

EMERGENCY

Preparedness

Planning the Strategic
Emergency Response

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Planning the Strategic Emergency Response

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Introduction

London holds a unique position in the country. More than just the capital, London is a world city and therefore in this context the needs and challenges faced by public services are exceptional.

A high level of emergency planning and logistical preparedness is essential for the security and safety of London. The challenge is not simply one of increasing the response, but also of being prepared for a new range of threats and risks. London's position as the administrative and political centre of a country of international influence exacerbates the likelihood of a major attack occurring.

The NHS in London has a long history of effectively dealing with major incidents. This ranges from natural disasters such as floods (2009) to man-made events such as the Paddington rail crash (1999) and the Soho bomb (1999). There is a growing recognition of the qualitative differences between incidents that are of a 'rising tide' nature, such as the 2009/10 influenza pandemic, and those that constitute a 'big bang'. Both, however, require a well-planned and well-orchestrated pan London response.

Major incidents are unpredictable and present unique challenges. The aim is to have the right expertise available and to have developed core processes to handle the uncertainty and unpredictability of whatever happens. Obviously, since 11 September 2001 and so clearly seen on the 7th July 2005 in London, the magnitude and type of threats have changed. The risk of a threat to London has been and continues to be high.

In these uncertain times it is acknowledged that threats exist which may not have been previously seen or anticipated. Several factors have changed:

- the nature or cause (e.g. terrorist release of toxic materials),
- the scale (e.g. impact on large numbers of people),
- the uncertainty (e.g. new and previously unrecognised viruses).

The National Risk Register¹ has been produced to inform the decisions currently being taken on emergency preparedness. The risks highlighted on the register are those from the graph below. This plan will provide a framework with which NHS London can function at a strategic level (when there is an identified need for strategic management).

¹ National Risk Register of Civil Emergencies, Cabinet Office, 2010

High Consequence Risks facing the UK

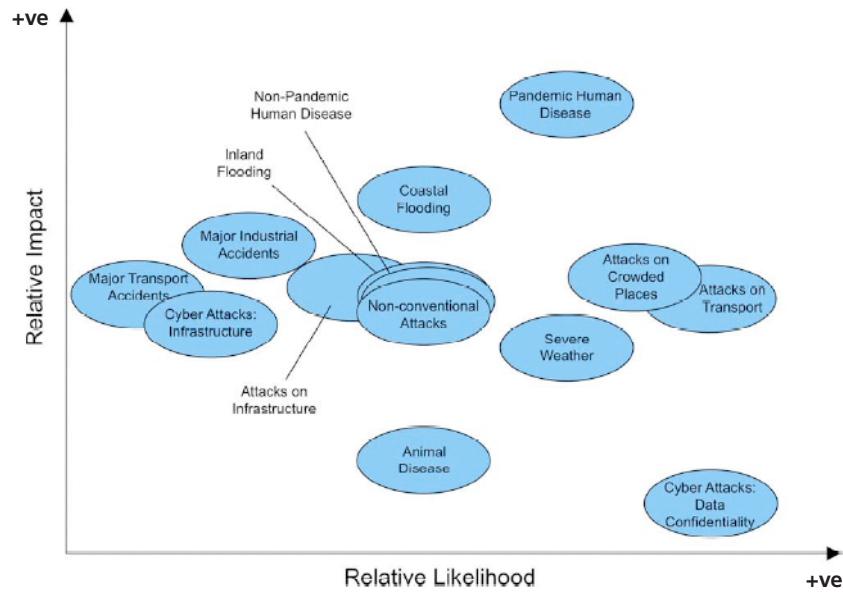


Figure 1: An Illustration of High Consequence Risks facing the United Kingdom
 (Diagram taken from the National Risk Register of Civil Emergencies, Cabinet Office, 2010)

Historically, the emphasis was on developing local capability and capacity to respond at individual hospital and ambulance service levels. Now the NHS must plan for incidents of a different nature and magnitude. There is a potential for these higher order incidents from new threats to overwhelm any single local facility or healthcare system. The challenge is not simply one of scaling-up but developing an appropriate preparedness for a new range of threats and risks.

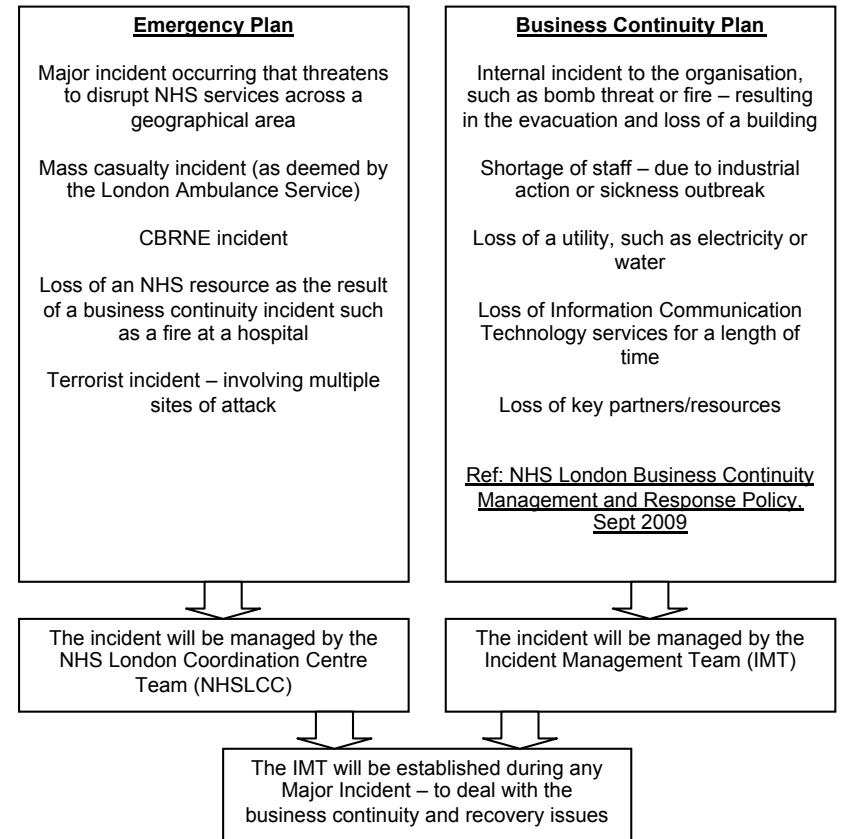
During incidents of a larger scale, NHS London will be responsible for the appropriate management of NHS resources, and ensuring that individual organisations are supported in their response efforts. The NHS London Strategic Emergency Response Plan is aimed at NHS London staff with a role to play in the response to an incident – i.e. those participating on the on call rotas. However, the impact of any incident is likely to be felt across most personnel in all directorates.

Business Continuity Plan vs Strategic Emergency Plan

One of the most closely affiliated plans to the Strategic Emergency Response Plan is the NHS London Business Continuity Management Policy and Response Plan (NHSL BCP).

The purpose of business continuity management is to ensure minimal interruption to services and a swift return to normality. The NHS London Business Continuity Policy aims to support individual business continuity leads and the process of business continuity planning within each Directorate/team.

Emergency versus Business Continuity



Objectives

The objectives of the Business Continuity Management Policy and Response Plan are:

- to ensure that NHS London can continue to provide essential services for the population of London
- to describe the command, control and communication mechanisms which will be used in the event of a business continuity incident.
- to set out the responsibilities of business continuity leads with regards to preparedness, response and training
- to prioritise the risks as identified within each Directorate/team business impact analysis
- to support the development and delivery of the specific plans that have been developed by the business continuity leads

For NHS London members of staff, the NHS London Business Continuity Management Policy and supporting documents can be found in a folder on the Shared Drive at NHS London: [S:\Emergency Planning\Business Continuity](#)

Governance Procedures

NHS London is required to maintain its own plan for responding strategically to an emergency, but it also requires assurance from all NHS organisations in London that they have emergency plans that fulfil the criteria of being:

- current
- written in accordance with DH/Government policy
- written in conjunction with partners/stakeholders
- exercised and tested regularly

NHS London Emergency Preparedness Network Managers are in post to ensure effective liaison and communication across the range of NHS organisations in London; and to provide professional advice and support to local emergency planners.

NHS London carries out an annual emergency preparedness assurance process of all NHS organisations in London. This involves the RAG rating of local plans against benchmarked criteria set by the NHS London Emergency Preparedness team. Feedback is provided to the organisations and the NHS London Network Managers work with the local organisations to complete action plans for any improvements highlighted during the process.

Major incidents in the NHS

A Major Incident (an official term which is recognised and formally communicated internally and externally) can be declared by any member of the emergency services, the local authority or the NHS.

Within the NHS, each organisation (through its emergency management system) will assess a situation and can self declare if an internal or external incident affects them.

Declaring a Major Incident does not automatically mean every NHS organisation will activate its plan in full or indeed at all. It is a method of alerting others (and your own organisation) to the seriousness of the situation, enabling immediate cooperation and implementation of communication links between responding agencies. Each NHS organisation will have plans to assess individual situations and respond accordingly.

Standard Messages

These messages are used by the emergency services, and should be considered standard for all major incident situations. For the NHS, the ambulance service is most likely to be the notifying organisation. However, they can be used by any of the emergency services.

Usually one of the other emergency services will notify the London Ambulance Service (LAS) of the situation first. The LAS will then assess the impact on the NHS in that area, and decide on which health resources to place on standby or declared. It is possible that the notification to NHS London will come from more than one source.

Summary of Messages:

1. Major Incident – Standby

Where the situation is unclear, at an early stage or has the potential to escalate. This places NHS organisations on a preparatory footing – and should trigger internal processes for making the Trust ready for further escalation.

Often the ambulance service will use this message as a precursor to warn NHS organisations of the situation.

2. Major Incident – Declared

This is used when the situation requires special arrangements to be implemented in part or in full within designated organisations. The special arrangements refer to the organisations major incident response plans. N.B. Where the severity or magnitude of the situation requires a full scale response with minimum delay there will be no 'Standby' stage.

3. Major Incident – Cancelled

Once fully assessed, the situation is found to be not as serious as initially thought and special measures are not required.

4. Scene Evacuation Complete

All patients have been removed from the scene of the incident, and are either at hospital or on their way. This message must be considered very carefully by the 'receiving' hospital, as it does not indicate an end to hospital activity. The ambulance service may use 'scene evacuation complete – major incident stand down' – which implies their own service standing down. Hospital control rooms must make their own assessment and stand their own service down at an appropriate time.

5. Major Incident – Stand Down

The organisation has completed its internal response.

This can be used by any of the organisations to indicate to others the start of the return to normal business.

Recovery from an incident should be considered very early in the response phase².

Hospital Designation

London Ambulance Service will allocate one of two designations to hospitals located near the incident.

1. Receiving Hospital

A number of hospitals can be designated as receiving hospitals for an incident – depending on the type and make up of casualty numbers. These hospitals will receive a full declared notification from the ambulance service and should prepare to receive and treat patients from the incident immediately.

2. Supporting Hospital

As well as receiving hospitals, it may be necessary to allocate hospitals to support the incident. These will receive a standby message – but may also receive specific instructions relating to expectations of them. This may be in relation to resources (such as personnel, beds etc.) or may be a precursor to an escalation of the incident at a later stage.

Major Trauma in London

Access to hospitals in London with major trauma capabilities has been organised around the formation of major trauma networks. Four hospitals have been designated as major trauma centres. These are geographically spread across London. They are also responsible for the coordination of their local trauma networks, comprising of other acute hospitals.

During a major incident, London Ambulance Service will ensure that major trauma patients are distributed across between the major trauma centres, in an attempt to prevent any one hospital from becoming overwhelmed.

Major trauma patients may need to be stabilised in any London A&E before final transfer to a major trauma centre.

In a catastrophic incident, where the number of major trauma patients far exceeds the whole system capability, then use of the major trauma centres may be streamlined for the most appropriate cases (i.e. for those patients who may be expected to achieve the best outcome).

Medical Emergency Response Incident Teams (MERIT)

MERIT teams replace the previous system of Mobile Medical Teams that were supplied from a designated hospital.

In London, the MERIT function will be provided by the London Ambulance Service, in conjunction with the Helicopter Emergency Medical Service (HEMS) and the British Association for Immediate Care (BASICS).

Therefore, no London hospital will be expected to provide medical or nursing staff to the scene of an incident. All staff and equipment will be provided and transported by the HEMS, BASICS and LAS.

Initial Communications

Notification of a major incident will initially be received by the NHS London Emergency Preparedness Manager on call (NHS01). This may come from a variety of sources, but predominantly it will be from the LAS, Metropolitan Police, acute trust, PCT or Health Protection Agency.

NHS organisations (such as acute trusts or PCTs) will inform NHS London of the activation of their major incident policy. Where multiple NHS organisations need to activate their plans simultaneously, NHS London will make the decision whether to enact their Strategic Emergency Response Plan and may activate the NHS London Coordination Centre (NHSLCC) to allow strategic management of the situation.

² NHS London Recovery Plan, 2010

The HPA may notify NHS London of a 'rising tide' situation in relation to public health/infection outbreak, or the police may inform NHS Gold of a situation (potential or otherwise) that requires NHS resources to be deployed. Communication will usually occur between senior officers within these organisations. (The perceived extent of the incident will direct the level of NHS London Strategic Emergency Response Plan activation. This can only be decided at the time).

As one of the responding organisations, NHS London will receive information that is likely to be of a sensitive nature (i.e. relating to specific elements of the incident). Information that is received from the Metropolitan Police Service may well be classified as 'restricted'. Therefore, anyone responsible for the onward distribution of this information must fully consider the consequences of doing so beforehand.

Definition of a Major Incident

The NHS Emergency Planning Guidance (Department of Health, 2005) describes a major incident as:

“Any occurrence that presents serious threat to the health of the community, disruption to the service or causes (or is likely to cause) such numbers or types of casualties as to require special arrangements to be implemented by hospitals, ambulance trusts or primary care organisations.”

Major incidents are handled routinely by the emergency services and other local responders, without the need for any central government involvement. Local responders are well practiced in responding to road traffic accidents, flooding incidents, industrial accidents etc.

It is usual for the police to take the lead in coordinating a local response when a crime has been committed, or if there is a threat to public safety.

The local multi agency response is coordinated through a Strategic Coordinating Group (SCG) located in the Strategic Coordination Centre (SCC). The chair of the group will usually be a senior police officer or the chief executive of a local authority.

The government have identified three levels of emergency (above that described above), which are likely to require direct central government engagement³. These are:

Significant Emergency (level 1)

This level of emergency has a wider focus and requires central government involvement or support from a lead government department (LGD), alongside the other responders.

The severe weather episodes during the winters of 2008 and 2009 are examples of this type of emergency.

Serious Emergency (level 2)

This level of emergency is one which has, or threatens, a wide and/or prolonged impact requiring sustained central government coordination and support from a number of departments and agencies, usually including the regional tier in England and, where appropriate, the devolved administrations.

The central government response to such an emergency is coordinated from the Cabinet Office Briefing Rooms (COBR), under the leadership of the Lead Government Department.

Examples of emergencies at this level include the 2009/10 H1N1 influenza pandemic, the 2007 summer floods, and the response to the 7th July bombings in London in 2005.

Catastrophic Emergency (level 3)

At this level there is an exceptionally high and potentially widespread impact which requires immediate central government direction and support.

Examples of incidents would be a nuclear reactor incident or a major natural disaster. Each would necessitate a top down response, where local response had been completely overwhelmed; or where the use of emergency powers are required to direct the response or utilisation of assets and resources. This level of response would be led by the Prime Minister.

³ Responding to Emergencies, The UK Central Government Response, Concept of Operations, March 2010

Types of Major Incidents

The NHS Emergency Planning Guidance (Department of Health 2005) notes the following types of major incident:

Cloud on the horizon:

Where an incident in one place may impact upon others afterwards. Preparatory action is needed in response to an evolving threat elsewhere, even perhaps overseas, such as a major chemical or nuclear release; a dangerous epidemic or an armed conflict involving British troops. A chemical or radiation incident may literally cause a cloud on the horizon. In a similar way, but on a longer time scale, the progress of a flu pandemic may be observed and predicted.

Rising tide:

Where a problem creeps up gradually, such as occurs in a developing infectious disease epidemics. There is no clear starting point for the major incident and the point at which an outbreak becomes 'major' may only be clear in retrospect. Pandemic Influenza would be included under this definition. Long-term resilience or business continuity of NHS services is a key issue.

Headline news:

For example, where a wave of public or media alarm ensues over a health issue, such as a reaction to a perceived threat. This may create a major incident for the health services even if fears prove unfounded. The issue itself may be minor in terms of the actual health risk to the population. It is the urgent need to manage information that creates the major incident. If well handled it may not become a major incident at all; if mishandled it probably will.

Big bang:

A health service major incident is classically triggered by a sudden major transport or industrial accident. The ambulance service and receiving hospitals will be the first responders. What may not be so obvious at first, however, are the wider health implications. A major incident may build slowly from a series of smaller incidents such as might occur on a fogbound motorway.

Release of chemical, biological or radiological materials, or involving nuclear energy (CBRN Incidents):

The release of materials that are chemical, biological, radiological or nuclear in nature has potentially catastrophic implications, irrespective of the source or cause of the release. Many of these materials are not readily detectable by the senses and engender a high degree of alarm because of this. It is probable that many people who are not affected by the material will need to be reassured – the 'worried well'. Conversely, it is equally likely that people who have been contaminated and are therefore at risk will not realise that this is the case. Both categories of individual will require health service attention, and the wider population will need to be reassured. There are also the possibility of severe risks to the NHS infrastructure.

CBRN Incidents will also be dealt with as terrorist incidents from the outset and thus have major political and security implications. 'HAZMAT' (Hazardous Materials) incidents are not treated as terrorist related yet can require a similar response.

Internal incidents:

The service itself may be affected by its own internal major incident or by an external incident that impairs its ability to work normally. A fire, breakdown of utilities, major equipment failure, hospital-acquired infections or violent crime may paralyse the provision of services and jeopardise safety arrangements in the short term, and erode staff morale and public confidence in the longer term. These issues are covered by an organisation's Business Continuity Plan. However, a natural end point of most plans (where resolution is still not able) would be the declaration of a major incident.

Within London these types of incidents are now frequently managed within existing Sectors, led by the Sector Executive team, and supported by the Performance Management function within the SHA. Only where these incidents spread across sectors would the Emergency Preparedness Team at NHS London become involved.

Pre planned significant events:

These are pre-arranged major events that require special arrangements on the part of the NHS. This would include demonstrations, sports fixtures, air shows or community events such as the Notting Hill Carnival.

Within London the LAS undertake most of the liaison planning for such events, in conjunction with the local NHS organisations involved and voluntary agencies (such as St John Ambulance).

Legal Responsibilities

The Civil Contingencies Act of 2004 (CCA), and its regulations and statutory guidance, established Acute NHS Trusts and Primary Care Trusts as Category 1 Responders. This status defines their role as being part of the front-line; imposing on them a statutory duty to undertake both emergency planning, (in order to respond to disasters), and business continuity planning, (in order to withstand the effects of disasters on them).

This legislation defines Strategic Health Authorities (SHA) as Category 2 Responders, imposing on them lesser obligations to assist and co-operate with the Category 1 Responders in preparing for emergencies and giving them the right to be involved in planning activities.

For the purpose of this document NHS London considers its obligations to emergency preparedness to be equivalent to a category 1 responder – and, as such, fully complies with the multi agency integrated emergency management process as described within the CCA.

Mental Health Trusts are not separately defined within the CCA. However, within London they are considered to be a vital element to the overall emergency response, and should align themselves with Category 1 responsibilities.

The CCA identifies three aspects of performing the organisation's functions in an emergency:

- maintaining plans for preventing the emergency
- maintaining plans for reducing, controlling or mitigating its effects
- maintaining plans for taking other action in connection with the emergency

In addition, the Department of Health publication 'NHS Emergency Planning Guidance', published in October 2005, imposed the requirement for all NHS organisations to prepare both emergency plans and business continuity plans.

This document recognises that not all NHS organisations have statutory obligations arising from the Civil Contingencies Act of 2004, but that the effective response to a disaster requires a seamless and integrated response by the NHS.

This guidance requires all NHS organisations to develop and maintain plans appropriate for the discharge of their functions during emergencies, both for the maintenance of core services (via effective business continuity planning) and for response to the causal major incident.

NHS London will undertake an annual assurance process of the emergency planning process and plans of all NHS organisations in London, with the aim of ensuring compliance with the CCA and DH guidance; and to ensure that the NHS in London is at its most prepared should an incident occur.

Integrated Emergency Management across London

As previously described, the CCA defines the process by which Category 1 organisations are obliged to undertake emergency preparedness.

The full list and description of the resilience structures (including the command and control functions) for London are included below.

London Regional Resilience Forum (LRRF)

This is the principal mechanism for bringing together Category 1 and 2 responders (with other supporting agencies and stakeholders), to support the planning and cooperation requirements of the Civil Contingencies Act 2004 at the regional level. Its aims are to ensure effective coordination and strategic planning is delivered across a range of key capabilities and ensuring effective coordination with Central and Regional Government.

The London Regional Resilience Forum is supported in its work by a number of Sector Panels and by the London Resilience Programme Board. Where there is a need for a specific piece of work to be undertaken, then the Programme Board will establish task and finish groups.

Additionally, as currently required by the Civil Contingencies Act 2004, there are six Local Resilience Forums within London; each chaired by Local Authority Chief Executives. These contribute towards developing London's resilience policy.

Local Resilience Forums (LRFs)

London has been divided up into six Resilience Forum areas. These are geographical areas, within which the local authority and all emergency services come together to discuss the identification and mitigation of local risks and emergency response plans – sometimes involving other partner organisations (such as utility and communication companies).

Gold Coordinating Group (GCG)

The Gold Coordinating Group (GCG) is established in response to large scale 'big bang' type incidents, and consists primarily of the blue light emergency services, with additional Gold level representation from other agencies dependent on the incident. They will meet at a location away from the incident scene at a pre-designated Strategic Coordination Centre (SCC).

The Gold Coordinating Group is responsible for determining the strategic aims, objectives and priorities of a Major Incident. The GCG will decide the strategy for dealing with the incident. All decisions and actions taken are only done so to align with the strategy. It is of the utmost importance therefore that all representatives at the Gold Coordinating Group adhere to this principle if effective strategic coordination is to be achieved and maintained.

The group is chaired by a senior police officer, who ensures the strategic decision making process is fully documented.

Regional Coordinating Group (RegCG)⁴

Most emergencies are dealt with by local responders at the local level through a Strategic Coordinating Group (if necessary).

A Regional Coordinating Group (RegCG) is convened where the response to an emergency would benefit from some coordination or enhanced support at a regional level. This is most likely to be when an incident affects more than two police force areas, or has the potential to do so.

The purpose of such a group is to bring together appropriate representatives from local Strategic Coordinating Groups, where activated, or relevant organisations if not.

Their role is to:

- Develop a shared understanding of the evolving situation (including horizon scanning)
- Assess the emergency's actual and/or potential impact
- Review the steps being taken to manage the situation, and any assistance that may be needed or provided
- Identify any issues which can not be resolved at local or regional level and need to be raised at national level

The meetings of the RegCG are just as likely to be via teleconference as face to face. The RegCG would normally be chaired by the Government Office unless otherwise agreed. Staff from the Government Office would also be responsible for the administration of the meetings.

Where an emergency occurs on the border between two regions, the Government Office will identify a lead region and invite representatives from the other affected areas to participate in one wider RegCG, rather than convene multiple meetings.

Regional Civil Contingencies Committee (RCCC)⁵

In very serious circumstances, the Government may decide to convene a Regional Civil Contingencies Committees (RCCC) to support response and recovery activity across the region.

This will normally only happen where:

- The local response has been or may be overwhelmed
- There is a need for a consistent, structured approach normally across two or more regions
- A regional approach is needed to oversee the recovery phase due to the extent and scale of the damage across the region
- Emergency measures have been taken under the Civil Contingencies Act 2004

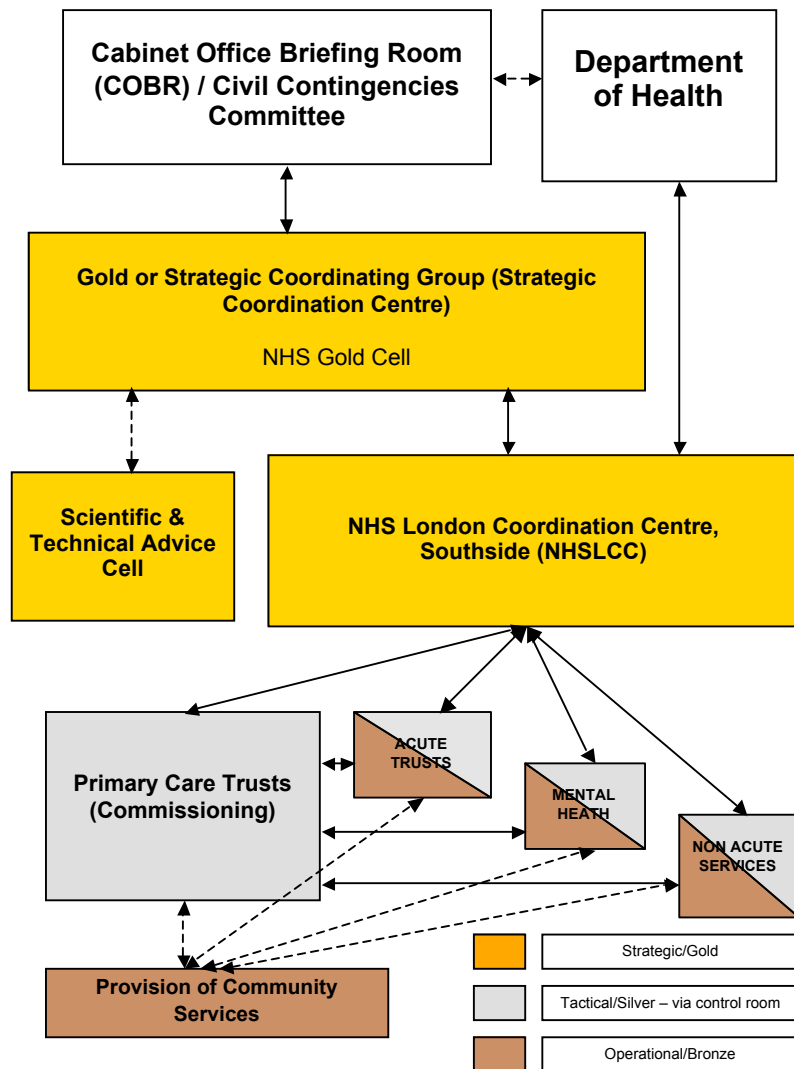
In London the London SCG would perform the role that would normally be performed by the RegCG or RCCC elsewhere. It is highly unlikely, therefore, that the two would meet in parallel to consider the management of the response phase to a police led emergency.

An RCCC might be convened if emergency regulations were needed to manage an emergency, or to consider recovery issues following a wide area incident.

⁴ Responding to Emergencies, The UK Central Government Response, Concept of Operations, March 2010

⁵ Responding to Emergencies, The UK Central Government Response, Concept of Operations, March 2010

NHS London – Fully Implemented Emergency Response Command, Control and Coordination Structure



The Role of NHS London

Planning:

The NHS Emergency Planning Guidance 2005⁶ highlights the key responsibilities for NHS London in respect of planning as:

- establishing the framework for the NHS response in the event of any major incident, regardless of cause
- ensuring national policy and guidance is implemented by PCTs, NHS Trusts and Foundation Trusts
- ensuring a high level of preparedness within the SHA
- leading on emergency preparedness for the local NHS
- establishing emergency planning policy for the local NHS and ensuring local emergency planning forums operate effectively
- raising and addressing concerns relating to emergency preparedness with the appropriate organisation
- representing the NHS at local, regional and national resilience forums
- establishing and maintaining working relationships with other emergency services, local major organisations and other key stakeholders
- ensuring that there is adequate provision of Medical Emergency Response Incident Teams (MERIT) or equivalent within their area.
- training and exercising as an organisation with partners to an agreed schedule
- developing contingency plans for business continuity particularly in the event a protracted incident and supplies or utilities failure
- assuming strategic control of the overall response and local aspects of NHS support
- establishing the arrangements for supporting local command and control structures including the provision of public health, health protection and scientific advice
- working within the NHS in the area, with neighbouring SHAs, with Directors of Public Health, with the Regional Public Health Group, the Health Protection Agency and other sectors including social care and independent healthcare providers to ensure emergency preparedness
- working to ensure appropriate arrangements are in place to provide and receive mutual aid locally and regionally

⁶ The NHS Emergency Planning Guidance, Emergency Preparedness Division, Department of Health, 2005

- working with DH to ensure appropriate arrangements are in place to provide and receive mutual aid nationally and internationally
- being accountable to DH

Response:

In conjunction with the 2005 NHS Guidance⁷, NHS London will:

- Provide a strategic overview of the incident
- Provide a 24 hour emergency strategic management response
- Coordinate the NHS strategic response to a major incident at a London level
- Coordinate the public health, including health protection, response in collaboration with the Health Protection Agency
- Coordinate and support PCT, acute, mental health and specialist trust responses across London
- Assess the ongoing situation and identify emerging issues
- Maintain links with NHS Direct regionally
- Provide resources to support the local effort using mutual and regional aid
- Establish and maintain the NHS London Coordination Centre (NHSLCC) as required
- Maintain close liaison with DH at all times
- Support screening, epidemiology and long term assessment and management of the effects of an incident
- Maintain the responsibility to direct any NHS organisation across London
- Establish the nature of the major incident and its immediate impact
- Establish the nature of the immediate problems
- Establish the implications of the event for London and the wider health community
- Decide what the future implications of the event are, including the worst credible outcomes
- Assess the likely timescales involved
- Assess future resource implications
- Decide political, economic, social and managerial implications
- Adequately brief organisational leaders, external stakeholders and the public and media

⁷ The NHS Emergency Planning Guidance, Emergency Preparedness Division, Department of Health, 2005

The NHS London on-call executive (NHS Gold) is responsible for the strategic management of large-scale deployment of NHS resources across London.

For significant events the NHSLCC may be established to act as the conduit or 'hub' for information and direction to and from NHS Gold to local NHS organisations. These arrangements are intended to support local NHS organisations; ensure that wider NHS resources are made available; and that wider government assistance is accessed if required.

While maintaining a strategic overview and executive management of the health service response, the Strategic Health Authority will cooperate with partner organisations in the development of a response strategy and will ensure the effective and coordinated implementation of this strategy across the health community. It will ensure that available NHS resources are deployed effectively and will source and deploy additional resources to support trusts in their response to the disaster.

NHS London will ensure that appropriate and accurate information is provided to stakeholders and partners in respect of the health implications of an incident and the impact or likely impact on the NHS in London of any incident.

In order to achieve the broad strategic objectives, NHS London will:

- 1 Provide strategic direction for the response.
- 2 Provide a high level liaison function to operate within the documented multi-agency strategic management structure (Gold Coordination Group) – the "NHS Gold Team" – comprising NHS London Executive Director on call (NHS Gold), Director of Public Health on call (DPH01), NHS London Communications Manager on call (LON01), and administrative support (ADMIN01).
- 3 Provide expert knowledge to the Scientific and Technical Advice Cell (STAC) via a Director of Public Health – who will chair such a body when the incident involves the public health of the community.
- 4 Establish liaison arrangements across key health stakeholders such as the Department of Health (DH), HPA, the London Ambulance Service (LAS), NHS and wider partner organisations as necessary, via the NHSLCC.
- 5 Manage the collection, collation, assessment and presentation of relevant health-related information in the form of situation reports for stakeholders as appropriate
- 6 Coordinate and manage the NHS input to public and media information processes.
- 7 Coordinate the local response using mutual aid arrangements.

Alerting Information

Big Bang:

The London Ambulance Service has scene specific responsibilities in terms of alerting NHS organisations in the event of a civil emergency and/or major incident. These are:

- Immediately notifying or confirming with the police and fire controls the location and nature of the incident, including identification of specific hazards, for example, chemical, radiation or other known hazards
- Alerting the most appropriate receiving hospital(s) based on local circumstances at the time
- Alerting of the wider health community via the on-call NHS London Manager ('NHS01')

Alternatively, the notification may be received from any of the NHS organisations themselves.

London NHS organisations are required to notify NHS London of any incident or potential incident. This should be done via the PageOne system, by notifying in the first instance NHS01 who will be one of the NHS London Emergency Preparedness Manager on call.

Call the Pager Bureau on 0844 822 2888

Give the pager details of NHS01

Relay the message to be passed and a contact telephone number

Rising Tide:

Rising tide incidents will generally be public health in nature, and will be first alerted to NHS London by either the HPA or by a PCT directly. They may also be communicated via LON01 – when a story becomes media worthy.

When to notify NHS London

It is important that NHS London is aware of any emergencies or major incident situations affecting NHS organisations across London. NHS London aims to provide support and coordination across the NHS when required, ensuring an effective NHS response is delivered.

NHS organisations across London must notify NHS London when:

- The NHS organisation is involved in a major incident, declared by themselves or a partner organisation
- An emergency incident threatens to overwhelm their resources; with the potential need for mutual aid arrangements to be invoked
- The NHS organisation has need to activate their Business Continuity Plans
- They are the target of a threat (actual or perceived) involving explosives or CBRN material
- They have activated their CBRN plan
- The NHS organisation needs to evacuate patients from a part or whole of their premises
- The NHS organisation is supporting the local authority following large scale community evacuation
- The incident concerned is considered significant in terms of casualty numbers or perceived impact
- There is the possibility of media interest relating to the incident or emergency (whether regional or national)

Communications

The on-call NHS London Communications Manager (LON01) will be alerted via the PageOne pager system. The call could come from a number of different sources, such as from NHSGold01, NHS01, LAS or from one of the communications managers in another agency in London. In the latter case, LON01 will then be responsible for alerting NHS01 of the incident.

LON01 is able to alert the other agencies' communications teams once they are aware of an incident occurring. The NHS London Communications team will then liaise closely with the communications managers in all of the organisations involved. Where necessary a multi-agency teleconference can quickly be established to agree the next steps.

During a prolonged emergency (such as in the case of pandemic influenza), the NHS London Communications Team will take part in an on call rota to ensure that the NHS London communications response is maintained.

The NHS London communications lead will form part of a multi-agency Media Cell coordinated by the Metropolitan Police. The location of the Media Cell will be advised early on in an incident during the initial multi-agency teleconference call and is dependent on the location and severity of the emergency.

The communications lead may also be required to attend meetings at the NHS London Coordination Centre or the Strategic Coordination Centre.

Any request for information from the press or request for interview (at the time of an incident) will be directed through the NHS London Communications Team. The CEO (or deputy) will be the designated spokesperson for the organisation.

NHS London staff should be extra vigilant during an incident for the approaches of media representatives. Official media enquiries are expected, and will be directed through the NHS London Communications Team. Experience has shown that unscrupulous media approaches are likely to be made via other routes.

Security issues are of additional importance at the time of an incident. Staff must ensure that they carry official identification with NHS London logo (such as Smart card photo ID) throughout any incident. This will be especially important where staff are deployed outside of NHS London premises.

The NHSLCC will assess the level of media interest in the incident via the situation reports obtained from all of the NHS organisations involved in responding to the incident. This will assist the team to develop a strategic NHS response across all organisations.

The Gold Coordinating Group

In the event of a major incident the Metropolitan Police, who have the responsibility to coordinate the overall response, will establish a Gold Coordinating Group (GCG).

The primary role is to provide strategic support and coordinate the activities of the various agencies across London.

Initially the membership of this group will be the 'blue light' emergency services (to make an early strategic assessment of what level of response would be required), but this will be extended out to a wider membership depending on the requirements of the incident.

The GCG will be located within the Strategic Coordination Centre (SCC) which will currently be at one of these locations:

- Metropolitan Police Training School
Peel Centre
Aerodrome Road
Hendon, NW9 5JE (Colindale Tube)
- New Scotland Yard
Broadway
SW1H 0BG (between St James Park and Victoria St)
- Metropolitan Police Special Ops Room
109 Lambeth Road
SE11 (close to Lambeth North Tube)
- Empress State Building, Empress Approach, Lillie Road, London, SW6 1TR
(close to West Brompton Tube)

A senior police officer will chair the GCG meetings and have responsibility for the strategic direction of the incident. The Chair will provide administrative support to the meetings and document the strategic decision making process.

It is important that the GCG is capable of effective fast-time decision-making. Whilst it is important to ensure that input is received from all appropriate agencies, the membership of the GCG must remain dynamic in order to reflect the incident at the time. Therefore, further membership, at this stage, could be sought.

Health representatives at the GCG would be NHS Gold, LAS Gold and a public health advisor (DPH01 and/or a senior HPA representative), offering health advice.

Government Liaison

In a major or catastrophic incident in London, early central government involvement will follow with the setting up of the Cabinet Office Briefing Room (COBR) and the deployment of a Government Liaison Officer and Team (GLO/GLT) to the SCC. The Government Liaison Officer will be a key member of the GCG and through the GLT provides the vital communication conduit with COBR.

Within London, the GCG will also undertake the responsibilities of the Regional Coordinating Group and Regional Civil Contingencies Committee (where necessary), with any additional powers afforded by the Civil Contingencies Act (2004).

NHS London reports directly to the Department of Health, who in turn, report directly into COBR.

Scientific and Technical Advice Cell (STAC)⁸

A STAC can be requested by the senior Police Commander within the GCG, by notification of the HPA. The HPA will then notify NHS London via NHS01.

NHS01 will notify DPH01, who will always be the default chair of the STAC in the first instance. NHS01 and the HEPA will discuss the provision of the STAC manager and admin support.

It may be appropriate for the STAC chair to change (after the initial meeting), where public health advice is secondary to other scientific or technical advice required by the GCG.

The STAC chair will attend the GCG and act as the focal point and primary contact for the provision of health, public health, health protection and other scientific advice as part of the strategic response.

During incidents, such as Buncefield (Dec 2005)⁹, where a fire at an oil storage depot led to clouds of potentially toxic fumes, there was a requirement for scientific and technical data in order to strategically manage the on site handling of the fire; the evacuation of local population; and the immediate and longer term health implications.

The importance of providing clear and consistent public health messages and advice is both widely accepted and readily sought, in particular in those incidents involving chemical, biological, radiological and nuclear (CBRN) substances, irrespective of the cause, deliberate or accidental.

Membership of the STAC may include (but not be limited to):

- Relevant emergency services technical advisors, e.g. Fire Service
- NHS
- HPA
- Environment Agency
- Health and Safety Executive
- Met Office
- Environmental Health
- Utilities company
- Food Standards Agency

The purpose of the STAC is to ensure that, as far as reasonably practicable, scientific or technical debate is contained, so that the GCG (and others involved in the response) receive the most appropriate advice based on the available information in a timely, coordinated and digestible way.

This may include provision of advice and information to the Gold Commander at the GCG to enable delivery of high level objectives, and/or the provision of consistent public health advice to members of the general public.

The STAC would be expected to advise on issues such as the impact on the health of the population, public safety, environmental protection and the sampling and monitoring of any contaminants. A STAC may be used in circumstances other than health.

⁸ London Scientific and Technical Advice Cell (STAC) Arrangements, Health Protection Agency, NHS London, LaRS London, January 2009

⁹ The Buncefield Incident 11th December 2005, The Final Report of the Major Incident Investigation Board, 2008

Responsibilities of Other Health Organisations

The full list of roles and responsibilities of all NHS organisations can be found in the 2005 NHS Emergency Planning Guidance¹⁰. The following is a summary only.

It should be noted that all NHS health organisations have the responsibility to continue with normal business at the time of an incident (except in very extreme circumstances).

Primary Care Services

PCTs may be responsible for the deployment and coordination of community and primary care resources.

Examples of situations when this is necessary are:

- The need for rapid discharge of suitable patients from an acute hospital to the community (when acute capacity is required)
- The provision of medical resources to a local authority rest centre for evacuated local people
- Establishment of minor treatment centre use for mass casualty situations
- Deployment of mass countermeasures (when directed) e.g. for contamination or disease outbreak situations

They are also responsible for the public health of their local population; in the planning and response to disease outbreak, such as with 2009/10 influenza pandemic with special consideration for care of vulnerable people/groups.

Acute Services

Acute Trusts will provide a safe and secure environment for the assessment and treatment of patients from an emergency incident. They will also provide space to receive relatives for the patients, and ensure that media/communications issues are dealt with effectively.

They will liaise with other emergency services on site to facilitate the care of these patients – such as the Metropolitan Police Service (for identification purposes) and the London Fire Service (for decontamination purposes). They will also liaise closely with the London Ambulance Service to ensure that their resources are not overwhelmed, and are utilised appropriately for the patients involved.

Mental Health Services

The role of Mental Health Trusts is to support the acute hospitals and PCTs at the time of an incident. They also have a responsibility to support the establishment of a Humanitarian Assistance Centre after an incident, in conjunction with the local authority and voluntary agencies.

There may be some mutual aid capability within community based staff; or capacity within less acute mental health in-patient settings.

A key function of the mental health service is to support the psychological care of responders, such as the emergency services or acute hospital staff. For these functions it is vital that mental health trusts are linked to the individual agencies emergency planning function.

Increasingly across London, both Acute and Mental Health Trusts are taking over the provision of Community Health services to their local population, and must adhere to the same principles as described in the PCT section before.

London Ambulance Service

The primary responsibility of the London Ambulance Service is to save life in conjunction with the other emergency services. The ambulance service is also responsible for instigating a command structure from the point of arrival at the scene of an incident.

They assess the situation; designate and communicate with hospitals to receive casualties (which they then transport the patients to); and support the designated hospitals (including secondary hospitals which are placed on 'standby'). The ambulance service will allocate an ambulance liaison officer within each designated hospitals A&E department – for the purpose of ensuring effective communications and appropriate distribution of patients to resources.

They are primarily responsible for communications around a major incident from the point of onset, and for alerting key NHS organisations, including NHS London.

NHS Blood and Transplant

The NHS Blood and Transplant Service are a special health authority, responsible for the collection and supply of blood and blood products, and the organ and transplantation service for England and North Wales.

They have a responsibility to support NHS organisations during any emergency, and also to ensure that they are able to continue to deliver their normal services.

¹⁰ The NHS Emergency Planning Guidance, Emergency Preparedness Division, Department of Health, 2005

Currently they are also responsible for the maintenance and delivery of the national CBRN stockpile of equipment (PODs of medication including antidotes to nerve agents, cyanide and botulinum). These are accessed via the London Ambulance Service.

More information on CBRN incidents is contained within the NHS London CBRN plan.

NHS Direct

NHS Direct primarily has a supportive role to any incident. They are accessible to the public via the number 0845 46 47, or via the internet (www.nhsdirect.nhs.uk); and are an important resource, with the aim being:

- To encourage the public to self care as far as possible, and thus protect the capacity within acute hospitals and primary care
- To triage and signpost the public to appropriate health care settings
- To give out health advice relating to specific incidents – such as with the 2009/10 influenza pandemic

The Health Protection Agency

The Health Protection Agency's role is to provide an integrated approach to protecting UK public health through the provision of support and advice to the NHS, local authorities, emergency services, other arms length bodies, the Department of Health and the devolved administrations.

The functions of the Agency are “to protect the community (or any part of the community) against infectious diseases and other dangers to health¹¹.”

They maintain a close link with the public health arm of the NHS, with regionalised centres across PCT areas supplying input and local knowledge (Health Protection Units).

The HPA provide surveillance data during periods of disease outbreak – such as that during the early stages of the 2009/10 H1N1 pandemic in the UK. This is useful for modelling purposes; giving the DH and NHS information and ensuring that plans are written with regard to accurate information.

Documentation Requirements

All responders to an emergency incident for NHS London are required to maintain official records of all information received and actions taken, that may be subject to a public enquiry (or police investigation) after the incident has concluded.

Initially, those people undertaking specific roles within the emergency plan are legally responsible for producing their own documentation – for example, documenting the information relating to the initial contact etc.

Once the response function is established within the NHSLCC, and subsequent structures of the GCG and STAC are established, then administrative staff will be allocated to support the responding staff and to take an official log – the loggist.

The Role of the Loggist

People acting as loggists to the incident response will receive training commensurate with the role.

The loggist for the NHSLCC will undertake a running log of all activity taking place, and actions taken by the NHSLCC team. Full details of actions can be found on the Admin01 action card in the Response section of this plan.

Individual roles within the NHSLCC will ultimately be responsible for maintaining their own personal log of the information that they receive and the way in which this is then handled. This will include the documentation of telephone messages received.

Two loggists will be allocated to support the NHS Gold at the Strategic Coordination Centre. When there is the simultaneous establishment of a STAC, administrative staff will initially have to be shared between the groups.

These loggists will accompany NHSGold01 and DPH01 respectively, and will be responsible for documenting the specific NHS actions and information from the respective meetings – and any NHS discussion or activity that occurs between meeting times.

¹¹ HPA Act, 2004

Mass Casualty Situations

NHS Emergency Planning Guidance¹² covers a range of possible extremes with regards to casualty numbers, and includes the categories 'mass' and 'catastrophic'. Prior to this, "Beyond a Major Incident"¹³ laid out guidance and policy to assist the NHS to plan for a major incident of very serious proportions involving potentially large numbers of casualties.

A framework for dealing with mass casualties in London¹⁴ has been developed in conjunction with the London Resilience Team, from the Department of Health framework published in 2007¹⁵.

The LRT framework details arrangements to deal with up to 2,000 casualties in a conventional 'big bang' multi-site scenario, as well as offering advice and guidance aimed at facilitating an understanding of:

- The current mass casualty capacity in London
- The agreed multi agency arrangements for responding to a mass casualty incident in London
- The various options for managing up to 2,000 casualties.

The response of NHS London at the time of a mass casualty incident will primarily remain the same – in that it will be responsible for overseeing the equitable distribution of NHS resources across London.

However, the incident may provide specific risks and threats to the structure of the organisation and the NHS – and these must be taken into consideration during the response and recovery stages. There is an increased emphasis on the liaison with the Department of Health around access to national resources.

The availability of staff may be severely impacted due to breakdown of normal communication and transport mechanisms. Staff may become the casualties of an incident (necessitating consideration of succession planning).

¹² The NHS Emergency Planning Guidance, Emergency Preparedness Division, Department of Health, 2005

¹³ Beyond a Major Incident, Department of Health, 2004

¹⁴ London Mass Casualties Framework, London Resilience Team, 2009

¹⁵ Mass Casualty Incidents – A Framework for Planning, DH, 2007

Military Aid

Only in extreme circumstances will military assistance be considered for support to the civil authorities responding to an emergency.

Arrangements exist under the Military Aid to the Civil Authorities (MACA) scheme, whereby military assistance may be mobilised. This was seen during the flooding events of 2009 in Cumbria.

The requirement for military assistance will be assessed and processed at a government level.

Business Continuity

The NHS London Business Continuity Management and Response Plan may be activated alongside the Strategic Emergency Response Plan during a major incident. The purpose of the business continuity plan is to ensure that a separate team of people are tasked with considering and resolving issues that would affect the 'normal' business of the SHA. This will allow the NHS LCC team to continue to deal with the strategic management of the ongoing incident

This team will also be tasked with considering the recovery issues for the organisation – as detailed below and within the NHS London Recovery Plan.

Recovery

Recovery is an integral part of the combined response from the beginning, as actions taken at all times during an emergency can influence the long-term outcomes for the organisation.

The recovery period will start after the incident has been stood down, but should be implemented from the very moment that the incident is declared.

Even as the emergency blue light services are standing down from the scene of the incident, it is most likely that the impact on the NHS will continue for some time into the future. For example, patients cleared from the scene of a motorway crash will be transported for treatment to hospitals. These hospitals are likely to remain busy long after police and ambulance services have returned to normal.

A full account of NHS London recovery procedures are described within the Strategic Recovery part of the Strategic Emergency Response Plan¹⁶.

¹⁶ Strategic Recovery Plan (as part of the NHS London Emergency Response Handbook), NHS London, 2010

Training and Exercising

In line with the requirements laid out in the NHS Emergency Planning Guidance (2005) and within the supporting guidance to the CCA (2004) and Care Quality Commission Standard, it is the responsibility of every responding organisation to carry out appropriate role specific training for personnel expected to respond under these emergency arrangements.

There is also a requirement to exercise emergency plans, as a minimum according to the following schedule:

- A communications exercise every six months
- A table top exercise every year
- A 'live' exercise every three years

As the custodian of strategic emergency management across London, NHS London aims to fulfil the criteria above. The Emergency Preparedness Team have a dedicated lead for training and exercising. A training schedule for emergency responders within the organisation is prepared in advance, and all members of staff who form part of an on call rota are encouraged to participate.

Similarly, the NHS London Emergency Preparedness Team will provide support to other NHS organisations across London who wish to exercise and test their own emergency plans. This will be primarily via the Network Managers.

Situation Reporting

Early on in the incident, the requirements for information gathering will become known. For national and international incidents these will be set by ministers within the Cabinet Office Briefing Room (COBR), and passed to the NHS via the DH. For smaller incidents, they will be the information that NHS Gold will require in order to make strategic decisions relating to the type of incident.

NHS London is responsible for gathering information from all NHS organisation's across London during an incident. To achieve this, a web based SitRep system has been developed. All NHS organisations will have received information relating to this system prior to an incident occurring, and it is their responsibility to ensure that these reporting requirements are included within their own organisation's major incident plan.

The specific requirements for particular information and the timings of these regular requirements will be established early on in an incident. This is known as the response rhythm (battle rhythm). This allows for the planned and organised gathering of information according to preset time scales.

All NHS organisations must be aware of these time scales, and provide their information to NHS London in a timely manner. These time scales are usually determined at a Government level, and are not at the discretion of NHS London.

Details relating to SitReps and information gathering, together with detailed instructions for the use of the web based system are available in the Situation Reporting Guidance from NHS London¹⁰.

Freedom of Information

NHS London is likely to be asked for copies of the incident log created during the management of the incident and the reports generated subsequently under the Freedom of Information Act (2000).

It is considered that the release of these documents (or supporting notes) in full will not be in the public interest. The reasons for this are:

- They may contain individual patient details.
- They may contain personal information relating to individual staff members
- They will record the uncertainty regarding casualty figures at various times during the incident.
- They will contain a very high detail of the process used by the services to coordinate the management of the incident, such as:
 - People involved
 - Contact details
 - Communication routes
 - Location of Incident Control Rooms
 - Backup and resilience arrangements
- The public release of this type of information could pose a security threat to the management of future incidents and provide information that could facilitate the hampering of rescue and recovery from an incident.
- They may contain briefing and advice to Ministers.

Also, experience suggests that where one organisation releases information into the public domain, it becomes very difficult to use the public interest reason to protect sensitive information in other organisations from being publicly released.

Requests for information received under the Freedom of Information Act should be directed to the Communications team at NHS London.

Financial Management

Delegated Authority to Incur Costs/Expenditure

NHS London has delegated authority to incur costs and make expenditure to the NHS London Gold and NHSLCC Teams in the event of a major incident.

The NHS London Gold and NHSLCC teams may act on behalf of one or more trusts within London in sourcing, procuring and entering into a contract for the provision of goods, services or personnel to those trusts as Agent for the trust(s). In such circumstances the trust will be liable for associated expenditure.

As part of the emergency response process, the NHS London Gold and NHSLCC Teams will ensure that Finance Department representatives are aware of all expenditure as soon as possible and that all costs are logged.

Delegated Authority to Vary Existing Contracts

During an emergency the general rule of thumb is that costs will lie where they fall.

The NHS London Gold and NHSLCC Teams may, as part of their duties, require the variation of existing contracts for the supply of goods, services or staff.

They are explicitly empowered (during a major incident) to direct that goods, services or personnel being supplied to one or more trust or organisation, in one or more specified location, should be supplied instead to another trust or organisation and/or in another specified location or locations.

They may vary the quantities or schedules of deliveries in order to ensure an effective response to a major incident.

This power shall be exercised with discretion, following discussions with trusts affected when possible, in order to reflect overall NHS priorities.

Delegated Authority to Approve Payments to Staff

During a major incident the NHS London Gold and NHSLCC Teams have delegated authority to call in additional staff to assist in the management of the incident. Such staff may be called in for work outside normal office hours.

In the event of staff being required to work outside normal office hours they will be recompensed for all hours worked and will be entitled to repayment of travel costs at usual rates for the journey to the place at which they are asked to work.

Subsistence allowances will be paid where appropriate, if arrangements for the supply of meals etc. cannot be made.

Recording Financial Information

It is the responsibility of the NHS London Gold and NHSLCC Teams to maintain adequate logs and records of all activity undertaken in respect of the response to a major incident.

Where the action has financial implications, it is essential that the records are adequate to identify:

- The expenditure that has been incurred and for what item or service
- When and where the item or service is to be provided
- To whom the expenditure is payable – the company or organisations name and address, and a named individual as contact
- On whose behalf the expenditure was incurred, particularly if acting as an agent for a trust
- The relevant terms and conditions of sale
- When the bill is payable
- The name of the individual approving the expenditure at the time
- The date of the transaction

In order to provide an appropriate audit trail, copies of such information will be supplied as soon as possible to the NHS London Directors of Finance and Performance, or an officer nominated by the Director to oversee the financial implications of the incident.

Mutual Aid Arrangements

Mutual aid is the ability to call upon other NHS organisations (usually similar in nature or close in geography) for support during times of excessive pressure (over and above what could be considered as normal – such as for winter pressures). Therefore, a PCT may request support from a neighbouring PCT during a disease outbreak, with respect to community staff or pharmaceuticals.

NHS London will act as broker for the arrangement of mutual aid within London, and also, with other Strategic Health Authorities outside of London (where necessary).

All NHS organisations must note that this is an agreed concept within the NHS to which they must adhere.

The principle of 'shared risk', in the context of this plan, recognises the fact that the risk of a major incident occurring, which results in the need for mutual aid, is equal amongst all trusts.

Charging Arrangements for Mutual Aid

Any mutual aid provided by one trust to another will be on the basis of 'shared risk' and costs will lie where they fall unless otherwise negotiated. Consequently, there will be no immediate cross charging for mutual aid between trusts.

As part of the risk sharing agreement, the trust requesting and receiving mutual aid is to collate all associated mutual aid costs for audit purposes.

If any supplying trust wishes to discuss associated costs of supplying mutual aid with the receiving trust, then discussions may take place between the relevant Finance Directors once the Major Incident has been stood down.