

Reader Information

Title	Business Continuity and Major Incident Policy v6.2
Asset number	123
Rights of access	Public version
Type of paper	Guidance
Category	Non Clinical
Document purpose/summary	To provide a framework for the organisation to respond to and recover from business continuity or major incidents
Author	Head of Corporate Risk and Compliance
Ratification date and group	20 th April 2016. Policy Ratification Group
Publication date	1 st November 2016
Review date and frequency of review	3 yearly or whenever a change takes place which affects the content of this policy.
Disposal date	The PRG will retain an e-signed copy for the archive in accordance with the Retention and Disposal Schedule, all copies must be destroyed when replaced by a new version or withdrawn from circulation.
Job title	Head of Corporate Risk and Compliance
Target audience	LSW Directors, Managers and Staff
Circulation	Electronic: LSW Intranet and LSW website Written: Upon request to the Policy Ratification Secretary on ☎ 01752 435104. Please note if this document is needed in other formats or languages please ask the document author to arrange this.
Consultation process	Consultation with Plymouth City Council, NHS England EPRR Managers, LSW Directors and Senior Managers
Equality analysis checklist completed	Yes.
References/sources of information	N/A
Associated documentation	N/A
Supersedes document	Previous versions.
Author contact details	By post: Local Care Centre Mount Gould Hospital, 200 Mount Gould Road, Plymouth, Devon. PL4 7PY. Tel: 0845 155 8085, Fax: 01752 272522 (LCC Reception).

Document review history

Version no.	Type of change	Date	Originator of change	Description of change
1	Original document	January 2005	Chris Wagner	Original document
1:1	Updated	October 2006	Chris Wagner and Jade Brelsford	Updated to corporate standards and reviewed.
2	Full review	February 2008	Risk Management Group	Full review of document.
2:1	Updated	March 2008	Jade Brelsford	Updated to corporate standards for publication.
3	Full Review	Dec 09 / Feb 10	Neil Vine	Full review of document
3.1	Updated	Dec 10	Neil Vine	Command and Control Updated
4	Full review	Mar / Apr 11	Neil Vine	Full review of document
5	Updated	March 2012	Chris Wagner	Minor Changes following transition to CIC
5.1	Updated	Nov 2012	Chris Wagner	Minor Change to App. B and policy name change
5.2	Updated	March 2013	Chris Wagner	Annex O & P added.
5.3	Updated	June 2013	Chris Wagner	Minor Change to reflect NHS organisational changes
5.4	Reviewed	January 2014	Chris Wagner	Reviewed no changes
6.0	Full review	Nov 2015	Kirstie Spencer	Full review to incorporate Business Continuity arrangements
6.1	Updated	April 2016	Kirstie Spencer	Minor amendments following review by author.
6.2	Minor Changes	Oct 2016	Kirstie Spencer	Minor changes following NHS E audit

Immediate Actions

If You Have Received Notification that a **Major Incident** has been Declared, and you have not Read this Plan

Do Not Read It Now

Find your Relevant Action Card in Appendices

And Follow the Instructions

Contents		Page
1	Introduction	7
2	Purpose	7
3	Legislation and Statutory Requirements	7
4	Definitions	9
5	Responsibility and Accountability	10
6	NHS Incident Levels	13
7	Types of Incident	14
8	Underpinning Principles for EPRR	14
9	NHS England Core Standards for EPRR and NHS Standard Contract	15
10	Cooperation Between Local Responders	15
11	Mutual Aid	16
12	Information Sharing	16
13	Legal Framework, Public Inquiries, Coroners Inquests and Civil Action	16
14	Logging and Record Keeping	16
15	Livewell Southwest Resilience Structure	17
16	Business Impact Analysis and the Business Continuity Plan	17
17	Responding to an Incident:	20
	17.1 LSW Incident	20
	17.2 Major Incident	21
18	Incident Control Centre	23
19	Incident Command Team Roles and Responsibilities	26
20	Incident Command and Control	27
21	CBRN (Chemical, Biological, Radiological, Nuclear) Incidents	29
22	Bomb Threats	29
23	Rest Centre Activation	29
24	Recovery	30
25	Debriefing	30
26	Assurance / Monitoring	31

26	Training	31
Appendix A	EPRR Accountability Framework	33
Appendix B	SITREP Template	34
Appendix C	Action Cards Overview	35
	Action Card 1 – Switchboard	36
	Action Card 2 – On-call (Lead) Director	38
	Action Card 3 – Support Director	39
	Action Card 4 – Communications Lead	40
	Action Card 5 – Decision Loggist	41
	Action Card 6 – Communications Loggist	42
	Action Card 7 – Secretary	43
	Action Card 8 – Rest Centre Action Card	44
	Action Card 9 – Nurses / Adult Social Care Staff Deployed to Rest Centres	45
	Action Card 10 – Failure or Unavailability of the Incident Control Centre in the LCC	47
	Action Card 11 – Responding to Suspect Packages	48
	Action Card 12 – Bomb Threat	50
	Action Card 13 – CBRN Action Card for Contamination Incidents	56
	Action Card 14 – Loss of a Site	57
	Action Card 15 – Power Cut	58
	Action Card 16 – Loss of IT	61
	Action Card 17 – Loss of Telecommunications	62
	Action Card 18 – Loss of Utilities	63
	Action Card 19 – Loss of / Unavailability of Staff	65
	Action Card 20 – Severe Weather	66
	Action Card 21 – Fuel Disruption	68
Appendix D	BIA / BCP Template and Guidance	69
Appendix E	LSW Organisational Business Continuity Response	84
Appendix F	Record of Trained Decision Loggists	86

Business Continuity and Major Incident Policy

1. Introduction

Livewell Southwest needs to be able to plan for and respond to a wide range of incidents and emergencies that could affect health or LSW services. These could be anything from extreme weather conditions to an infectious disease outbreak or a major transport accident or terrorist act. This is underpinned by legislation contained in the Civil Contingencies Act 2004 and the Health and Social Care Act 2012 section 46.

This work is referred to in Health services as 'Emergency Preparedness, Resilience and Response' (EPRR).

Extensive evidence shows that good planning and preparation for any incident saves lives and expedites recovery.

LSW must therefore ensure that the arrangements detailed within this plan are well tested in order to respond to and recover from these situations.

2. Purpose

The purpose of this document is to provide the framework for staff to enable Livewell Southwest (LSW) to meet the requirements of the Civil Contingencies Act 2004 (CCA 2004), the Health and Social Care Act 2012 and the NHS Standard Contract. In essence, this document seeks to describe how LSW will go about its duty to be properly prepared for dealing with emergencies and incidents.

3. Legislation and Statutory Requirements

This plan was developed in accordance with the requirements of the following legislation and national guidance for NHS funded organisations in England:

- Civil Contingencies Act 2004 (CCA) and associated Cabinet Office guidance
- The Health and Social Care Act 2012 (HSCA)
- NHS Act 2006 (as amended)
- The Health and Safety at Work Act 1974
- The requirements for EPRR as set out in the NHS Standard Contract(s)
- NHS England (NHS E) EPRR Guidance and supporting materials including:
 - NHS E Core Standards for EPRR
 - NHS E Business Continuity Management Framework (service resilience)
 - Other guidance available at <http://www.england.nhs.uk/ourwork/epr/>
- National Occupational Standards for Civil Contingencies
- BS ISO 22301 Societal Security – Business Continuity Management Systems.
- LRF – Combined Agency Emergency Response Protocol (CAERP)

The CCA 2004 specifies that responders will be either Category 1 (primary responders) or Category 2 responders (supporting agencies).

Category 1 responders are those organisations at the core of emergency response and are subject to the full set of civil protection duties:

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

Category 1 responders for health are:

- Department of Health (DH) on behalf of Secretary of State for Health (SofS)
- NHS England
- Acute service providers
- Ambulance service providers
- Public Health England (PHE)
- Local authorities

Primary care, including out of hours providers, community providers, mental health service providers and specialist providers are not listed in the CCA 2004. However, Department of Health (DH) and NHS E guidance expects them to plan for and respond to emergencies and incidents in a manner which is relevant, necessary and proportionate to the scale and services provided.

LSW is an integrated Health and Social Care provider and is required under the NHS Standard Contract and Health and Social Care Act 2012 Section 46 to ensure it can provide a proportionate and co-ordinated emergency response.

According to section 9.2 of the NHS E EPRR Framework 2015, LSW as a “Provider of NHS Funded Service” is required to:

- Support CCGs and NHS E, within their health economies, in discharging their EPRR functions and duties, locally and regionally, under the CCA 2004
- Have robust and effective structures in place to adequately plan, prepare and exercise the tactical and operational response arrangements both internally and with local healthcare partners
- Ensure business continuity plans mitigate the impact of any emergency, so far as is reasonably practicable
- Ensure robust 24/7 communication “cascade and escalation” policies and procedures are in place, to inform CCGs and healthcare partners, as appropriate, of any incident impacting on service delivery
- Ensure that recovery planning is an integral part of LSW EPRR function
- Provide assurance that LSW is delivering its contractual obligations with respect to EPRR

- Ensure organisational planning and preparedness is based on current risk registers
- Provide appropriate director level representation at LHRP(s) and appropriate tactical and/or operational representation at local health economy planning groups in support of EPRR requirements

In addition for mental health and learning disability in patient services:

Have in place evacuation plans which provide for relocation of service users to alternative premises in the event of any incident and documented plans demonstrating how that relocation is to be effected in such a way as to maintain service user and public safety and confidence.

4. Definitions

4.1 Emergency Preparedness

The extent to which emergency planning enables the effective and efficient prevention, reduction, control, mitigation of and response to emergencies.

4.2 Resilience

Ability of the community, services, area or infrastructure to detect, prevent and, if necessary, to withstand, handle and recover from disruptive challenges.

4.3 Response

Decisions and actions taken in accordance with the strategic, tactical and operational objectives defined by emergency responders.

4.4 Emergency

Under section 1 of the CCA 2004 an “Emergency” means:

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

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

(c) war, or terrorism, which threatens serious damage to the security of the United Kingdom”

4.5 Incident

For LSW incidents are classed as either:

- (a) Business Continuity Incident
- (b) Critical Incident
- (c) Major Incident

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

severity of any incident that may warrant a major incident declaration, particularly where this may be due to internal capacity pressures, if a critical incident has not been raised previously through the appropriate local escalation procedure.

4.5.1 Business Continuity Incident

A business continuity incident is an event or occurrence that disrupts, or might disrupt an organisations normal service delivery, below acceptable predefined levels, where special arrangements are required to be implemented until services can return to an acceptable level. E.g. A surge in demand requiring services to be temporarily redeployed.

4.5.2 Critical Incident

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

4.5.3 Major Incident

A major incident is any occurrence that presents serious threat to the health of the community or causes such numbers or types of casualties, as to require special arrangements to be implemented. For LSW this will include any event defined as an emergency in section 4.4.

5. Responsibility and Accountability

See Appendix A – EPRR Accountability Framework

5.1 Chief Executive

5.1.1 The overall responsibility for implementation of this plan rests with the Chief Executive of LSW.

5.1.2 The Chief Executive accepts overall responsibility for Business Continuity and Major Incident Response Planning for LSW. In order to achieve best practice in this area the Chief Executive will ensure:

- adequate allocation of resources;
- inclusion of Business Continuity and Major Incident training for all appropriate staff as part of Continued Professional Development;
- participation in multi-disciplinary training and field exercises;
- co-operation with NHS and other agencies to ensure effective inter-agency working.

5.1.3 The Chief Executive has a duty under CCA 2004 and NHS Act 2006 (as amended) under section 252A, Health and Social Care Act 2012 section 46 and the NHS

Standard Contract to appoint the following individuals who will receive designated responsibility from the CEO under both governance and operational delivery programmes:

- Accountable Emergency Officer (AEO) (operations)
- EPRR Manager (governance)

5.1.4 Specifically the CEO must:

- Support CCG's and NHS England within the local health community in discharging their EPRR functions and duties.
- Have robust and effective structures in place to adequately plan, prepare and exercise the tactical and operational response arrangements both internally and with the local healthcare partners.
- Ensure business continuity plans mitigate the impact of any emergency, so far as is reasonably practicable.
- Ensure robust 24/7 communication "cascade and escalation" policies and procedures are in place, including external agencies and partners.
- Ensure that recovery planning is an integral part of its EPRR function.
- Provide assurance that LSW is delivering its contractual obligation with respect to EPRR.
- Ensure organisational planning and preparedness is based on current risk registers.
- Provide appropriate director level representation at LHRP and appropriate tactical and/or operational representation at local health economy planning groups in support of EPRR requirements.

5.2 Accountable Emergency Officer (AEO)

5.2.1 The AEO will be a Board level Director (currently the Director of Operations). They will have executive authority and responsibility for ensuring that the organisation complies with legal and policy requirements. They will provide assurance to the Board that strategies, systems, training, policies and procedures are in place to ensure an appropriate response for LSW in the event of an incident.

5.2.2 AEO will be aware of their legal duties to ensure preparedness to respond to an incident within the health community to maintain the public's protection and maximise LSW response.

5.2.3 The AEO will be supported by a non-executive director or other appropriate Board member to endorse assurance to the Board that LSW is meeting its obligations with respect to EPRR and relevant statutory duties. This will include assurance that LSW has allocated sufficient experienced and qualified resource to meet these requirements.

5.2.4 Specifically the AEO will be responsible for:

- Ensuring that LSW and any sub-contractors, is compliant with statutory and other related EPRR requirements, including the NHS England Core Standards for EPRR.

- Ensuring that LSW is properly prepared and resourced for dealing with an incident.
- Ensuring that LSW, any commissioned providers and any sub-contractors have robust business continuity planning arrangements in place which are aligned to ISO 22301.
- Ensuring that LSW has a robust surge capacity plan that provides integrated organisational response and that it has been tested with other providers and partner organisations in the local area served.
- Ensuring that LSW complies with any requirements of NHS England, or agents of NHS England, in respect of monitoring compliance.
- Providing NHS England with such information as it may require for the purpose of discharging its function.
- Ensuring that LSW is appropriately represented by director level engagements with, and effectively contributes to any governance meetings, sub-groups or working groups of the LHRP and/or LRF, as appropriate.

5.3 **EPRR Manager**

5.3.1 The Head of Corporate Risk and Compliance is the Emergency Planning Officer for Livewell Southwest and is specifically responsible for:

- Providing expert advice to staff regarding the Business Continuity and Major Incident Policy and the development of local operational business continuity plans.
- Ensuring that appropriate training and support is provided to enable operational staff to undertake their roles during an incident response, supported by the AEO.
- Identifying the resources required to enable LSW to major incidents if declared.
- Ensuring that records are made and maintained following any declared incident.
- Attending the Local Health Resilience Group on behalf of LSW.
- Attending the Civil Contingencies Hub Meeting on behalf of LSW.
- Reviewing and updating this plan and ensure that any changes are communicated to LSW staff.
- Monitoring compliance with this plan and providing assurance to the AEO and to the Board if required.

5.4 **On-Call Director**

5.4.1 In the event of any business continuity, critical or major incident the On-Call Director will invoke the LSW Business Continuity and Major Incident Policy when notified. See Action Card 2 – On-Call (Lead) Director.

5.5 **Locality / Service Managers**

5.5.1 It will be the responsibility of Locality / Service Managers to ensure they have arrangements in place to contact their staff in case of emergency.

5.5.2 They should ensure that telephone numbers of all staff to be contacted in an emergency are kept up to date.

5.5.3 Locality Managers must ensure that local Business Impact Analyses have been carried out and local Business Continuity Plans are in place to respond to identified threats and hazards.

5.5.4 Locality Managers will be responsible for ensuring there is access to a log of those people described as ‘vulnerable’ under the CCA 2004 in case of an incident. The following categories fall under the definition of ‘vulnerable’ under the CCA 2004:

- Those people who, for whatever reason, have mobility difficulties, including people with physical disabilities or a medical condition and even pregnant women;
- Those with mental health difficulties; and
- Others who are dependent, such as children.

5.6 Livewell Southwest Staff

5.6.1 On appointment and periodically thereafter it is the responsibility of all members of staff to familiarise themselves with the general outline of the Business Continuity and Major Incident Policy. Staff should also be familiar with the location to which they should report when an emergency situation is declared, and the emergency roles and responsibilities pertinent to their appointment. Detailed within local Business Continuity Plans.

5.6.2 LSW will consider whether to include a requirement in job descriptions for staff to participate in major incident work. In addition LSW will normally expect existing staff to support in the event of any business continuity, critical or major incident out-of-hours, although this is not currently clearly specified as a contractual requirement.

5.6.3 Individual members of staff are responsible for reporting any change in their home address or telephone number to their Manager to enable out-of-hours contact lists to be maintained.

6. NHS Incident Levels

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

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

	NHS England to coordinate the NHS response in collaboration with local commissioners at the tactical level.
Level 4	An incident that requires NHS England National Command and Control to support the NHS response. NHS England to coordinate the NHS response in collaboration with local commissioners at the tactical level.

7. Types of Incident

The following list provides commonly used classifications of types of incident. This list is not exhaustive and other classifications may be used as appropriate. The nature and scale of an incident will determine the appropriate incident level (refer to section 5).

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

8. Underpinning Principles for EPRR

These principles apply to all providers of NHS funded services:

- 8.1 **Preparedness and Anticipation** – LSW needs to anticipate and manage consequences of incidents and emergencies through identifying the risks and understanding the direct and indirect consequences, where possible. All individuals and services that might have to respond to incidents should be properly prepared, including having clarity of roles and responsibilities, specific and generic plans and rehearsing arrangements periodically. LSW must demonstrate clear training and exercising schedules that deliver against this principle.
- 8.2 **Continuity** – the response to incidents should be grounded within LSW existing functions and familiar ways of working, although inevitably, actions will need to be

carried out at greater pace, on a larger scale or in more testing circumstances during the response to an incident.

- 8.3 **Subsidiarity** – decisions should be taken at the lowest appropriate level, with coordination at the highest necessary level. Local responders should be the building block of response for an incident of any scale.
- 8.4 **Communication** – good two way communications are critical to an effective response. Reliable information must be passed correctly and without delay between those who need to know, including the public and other agencies or organisations.
- 8.5 **Cooperation and Integration** – positive engagement based on mutual trust and understanding will facilitate information sharing. Effective coordination should be exercised within LSW, between other agencies and organisations and local, regional and national tiers of a response, including mutual aid across LSW and across the health and social care boundaries as appropriate. See section 11 Mutual Aid
- 8.6 **Direction** – clarity of purpose should be delivered through an awareness of the strategic aim and supporting objectives for the response. These should be agreed and understood by all involved in managing the response to an incident in order to effectively prioritise and focus the response.

9. NHS England Core Standards for EPRR and NHS Standard Contract

- 9.1 The minimum requirements which commissioners and providers of NHS funded services must meet are set out in the current NHS England Core Standards for EPRR (Core Standards). These are in accordance with the CCA 2004 and the HSCA 2012.
- 9.2 The NHS Standard Contract conditions require providers to comply with EPRR guidance. Therefore commissioners must ensure providers are compliant as part of their annual national assurance process.
- 9.3 NHS England will ensure that commissioners are compliant with the requirements of the standards as part of the annual CCG assurance framework.

10. Cooperation Between Local Responders

- 10.1 Under the CCA 2004 and the HSCA 2012 cooperation between local responder bodies is a legal duty.
- 10.2 It is important that the planning for incidents is coordinated at three levels:
1. Within individual provider organisations
 2. Between health organisations
 3. At a multi-agency level with partner organisations
- 10.3 NHS England will undertake the coordination role for health providers at Local Resilience Forum (LRF) level and will work with CCG's to coordinate across local health communities.

11. Mutual Aid

- 11.1 Successful response to incidents has demonstrated that joint working can resolve very difficult problems that fall across organisational boundaries.
- 11.2 Mutual aid arrangements exist between NHS funded organisations and also partner organisations and these are regularly reviewed and updated as a function of the Local Health Resilience Partnership (LHRP) and Local Health Resilience Group (LHRG).

12. Information Sharing

- 12.1 Under the CCA 2004 and HSCA 2012, LSW has a duty to share information with partner organisations. This is seen as a crucial element of civil protection work, underpinning all forms of cooperation.
- 12.2 LSW must formally consider the information that will be required to plan for, and respond to, an emergency. LSW must also consider what information will be made available in the context of the CCA 2004. LSW Information Governance Policy and procedures must consider the requirements of EPRR.

13. Legal Framework, Public Inquiries, Coroners Inquests and Civil Action

- 13.1 The day to day management of people and service users in health organisations is subject to legal frameworks, duty of care, candour and moral obligation. This does not change when responding to an incident however; these events can lead to greater public and legal scrutiny.

14. Logging and Record Keeping

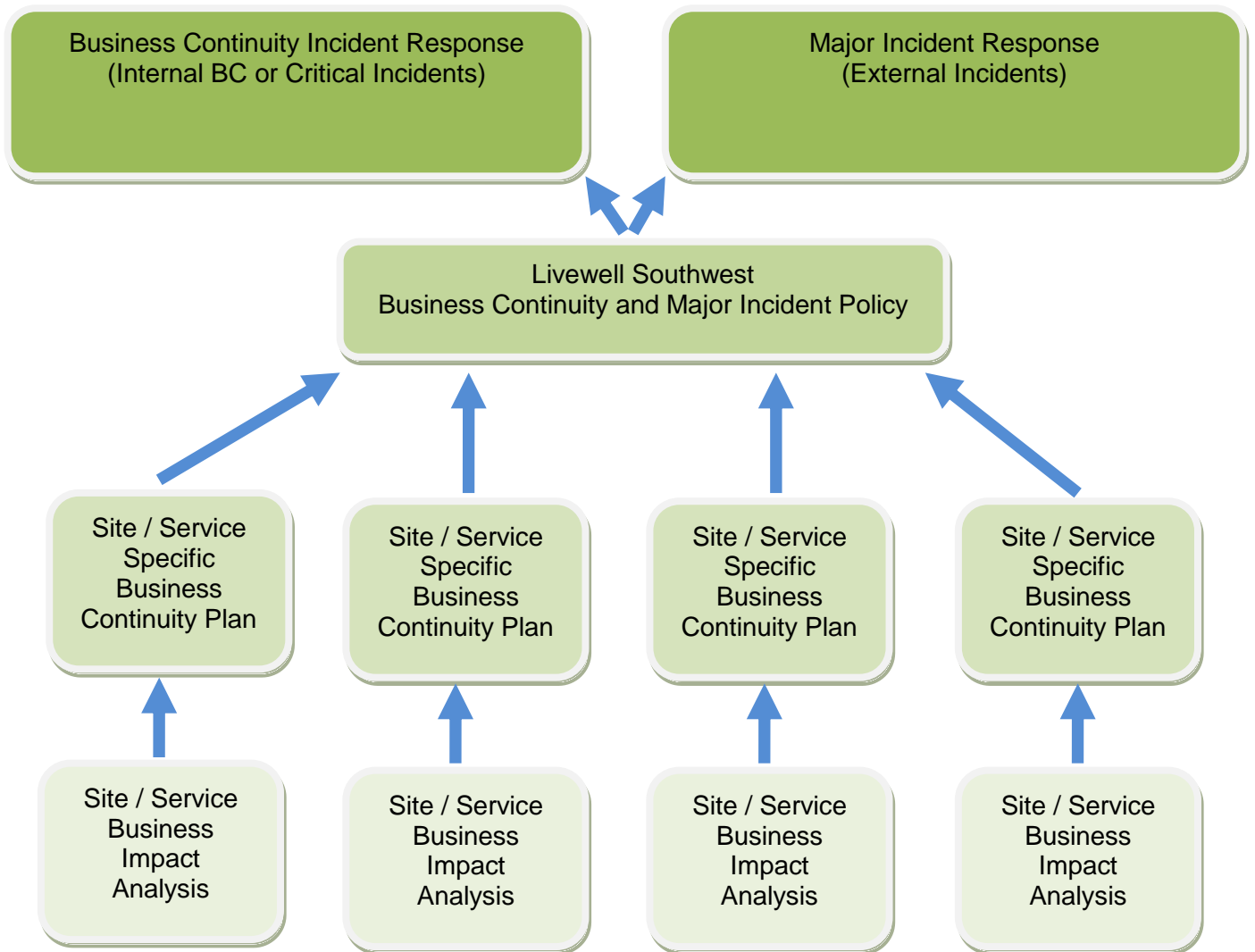
The NHS England EPRR Framework (2015), states that “NHS funded organisations must have appropriately trained and competent loggists to support the management of an incident”. NHS England requires providers to ensure that these are in place under the powers given by the H&SC Act 2012, section 252A, sub-sections 4 & 5.

- 14.1 LSW must have appropriately trained and competent loggists to support the management of an incident. Loggists are an integral part of any incident management team.
- 14.2 It is essential that those tasked with logging do so to best practice standards and understand the importance of logs in the decision making process, in evaluation and identifying lessons and as evidence for any subsequent inquiries.
- 14.3 Following an incident a number of internal investigations or legal challenges may be made. These may include Coroners inquests, public inquiries, criminal investigations and civil action.
- 14.4 When planning for and responding to an incident it is essential that any decisions made or actions taken are recorded and stored in a way that can be retrieved at a

later date to provide evidence. It may be necessary to provide all documentation, therefore robust and auditable systems for documentation and decision making must be maintained.

14.5 Records must be retained according to LSW Records Retention Schedule

15. Livewell Southwest Resilience Structure



16 Business Impact Analysis and the Business Continuity Plan

A Business Impact Analysis (BIA) is an analysis of the organisations operations and activities to identify the effect, or impact, that a disruption may have upon them.

A Business Continuity Plan (BCP) is a plan to continue operations if a service or the organisation is affected by an incident at whatever Incident Level.

The BIA / BCP record template and guidance can be found in Appendix G

16.1 BIA / BCP Process

16.1.1 Service Area Level

Each Local Business Continuity Lead set out the answers to the following questions, in the template provided for them, in respect of their own area of the business:

- What functions does the service deliver?
- Are any of these statutory functions?
- Would the loss of any of these functions cause harm (as opposed to inconvenience) to:
 - Patients / Service Users
 - Other services' operations
 - Organisations finances
 - Organisational reputation
- Identify the priority that the service would place upon recovering the different functions in the event of a disruption – which are essential and which can easily be stopped or delayed for a period of time? [i.e. essential/ non-essential, urgent/ non-urgent during a disruption]
- What is the timescale within which each of these functions must be recovered by, to a minimum sustainable level of operations?
- What are the minimum resources required to prevent the previously identified harm occurring and within what timescale is each element needed?
- What other services, supplies, suppliers, contractors or other organisation is the service dependent upon in order to maintain its essential functions?

The BIA/BCP must be reviewed annually by the Service Lead or after a change in the service's structure or functions. The outcome of this review must be passed to the EPRR Manager and the service's local business continuity plan updated to reflect any changes.

16.1.2 Organisational Level

At the Organisational level, senior management will prioritise the services within the organisation. The start point for this is to review the prioritisation given by the Local Service Leads and to consider how essential the different services are from the organisation's perspective. The organisational level of prioritisation should be reviewed annually or in the event of a substantial change to the organisation's structure or functions.

16.2 Business Continuity Risk Assessment Process

The business continuity risk assessment process is how the organisation identifies the risk and threats to its essential functions, previously identified via a BIA and assesses the likelihood of the risk occurring and the level of impact it could have if it did.

Having assessed these two elements, a risk rating is established for each risk that dictates the level of response that it requires from the organisation.

16.2.1 Business Continuity Risk Assessment in Livewell Southwest

As part of the process of collating key information for use in the Corporate Business Continuity Plan, the EPRR Manager identifies the potential risks to each service delivery area and collates them under the risks to each site type (incorporating the services based risks within them).

Each risk is allocated a 'likelihood' score, indicating the likelihood of the risk occurring, and an 'impact' score, indicating the level of impact that it would have should it occur; the definitions of each score are set out in the tables below and on the next page.

Likelihood Score & Description		
Score	Descriptor	Description
1	Rare	This will probably never happen/ recur
2	Unlikely	Do not expect it to happen/ recur but it is possible it may
3	Possible	Might happen or recur occasionally
4	Likely	Will probably happen/ recur but it is not a persisting issue
5	Almost Certain	Will undoubtedly happen/ recur, possibly frequently

Once the risk has a likelihood score and an impact score, they are multiplied together to provide a 'risk score'. The risk score is then plotted on the Risk Scoring Matrix overleaf to identify the level of risk involved. There are three levels, High, Medium and Low, and they each require a different level of response, as set out in the 'Risk Level' table below.

Risk Level Table

Impact Score & Description		
Score	Descriptor	Description
1	Negligible	<ul style="list-style-type: none"> No loss, damage or injury to service users, organisation or stakeholders No serious threat to the health of the community Little or no inconvenience caused by service or business interruption
2	Minor	<ul style="list-style-type: none"> Minor loss, injury or damage to service users, the organisation or stakeholders Minor threat to the health of the community (or parts of the community) Effects of service or business disruption immediately addressed, little inconvenience caused Adverse publicity unlikely
3	Moderate	<ul style="list-style-type: none"> Moderate loss, injury or damage to service users, the organisation, stakeholders or health of the community (or part of the community) External assistance may be required from neighbouring Trusts or organisations to address business interruption Local adverse publicity likely
4	Major	<ul style="list-style-type: none"> Extensive loss, injuries or damage to service users, the organisation, stakeholders or the health of the community (or part of the community) Internal Significant Incident may need to be declared Effects on external stakeholders Financial loss £50k - £250k Litigation £250k - £1 million
5	Catastrophic	<ul style="list-style-type: none"> Death, extensive loss, injuries or damage to service users, organisation, stakeholders or health of the community or wider community Internal Significant Incident declared Protracted, national, adverse publicity Extended closure of services

Risk Scoring Matrix		Negligible	Minor	Moderate	Major	Catastrophic
		1	2	3	4	5
Almost Certain	5	5	10	15	20	25
Likely	4	4	8	12	16	20
Possible	3	3	6	9	12	15
Unlikely	2	2	4	6	8	10
Rare	1	1	2	3	4	5

Risk Level	Action
High	Must be brought to the attention of senior management; immediate action required to prevent the risk occurring/ to mitigate the risk
Medium	Risk must be monitored and action undertaken to mitigate the impact where possible
Low	Decision to be made on whether to accept the risk or to take preventative/ mitigating action where possible

17. Responding to an Incident

In order to respond to a wide range of incidents that could affect the organisation or the services it provides, the appropriate alerting and escalation processes need to be in place to inform those responsible for coordinating the applicable response.

17.1 Livewell Southwest Incidents

The Livewell Southwest alerting and decision making process is detailed in Fig 1 and the LSW incident escalation process in Fig 2 below.

Fig 1 LSW Incident Alerting and Decision Making Flowchart

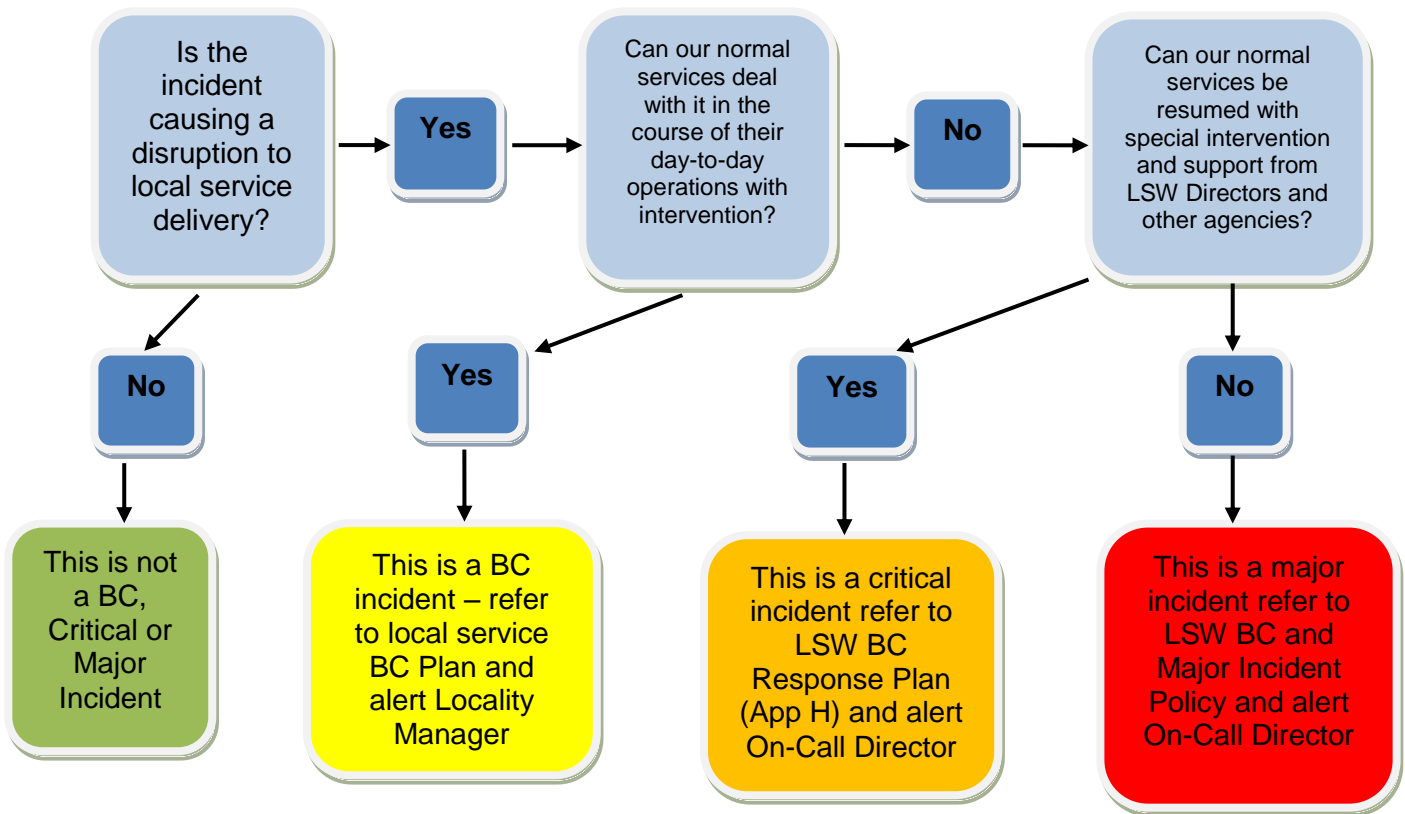
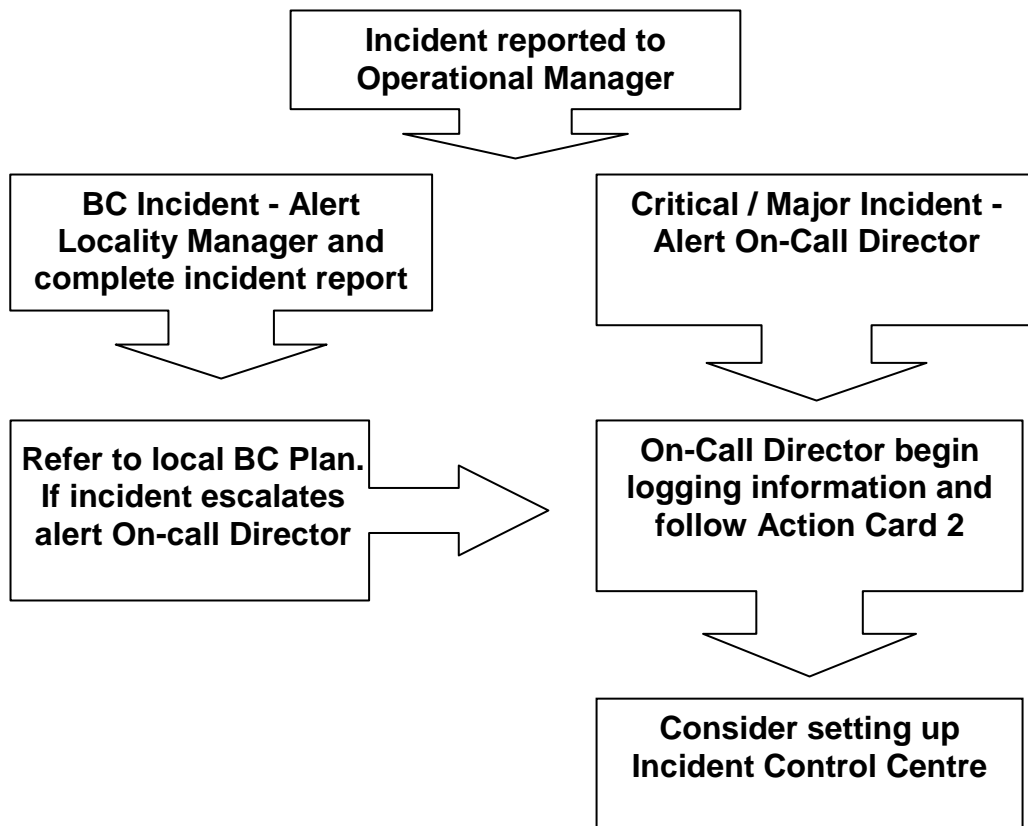


Fig 2 LSW Incident Escalation Flowchart



17.2 Major Incidents

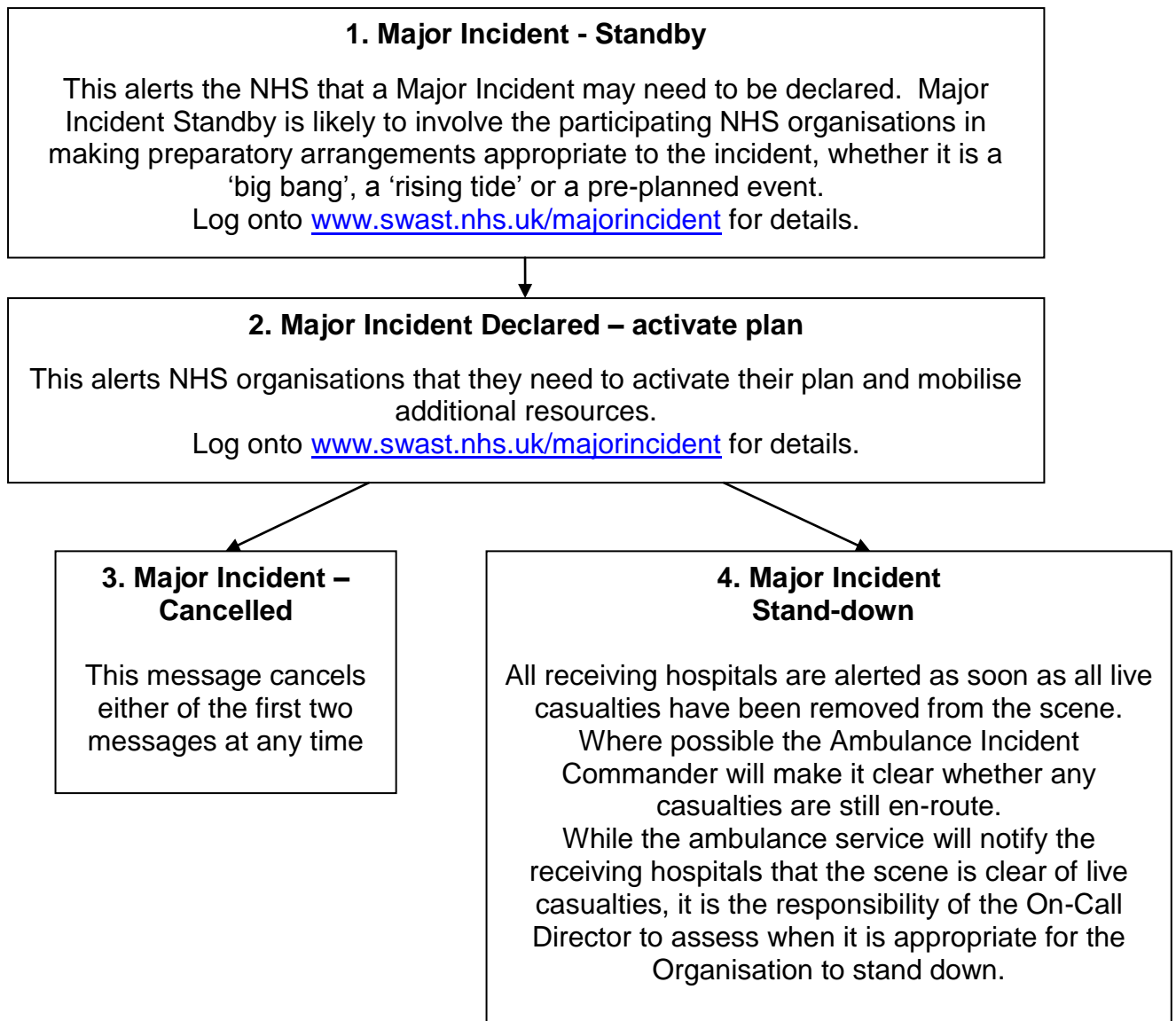
While emergencies are often triggered by 'Big Bang' events and alerts are cascaded by NHS ambulance services, there are other potential circumstances where an incident occurs which require health and social care service response, for example infectious disease outbreaks. In such cases, the ambulance service may or may not be involved and may not be the alerting mechanism for health and social care providers.

In the event of such an incident the communication cascade mechanism will be from local commissioners (NEW Devon CCG) but in some circumstances may come directly from NHS England.

NHSE will assist CCG to implement command and control mechanisms and the deployment of appropriate resources.

Standard alerting messages will be used at all times as detailed in Fig 3 below:

Fig 3 - Standard messages used by NHS Organisations



17.2.1 In the event of a Major Incident, the Livewell Southwest Switchboard may be alerted by:

- Any Emergency Service
- Plymouth Hospitals NHS Trust or any partner NHS organisation
- NHS E / CCG
- A member of LSW's staff
- Local Authority

On receipt of an alerting message (major incident declared/standby) the switchboard operator will:

- (i) **Note all details** concerning the emergency situation, all hospitals and other agencies involved in response, the time of the alerting call and name of caller. Refer to Action Card 1 - Switchboard.
- (ii) Contact the **On-Call Director** for LSW.

The On-Call Director contacted will:

- (i) Conduct an immediate initial assessment based on the **SBAR** model:

SBAR Report	
Situation	Describe the situation / incident that has occurred
Background	Explain the history and impact of the incident on services / service-user safety
Assessment	Confirm your understanding of the issues involved
Recommendations	Explain what you need, clarify expectations and what you would like to happen

- (ii) Contact and appoint a member of staff to act as Support Director.
- (iii) Open the ICC (Small Boardroom, Local Care Centre), switchboard can contact the Site Assistants to do this for you if required. See section 18.8 for ICC layout and resources.

There are three keys to the ICC resource cupboard:

- i. Switchboard LCC
- ii. Corporate Risk and Compliance Team Office
- iii. Corporate Secretary's Office

18 Incident Control Centre (ICC)

18.1 The ICC supports the Incident Command Team to provide an enhanced level of operational support. It is widely recognised that the efficiency and effectiveness of an ICC is greatly improved through the utilisation of a formal structure. Benefits of this include:

- **Unity of effort** – all team members operate under a common list of objectives
- **Accountability** – each individual has a specific role for which they are responsible
- **Eliminates redundancy** – clearly established division of labour eliminates duplication of effort

18.2 Arrangements within the ICC need to be flexible and scalable to cope with a range of incident scales and hours of operation required.

18.3 While the specific activities undertaken by the ICC will be dictated by the unique demands of the situation, there are five broad tasks typical of ICC's:

- **Coordination** – matching capabilities to demands
- **Policy making** – decisions pertaining to the response
- **Operations** – managing as required to directly meet the demands of the incident
- **Information gathering** – determining the nature and extent of the incident ensuring shared situational awareness
- **Dispersing public information** – informing the community, news, media and partner organisations.

18.4 The ICC will provide a focal point for coordination of the response and the gathering, processing, archiving and dissemination of information across the organisation and externally.

18.5 **Decision Making in the ICC**

Decision making, especially during an incident is often complex and decisions are open to challenge. Decision makers will be supported in all instances where they can demonstrate that their decisions were assessed and managed reasonably in the circumstances existing at a particular point in time. Use of decision support models and processes assist in providing this evidence, particularly in conjunction with decision logs.

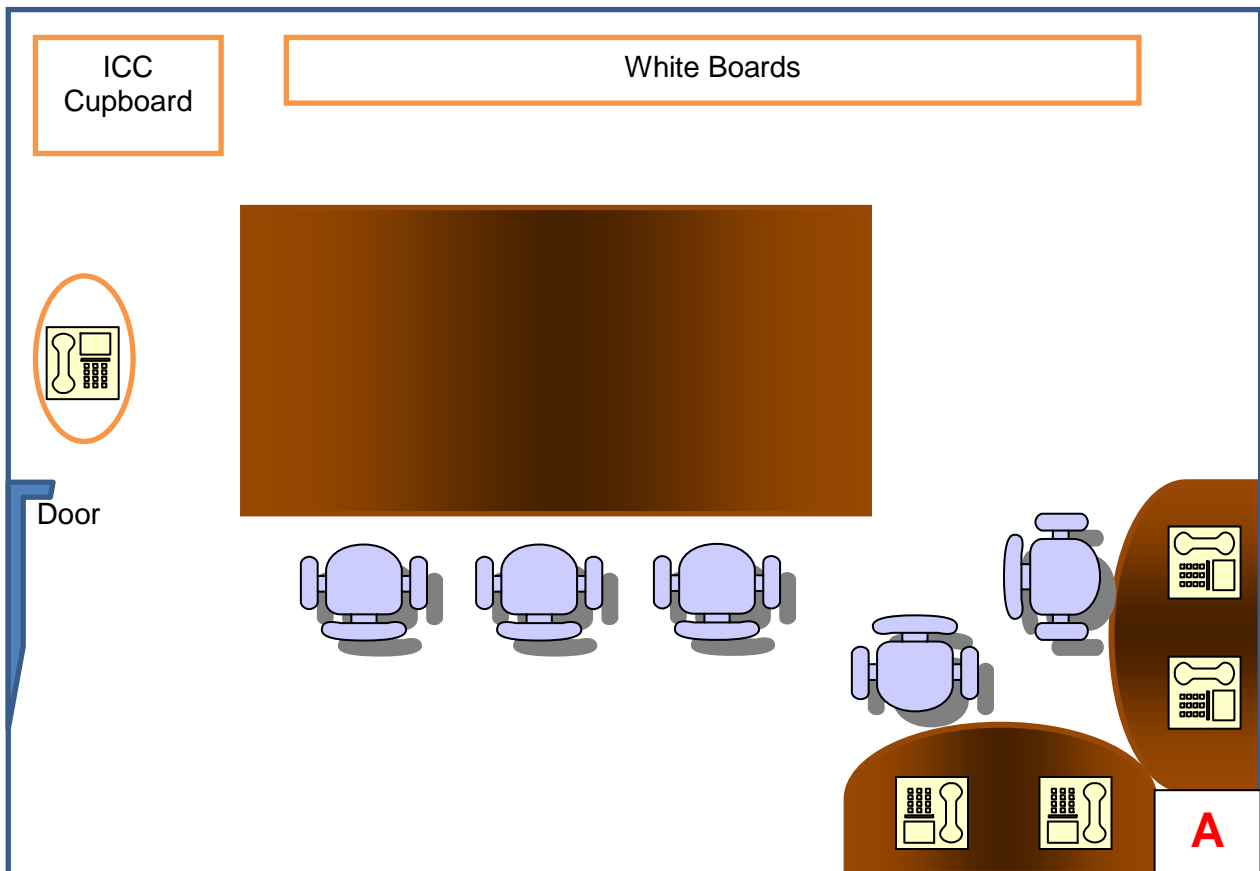
The Joint Decision Model (JDM) (<http://www.jesip.org.uk/joint-decision-model/>) is suitable for all decisions and has been adopted by JESIP in the joint doctrine to practically support decision makers working under difficult circumstances. It is organised around three primary considerations:

1. Situation
2. Direction
3. Action

18.6 The primary ICC for Livewell Southwest is in the Small Boardroom, Local Care Centre, however, if an alternative is required this will be determined dependent on the location of the incident.

18.7 The equipment and resources in the ICC are checked and updated monthly by the Head of Corporate Risk and Compliance.

18.8 ICC Layout and Resources



The ICC has designated telephone lines and email addresses for use in an emergency, the lines terminate on the wall marked **A** on the plan. **The phones are in the Incident Control Centre Cupboard in the Small Board Room.**

The **telephone numbers** are:

IP Line		01752 434638
4 x Telewest Lines numbers	Incident Control Centre number for these four lines is: 0845 155 8282	01752 315311 01752 315312 01752 315313 01752 315314

There is a **computer logon** account for the control room - details are:

PC Log in details	User Name : MIR Password : Plymouth1234
-------------------	--

There is an **email address** for the Incident Control Centre - details are:

NHS Mail Account details Major Incident Room Account	User Name – mir.plymouth Password – Incident11 Email Address – mir.plymouth@nhs.net
---	---

There is also a satellite phone available in the ICC Cupboard; however this has a very complex operating procedure. If ever required, the instructions are found in the bag.

19 Incident Command Team Roles and Responsibilities

On-Call (Lead) Director – (Action Card 2)

- To lead the organisation-wide response to the incident
- To set the overall strategy of the response and communicate it to the key responding managers and staff
- To brief key stakeholders (Leadership Team, CCG, partner providers as necessary)
- To communicate with all organisational staff – providing reassurance and guidance on how they should respond
- To ensure sufficient resources are available to maintain essential functions/ services
- To ensure that the wider organisation situation is taken into consideration when response plans/ activities are formulated
- Identify the most appropriate person to represent the organisation at Silver Command if required.

Support Director – (Action Card 3)

- To support the Lead Director in managing the response to the incident
- To retain responsibility for any non-incident related out-of-hours operational management issues
- To direct operational teams in actions to meet the overall strategy as set by the Lead Director
- To manage the other members of the Incident Command Team

Communications Lead – (Action Card 4)

- To support the Lead Director by:
 - undertaking 'all staff' communications as required
 - publicising information to the public/ patients on how service delivery will be impacted (after Lead Director sign off)
 - managing any media interest
 - communicate with Multi-Agency Silver Communications Lead

Decision Loggist – (Action Card 5)

- To log the decisions made and actions taken by the Lead Director for the duration of the incident in the Incident Log book (found in the ICC Cupboard)
- A list of trained Decision Loggists can be found at Appendix I.

Communications Loggist – (Action Card 6)

- To support Incident Command Team in logging all communications into and out of the ICC in the Communications Log book (found in the ICC Cupboard)

Secretary – (Action Card 7)

- Undertake any administrative tasks in support of the Incident Command Team

Other expertise should be requested as circumstances require e.g.

- Tactical Advisor (EPRR) (Head of Corporate Risk and Compliance) – Is available to advise on the EPRR process.
- Deputy Director of Nursing
- Human Resources Advisor
- IT Manager
- Head of Estates
- Hotel Services Manager

Staff working in the ICC must be regularly replaced to ensure they do not burn out. All staff will be trained and competent to undertake the roles assigned to them.

20 Incident Command and Control



These are terms given to the Control Centres set up to support the management of multi-agency emergencies.

20.1 **GOLD** is the control centre usually at Middlemoor Police HQ in Exeter; NHS England and Director of Public Health make all the **strategic** decisions alongside the senior executives from other critical agencies.

20.2 **SILVER** is normally at Crownhill Police Station but could be elsewhere dependent on the site of the incident. The Lead Director will send an appropriate representative to SILVER in the event of a multi-agency incident. This individual will have devolved decision making authority and will act as the link between Bronze Command (Livewell Southwest) and Silver Command (Crownhill).

The SILVER resource box (in the ICC cupboard) a laptop (WIFI enabled) must be taken to Crownhill.

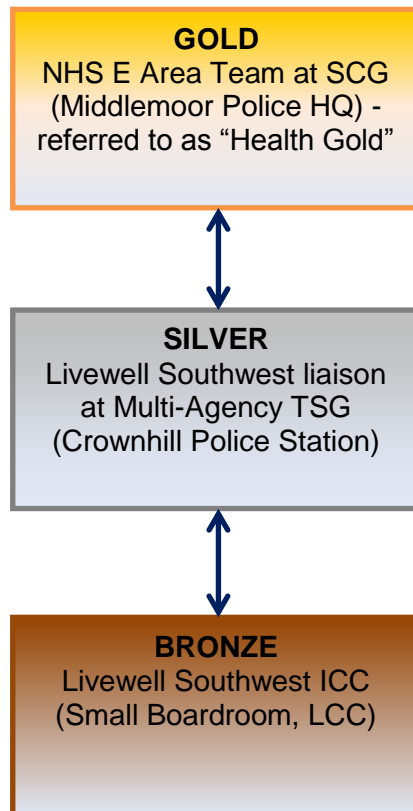
Silver is the **tactical** control centre which will interpret Gold’s strategic decisions and Livewell Southwest may be asked to commit resource’s to assist in the emergency.

There is an email account for silver accessible via laptop’s or iPad’s:

NHS Mail Account details Silver Account	User Name – pch.silver Password – Incident11 Email Address – pch.silver@nhs.net
--	---

20.3 **BRONZE** is Livewell Southwest’s Incident Control Centre and whoever the Lead Director is for Bronze will identify staff as required above and direct them to assist.

20.4 How Livewell Southwest fits into the Multi-Agency Command and Control Structure



20.5 **SITREPS** - these are **Situation Reports** usually requested by CCG or NHSE.

Commissioners have a responsibility to report to government so they require regular SITREPs from Livewell Southwest Bronze ICC. A SITREP template (see Appendix D) must be completed and sent to CCG / NHSE. A SITREP template is sometimes provided by CCG / NHSE depending on the specific nature of the incident.

The SITREP will usually include bed state, numbers of, or lack of, staff available and it advised that this information is gathered regularly by the Bronze ICC.

21 CBRN (Chemical, Biological, Radiological, Nuclear) Incidents

See Action Card 13 – CBRN Action Card for Contamination Incidents

See also Public Health England Guidance Documents:

CBRN incidents: Clinical management & health protection
CBRN incidents: Clinical Action Cards

Links to Public Health England guidance documents below:

<https://www.gov.uk/government/publications/chemical-biological-radiological-and-nuclear-incidents-recognise-and-respond>

The Public Health England guidance covers clinical management and health protection in CBRN incidents.

The printable cards help healthcare staff recognise symptoms of CBRN incidents and emerging diseases.

The documents are for:

- frontline health care professionals in emergency departments
- healthcare professionals in primary care and public health
- emergency planners and trainers
- emergency service personnel

22 Bomb Threats and Suspect Packages

See:

Action Card 11 - Responding to Suspect Packages; and
Action Card 12 - Bomb Threat

23 Rest Centre Activation

- 23.1 Plymouth City Council Civil Contingencies Team have the responsibility for creating and updating the Joint Agency Rest Centre Plan for Plymouth which includes details of potential premises for use as Rest Centres (RC).
- 23.2 Rest Centres will be managed and staffed by Local Authority personnel, supported by Health and Social Care staff from Livewell Southwest who will carry out needs assessments and assess individuals for any health or social care requirements.
- 23.3 These centres will normally remain functional between 12-72 hours, until evacuees are able to return home or be moved into longer-term temporary accommodation.
- 23.4 The decision as to which RC(s) will be used will be reached by discussion between the Police and the Local Authority.

LSW will provide appropriate Health / ASC staff to attend a rest centre should it be required.

See Action Card 8 - Rest Centre Manager.

24 Recovery

- 24.1 Recovery from any incident is imperative and requires a coordinated approach across the organisation and may require support from other organisations and multi-agency partners, depending on the type and scale of the incident.
- 24.2 The national Emergency Response and Recovery guidance provides detailed advice for organisations: <https://www.gov.uk/emergency-response-and-recovery>
- 24.3 The recovery phase should begin at the earliest opportunity following the start of an incident and should be run in parallel with the response. The recovery phase does not end until all disruption has been rectified, demands on services have returned to normal levels and the physical and psychosocial needs of those involved have been met.

Guidance on Psychosocial issues can be found at:

http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/DH_103562

25 Debriefing/Defusing

- 25.1 In order to identify lessons from any incident it is important to capture as much detail about the incident and the experiences of those involved as soon as reasonably practicable. A series of debriefs post incident is good practice (dependent on the scale and nature of the incident).
- 25.2 The purpose of a debrief is to identify issues that need to be addressed. It is essential that they are attended by all staff that had a part in the response in order to review what went well, what did not go well and what needs to be changed. The process of debrief should provide a support mechanism and identify staff welfare needs.
- 25.3 Appropriately trained staff should be used to facilitate debriefs at each level.

Debriefs should be held as follows:

- a. Hot debrief – immediately after the incident or period of duty.
 - b. Cold / Structured / Organisational debrief – within two weeks post incident
 - c. Multi-agency debrief – within four weeks of the close of the incident
 - d. Post incident reports – within six weeks of the close of the incident
- 25.4 The post incident reports should be supported by action plans, with timescales and accountable owners and recommendations in order to update any relevant plans or procedures and identify any training or exercising required.

25.5 Sharing of lessons learned should be carried out at both a local organisational level, across the LHRP and wider Health System.

26 Assurance / Monitoring

26.1 The minimum requirements which NHS funded organisations must meet are set out in the EPRR Core Standards. These Core Standards are in accordance with the CCA 2004, the NHS Act 2006 (as amended) and the Cabinet Office 'Expectations and Indicators of Good Practice Set for Category 1 and 2 Responders'.

26.2 All NHS funded organisations must provide evidence to Commissioners of their compliance annually and this must include an annual 'Statement of EPRR Conformity' (compliance). The CCG Assurance Framework for NHS E contains this requirement.

26.3 NHS E will, in collaboration with LHRP's ensure that an annual assurance program will be undertaken that will inform the national report to the DOH.

26.4 Compliance with this policy will be audited by the Corporate Risk and Compliance Team as part of the annual audit program.

26 Training

27.1 Training and Exercising are essential elements to ensure all staff have the right skills and knowledge to undertake their respective roles. In order to achieve a successful, combined and coordinated response to any incident, LSW will participate fully in interagency training and exercising, particularly in respect of command, control and communications.

27.2 LSW personnel will, wherever practicable, be given the opportunity to participate in an exercise, thus building confidence, familiarity with procedures and, in multi-agency exercises, relationships with external agencies.

27.3 The organisation will ensure that staff likely to be in a key roles are appropriately trained (see table below).

27.4 Emergency plans will be validated by exercises designed to assess their effectiveness in key areas. This will include:

- A Full exercise of all or part of the Business Continuity and Major Incident Plan every 3 years;
- A table top exercise of all or part of the Business Continuity and Major Incident Plan every year;
- A Major Incident Cascade Exercise with Partner agencies every six months;
- Testing major incident communication systems at least once every six months;
- LSW will participate, where appropriate, in Multi-Agency programmes of exercise as agreed by the Local Resilience Forums.

27.5 Following any incident, during the formal debrief process any lessons identified will be incorporated into the plan at the next revision.

27.6 Training will be provided by the EPRR Manager (Head of Corporate Risk and Compliance) to appropriate staff assuming the following specific roles:

Training	Staff Group	Frequency
On-Call Director Incident Management	On-Call Directors	Single attendance with refresher training following any changes to policy / process
Decision Loggist	Loggists (administration staff from all directorates)	Single attendance with refresher training following any changes to policy / process
Rest Centre Manager	LSW Rest Centre Managers	Single attendance with refresher training following any changes to policy / process
CBRN Decontamination	MIU staff and managers	Two yearly

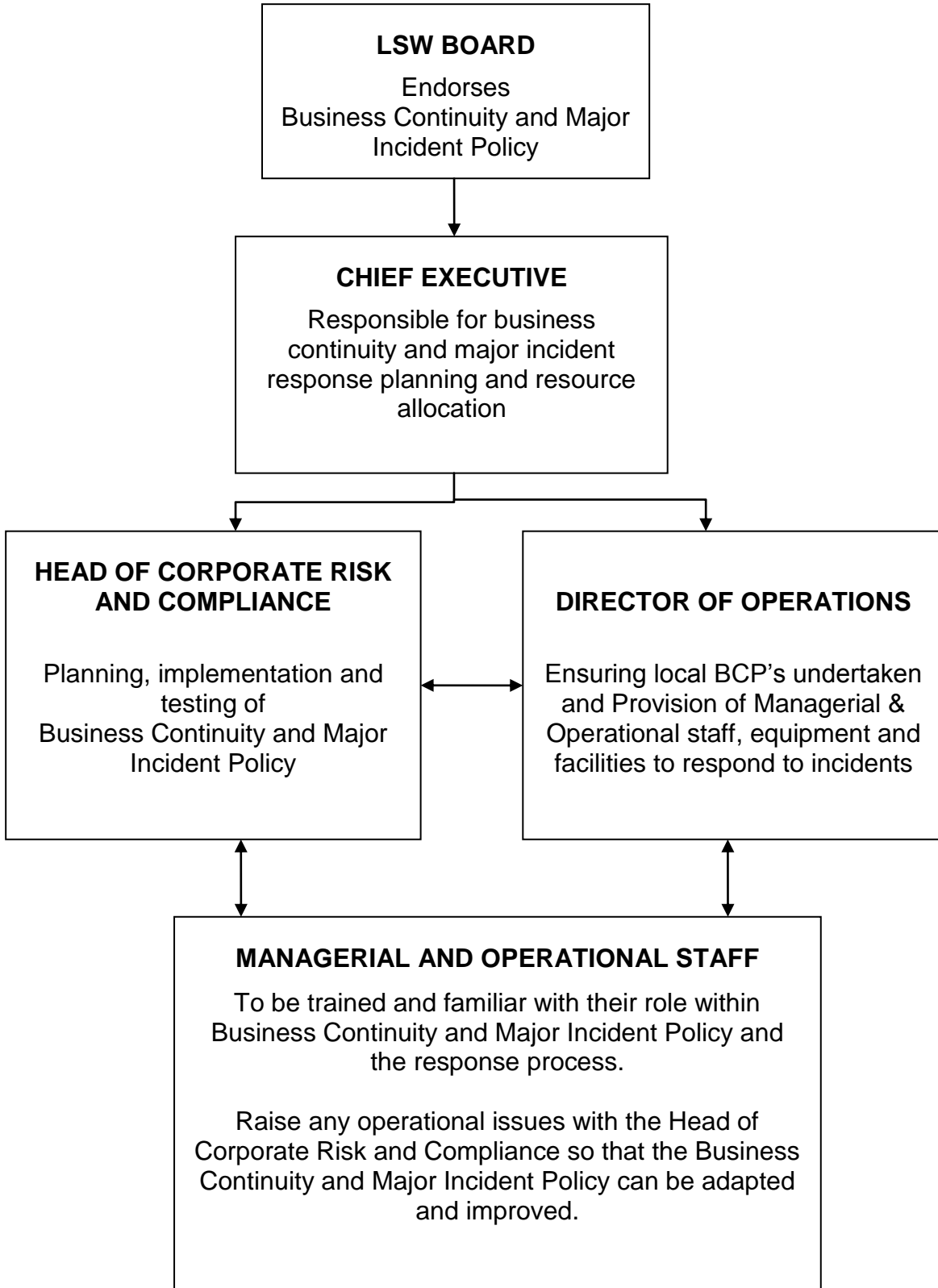
All policies are required to be electronically signed by the Lead Director. Proof of the electronic signature is stored in the policies database.

The Lead Director approves this document and any attached appendices. For operational policies this will be the Locality Manager.

The Executive signature is subject to the understanding that the policy owner has followed the organisation process for policy Ratification.

Signed: Director of Operations

Date: 27th June 2016



SITREP Template

Sitrep Incident Reference -

Sitrep version no -

Date of issue -

Time period of Sitrep -

1. **Situation to date** (what has happened since last Sitrep)
 - Brief summary of “start up details” – date, place, time, who
 - Summary of overall situation to date including incident report summary
 - Ensure old information is deleted, and do not just add new/additional info
2. **Actions to date** (what has been done)
 - Brief reporting of actions completed – typically for the period covered by the sitrep
 - Table format may be used for repeat actions and/or progressive totals or similar are given eg bed states, patient statistics, no’s of sites affected, no’s of staff deployed etc.
 - Include new incident report and audit information
3. **Actions to be completed** (what will be done)
 - Brief reporting of scheduled/planned actions – typically for the period covered by the sitrep
 - As above, table may be used for repeat actions
 - Where the operation expects to be by the next sitrep
4. **Issue(s)**
 - Present brief description of issue(s) that are known/reasonably expected to arise before the next sitrep is issued eg a shortage of a given resource (beds, staff, equipment etc)
 - Acknowledge of significant achievements, failures etc can be given here.

NOTE:

- Information in the sitrep should be factual and largely without interpretation and conjecture.
- The information in a sitrep should cover the period between the last sitrep and the next sitrep.
- Sitreps should be brief and not a narrative (read in <3-5 mins). A report should be used for the provision of more detailed information.
- It is acceptable for a sitrep to be issued that states – no change since last sitrep (see last sitrep for information)
- Each electronically produced sitrep should be saved as a new file, and all saved to the same folder
- Ensure the information (sitrep number, response title, sitrep version date) is updated in the footer

Completed by (name/role):

Approved by (name/role):

Date:

Abbreviations:

Action Cards

Purpose.

The Action Cards attached to this policy provide detailed instructions and information concerning emergency procedures, functional roles and responsibilities applicable to a specific post holder, to a specific department or in response to a specific type of incident.

These Action Cards can be found both within this document and in the Incident Control Centre Cupboard.

Issue of Action Cards

- Action Card – Switchboard will be available at switchboard.
- Action Cards will be issued as appropriate by the Lead or Support Director.
- There should be successive handing over of Action Cards, with appropriate briefing on the prevailing situation and all action taken, on the arrival of specialist or more senior colleagues.

Note: The issue of Action Cards is important so that there may be rapid assessment of the degree to which specific functions are being covered at any time following activation of this policy.

Action Card 1

Switchboard

On receipt of a warning message or an alerting call:

- 1) Using the Alert Call Record, set out on the reverse of this Action Card, record details of the alert.
- 2) Notify the On-Call Director that a warning message or an alerting call has been received, and give brief details including the originating source. The contacted On-call Director will now be the designated On-Call (Lead) Director.
- 3) Record all subsequent instructions received, actions taken and any other incidents notified. All entries in the Switchboard Log must be timed, dated, signed and made in black ink.
- 4) Inform On-Call (Lead) Director and the Incident Control Centre Team of any further information received from the alerting or any supporting agency.
- 5) Send all written documents to the Head of Corporate Risk and Compliance following the incident.

Action Card 1 Continued..

Alert Call Record

On receiving a warning message or an alert call the following information should be carefully recorded in the spaces provided:

A) Time Call Received: _____

- B) Received From:
- South Western Ambulance Service Trust
 - Plymouth City Council
 - Plymouth Hospitals Trust
 - Other – **please state:**
- _____

C) Name of Caller: _____

D) Telephone Number: _____

If there is doubt about the authenticity of the call, the alert must be verified by calling a recognised number for the alerting body.

E) Brief Summary of Emergency Notification

.....

.....

.....

F) Other Organisations Involved

.....

.....

Action Card 2

On-Call (Lead) Director

On receipt of a warning message or an alerting call by the Switchboard Operator, On-Call Director contacted will:

- 1) Assume the role of **On-Call Lead Director**.
- 2) Identify and call in a Senior Manager to take the role of Support Director and issue with Action Card 3.
- 3) Set up the ICC according to the plan at section 18.8 of this policy.
- 4) In conjunction with the Support Director, identify and call in members of staff to take on the roles of the core team, forming the Incident Control Centre Team, listed below in **red**.
- 5) To receive key information about the incident, i.e. description of incident, where incident occurred, details of patients affected by incident, name, position, injuries, next-of-kin, details of staff affected, action already taken, information given to patients, staff, visitors, whereabouts of key staff.
- 6) If the **On-Call (Lead) Director** is not the Chief Executive, contact the Chief Executive to confirm declaration of an incident.
- 7) To regularly assess information on progress of the incident and take decisions as necessary.
- 8) Be prepared to go (or send a representative) to Silver at Crownhill Police Station should the need arise.
- 9) Delegate management of the incident to the **Support Director**.
- 10) Brief the Chairman and Non-Executive Directors.
- 11) Work in conjunction with the Head of Communications to brief service-users and staff as required.
- 12) To declare “stand down” of the incident.
- 13) To commission within 48 hours of the incident a full internal review and report findings to the relevant parties.

Core Incident Control Centre Team:

On-Call (Lead) Director
Support Director
Communications Lead
Decision Loggist
Communications Loggist
Secretary

Action Card 3

Support Director

On receipt of a warning message or an alerting call, the Support Director contacted will:

- 1) Assist the On-Call (Lead) Director to set up the ICC as per section 18.8 of this policy.
- 2) Respond as requested by the On-Call (Lead) Director.
- 3) In conjunction with the On-Call (Lead) Director, establish the Core Incident Control Centre Team and identify any additional support required dependent on the nature and scale of the incident. Suggested Support Team members are shown in **blue** at the bottom of the page.
- 4) Take command of the Incident Control Centre Team.
- 5) In conjunction with the On-Call (Lead) Director, direct Support Team members to locations / undertake tasks as required.
- 6) Be prepared to take on the role of Multi-agency Silver should the On-Call (Lead) Director request this.
- 7) To ensure with the Communications Lead that all necessary external bodies have been contacted.
- 8) To assist the On-Call (Lead) Director in identifying, communicating and actioning relevant operational plans to address the incident.
- 9) Organise appropriate support for staff throughout and after incident.

Support Team **could include:**

Director of Professional Practice, Quality and Safety
EPRR Manager (Head of Corporate Risk and Compliance)
Medical Director or Senior Consultant
Senior Manager(s) Relevant to Service Required
Head of Estates
Head of HR
Fire Officer
Mental Health Act Co-ordinator
Radiation Protection Supervisor (via PHT)
IM&T Manager
Integrated Safeguarding Lead

Action Card 4

Communications Lead

On receipt of a warning message or an alerting call, the Communications Lead contacted will:

- 1) Communicate with all necessary internal departments and external bodies, e.g. Police, NHS Trusts, Health and Safety Executive (HSE).
- 2) Agree and arrange any special contact arrangements for relatives or staff.
- 3) Include and update incident specific advice on the 'intranet' site. Make arrangements with NHS England for the handling of public information calls
- 4) Contact the CCG, NHS E and Department of Health, as necessary.
- 5) Agree with the Chief Executive / Deputy Chief Executive Information / explanation to be given to patients / service users / visitors / staff.
- 6) Prepare and agree with the Chief Executive / Deputy Chief Executive briefing materials for external organisations and the media.
- 7) Be prepared to go to the Multi-Agency Press Cell at Crownhill, should the need arise.
- 8) Provide press briefings in the form of news releases or press conferences.
- 9) Ensure all members of the Incident Control Centre Team receive updates on the progress of the incident.
- 10) Liaise with partner organisations to ensure ongoing communications cover for the incident.
- 11) Assist with the organisation of post-incident de-briefings.
- 12) Assist with the production of post-incident information for staff and service users.

Action Card 5

Decision Loggist

On receipt of a warning message or an alerting call, the Decision Loggist contacted will:

- 1) Assist the On-Call (Lead) Director or whoever they are designated to Log for.
- 2) Ensure that they are fully briefed on the incident.
- 3) Maintain an accurate and detailed log of the decisions made by the person they are logging for and the rationale for these decisions. Also log any actions decided by the person they are logging for.
- 4) Record all decisions in the Logbook which can be found in the Incident Control Centre cupboard.
- 5) Discuss, agree and sign off the logbook after each session.
- 6) Ensure that additional loggist's are called in to replace and provide continuity.

Action Card 6

Communications Loggist

On receipt of a warning message or an alerting call, the Communications Loggist contacted will:

- 1) Ensure that they are fully briefed on the incident.
- 2) Maintain an accurate and detailed log of all communications coming into and going out of the ICC.
- 3) Record all communications in the Communications Logbook which can be found in the Incident Control Centre cupboard.
- 4) Sign off the logbook after each session.
- 5) Ensure that additional Communications loggist's are called in to replace and provide continuity.

Action Card 7

Secretary

On receipt of a warning message or an alerting call, the Administrator contacted will:

- 1) To assist in setting up the Incident Control Centre.
- 2) Provide administration support to the ICC Core Team.
- 3) Provide information from SystemOne or other clinical system as necessary.
- 4) Assist in contacting additional staff as necessary.
- 5) Assist in the preparation of briefing materials.
- 6) Arrange refreshments as required.

Action Card 8

Rest Centre Action Card

On call Civil Protection Officer (CPO):

1. Identify requirement for Rest Centre.
2. Agree Rest Centre Location with multi-agency partners.
3. Contact Rest Centre Manager from list of trained staff held at PCC.
4. Contact LSW On-Call Director to identify Adult Social Care / Health staff to attend Rest Centre.



LSW On-Call Director:

1. Deploy appropriate staff to Rest Centre.
2. Keep in contact with staff and provide replacements when required.

Action Card 9

Nurses / Adult Social Care Staff Deployed to Rest Centres

On receipt of a warning message or an alerting call, the staff deployed to Rest Centres will:

- 1) Collect incident box and equipment – These will be stored within the ICC Cupboard (LCC Small Boardroom).
- 2) Take any clinical equipment required – usually carried.
- 3) Identify themselves with tabards (in box).
- 4) Confirm the exact location of the Rest Centre to which deployed.
- 5) Consider the requirement to take:
 - A change of/warm clothing
 - Personal snacks and drinks
 - Personal medication
 - Laptop with important telephone numbers
 - Personal toiletries
 - Personal/work mobile telephone and some cash (reimbursed on proof of expenditure)
- 6) Make themselves known to the Rest Centre Manager, confirming the role they expect to perform.
- 1) Confirm the following details at the earliest opportunity:
 - Allocated working area (NB. Ensure there is a room allocated in which evacuees may be interviewed in complete privacy)
 - Other Rest Centre team members and their working locations
 - Estimated time of arrival (ETA) of evacuees and currently known details
 - Forecast or expected developments
 - The routing and flow of evacuees on arrival at the Rest Centre
 - Opportunities/agreed procedures for the screening of victims to ascertain those who may be in need of medical care
 - Proposed documentation
 - Telephone(s) available for use in contacting the Organisation
- 8) Prepare the area in which to work, seeking the assistance of the Rest Centre Manager to resolve any shortfalls.

Action Card 9 *Continued...*

Nurses / Adult Social Care Staff Deployed to Rest Centres

- 9) Consider the most appropriate, immediate links to a General Practice or Devon docs in the event of the need for urgent medical attention.
- 10) Report back to the Livewell Southwest On-Call Director or to the Lead Director in the ICC if it has been set up, confirming:
 - Their contact telephone number
 - Rest Centre status and ETA of victims
 - Forecast of expected developments
 - The GP practice or Devon Docs to be used in the event of a requirement for urgent medical attention
 - Any difficulties encountered or foreseen
- 11) On arrival of evacuees at the Rest Centre:
 - Attempt to identify any evacuees with any apparent physical problem and consider if transport to hospital is required.
 - Contribute to the welfare support of evacuees, in particular providing assessment, information and advice.
 - Ensure any evacuees who have or develop any problems receive appropriate support.
 - Arrange for the replacement of lost prescribed medicines if required.
- 12) Maintain a record of information and advice given and action taken on behalf of evacuees. All entries in the notepad should be made in black ink, timed, dated and signed.
- 13) Provide periodic situation reports to the On-Call Director / Lead Director in ICC.

Action Card 10

Failure or unavailability of the Incident Control Centre in the Local Care Centre

“Incident Control Centre – Fall Back”

1. If for any reason the ICC at the LCC is unavailable or its operation fails and there is a need to relocate then this decision should be taken early to avoid disruption of service and ensure the continued safety of those staff working there.
2. Ensure the safety of all those working within the LCC by evacuation if necessary and if applicable.
3. If time permits remove any laptops and the Satellite phone and take them with you. DO NOT compromise safety to take these with you.
4. Move all ICC staff across to the Multi Function Room, top floor Beauchamp Centre. and set up ‘alternate’ Incident Control Centre
5. Take 3 IP telephones from nearby offices and connect to the computers in this room
6. Contact ‘Partner’ agencies and confirm new telephone numbers to be used to contact the ICC. All email addresses and mobile numbers will remain the same.

Action Card 11

Responding to Suspect Packages

This document advises on:

- A. General handling of mail and identification of suspect mail
- B. What to do if you discover suspect mail

A. General Handling of Mail and Identification of Suspect Mail

1. General advice on mail

Every business and organisation should assess and review their protocols for handling mail. Good sense and care should be used in inspecting and opening mail or packages.

Official UK Government guidance about opening mail delivered through the post or by courier is as follows: -

- Look out for suspicious envelopes or packages.
- Open all mail with a letter opener or other method that is least likely to disturb contents.
- Open letters and packages with a minimum amount of movement.
- Do not blow into the envelopes.
- Do not shake or pour out contents.
- Keep hands away from nose and mouth while opening mail.
- Wash hands after handling mail.

2. What types of letters and packages may be suspect:

- Any envelopes or packages with suspicious or threatening messages written on it.
- Letters with oily stains.
- Envelopes that are lopsided, rigid, bulky, discoloured, have an obvious strange odour or feel like they contain powder.
- Unexpected envelopes from foreign countries (including the USA)
- No postage stamp, no franking, no cancelling of the postage stamp.
- Improper spelling of common names, places or titles.
- Hand written envelopes/packages from an unknown source particularly if addressed to an individual and marked personal or addressee only.

B. What To Do If You Discover Suspect Mail

1. Action in the event of finding unopened suspicious mail

- **Do not open the envelope or package.**
- **Notify** your manager, who if he/she confirms the risk should call the police on 999, who will advise on further management.
- **Do not** take the letter/package to police.

Responding to Suspect Packages Cont.....

2. Action in the event of opening a package/envelope, which contains suspicious material, or finding an already opened package

Official UK Government guidance about suspect mail delivered through the post or by courier is as follows: -

- Do not touch the package further or move it to another location.
- Shut windows and doors in the room and leave the room, but keep yourself separate from others and available for medical examination.
- Switch off any room air conditioning system.
- Notify manager.

Your **manager** should: -

- Notify police immediately using the 999 system
- Arrange switch off the building air conditioning system (if fitted)
- Arrange closure of all fire doors in the building
- Arrange closure of all windows in the rest of the building
- If there has been a suspected biological contamination, ensure that personnel outside the room are evacuated as soon as possible and ensure individuals in the contaminated room are evacuated to an adjacent unoccupied room away from the hazard. [see Section D, Medical Management].
- If there has been a suspected chemical incident ensure personnel leave the room as quickly as possible. Possible signs that people have been exposed will be streaming eyes, coughs and irritated skin. Seek immediate medical advice.

In addition, it is advised that: -

- You should not clean up any spilled powder
- If clothing is heavily contaminated, do not attempt to brush off any powder– it is better to remove the clothing carefully.

3. If anyone believes they have been exposed to chemical/biological material Official UK Government guidance is as follows: -

- Remain calm.
- Do not touch your eyes, nose or any other part of the body.
- Wash your hands in ordinary soapy water where facilities are provided, but staff movement outside contained locations should be avoided as much as possible. • Notify police immediately using the 999 system.
- Keep all persons exposed to the material separate from others and available for medical attention.
- Other people should assemble at a safe distance from the incident and continue to be guided by the police and the other emergency services.

Action Card 12

Bomb Threat

1. Introduction

Livewell Southwest is a low risk target for terrorist threats. However, this action card outlines the actions that all staff should take in the event of receipt of a suspicious package or a bomb threat, which could require evacuation of the building.

LSW is committed to the safety and welfare of its staff and visitors and will take all reasonable precautions to protect staff, as well as visitors, from the effects of suspicious packages or emergency or bomb threats.

2. Types of Threat

There are a number of ways in which a bomb threat may be presented.

- (i) receipt of a suspect package
- (ii) a package or briefcase left in an office, reception area or close to the exterior of the building
- (iii) receipt of a threat via a telephone call on the switchboard or other lines into LSW

Predetermined courses of action are required to deal with these different threats.

2.1 Suspicious Packages and Postal Bombs

Any one of the following signs should alert members of staff to the possibility that a suspicious letter or package contains an explosive device:

- any letter or package that has suspicious or threatening messages on it
- grease marks on the envelope or wrapping
- an unusual odour such as marzipan or machine oil
- visible wiring or tin foil, especially if the envelope or package is damaged
- the envelope or package may feel very heavy for its size
- the weight distribution may be uneven: the contents may be rigid in a flexible envelope
- it may have been delivered **by hand** from an unknown source or posted from an unusual place
- no postage or non-cancelled postage
- if a package, it may have excessive wrapping
- there may be poor handwriting, spelling or typing
- it may be wrongly addressed: or come from an unexpected source
- there may be too many stamps for the weight of the package

Suspect packages should be isolated and placed away from staff and inflammable material; movement must be kept to a minimum in order to reduce the chances of disrupting the package. No attempt should be made to open the package. It is important to note that this action is a safety precaution and parcels are generally subject to significant movement as a result of usual Royal Mail processes.

If anyone believes they are in fact holding a postal bomb they should take action in accordance with the following paragraphs:

- (a) **Place the package on the nearest horizontal firm surface. Make no attempt to open it.**
- (b) Leave the room and close the door. If possible open the windows of the room before leaving. Prevent other persons going into the room. Lock the door if possible.
- (c) Call the Police so that the package may be examined in situ.
- (d) Contact your senior manager or director.

2.2 Partly Opened Packages

The action to be taken if suspicions are aroused when a package has been partly opened or the contents removed are:

- (a) Order any other staff present to leave the room as quickly as possible.
- (b) Place the package, or the contents of the package, as gently as possible on the nearest horizontal firm surface keeping the face and body shielded. This can be achieved by either placing the suspect item behind a substantial object such as a steel cupboard or by leaving the room and using the wall as a barrier placing the item on the floor around the corner of the door.
- (c) Leave the room quickly closing the door. Prevent other persons going into the room. Lock the door if possible
- (d) Ensure that the Police are notified immediately.
- (e) Contact your senior manager or director.

2.3 Unattended Briefcases or Packages left within the Offices or close to the Building

If any member of staff notices an unattended briefcase or suspect package then they must try to establish ownership of the same as quickly as possible, checking within the immediate area and department, AND with reception where relevant. If ownership cannot be established then a senior manager should be contacted and a decision made whether to contact the police/fire service. A decision will be made at this stage if evacuation of the building should take place.

2.4 Receipt of Threats via the Telephone

Terrorists often give telephone warnings of bomb explosions so, unfortunately, do hoaxers whose threats are empty. LSW may receive a call that its premises are at risk. Very often, terrorists issue telephone warnings to organisations, which would not, themselves, be affected by the explosion which they are warning about. In these circumstances, LSW's response is equally as important, as the safety of others may depend on it.

In all cases it is important to telephone the Police immediately with details of the call.

Receptionists most frequently have to deal with telephone bomb warnings, but any member of staff who has a direct line may also receive a threat. All should, therefore, know what to do if they receive a threatening call.

The key points are:

- keep calm
- try to obtain as much information as possible from the call
- keep the line open even after the caller has hung up

The attached template outlines the information which will be of most value when the call is reported to the Police.

Following the call, and after contacting the police, a decision will be made in respect of searching and/or evacuating the building. If the building is evacuated then this will be in accordance with usual evacuation procedures (as in the case for fire) with a subsequent decision being made whether to move staff further away.

Actions to be Taken on Receipt of a Bomb Threat

- **Switch on recorder (If connected)**
- **Tell the caller which Town/District you are answering from**
- **Record the exact wording of the threat**

.....
.....
.....
.....
.....

Ask these questions

1. Where is the bomb right now?

.....

2. When is it going to explode?

.....

3. What does it look like?

.....

4. What kind of bomb is it?

.....

5. What will cause it to explode?

.....

6. Did you place the bomb?

.....

7 Why?

.....

8. What is your name?

.....

9. What is your address?

.....

.....

10. What is your telephone number?

.....

- **Record time call completed**
- **Where automatic number reveal equipment is available record number shown**
.....
- **Inform the co-ordinator**
.....

Name and telephone number of person informed: -

.....

- Contact The Police By Using The Emergency

Telephone Number:

Time informed: -

This part should be completed once the caller has hung up and police / senior manager / On-Call Director have been informed:

Time and date of call.....

Length of call

Number at which call is received (i.e. your extension number)

.....

About The Caller

Sex of caller: - Male Female

Nationality: - Age.....

Threat Language✓

Well spoken: - Irrational: - Taped: -

Foul: - Incoherent: -

Message by threat maker

.....

.....

.....

CALLER'S VOICE✓

Calm: -

Crying: -

Clearing Throat: -

Angry: -

Nasal: -

Slurred: -

Action Card 13

CBRN Action Card for Contamination Incidents

Receptionist Action Card

Person(s) have arrived suffering in a manner that raises your suspicions

Think through the following **Steps 1 – 2 – 3 plus**

Step 1 One Casualty	Manage using normal protocols
Step 2 Two casualties with similar symptoms and no apparent cause	Manage with caution and consider risk to staff and others
Step 3 Three or more casualties with similar symptoms and no apparent cause	Manage as an incident involving hazardous materials: risk assess before intervening
	Isolate, seek specialist help immediately and then follow the 'plus' actions below

Are they complaining of/ showing SIGNS OF BURNS AND/OR BLISTERS?

NO

YES

1. Isolate the casualties in a side room
2. Instruct the casualties to go to the farthest corner of the room and remove their outer layer of clothing – tell them this is to remove most of the contamination
3. Lockdown the local area
4. Get paper towels or blue roll and instruct the casualties to dab or blot those areas of skin that have been exposed – tell them:
Do Not Rub, just dab or blot:
 - a. head & face
 - b. neck
 - c. hands & wrists
 - d. any part of arms that weren't covered by clothing
5. Once they have disrobed and blotted their exposed flesh, they should move away from the clothing
6. Call 999 and ask for help
7. Notify On-call Director

8. Isolate the affected patient(s) in a side room
9. Lockdown the local area
10. Call 999 to ask for help
 - a. explain that the casualty is complaining of burning/ blisters
 - b. ask for guidance in how to help them
 - c. follow the guidance
11. Notify On-call Director

Action Card 14

Loss of a Site

Initial Actions

1. Ensure that all staff and service users are accounted for and safe
2. Declare a Major Incident – inform NHS England and other response partners
3. Establish the ICC
4. Activate affected services Business Continuity Plans and co-ordinate the response
5. Identify those services affected by the incident:
 - a. Those whose main base is the site
 - b. Those who use the site for clinics/ other temporary or irregular use
6. Those services who are not based on the site should return to their base site and contact their patients to cancel or re-arrange appointments
7. Those services for whom the site is the base location should inform their staff to assemble at an alternative site with appropriate facilities
8. On-call Director to consult with the affected services/ teams management and their business continuity plans, to identify the minimum premises required to maintain essential services immediately (i.e. that day/ the next day)
9. Discuss with Estates whether there is any excess capacity in other sites; where no excess capacity exists, use one or more of the following options to create sufficient space for the essential services to be maintained or re-established

Options for Maintaining Essential Services within Existing Sites

- a. Budge up – can services share resources?
- b. Displacement – essential functions replace less/ non-essential services
- c. Remote working – including home working (access to IT may be required)
- d. Reciprocal Arrangements – can staff share the facilities of partner organisations?
- e. Hospital – is the service provided in/ by a hospital, can its facilities be used?
- f. Do nothing – the service is not essential or may be safely stopped for a period of time

Options for Maintaining Essential Services with Estates Support

- g. Third Party alternative site – another private healthcare provider/ local authority
- h. Portable Premises – porta-cabins, temporary accommodation

Further Considerations

10. If a mental health facility is affected, evacuate patients first and deal with the legalities after.
11. Obtain or re-locate any equipment or supplies necessary to maintain or re-establish the essential services
12. Have Communications advise all staff of the incident, service locations and contact details
13. Brief the Executive Team and commissioners on the incident, its impact and actions taken

Action Card 15

Power Cut

Site Staff to Alert Estates Help Desk – 01752 (4)35100
Out of hours contact On-Call Estates Manager (via switchboard).

At Mount Gould Hospital, on failure of the external electrical supply, the standby generator will automatically start and after a 20 second delay, supply the site with electricity. A signal will be sent to the switchboard informing that the generator is running.

Switchboard will notify Estates who will arrange for the generator to be attended. Estates will also contact the electricity supplier and notify them of the failure of supply.

There is sufficient fuel storage capacity for the generator to run for a period in excess of 24 hours. In the event of a prolonged failure, Estates will arrange for the delivery of additional fuel for the generator.

The Mount Gould Hospital Site has two alternative supplies from Western Power Distribution (WPD). In the event of a prolonged failure of one supply, WPD staff, based in Plymouth, can attend site within one hour to transfer to the alternative supply.

In the event of the loss of the external electricity supply and the standby generator at the same time, Estates will arrange for a temporary generator to be hired. This would probably result in a loss of power for approximately four hours.

The following properties on the Mount Gould Site have their own external power supply and are not covered by the standby generator:

Avon House
Terraces

The same will also apply to all other LSW properties with the exception of the following properties which are covered by their own standby generator:

Glenbourne
Lee Mill
Cumberland Centre

Action to be taken –

1. **Service Manager to Notify Line Management** - Services/ teams should notify their Locality Manager and the On-Call Director
2. **Service Manager to Check all Lifts** – Site staff / Estates Staff should do a physical check of all lifts in the affected building:
 - a. Knock on the door and ask if there is anyone in there – this should be done on each floor to ensure they can hear you

- b. If there is anyone in the lift, tell them you will get help and ask them to let you know if they have any urgent health issues
 - c. If they do have an urgent health issue (e.g. a diabetic who needs to take an insulin injection but doesn't have it with them), dial 999 and ask for the Fire Brigade – explain the situation and about the urgent medical condition
 - d. If they do not have urgent health issues, the staff should arrange for a lift engineer to attend to release those who are trapped.
3. **Consider Site Security** – Are there any physical security issues caused by the power cut (i.e. an inability to secure doors to staff areas/ unable to close or lock external doors). Staff may need to be deployed to prevent access via those doors.
4. **Activate Local Business Continuity Plans** - Individual services/ teams to implement their service business continuity actions for loss of power
5. **On-Call Director to Assess Extent & Impact** – On-Call Director to make an assessment of the extent of the power cut:
- a. Is it just one site affected, if not which sites?
- Note: If multiple sites affected, On-Call Director should consider activating the ICC
- b. Consideration to be given to whether it is safe to continue to use the affected site(s) – On-Call Director should consult with Estates Manager before making a decision on whether to close the site
 - c. Is the wider community affected? – If so, alert clinical services to the need to assess the risk to their patients (see below)
6. **Clinical Services to Assess Clinical Risk** - Clinical services to risk assess the impact of the power cut upon their patients, giving consideration to:
- a. The immediate risk
 - b. The risk if the outage extends for a few hours
 - c. The risk if the outage extends into a day or several days
 - d. Regularly re-assess risk for duration of power cut

Services should prioritise their patient care, taking the outcome of this risk assessment into account, and take any actions that they deem necessary to manage the risk and support patients through the power outage

7. **Clinical Services to Monitor temperatures in medication fridges** – those clinical services that use fridges to store medications should monitor the temperature of them through-out the power cut – fridge doors should be kept closed to preserve the cold temperature for as long as possible.

Note: When medication fridges have been without power for four hours clinical teams must inform the On-Call Director.

8. All Services to Consider Communications - during the power cut, this will be dependent upon:

Mobile phones

- until phone batteries deplete
- if the power cut affects mobile phone transmission masts, they have battery power for up to two hours, after which mobile phone communications is likely to fail

Face-to-face communications:

- the identification of staff to use as runners is recommended
- staff willing to travel between sites should be used for urgent communications

Action Card 16

Loss of IT

In the event of the failure of some or all IT systems, affected services are to implement recording of data on paper for later input.

The failure is to be reported to the appropriate Service Desk:

System	Telephone
PICTS – General IT access problems	01752 (4)37000
SystemOne – during working hours	01752 (4)35000
SystemOne TPP – out of hours	0113 20 500 99
Care First	01752 398115
IAPTus – during working hours	01752 (4)37000
IAPTus – loss of website and out of hours	01249 701100
SOEL Health	0845 345 5767

Clinical Records Unavailable

Where clinical records are unavailable, clinicians should use their professional training to assess immediate needs and liaise with the patient / service user, carer's and other health and social care professionals.

Action Card 17

Loss of Telecommunications

- In the event of a fault with the line /switchboard contact the named provider. Make alternative arrangements for receiving incoming calls (alternative telephone or a designated mobile phone). Ensure that the designated phone is manned and appropriate people informed about the change.
- VOIP system is dependent on electrical supply, and the battery back-up on the server is approximately 4-6 hours. Check the supply if found to be an electrical problem follow the instructions for loss of electricity.
- Analogue phone lines may be available where there are standalone fax machines in operation and there are additional analogue points that can be used in the LCC Small Board Room (ICC).
- If the land line fails, redirect all calls into the department/ building/service/organisation to a designated mobile phone. This will require manning.
- Inform the Switchboard, Manager and Director On-Call giving the alternative arrangements.

Action Card 18

Loss of Utilities

(Gas, electricity and water)

1. Failure of Electricity supply

In the event of a power failure:

- Contact on-call Estates Manager
- Estates Manager to check the trip switches in the fuse box, if this is not the cause
- Refer to the Power Cut Action Card (Action Card 15)
- Contact the supplier and report the failure.
 - Ask if they are able to give an estimated length of time the power will be off, for planning purposes
 - A decision should then be made as to whether the service can be continued safely, or if relocation to an alternative site will be required to maintain business.

The On-Call Director will be informed that there is a power failure affecting the building and what business continuity measures are being putting in place to maintain service. The systems and appliances that may be affected during a power failure are:

Lighting – During a mains electrical failure it is recommended that you have a store of torches, with spare batteries.

IT Systems / computers - During a mains electrical failure please switch off the computers to protect them from power surge when the power is restored.

Telephones – All VOIP telephone systems rely upon electricity. Redirect all calls into the department/ building/service to a designated mobile phone. This will require manning.

Heating - If heating is lost, assess the effect of the loss of heating related to time of year and general temperature, included forecast temperature. If it is felt that the service's business will be affected by loss of heating contact the On-Call Director and On-Call Estates Manager.

Refrigerators

- Departmental Refrigerators - Keep the doors of refrigerators shut. If the power is down for more than 2 hours discard any food stuffs stored in the refrigerator to prevent the occurrence of food poisoning.
- Clinical Refrigerators -
 - Keep the refrigerator door closed
 - Monitor the temperature using a "Refrigerator Monitoring Log"
 - Arrange for vaccines or any other temperature sensitive products to be relocated using a cool box for transportation if leaving the building.

2. Failure of Gas Supply or Gas Leak

If you smell gas:

- call free on **0800 111 999** (Gas Emergency Services Emergency Line)
- **DON'T** create a flame or operate electrical switches

- **DO** put out flames, open doors and windows, keep people away from the area and turn off the gas at the control valve (Boiler Room – access via rear car park)

If there is a failure in the gas supply:

- contact the supplier (**0800 111 999**) to report the failure
- request if they are able to give an estimate of the length it will be off, for planning purposes.

If heating is lost:

- assess the effect of the loss of heating related to time of year and general temperature, included forecast temperature
- If service delivery / patients will be affected by loss of heating, contact the On-Call Director

3. Failure of Water Supply

This plan will need to be invoked if:

- There is no water flow from taps
- Water from taps is dirty
- There has been a notification of contamination

This plan will be evoked by the person in charge of a department (hereafter referred to as 'Lead Manager') at the time of the failure or disruption.

The Lead Manager will establish the scope and impact of the incident and will lead the response with the Estates Manager.

Based on the scope and impact of the incident, and the likely duration, the Lead Manager and Estates will agree escalation of the incident to the On-Call Director if the disruption is likely to cause a risk to patients or staff safety and welfare.

It is the decision of the On-Call Director whether to activate this plan, based on the information available to them at the time.

In the event that the water supplies fail:

- Contact the supplier (**SOUTHWEST WATER: , DRINKING WATER:)**
- Assess the impact on the building/department.

In the event of a prolonged outage, Devon and Somerset Fire and Rescue can also be contacted to request a supply of bowsers or pumps.

Consider:

- **Toilets** - If toilets will be unavailable for a significant length of time arrange for portaloos to be brought in (organise this via Estates)
- **Hand Hygiene** – use recommended alcohol based hand rub (check infection control policy)
- **Drinking water** – Buy in bottled drinking water for patients and staff as required; also include sufficient for use in basic hygiene (hand washing etc.)

Action Card 19

Loss / Unavailability of Staff

Please also refer to the Pandemic Influenza Policy.

In the event of a loss of or unavailability of staff, services should implement their own Business Continuity Plans and inform their line management and the Locality Manager. If the loss/ unavailability of staff is severe and services are affected across the organisation, the On-Call Director must be contacted so that the deployment of staff can be managed centrally through the ICC to ensure that essential functions are maintained.

NHS E and the CCG should be contacted in the event of severe staff shortage.

The options for on-call staff to consider include:

- Engaging bank staff or agency staff
- Redeploying suitably trained staff from unaffected/ lesser affected services
- Reducing the affected services activities to make best use of the staff available by focussing them on essential functions only
- Reducing the activities of non-affected services to provide staff to maintain a more critical affected service's functions
- Making a 'Mutual Aid' request for support from other health / social care providers via NHS England.

Action Card 20

Severe Weather

NATIONAL SEVERE WEATHER WARNING SERVICE (NSWWS)

The NSWWS is provided by the Met Office in order to provide the public, emergency services and other responding agencies with timely warnings of impending Severe Weather.

The warnings give a percentage probability of a particular event disrupting regions of the United Kingdom.

- The information is supplied to LSW by email and up to the minute data is also available from www.metoffice.gov.uk
- The basic messages associated with each of the warning states are:



NOTIFICATION OF SEVERE WEATHER WARNINGS

- The LSW contact for the Meteorological Office is the Emergency Planning Officer (Head of Corporate Risk and Compliance).
- When severe weather is expected the Emergency Planning Officer will share information with the:
 - Chief Executive
 - Director of Operations
 - Locality Managers and deputies
 - Relevant Heads of Service
 - Director of Governance
 - Head of Human Resources
 - Marketing and Communications

The Emergency Planning Officer will cascade the information to their service areas through their pre-identified information cascades.

- On receipt of information departments are expected to review local contingencies.
- If any individual service is experiencing an adverse impact as a result of the weather, managers must contact the relevant Director during normal office hours or the on call director out of hours to make them aware. Local Business Continuity Plans should be activated.
- All managers must remind staff of the need to take adequate precautions such as only making necessary journeys and carry appropriate provisions in their vehicles. This may include bottled water or extra warm clothing.
- Outside of office hours the On Call Director will maintain a watching brief to ensure potential impacts on LSW services are monitored and appropriate action taken to protect services.

If the weather is so severe and requires a region-wide response, the LHRP Concept of Operations will be implemented. The LHRP Command and Control arrangements are detailed in section 20 of this policy

National Heat Wave Plan and Action Cards

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/429384/Heatwave_Main_Plan_2015.pdf

National Cold Weather Plan and Action Cards

[Guidance: Cold weather plan \(CWP\) for England](#)

Action Card 21

Fuel Disruption

Minor / Short Term

In the event of a potential minor disruption to the supply of fuel the organisation will communicate with staff, advising them of responsible actions and passing any central messages.

This will both ensure that staff are prepared and also reinforce the message of responsible fuel purchasing which will potentially prevent a minor disruption becoming significant.

The messages given to staff in this type of scenario would include:

- Buying fuel normally and not panic buying is the responsible thing to do and will avoid creating problems that weren't already there.
- Drive sensibly to conserve fuel use as per guidance issued by the Government
- If possible avoid using the car, use public transport, walk, cycle or car share where possible.
- Ensure that they prioritise car use to have enough fuel to get to and from work if necessary and ensure if on-call, they have enough fuel to last them for that period.

These messages can be cascaded centrally through the Communications and Marketing Team.

Major / Long Term

In the event of a major fuel disruption, the government may implement emergency powers under the Energy Act 1976. In this case special measures may need to be put in place by the organisation in order to manage during the disruptions.

Services will follow the business continuity Business Continuity Plans (found on the Locality and On-Call Drive).

The organisation should set up the Incident Control Centre in order to plan for the fuel shortage using the command and control network to implement controls.

Business Continuity Guidance**Covering**

- What is Business Continuity Management/ Planning?
- Why do it?
- What does Business Continuity involve?

What is Business Continuity Management/ Planning?

- It is a process to prepare the organisation to respond to the foreseeable impacts of a disruptive incident, enabling essential functions and service to continue to be delivered

Why do it?

- Three reasons:
 - ii. it's a national requirement – set out in the NHS England Core Standards for EPRR
 - iii. it's in the NHS Standard Contract – Service Condition 30
 - iv. it's good business sense – having sufficient information available so that any manager who picks it up can immediately see what is needed, saves them having to ask these questions when they should be responding to the incident

What does Business Continuity involve?

- It is ensuring that those functions and services identified as essential can be maintained or re-established after and despite a disruptive incident
- It is about understanding the impact should you fail to deliver an essential function or service
- It is about what is urgent and essential, at each point in time, from immediately after the incident occurs up to weeks after the incident
- It is about having thought through what are the absolute minimum resources needed to maintain or deliver the minimum level of essential service that is safe and/or effective
- Having identified those minimum resources, it is about where you will obtain them if your own resources are not available
- It is about being able to contact all your staff and key operational partners whether you can access your base office or not
- It is about knowing where you can set up your essential functions when you have lost your base office to an unavoidable event (i.e. fire, flood etc)

Suggestions on how to Structure your BC System

- Two levels of plan:
 - Organisation level – this would provide your on-call staff with guidance on the prioritisation of services within the organisation, how to access staff resources, finance and alternative accommodation for essential functions/ services
 - Service level (or business area) – this would provide the service (or business area) management with the necessary information to manage a disruptive incident without needing to work out the information first
- Local Business Continuity Leads – probably the most effective method of incorporating BC into an organisation is by appointing a Local BC Lead from each area of business that is to have a plan. The individuals need to be senior enough to ensure that work/ information gathering aspects get done and knowledgeable enough to know/ understand the detail of what is needed operationally

- Having Local BC Leads provides a clear contact for the EPRR Manager and a clear responsibility for getting the work done within each business area

Working through the BIA / BCP template

First Page

- Top half of first page is straight forward
- BC Contacts – managers/ senior staff in your area of business
- Description of Main/ Key service functions – what are the areas of work that, together, form your service's reason for existing; this should be a plain English overview
- Impact Assessment – list the functions/ services that are delivered to meet the above reason for existing, what is the impact if not delivered (consequences for patients, other services, staff, contractors, suppliers, partners etc.)
- Recovery Time Objective – within what time would the service/ function need to be re-started after a disruption to avoid the impact?

Second Page

- Identification of Essential Functions/ Activities - copy & paste the functions/ services description from the table above
- Work through the columns in respect of each one:
 - is it a statutory function (does an Act of Parliament say it must be done?)
 - would failure to deliver it cause HARM to: patients; other services; Organisational Finances; Organisational Reputation?
 - Then RAG rate them as near to the Red, Amber & Green ratings as possible (1st Day – Red, Within 1st Week – Amber, Later – Green)
- This table and the Impact Assessment enable you to identify the service areas essential functions; it also gives you the prioritisation of those functions

Third Page

- Risk Assessment – we need to consider the kind of risks that could impact upon the delivery of the essential functions identified overleaf
- For each one, using the Impact Score & Descriptions, identify an appropriate Impact score
- Multiply the Likelihood & Impact score to get the Risk rating – check against the Risk Scoring Matrix to identify whether the score fits in the High (Red), Medium (Amber) or Low (Green) risk level
- Are far as is possible, we need to ensure that your plan has a considered response to each of these – not individually, but for the effect each would cause
- Consider – are there any other risks to your service delivery – consider as above

Fourth Page

- Minimum Resources required to maintain Essential Functions – the essential functions referred to are those that you identified on the first page
- For each team (if you have several teams in your service area) you need to consider what is the minimum resources you need to maintain all of them – by that I mean you need to consider:
 - Staff – how many staff, of what type & grade with what specialist qualifications/ experience; then consider how this would change over time (e.g. on 1st Day, on Day 3, at One Week, Two Weeks & a Month) – for these time periods identify the additional staff required – the same no, just say 'as above'

- Premises – what is the least amount of office and other premises required to maintain the service’s essential functions over time (i.e. if you would need more staff after a week, would you need increased office space/ clinical space?)
- IT & Telecoms – What IT would you need for the staff identified above over time (think PCs, printer access, database access (e.g. SystmOne), fax machine access, telephones (landline and mobile)
- Equipment – what other equipment would you need to deliver the service – think key equipment (e.g. syringe drivers, hoists etc)
- Information – What essential information would you need access to? Don’t just think of obvious info such as SystmOne patient info, think about the spreadsheets and telephone numbers you use on a day-to-day, week-to-week basis – and when would you need it (at what point in time?)
- Supplies & Suppliers – same as above – what would you need to deliver the essential functions & at what point in time
- As with all of these, add new rows as you need them

Fifth Page

- Having identified the essential resources you would need, you need to identify what is known as ‘continuity options’ – if your own resources are not available (for whatever reason) where would you get replacements?
 - Staff – consider other services, agencies and other providers
 - Premises – what other site (or partner’s site) would be suitable for you to deliver your essential functions from?

Sixth Page

- IT & Telecoms – who would you contact if you lost IT/ phones & what is your work around if they are lost for a while?

Seventh Page

- Essential Equipment – what is your work-around if the equipment is not available to you? who could you borrow the equipment from/ buy a replacement from?

Eighth Page

- Information – is it held in paper and/ or electronic format? Who else has this information and what do you do if you lose the information?
- Supplies – same again who to contact, where to get some & what to do if not available

Ninth Page

- Service Dependencies – who else/ what other organisation or thing does your service depend upon? Think other services, partner organisations, utilities, IT etc. What are you dependent upon them for? What are the consequences if they can’t provide it (for patients, staff, service delivery etc)? Who do you contact?

Tenth Page

- Staff contact list – if you can’t get hold of your staff in an emergency then you will struggle to respond to it

Eleventh Page

- Operational contacts – if your service is disrupted, these people need to know – they can help, support, take pressure off etc.

National Requirements

- The NHS England Core Standards for EPRR require providers of NHS funded healthcare to have business continuity plans “aligned to currently recognised BC standards” – this refers to: *ISO22301:2012 Societal security – business continuity management systems – Requirements*
- To implement this properly refer to: *ISO22313:2014 Societal security – business continuity management systems – Guidance*
- However – there is no substantive difference between the above standards and the old British Standard BS25999 – there are nuanced differences around senior management involvement. The old standard BS25999 is written in plain English.

BIA / BCP Templates

Service Area Name in CAPITALS] BUSINESS INPACT ANALYSIS AND LOCAL BUSINESS CONTINUITY PLAN	
Team	
Base Location	

Locality/Dept	
Date Completed	
Review date	

	Name	Role	Tel.No. & Mobile No.
BC Lead Name			
1st BC Contact			
2nd BC Contact			

Reviewed by	Role	Date
Next review date		

Description of MAIN/ KEY service functions		
IMPACT ASSESSMENT		
Function/ Activity	Impact if not Delivered	Recovery Time Objective

IDENTIFICATION OF ESSENTIAL FUNCTIONS/ ACTIVITIES						
Function description	Statutory? Y/N	Y/N - Would loss of the function cause HARM* to:				Priority (RAG)
		Patients	Other Services	Finance	Reputation	
[copy & paste from the table above]						

*HARM - inconvenience does not count as harm

RISK ASSESSMENT				
Risk Event	Likelihood	Impact	Risk Score	Existing Controls / Contingencies in Place
Loss of Base Site • Fire • Flood • Bomb	Unlikely (2)			
Partial Loss of Premises	Unlikely (2)			
Loss of Access to Base (e.g. Police Cordon/ Bomb Threat)	Unlikely (2)			
Loss of Mains Electricity	Possible (3)			
Loss of IT/ IT access to key systems	Possible (3)			
Loss of Telephones	Possible (3)			
Loss of Heating	Possible (3)			
Loss of Mains Water	Possible (3)			
Loss of staff/ unavailability of staff (E.g. Flu, Norovirus etc)	Possible (3)			
Industrial Action	Possible (3)			
Loss of Key Supplier	Possible (3)			

MINIMUM RESOURCES REQUIRED TO MAINTAIN ESSENTIAL FUNCTIONS

Team	Staff by Type	Premises Req'd	IT & Telecoms	Equipment	Information	Supplies/Suppliers
<p>Example: Community Nursing</p>	<p><u>Within One Hour</u> 4 x Nurse (Band5)</p> <p><u>Within 1st Day</u> ??</p>	<p>1 x Office space with telephone & IT network connections N3 connection Utilities</p>	<p>1 x telephone 1 x Answer phone 4 x Mobile phones 1 x PC 1 x RiO access 1 x Printer access</p>	<p>4 x Standard DN bag & contents 1 x Syringe driver Access to transport (i.e. personal vehicle) 1 x desk & chair</p>	<p>SystemOne Patient notes (paper)</p>	<p>Clinical consumables – attach list of supplies used (NHS Supplies) Access to road fuel & staff personal vehicles</p>

STAFFING – REPLACEMENT OF ESSENTIAL STAFF AT SHORT NOTICE:			
Where can staff be obtained from & contact details for doing so			
Service/ Team Name	Service/ Team Manager	Contact Details	Type of Staff Available
Agency Name	Contact (if known)	Contact Details	Type of Staff Available
Other Provider (if known)	Service/ Team Name (if known)	Contact Details	Type of Staff Available
		Contact On-call Director Via switchboard: 0845 155 8100	

PREMISES – SUITABLE ALTERNATIVE WORK LOCATIONS: where could services' relocate to if their base location is inaccessible/ unavailable			
Team	Base Location(s)	Minimum Premises Needed	Suitable Alternative Work locations*
		[from Minimum Resources table]	

*** Note: Within the 'Suitable Alternative Work Location', the option to displace staff/ services with less critical/ urgent functions should be considered if space is insufficient to accommodate the minimum required staffing (NOTE – senior management would decide this)**

IT & TELECOMS – HELPDESK & WORKAROUNDS – remember to consider loss of key IT databases/ online systems		
Failure/ Loss of:	Contact	Work Around
IT Network	IT Helpdesk, call 01752 434700	Switch to manual recording of information for later input when IT restored If patient records are lost/ inaccessible: <ul style="list-style-type: none"> • Recreate record if lost completely: <ul style="list-style-type: none"> ○ ask patient or carer for copies of letters, information etc. ○ contact patient's GP/ hospital dept. dealing with patient for information • Clinical staff to use professional skills to assess patients and deliver care as necessary
VOIP Telephone network	IT Helpdesk, 01752 434700	<ul style="list-style-type: none"> • Use mobile phones/ analogue phones if available • E-mails/ letters can replace non-urgent telephone calls if the loss of phones is extended
Analogue Telephones	IT Helpdesk, 01752 434700	Use VOIP phones/ mobile phones
Mobile Phone Network(s)	N/A	<ul style="list-style-type: none"> • Use landline/ VOIP phones when available • For visiting staff in the community: <ul style="list-style-type: none"> ○ establish landline phone contact at regular points through-out each shift (enables redeployment of staff if necessary/ passing of messages regards patients/ welfare checks etc.) ○ identify locations where landline call may be made from and inform staff (other sites, ask patients to use their landline phones)
		•
		•

Essential Equipment	Work-around, Reduce/ Restrict Use by:	Borrow from:	Replace/ Buy from:
# Specify the piece of equipment needed #	# detail what you would do if you didn't have it available to you#	# insert name# # insert role/ organisation# # insert Tel. No. #	# insert name# # insert role/ organisation# # insert Tel. No. #

CRITICAL INFORMATION & SOURCES – identify the different formats it is held in, who else holds it & what to do if it is lost/ inaccessible				
Type of Information	What Format is it Held in?	Do others hold copies of it?	If so, by who & their contact details	If Lost/ Inaccessible – Work Around Process

SUPPLIES (from Minimum Resources table) – SUPPLIERS, ALTERNATIVES & WORKAROUNDS			
Supplies	Supplier & contact details	Alternative Supplier (if known) & contact details	Work Around - if supplies not available

LSW Organisational Business Continuity Response Plan Appendix E

Key Risks and Mitigation – Livewell Southwest

Risk	Likelihood	Impact	Risk Rating	Comment/ Mitigation
Loss of Communications – Landline telephones digital	3	3	9	Digital telephones are entirely dependent upon the IT network and the local electrical power network – 4 analogue phones available in ICC in Local Care Centre Small Board Room.
Loss of Communications – Landline telephones analogue	2	3	6	This is the most resilient communications method available and is dependent upon the telephone exchange having electrical power. Use mobile / face to face communications as an alternative.
Loss of Communications – Mobile phones	3	3	9	Mobile phones are the least reliable communications method during an emergency incident – liable to network saturation preventing calls being made. Use analogue phones if available (in ICC) or face to face communication.
Loss of Communications – E-mail system	3	3	9	E-mail is dependent upon the IT network, local electrical power network and the internet. Use face to face communication.
Loss of IT access to Key Systems	3	3	9	Refer to IT BCP and follow controls. This may require written notes until IT system available.
Loss of Premises – Fire	2	3	6	If administration base, refer to service BCP and follow controls (may include working from home, alternative office accommodation). If service users (in-patient or out-patient) refer to service BCP and follow controls (may include provision of services from alternative site or mutual aid request from alternative providers)
Loss of Premises – Flood	2	3	6	See comment for Fire, above
Loss of Access to Premises – Police Cordon/ Bomb Threat)	1	3	3	See comment for Fire, above
Loss of Mains Electricity	3	2	6	Refer to local service BCP, depending on estimated outage may require alternative accommodation
Loss of Heating	3	2	6	As for Mains Electricity above
Loss of Mains Water	3	2	6	As for Mains Electricity above
Loss of or unavailability of key clerical staff	3	3	9	On-call Director has contact details for all service leads in the service level BCP's – held in the On-Call Groups Drive. Alternatives would be contacted from within these contact lists.
Loss of or unavailability of clinical staff	3	5	15	Staff contact details are available to on-call Director through the service level BCP's (held in On-Call Groups Drive and also locally in hard copy). The process of obtaining replacement staff or

Risk	Likelihood	Impact	Risk Rating	Comment/ Mitigation
				redeploying staff to support essential functions would be managed through the ICC – time would be the critical issue in this
Public transportation unavailable	2	3	6	Would impact upon staff travel to/ from work journeys; community visiting likely to be unaffected as visiting staff use own vehicles / lease / pool vehicles for visits. Refer to service level BCP's.
Lack of/ Shortage of Road Fuel	2	4	8	This would impact heavily upon community visits unless the National Emergency Plan – Fuel had been activated by the Government. This would be managed through the ICC.
Severe Weather – Heatwave	3	2	6	Minimal impact upon business continuity unless heatwave extended, at which point impact would increase and demand upon resources would require their being focused upon essential functions.
Severe Weather – Snow	3	3	9	The impact would be on staff travel-to-work journeys and community visits; the greater the depth of snow the greater the impact.
Severe Weather – Flooding – Localised	4	2	8	Localised flooding would have minimal impact upon business continuity unless directly affecting LSW sites. Refer to local service BCP's
Severe Weather – Flooding – Wide Spread	2	4	8	Wide spread flooding would impact heavily upon staff travel-to-work journeys and community visits; the BCP would be activated to manage the impact. May result in sites being inaccessible. Refer to local BCP's

Trained Decision Loggists

Appendix F

The individuals named below have been trained as Decision Loggists,

Their role is to document all decisions made by the On-Call (Lead) Director and the rationale behind these decisions along with any actions requested.

They will use the **INCIDENT LOG BOOK** template – these are in the ICC cupboard.

Name	Team
Kirstie Spencer	Corporate Risk & Compliance
Helen Sharples	Corporate Admin Team
Fiona Jackson	Corporate Admin Team
Chloe Bonser	Finance Team
Steve Cooper	HR Admin Team
Gill Ashdown	Corporate Admin Team