and Exercising Group.

10. TESTING & EXERCISING

- 10.1. Plans developed to allow organisations to respond efficiently and effectively, must be tested regularly using recognised and agreed processes such as table top or live exercises. Roles within the plan (not individuals) are exercised to ensure any specific role is fit for purpose and encapsulates all necessary functions and actions to be carried out during an incident.
- 10.2. Through the exercising process, individuals have the opportunity to practice their skills and increase their confidence, knowledge and skill base in preparation for responding at the time of a real incident.
- 10.3. The NHS CB Emergency Planning framework (2013) defines the process and timescales in which this has to be achieved. This includes a minimum expectation of a communications exercise every 6 months, a table top exercise every year, and a live exercise every three years.
- 10.4. NHS CB London will ensure that all providers and commissioners of NHS care are included in training and exercising programmes where possible.

11. ASSURANCE

- 11.1. NHS provider organisations are responsible for providing assurance to the NHS CB London that, as CCA Category 1 responders, their plans have been tested and exercised in accordance with national guidance. Furthermore, that they have sufficient personnel trained for the various roles within their plan to provide resilience during a sustained or prolonged incident response.
- 11.2. NHS funded healthcare providers must ensure that their organisation's contingency plans are fit for purpose, in line with national guidance and recognised best practice and able to respond to any incident as part of a multi-agency response.
- 11.3. Exercise programmes may be coordinated through the LLHRP and / or the Local Resilience Forum (LRF) to ensure multi agency interaction. The NHS

CB London EPRR staff will support / facilitate this process, working with EPRR leads within individual NHS organisations.

- 11.4. In gathering wide ranging assurances from individual NHS organisations, NHS CB London will be able to provide assurance to the National CB that all of the NHS funded healthcare providers within their area have engaged in relevant exercises confirming to acknowledged timescales and are fit for purpose.
- 11.5. Separately, or through the LLHRP, Clinical Commissioning Groups (CCGs) will also be assured of plans and organisational resilience.
- 11.6. Further clarification on the provision of assurance is awaited, as it is expected that there will be a requirement from local authority Directors of Public Health and Public Health England. There will also be a requirement for CCGs to provide assurance to NHS CB London of their own business continuity and EPRR arrangements, together with those of the providers that they commission.

12. FREEDOM OF INFORMATION

- 12.1. The Freedom of Information Act 2000 gives the public a wide-ranging right to see all kinds of information held by the government and public authorities. Authorities will only be able to withhold information if an exemption in the Act allows them to. This document will therefore be made easily accessible and publicly available.
- 12.2. Health organisations should consider carefully any request under the FOI Act before releasing information. Where there is any doubt as to the sensitivity of the request, further guidance and support should be sought from the NHS CB London EPRR team.

13. EQUALITY AND DIVERSITY

- 13.1. Equality and diversity are at the heart of the NHS strategy. Investing in a diverse NHS workforce enables us to deliver a better service and improve patient care in the NHS. Equality is about creating a fairer society where everyone has the opportunity to fulfil their potential. Diversity is about recognising and valuing difference in its broadest sense. This document will therefore abide by the Equality & Diversity Act 2010.

14. REFERENCES AND INFORMATION SOURCES

14.1. This document should be read in conjunction with the following sources of information:

- 14.1.1. Civil Contingencies Act 2004
<http://www.legislation.gov.uk/ukpga/2004/36/contents>
- 14.1.2. Cabinet Office website <http://www.cabinetoffice.gov.uk/ukresilience>
- 14.1.3. Health & Social Care Act 2012
<http://www.legislation.gov.uk/ukpga/2012/7/enacted>
- 14.1.4. NHS CB EPRR documentation and supporting materials as published⁴, including but not limited to :
 - a. NHS CB Business Continuity Management Framework (Service Resilience);
 - b. NHS CB Command & Control Framework; and
 - c. NHS CB Emergency Planning Framework
 - d. NHS Commissioning Board EPRR core standards
 - e. NHS Commissioning Board Framework for EPRR
 - f. Model Competencies for Members of NHS Commissioning Board Emergency On Call Rotas

www.commissioningboard.nhs.uk/eprp/
- 14.1.5. BSI PAS 2015 - Framework for Health Services Resilience
<http://shop.bsigroup.com/en/ProductDetail/?pid=000000000030201297>
- 14.1.6. ISO 22301 Societal Security - Business Continuity Management Systems – Requirements
http://www.iso.org/iso/catalogue_detail?csnumber=50038
- 14.1.7. ISO 22313 Societal Security – Business Continuity Management Systems – Guidance
- 14.1.8. London Emergency Services Liaison Panel (LESLP) Major Incident Procedure Manual, 8th edition, (May 2012)
http://www.met.police.uk/leslp/docs/major_incident_procedure_manual_8th_ed.pdf

15. GLOSSARY OF TERMS

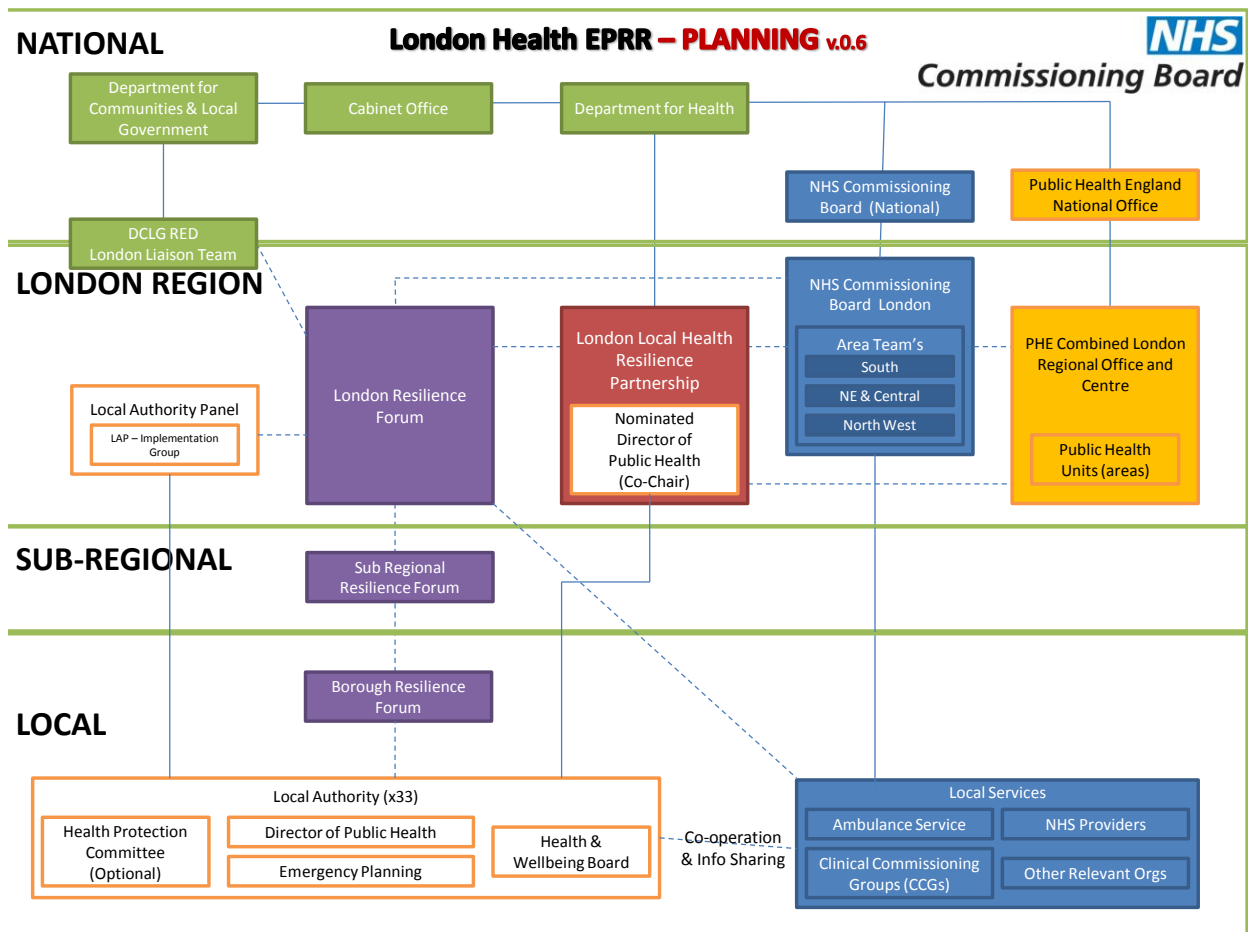
Bronze	Operational Level Command
CCG	Clinical Commissioning Group
C&C	Command and Control
EPRR	Emergency Preparedness, Resilience and Response
GCG	Gold Coordination Group
Gold	Strategic Level Command
ICC	Incident Coordination Centre
LLHRP	London Local Health Resilience partnership
NHSBT	NHS Blood and Transplant
NHS CB London	NHS Commissioning Board London
NOS	National Occupational Standards (Skills for Justice)
PHE	Public Health England
SCG	Strategic Coordination Group
SCC	Strategic Coordination Centre
Silver	Tactical Level Command
IRP	Incident Response Plan
LESLP	London Emergency Services Liaison Panel

Appendix 1 – London Local Health Resilience Partnership

NHS CB London is responsible for ensuring that all elements of health emergency planning are coordinated. There is a strategic group established across the health economy in London called the London Local Health Resilience Partnership (LLHRP). The purpose of this group is:

- To give strategic planning leadership on EPRR for the health communities of London in accordance with the Civil Contingencies Act 2004, National policy and Sector level guidance. Specifically to:
 - Regularly assess the health risks for London to ensure preparedness arrangements reflect current at emerging threats.
 - Set the London EPRR work plan for the forthcoming year (based upon information from the national and local risk registers, national planning assumptions, lessons learnt from previous incidents and advise the Health Community.
 - Monitor and maintain local performance providing the assurance to the London Local Resilience Forum (LLRF), National NHS CB and PHE Hub.
 - Provide a forum to raise and address concerns relating to health emergency planning, resilience and response
- To develop and maintain effective health planning arrangements for major emergencies and major incidents. Specifically to ensure:
 - Robust service and local level response to emergencies
 - Coordination of health organisations across London
 - That local and service level plans are exercised in accordance with DH policy and the CCA 2004
 - That Resilience communication and media handling systems are tested and are in-place (including warning and informing mechanisms)
 - That the health community is integrated into appropriate plans and structures of partner organisations for London
 - To improve coordination and understanding between the LLRF and local health providers
 - Ensure provision is in place to coordinate with neighbouring LHRPs and sector arrangements to develop mutual aid and integrated health response arrangements.
 - Ensure appropriately trained and competent cadre of NHS strategic (Gold) commanders
 - Maintain proportionate and appropriate response arrangements for major emergencies and major incidents.
 - Agree arrangements (including trigger mechanisms and activation arrangements) are in place for providing and maintaining health representation at multi-agency controls (Gold/Silver) during actual or threatened emergencies.
 - Provide strategic leadership to incidents involving wider health economies (more than one organisation). e.g. Winter capacity issues.
 - That all local partners in EPRR keep their colleagues and the Chairs of the LHRP informed of any significant potential or actual incidents, so that planned handling, leadership and any escalation process can be followed effectively.

- To maintain a quantifiable and accurate assessment of the effectiveness of London resilience capability and capacity across all organisations providing NHS funded care, against the national and local risk assessment, planning assumptions and community risk registers.
 - Maintain oversight of overall preparedness of the health community across the London region.
 - Raise, audit and identify gaps and interdependencies within health emergency preparedness across the health community
 - Assess local risks to identify then develop health training and exercise plans at LRF level
 - Ensure that lessons from major exercises and incidents, and best practice are shared and promoted throughout the health community
 - To ensure that the NHS is properly represented on the LLRF and any multi-agency working groups, to meet the requirements of the Civil Contingencies Act 2004
- The LLHRP will be co chaired by the Director of Delivery and Operations (NHS CB London) and a nominated Director of Public Health from a local authority. The group will consist of represented members from all types of health organisations across London.
- Where necessary, the LLHRP will establish sub groups or task groups to undertake specific projects. It is supported by the NHS CB London EPRR Regional lead and Resilience Development Manager.
- The LLHRP will work with but not be accountable to the LLRF. It will report to the LLRF through the NHS CB London director for delivery and operations, the Director of Public Health (co chair) and a PHE representative.
- Directors of Public Health will be accountable to their Chief Executive Officer of their employing Local Authority.
- The PHE representative will be accountable to PHE and will mobilise sub national and national PHE resources as required to support planning and response
- All other members of the LHRP will be accountable through their usual organisational structures.



Resilience planning across London takes place at different levels:

- Pan-London – regional:
 - London Local Resilience Forum (LLRF)
 - London Resilience Programme Board (LRPB)
 - Gold Comms Group
 - London Risk Advisory Group
 - Capability specific (ie Flu, Training & Exercising etc)
- Sub-Regional
 - Sub-Regional Resilience Forums [principle mechanism for NHS CB London engagement]
- Borough
 - Borough Resilience Forums [local services]
 - Health and Well Being Boards