**Subject:** Emergency Preparedness, Resilience and Response (EPRR) Compliance Report

**Date of Meeting:** 28 November 2018

**Author:** Caroline Macpherson, Head of Risk and EPRR

**Responsible Lead:** Aaron Goddard, Emergency Planning Manager

**Lead Director:** Kit Connick, Director of Corporate Affairs

**Purpose (please mark in bold):**

<table>
<thead>
<tr>
<th>TO NOTE</th>
<th>INFORMATION</th>
<th>DECISION</th>
<th>APPROVAL</th>
<th>RATIFY</th>
</tr>
</thead>
</table>

**CQC Key Lines of Enquiry (please mark in bold):**

<table>
<thead>
<tr>
<th>SAFE</th>
<th>EFFECTIVE</th>
<th>CARING</th>
<th>RESPONSIVE</th>
<th>WELL-LED</th>
</tr>
</thead>
</table>

**Link to the Trust’s strategic goals (please mark in bold where applicable):**

<table>
<thead>
<tr>
<th>DELIVER THE BEST CARE</th>
<th>INNOVATION IN HEALTHCARE &amp; RESEARCH</th>
<th>DEMONSTRATE BEST VALUE</th>
<th>IMPROVED WORKING EXPERIENCE</th>
</tr>
</thead>
</table>

**Financial Impact**

**Legal Impact**

**Impact to Partnership working:**

<table>
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<tr>
<th>FINANCIAL</th>
<th>LEGAL</th>
<th>ENGAGEMENT</th>
<th>PARTNERSHIP WORKING</th>
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</table>

The organisation seeks assurance in managing all aspects of planned and unplanned risk and continuously supports and encourages implementation of a robust and implemented risk management framework. The Board seeks annual assurance against the national emergency planning standards, and self assures an organisational wide compliance rating, which ultimately aiming to maintain and improve safety, resilience and emergency preparedness.

**Confidentiality/ Freedom of Information status:** None

**Committees/groups where this has been presented before:**

Risk Reduction Group (for documents attached in appendices)

**Committees/groups where this should next be considered:** N/A

**EXECUTIVE SUMMARY:**

In line with national requirements, the Emergency Planning Team has completed a process of self assessment against national Emergency Preparedness, Resilience and Response (EPRR) standards 2018.

A subsequent deep dive led by NHS England and the Clinical Commissioning Group (CCG) concluded the Trust position to be non-compliant, which was communicated to the Board via a
At the time of writing, the following actions outlined in the compliance action plan have now been completed:

- EPRR compliance action plan has been developed, detailing specific tasks, timescales and leads, with a weekly reporting process to centrally record progress.
- The overarching EPRR Framework has been developed.
- The Critical Incident Plan has been simplified and all core elements are included.
- The Corporate Business Continuity Plan has been revised and will continue to be developed over coming weeks as operational business continuity planning is reviewed and further strengthened.
- The Trust’s Training Needs Analysis has been re-developed.
- Strategic Leadership in Crisis (SLiC) Training has been scheduled. On Call Directors and On Call Managers are booked to attend (80% training compliance for On Call Directors is expected by 30.11.18)
- Incident Control Centre (ICC) guidance has been re-developed.
- Incident Management Team roles and supporting materials have been strengthened and are available at Incident Control Centres.
- CBRN operational packs have been prepared and are currently being rolled out to high risk critical functions.
- External EPRR expertise has been secured on a part-time, temporary basis to provide additional expert resource to support achieving full compliance, starting on 27 November 2018.

Recommendations:

- The Board is asked to note and support the EPRR compliance action plan, including the completed and ongoing actions.
- The Board is asked to ratify the attached documents (Appendices 1 – 6)
- Board members are asked to support training requirements and fulfil specific roles as outlined.
- The Board is asked to continue to monitor progress against the action plan at each meeting until full compliance is achieved and a business as usual reporting process is signed off by the Board.
1. Purpose

The purpose of this paper is to provide assurance to the Trust Board on progress made against the action plan, which will support the Trust in achieving full compliance status for the Emergency Preparedness Resilience and Response (EPRR) Core Standards Assurance for 2018.

2. Background

The Civil Contingencies Act and the Health and Social Care Act require all funded health providers to undertake an annual assessment of emergency planning against EPRR Core Standards.

The Core Standards are grouped under the following headings:

- Governance
- Risk
- Duty to Maintain Plans
- Command and Control
- Training and Exercising
- Response
- Warning and Informing
- Cooperation
- Business Continuity, and
- CBRN

Following a process of self-assessment in September, the Trust was selected for a ‘deep dive’, which was undertaken by NHS England and the Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) in October, which concluded the Trust status as non-compliant.

3. Process

The audit review process, which took place on 10 September 2018, included a detailed audit of the Trust’s Major Incident Plan and Operational Business Continuity Plans, followed by a review of the supporting procedures and local arrangements. The normal reporting process, (including compliance status and ongoing actions) are reported to the Risk Reduction Group where the self-assessment is challenged before being presented to the Board. External peer review then takes place to challenge Trust response where necessary.

The ‘deep dive’ provided assurance to the Local Resilience Forum (a system-wide group), that rigorous internal governance processes are in place to ensure appropriate emphasis is placed on the emergency planning agenda. As previously reported, the Trust's position has weakened since 2017, which is attributed to a range of factors including:

- Reduction in capacity of the Emergency Planning Team and related ability to deliver an operational emergency planning training programme.
- Changes within the senior on-call system resulting in under-attendance of the Strategic Leadership in a Crisis (SLiC) training course.
- Lack of specific preparedness in relation to national risks highlighted by the Local Health Partnership, for example Chemical, Biological, Radiological and Nuclear (CBRN) preparedness.
- Lack of properly developed evacuation and Lockdown plans, strengthening and coordinating with partners to ensure we are part of a multi-agency site.
The compliance action plan (Appendix 1) provides detail of the proposed improvement plan to ensure these points are addressed along with other areas of best practice. Progress is reported on a weekly basis within the EPRR & Risk team and is monitored by the Risk Reduction Group.

Our ongoing cooperation with health partners is an important element and we continuously strive to maintain relationship. These include:

- Representation at the Cambridgeshire and Peterborough Local Health Resilience Partnership and Sub-Group
- Supporting task and finish groups
- Participating in multi-agency training and exercises.

4. Current Status

A significant level of work has been progressed since the ‘deep dive’ in line with the detail set out in the compliance action plan. Full compliance is expected by the end of the financial year (31 March 2019).

The following areas have been re-developed to strengthen and improve assurance:

- EPRR compliance action plan has been established, detailing specific tasks and leads. This is outlined at Appendix 1.
- Overarching EPRR Framework has been developed. This is outlined at Appendix 2.
- Critical Incident Plan has been simplified and all core elements are included. This is outlined at Appendix 3.
- Corporate Business Continuity Plan has been revised and will continue to be developed over coming weeks as operational business continuity planning is reviewed and further strengthened. This is outlined at Appendix 4.
- Training Needs Analysis has been re-developed. This is outlined at Appendix 5.
- Strategic Leadership in Crisis (SLiC) Training has been scheduled. On Call Directors and On Call Managers are booked to attend (80% training compliance for On Call Directors is expected by 30.11.18)
- Incident Control Centre (ICC) guidance has been re-developed. This is outlined at Appendix 6.
- Incident Management Team roles and supporting materials have been strengthened and are available at Incident Control Centres.
- CBRN operational packs have been prepared and are currently being rolled out to high risk critical functions.
- External EPRR expertise has been secured on a part-time, temporary basis to provide additional expert resource to support achieving full compliance, starting on 27 November 2018.
- An internal exercise to test service resilience in the Older People’s and Adult Community (OPAC) Directorate was undertaken on 16 November 2018. Learning from this activity will be written up, reviewed and actioned to ensure that resilience and response continues to be developed.

5. Next Steps

In line with the compliance action plan, work continues to progress across all core EPRR areas to ensure full compliance is achieved by 31 March 2019. The CCG and NHS England EPPR lead are fully supportive of this programme of work and a meeting is scheduled for 29 November 2018 to review progress and actions with them.

- **Cyber Exercise – 15 Jan 2019**
  A cyber exercise to test security arrangements of the Trust IT systems has been scheduled and will take place on 15 January 2019. Specific actions and recent progress made is outlined at Appendix 6.

- **Communication Test – 23 Nov 2018**
To ensure the Trust has a robust and effective communication cascade system in place, a planned test of internal communication is scheduled to take place 23 November 2018. The test will run out of hours and will be triggered by NHS England. Executive Directors and Senior Managers have been notified.

- **Business Continuity**
  External expertise has been secured on a part time basis over the next three months, to redevelop, strengthen and exercise business continuity arrangements at each level of the organisation.

- **Testing**
  An internal ‘live’ exercise will be prepared and delivered across all Trust services in March 2019 to fully test the revised EPRR framework, Critical Incident Plan, Business Continuity arrangements and Incident Control Centre establishment. By this time, plans and arrangements will have been further developed and training of key individuals and roles fully embedded.

In line with the risk reporting cycle of business, EPRR compliance continues to be overseen and scrutinised by the Risk Reduction and EPRR Group (which reports by exception to the Quality Compliance Executive Group, and Quality Safety and Governance Board Sub-Committee). Board will be asked to monitor progress against the action plan at each Board meeting until full compliance is achieved and the transition to business as usual is agreed.

6. **Summary and Board Action**

Overall, Trust compliance has significantly improved since the communication to Board on 11 October, following the review of the core documents and processes outlined in this report. Routine compliance meetings with the CCG are scheduled over the coming months, to enable confidence building and provide ongoing assurance regarding Trust services. The Board can be assured that whilst completion of this action plan is underway the Trust is able to provide services in a safe and resilient manner.

The Trust Board is asked to:

- To note and support the EPRR compliance action plan, including the completed and ongoing actions.
- Ratify the attached documents (*Appendices 1 – 6*)
- Support training requirements and fulfil specific roles as outlined.
- Continue to monitor progress against the action plan at each meeting until full compliance is achieved and a business as usual reporting process is signed off by the Board.
EPRR Compliance Action Plan

CPFT is committed to ensuring robust planning and contingency arrangements are in place to effectively respond to, manage and recover from a major incident scenario in a planned and coordinated manner.

The EPRR compliance action plan outlines work streams underway and scheduled over the coming months to achieve full compliance by March 2019.

### Status Key:

<table>
<thead>
<tr>
<th>Status Key</th>
<th>Description</th>
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<tbody>
<tr>
<td>Completed</td>
<td>All actions complete. No further action required.</td>
</tr>
<tr>
<td>On track</td>
<td>All identified actions are on track for completion within the outlined timeframe.</td>
</tr>
<tr>
<td>Minor delay anticipated</td>
<td>Minor slippage in completing actions.</td>
</tr>
<tr>
<td>Significant delay anticipated</td>
<td>Significant slippage in completing actions.</td>
</tr>
<tr>
<td>Compliant</td>
<td>The Trust is fully compliant with the core standard level, as set out by NHSE</td>
</tr>
<tr>
<td>Partially Compliant</td>
<td>The Trust is not compliant with the core standard level as set out by NHSE. However, the Trust’s EPRR work programme demonstrates evidence of progress and an action plan to achieve full compliance within the next 12 months.</td>
</tr>
<tr>
<td>Non-Compliant</td>
<td>The Trust is not adequately compliant with the core standard level, as set out by NHSE. In line with the Trust’s EPRR work programme, compliance will not be reached within the next 12 months.</td>
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### Core Std Ref | Core Standard | Deep-Dive Assessment Rating | Our Ref | Action Required: |
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<tbody>
<tr>
<td>D01.00.01</td>
<td>Appointed AEO</td>
<td>Compliant</td>
<td>1.1</td>
<td>Although compliant, there is a need to improve current NED engagement and ongoing support provided to the AEO.</td>
</tr>
<tr>
<td>D01.00.02</td>
<td>EPRR Policy Statement</td>
<td>Non-Compliant</td>
<td>2.1</td>
<td>Rewrite, simplify and adequately reference the CRIP and Business Continuity Plan into a Major Incident Plan (MIP), which is Board approved. The MIP will: - have an overarching EPRR Policy Statement (signed by the CEO) (cross ref 5.1). - have a review schedule and version control. - identify those responsible for making sure policies and arrangements are updated, distributed and regularly tested.</td>
</tr>
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<thead>
<tr>
<th>Lead</th>
<th>Timeframe for Completion</th>
<th>Progress Update</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kit Connick</td>
<td>30/11/18</td>
<td>Discussions are underway to further improve collaborative working of the AEO and NED.</td>
</tr>
<tr>
<td>Caroline Macpherson</td>
<td>29/11/18</td>
<td>An overarching EPRR Policy has been developed in line with national EPRR requirements, to replace the pre-existing Critical Incident Plan and subsequent supporting framework. The revised EPRR Policy will be approved and formally signed off as follows: - by NHSE: 12/11/18</td>
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<td>- include references to other sources or information and supporting documentation.</td>
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<td>The MIP will take into account and include the following:</td>
</tr>
<tr>
<td>2.2</td>
<td>Test revised overarching EPRR Policy and scheduled ongoing testing schedule.</td>
<td>External EPRR Expertise</td>
</tr>
<tr>
<td>3.</td>
<td>EPRR Board Reports</td>
<td>Compliant</td>
</tr>
</tbody>
</table>
|   | EPRR Work Programme | Non-Compliant | 4.1 | Revise EPRR Annual Work Programme to reflect:  
- identified actions (following deep-dive) and progress.  
- EPRR reporting cycle of business and timeframes.  
- EPRR governance cycle and sign off arrangements.  
- learning from incidents and exercises.  
- identified risks.  
- outcomes from assurance processes. | K. Connick  
C. Macpherson | Ongoing  
(annual work programme) | The EPRR annual work programme has been strengthened and accurately reflects compliance actions, agreed reporting timeframes, and the revised training and exercising schedule. The revised work programme is scheduled to be signed off as part of the wider EPRR Board sign off process on 28/11/18 (as outlined in 4.1), and as part of the routine annual EPRR self-assessment declaration process. EPRR sign off is recorded on CPFT Board Cycle of Business by Trust Secretary. |
|   | EPRR Annual Work Programme to be signed off by the Trust Board as part of the annual EPRR self-assessment declaration process. | C. Macpherson  
K. Connick | Ongoing  
(annual work programme) | EPRR Annual Work Programme has been strengthened and will be signed off as part of the wider EPRR Board sign off process on 28/11/18 (as outlined in 4.1), and as part of the routine annual EPRR self-assessment declaration process. EPRR sign off is recorded on CPFT Board Cycle of Business by Trust Secretary. |
|   | Ongoing scrutiny of the work programme | C. Macpherson  
A. Goddard | Ongoing  | Standing agenda item at each RRG meeting. Formal reporting scheduled at each meeting. |
<p>| | | | | | | |</p>
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<tbody>
<tr>
<td>5.</td>
<td>EPRR Resources</td>
<td>Partially Compliant</td>
<td>5.1</td>
<td>Ensure the revised overarching EPRR Policy includes a formal, signed off EPRR Policy Statement which is signed by the CEO. Statement must include: - Resourcing commitment. - Access to funds. - Commitment to emergency planning, business continuity, training and exercising etc.</td>
<td>K. Connick</td>
<td>T. Dowling</td>
</tr>
<tr>
<td>6.</td>
<td>Continuous Improvement Process</td>
<td>Non-Compliant</td>
<td>6.1</td>
<td>Ensure the revised overarching EPRR Policy clearly defines the delegation and the process for capturing learning from incidents and exercises (to inform the development of future EPRR arrangements) along with the need for incident debriefing and how learning will lead to refreshing plans and continuous improvement.</td>
<td>K. Connick</td>
<td>C. Macpherson</td>
</tr>
</tbody>
</table>

**DOMAIN 2 – DUTY TO ASSESS RISK**

| 7. | Risk Assessment | Compliant | 7.1 | Although the organisational risk assessment process is clear, the revised overarching EPRR Policy must specifically include the process to regularly assess risks (including the community and national risk registers). Insert the risk assessment process into the revised Policy. | C. Macpherson | 28/11/18 | Included in the revised overarching EPRR Policy (Board sign off due: 28/11/18). |
| 7.2 | Ensure Risk Assessment Policy and EPRR Policies are cross referenced. | C. Macpherson | 28/11/18 | Included in the revised overarching EPRR Policy (Board sign off due: 28/11/18). |
| 8. | Risk Management | Compliant | 8.1 | Insert the risk management framework into the revised EPRR Policy (how to report, record, monitor and escalate EPRR risks). | C. Macpherson | 28/11/18 | Included in the revised overarching EPRR Policy (Board sign off due: 28/11/18). |

**DOMAIN 3 – DUTY TO MAINTAIN PLANS**

<p>| 9. | Collaborative Planning | Partially Compliant | 9.1 | Although there is evidence of collaborative working, ensure the revised overarching EPRR Policy incorporates a process of sharing plans, and where necessary consulting stakeholders. | C. Macpherson | 28/11/18 | Included in the revised overarching EPRR Policy (Board sign off due: 28/11/18). |
| 9.2 | Insert a distribution list into the early parts of the revised EPRR Policy. | C. Macpherson | 28/11/18 | Included in the revised overarching EPRR Policy (Board sign off due: 28/11/18). |</p>
<table>
<thead>
<tr>
<th></th>
<th>Incident Type</th>
<th>Compliance Status</th>
<th>Action Plans</th>
<th>Responsible Officer</th>
<th>Date</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>13</td>
<td>Heatwave</td>
<td>Compliant</td>
<td>Although compliant, a review of the heatwave plan is necessary. Actions will be aligned to the annual work programme.</td>
<td>A. Goddard</td>
<td>28/11/18</td>
<td>Although compliant, the Heatwave Plan has been reviewed and will be monitored through the annual work programme.</td>
</tr>
<tr>
<td>14</td>
<td>Cold Weather</td>
<td>Partially Compliant</td>
<td>Cold Weather Plan needs completing by mid November. Plan must: - be current. - be in line with current national guidance. - be in line with risk assessment. - outline any equipment requirements. - outline any staff training required.</td>
<td>A. Goddard</td>
<td>28/11/18</td>
<td>Review of the Cold Weather Plan is underway and scheduled to be ratified as part of the wider Board sign off process on 28/11/18.</td>
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<td></td>
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<td>Ensure Cold Weather Plan is signed off appropriately.</td>
<td>C. Macpherson</td>
<td>28/11/18</td>
<td>Cold Weather Plan sign off scheduled as part of the wider Board sign off process on 18/11/18.</td>
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<tr>
<td></td>
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<td></td>
<td>Ensure Cold Weather Plan is shared appropriately.</td>
<td>A. Goddard</td>
<td>30/11/18</td>
<td>Plan will be circulated to EPRR colleagues and made available on the Intranet and Resilience Direct.</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>Test Cold Weather Plan.</td>
<td>Kit Connick / External Expertise</td>
<td>TBA – Nov 2018</td>
<td>Discussions underway to source and secure external expertise to progress testing of the cold weather plan (see 2.2).</td>
</tr>
<tr>
<td>15</td>
<td>Pandemic Influenza</td>
<td>Compliant</td>
<td>Plan in place and tested.</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>16</td>
<td>Infectious Disease</td>
<td>Compliant</td>
<td>Plan in place and tested. Ensure plans cross reference.</td>
<td>C. Macpherson</td>
<td>28/11/18</td>
<td>All plans are cross referenced.</td>
</tr>
<tr>
<td>17</td>
<td>Mass Countermeasures</td>
<td>Partially Compliant</td>
<td>Arrangements need strengthening.</td>
<td>A. Goddard Pharmacy Lead</td>
<td>15/12/18</td>
<td>AG and Pharmacy lead to strengthen and formalise arrangements into a localised Mass Countermeasures plan.</td>
</tr>
<tr>
<td>18</td>
<td>Mass Casualty - surge</td>
<td>Partially Compliant</td>
<td>Arrangements need strengthening. The Trust has participated in the development of the LRF Mass Casualty Plan, however arrangements need aligning to the revised Incident Response Plan.</td>
<td>A. Goddard External Expertise</td>
<td>15/12/18</td>
<td>Discussions underway to source and secure external expertise to progress this and support current resource.</td>
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<td>Mass Casualty Aide Memoir (setting out how the Trust can support the wider health and care system to address surge) needs reflecting in the Incident Response Plan.</td>
<td>C. Macpherson Ops Lead Andy Dunn</td>
<td>28/11/18</td>
<td>Included as part of the overarching EPRR Policy. Meeting scheduled with NHSE 12/11/18 to conclude arrangements.</td>
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<tr>
<td>18.3</td>
<td>Review Mass Casualty Surge Plan to ensure it aligns to national requirements and covers all specifics.</td>
<td>A. Goddard</td>
<td>External Expertise</td>
<td>15/12/18</td>
<td>Discussions underway to source and secure external expertise to progress this and support current resource.</td>
<td></td>
</tr>
<tr>
<td>20.</td>
<td>Shelter and Evacuation</td>
<td>Non-Compliant</td>
<td>20.1</td>
<td>Arrangements need identifying and plan developing.</td>
<td>A. Goddard</td>
<td>Estates Lead</td>
</tr>
<tr>
<td>21.</td>
<td>Lockdown</td>
<td>Non-Compliant</td>
<td>21.1</td>
<td>Arrangements need identifying and plan developing.</td>
<td>A. Goddard</td>
<td>Estates Lead</td>
</tr>
<tr>
<td>22.</td>
<td>Protected Individuals</td>
<td>Non-Compliant</td>
<td>22.1</td>
<td>Arrangements need developing and including in the revised overarching EPRR Policy, identifying how the Trust will manage VIPs, high profile patients and medium secure patients.</td>
<td>C. Macpherson</td>
<td>Andy Dunn</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>22.2</td>
<td>Test revised arrangements.</td>
<td>K. Connick</td>
<td>External Expertise</td>
</tr>
<tr>
<td>23.</td>
<td>Excess Death Planning</td>
<td>Compliant</td>
<td>23.1</td>
<td>Arrangements need strengthening in the event that excess deaths are generated on a ward or high numbers of elderly patients die from flu. Develop Excess Death Plan.</td>
<td>A. Goddard</td>
<td>External Expertise</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>23.2</td>
<td>Refer to Excess Death Plan in the revised Major Incident Plan.</td>
<td>C. Macpherson</td>
<td>28/11/18</td>
</tr>
<tr>
<td><strong>DOMAIN 4 – COMMAND AND CONTROL</strong></td>
<td></td>
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</tr>
<tr>
<td>24.</td>
<td>On Call Mechanism</td>
<td>Compliant</td>
<td>24.1</td>
<td>Ensure the on call process is explicitly described in the revised EPRR Policy.</td>
<td>C. Macpherson</td>
<td>28/11/18</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>24.2</td>
<td>Ensure on call standards and expectations are clearly set out.</td>
<td></td>
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</tr>
<tr>
<td>25.</td>
<td>Trained On Call Staff</td>
<td>Partially Compliant</td>
<td>25.1</td>
<td>Ensure training requirements are clearly described in the revised EPRR Policy.</td>
<td>C. Macpherson</td>
<td>28/11/18</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>25.2</td>
<td>Ensure all Directors on call are trained in Strategic Leadership in a Crisis (SLIC) / National Occupational Standards, or training is booked.</td>
<td>A. Goddard</td>
<td>23/11/18</td>
</tr>
<tr>
<td>25.3</td>
<td>Ensure On Call Managers and members of the Incident Response Team receive adequate training.</td>
<td>A. Goddard</td>
<td>External Expertise</td>
<td>31.03.19</td>
<td>AG to schedule Loggist Training. AG to develop and continue delivering training for all on call managers and Directors. AG to deliver mock incident training for members of the Incident Response Team.</td>
<td></td>
</tr>
<tr>
<td>25.3</td>
<td>Maintain training database</td>
<td>A. Goddard</td>
<td>Ongoing</td>
<td>Training database established and maintained.</td>
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</tr>
</tbody>
</table>

**DOMAIN 5 – TRAINING AND EXERCISING**

| 26. | EPRR Training | Partially Compliant |
| 26.1 | Ensure personal training portfolios are in place for key staff and maintained (historically and going forward). | A. Goddard | 15/12/18 | AG to order training portfolios for all key EPRR staff. |
| 26.2 | Strengthen and update the training needs analysis to ensure it covers all training requirements outlined throughout the EPRR standards, Loggists and Admin managers, and in setting up the Incident Control centre. | A. Goddard | 30/11/18 / Ongoing monitoring | Training Needs Analysis has been strengthened and covers all aspects of EPRR training. Training database has been developed and maintained. Training compliance is monitored through the Risk Reduction Group. |
| 26.3 | Ensure a training register of all training given and offered to on call staff is maintained (historically and going forward). | A. Goddard | 05/11/18 | Training database includes dates attended and dates key staff have been offered training (and were unavailable to attend or did not attend). This is being monitored via the Risk Reduction Group. |
| 26.4 | Ensure a training register of all training given and offered to all staff performing a role within ICC is maintained (historically and going forward). | A. Goddard | 05/11/18 |
| 26.5 | Ensure all training material is maintained and available. | A. Goddard | Ongoing | All training material is filed accordingly within the EPRR shared folder and made available on the intranet post training. |

**DOMAIN 9 – BUSINESS CONTINUITY**

<p>| 28. | Strategic and tactical responder training | Non-Compliant |
| 28.1 | Ensure Tactical Response Training is included within the training needs analysis. | A. Goddard | 30/11/18 | To be included as part of the revised EPRR TNA. |
| 28.2 | Ensure there is an appropriate level of on-call staff trained in tactical command. | A. Goddard | 30/11/18 | Schedule training for all on-call staff and ensure tactical command is supported adequately. |
| 28.3 | Ensure revised Major Incident Plan and Business Continuity Plan are tested. | K. Connick | External Expertise | 31/01/19 | Discussions underway to source and secure external expertise to progress this. |</p>
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EMERGENCY PLANNING
RESILIENCE AND RESPONSE
(EPRR)
OVERARCHING FRAMEWORK

Version 1.0
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Appendix 1 List of Supporting Plans
Appendix 2 Training Plan and Training Needs Analysis

Annex A C&P Joint Infectious Disease Outbreak Plan
Annex B Public Health England Viral Haemorrhagic Fevers (BHF) (Ebola) Plan
Annex C Cambridgeshire Pandemic Flu Plan
Annex D CPLRF Flood Plan
Annex E DH Heatwave Plan
Annex F DH Cold Weather Plan
Annex G CPFT Corporate Business Continuity Plan
Annex H Serco/Shared Business Services IT Business Continuity Plan
Annex I CPLRF Localised Fuel Supply Shortage Plan
Annex J CPFT CBRN Plan
Annex K Mutual Aid Agreement
Annex L CPLRF Mass Casualty Plan
## DOCUMENT PROCESS AND CONTROL

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<tr>
<td>Ratified by:</td>
<td>Trust Board</td>
</tr>
<tr>
<td>Date ratified:</td>
<td>November 2018</td>
</tr>
<tr>
<td>Date issued:</td>
<td>November 2018</td>
</tr>
<tr>
<td>Review date:</td>
<td>June 2019 (in line with annual EPRR cycle of business)</td>
</tr>
<tr>
<td>Author:</td>
<td>Caroline Macpherson, Head of Risk and EPRR</td>
</tr>
<tr>
<td>Owner:</td>
<td>Head of Risk and EPRR supported by the Emergency Planning Manager</td>
</tr>
<tr>
<td>Sponsor/Executive:</td>
<td>Kit Connick, Director for Corporate Affairs</td>
</tr>
<tr>
<td>Synopsis:</td>
<td>This plan details Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) responsibilities as a responder in line with the NHS England’s Core Standards for Emergency Preparedness, Resilience and Response (EPRR) for Major Incident planning and the specific actions to be taken in the event of a major incident.</td>
</tr>
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<td>Who is it for:</td>
<td>CPFT Executive Members</td>
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<td>CPFT Senior Leadership</td>
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## VERSION CONTROL

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<td>Nov 2018</td>
<td>New document</td>
<td>Caroline Macpherson</td>
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THIS IS A CONTROLLED DOCUMENT.

ON RECEIPT OF A NEW VERSION, PLEASE DESTROY ALL PREVIOUS VERSIONS.
## Glossary

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
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<tr>
<td>CCA</td>
<td>Civil Contingencies Act</td>
</tr>
<tr>
<td>CPFT</td>
<td>Cambridgeshire and Peterborough NHS Foundation Trust</td>
</tr>
<tr>
<td>CCC</td>
<td>Cambridgeshire County Council</td>
</tr>
<tr>
<td>CCG</td>
<td>Clinical Commissioning Group</td>
</tr>
<tr>
<td>CCS</td>
<td>Cambridgeshire Community Services</td>
</tr>
<tr>
<td>CPLRF</td>
<td>Cambridgeshire and Peterborough Local Resilience Forum</td>
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<tr>
<td>CPPE</td>
<td>Chemical Personal Protective Equipment</td>
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<td>DoC</td>
<td>Director of Call</td>
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<td>DoH</td>
<td>Department of Health</td>
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<tr>
<td>EPO</td>
<td>Emergency Planning Officer</td>
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<tr>
<td>EPRR</td>
<td>Emergency Preparedness, Resilience and Response</td>
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<td>HEPO</td>
<td>Health Emergency Planning Officer</td>
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<tr>
<td>HPA</td>
<td>Health Protection Agency</td>
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<td>HPU</td>
<td>Health Protection Unit</td>
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<tr>
<td>LA</td>
<td>Local Authority</td>
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<tr>
<td>MERIT</td>
<td>Medical Emergency Response Incident Team</td>
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<tr>
<td>METHANES</td>
<td>A Mnemonic used by the Ambulance Service and other NHS Organisations to assist in passing information regarding facts about a Major Incident (a form of SITREP)</td>
</tr>
<tr>
<td>MIP</td>
<td>Incident Response Plan</td>
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<tr>
<td>NHS</td>
<td>National Health Service</td>
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<td>NHS E</td>
<td>NHS England</td>
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<td>NHS EE</td>
<td>NHS England East</td>
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<td>PHE</td>
<td>Public Health England</td>
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<td>PPE</td>
<td>Personal Protective Equipment</td>
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<td>REG</td>
<td>Resilience Escalation Guidance</td>
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<td>Rest Centre</td>
<td>Short term shelter</td>
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<tr>
<td>RWG</td>
<td>Recovery Working Group</td>
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<td>SCG</td>
<td>Strategic Co-Ordinating Group</td>
</tr>
<tr>
<td>SITREP</td>
<td>Situation Report</td>
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<tr>
<td>TCG</td>
<td>Tactical Coordinating Group</td>
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DOCUMENT CONTENT

1. PURPOSE

1.1 Framework

This document establishes and describes the framework for Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) activities in relation to emergency planning resilience and response. It supports the CPFT Executive and Senior Leadership Team to understand and fulfil responsibilities should an emergency situation occur and takes account of emergency planning arrangements outlined in the following documents:

- Civil Contingencies Act 2004
- The NHS Emergency Planning Guidance 2005
- NHS England Core Standards for Emergency Preparedness, Resilience and Response (EPRR)
- Health and Social Care Act 2012.

1.2 Civil Contingencies Act 2004

The purpose of the Civil Contingencies Act 2004 (CCA 2004) is to deliver a single framework for civil protection in the UK to meet the challenges of the twenty-first century.

The CCA 2004, and accompanying guidance and regulation set out clear expectations and responsibilities for front line responders at local level to ensure that they are prepared to deal effectively with the full range of emergencies from localised incidents through to catastrophic emergencies.

Category 1 Responders

- All organisations that could potentially be at the core of an emergency response including all Acute Trusts and Ambulance NHS Trusts, Public Health England (PHE) and NHS England.
- Primary care, community providers, mental health and some other NHS organisations are not listed specifically within the Civil Contingencies Act.
- As funded health providers, the Department of Health and NHS England expect them to plan for and respond to incidents in the same way as a category 1 responder.
- CPFT, as a funded provider of healthcare, is considered a category 1 responder and must function and cooperate accordingly.

Category 2 Responders

- Considered ‘co-operating bodies’. C2 responders are less likely to be involved in the heart of the planning, but will be heavily involved in response to and management of incidents that affect their sector
- It is expected that they will co-operate with the overall response and the sharing of information.
- Clinical Commissioning Groups (CCGs) and NHS Property Services are
seen as category 2 responders.

1.3 NHS Emergency Planning Guidance 2005

The Department of Health’s (DoH) Emergency Planning Guidance 2005, describes a set of general principles to guide all NHS organisations in developing a set of general principles to guide all NHS organisations in developing their ability to respond to a Major Incident and manage recover whether the incident has effected locally, regionally or nationally within the context of the requirements of the CCA 2004.

1.4 NHS England’s Core Standards for EPRR

The main aim is to clearly set out the minimum EPRR standard expected to each NHS organisation and provider of NHS funded care. However, the standards will also enable agencies across the county to share a purpose and co-ordinate activities, and provide a consistent framework for self-assessment, peer review and more formal control processes carried out by NHS England and regulatory organisations.

1.5 How will the core standards be used?

- These are the minimum standards which NHS organisations and providers of NHS funded care must meet.
- The Accountable Emergency Officer in each organisation is responsible for making sure these standards are met.
- All NHS England’s EPRR framework guidance will include relevant extracts from these standards. The EPRR control processes will require evidence that the standards are being met.
- Standards may be updated to reflect learning, practical use and control processes.

2. Definitions and Incident Levels

2.1 Significant/Major Incident

NHS England adopts the DoH definition for a Significant/Major Incident as:

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

The extent of a significant/major incident will also be categorised by the following:
a) Major: a large scale incident affecting a large number of people, potentially in the tens to circa a hundred which will require a significant response from NHS services such as Ambulance, Trauma and Emergency Departments.

b) Mass: much larger scale events affecting potentially hundreds of people rather than tens of people such as a major terrorist incident.

c) Catastrophic: events of such magnitude that they severely disrupt health and social care and other critical functions within the UK.

d) National: events which affect the whole of the UK, affecting the ability to provide services or increasing demand for services such as blood shortages, fuel strike, pandemic or multiple events that require the collective capacity of the NHS nationally.

## Incident Declarations

<table>
<thead>
<tr>
<th>Status</th>
<th>Example</th>
<th>Plans</th>
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<tbody>
<tr>
<td>Business Continuity Incident</td>
<td>A business continuity incident is an event or occurrence that disrupts, or might disrupt and organisations normal service delivery, below acceptable predefined levels, where special arrangements are required to be implemented until services can return to an acceptable level. (This could be a surge in demand requiring resources to be temporarily redeployed).</td>
<td>Business Continuity Plan</td>
</tr>
<tr>
<td>Critical Incident</td>
<td>To be declared by CPFT on agreement with lead CCG. Actions should be clearly defined in system surge and escalation plans (actions may include: calling in key staff, cancelled electives and/or outpatients, open additional escalation areas (clinical risk may be a consideration), urgent discharge of stable patients) etc.</td>
<td>Surge and Escalation Plan</td>
</tr>
<tr>
<td>Major Incident Level 1</td>
<td>MI’s are generally considered an ‘external event’. A health related incident that can be responded to and managed by local health provider organisations that required co-ordination by the CCG.</td>
<td>Major Incident Plan</td>
</tr>
<tr>
<td>Major Incident Level 2</td>
<td>A health related incident that requires the response of a number of health provider organisations across an NHS England area team boundary and will require an Area Team to co-ordinate the NHS local support.</td>
<td>Major Incident Plan</td>
</tr>
<tr>
<td>Major Incident Level 3</td>
<td>A health related incident that requires the response of a number of health provider organisations across an NHS England region and will require NHS England Regional co-ordination</td>
<td>Major Incident Plan</td>
</tr>
<tr>
<td>Major Incident Level 4</td>
<td>A heath related incident that requires NHS Englands National co-ordination to support the NHS and NHS Englands response.</td>
<td>Major Incident Plan</td>
</tr>
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</table>

### 2.2 Major Incident/Emergencies

The Trust notes that at times the terms major incident and emergency are used interchangeably. It should be noted that the term emergency is defined by the Civil Contingencies Act 2004 as:

‘Any event or situation that threatens serious damage to human welfare in a place in the UK or to the environment of a safe place in the UK, or ward or terrorism which threatens serious damage to the security of the UK’.

### Types of Incidents

The Trust recognises that significant incidents may manifest in a number of different ways, including (but not restricted) to:

- **Big Bang**: A serious transport or industrial accident, or series of small unforeseen incidents e.g. a train crash or gas explosion at a gas storage depot.

- **Rising Tide**: A developing infectious disease epidemic or outbreak e.g. Pandemic Flu.

- **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 over a health issue/scare e.g. reaction to the MMR Vaccine.

- **Act of Terrorism**: The calculated use of violence or explosives against civilians of the government e.g. 77 London Bombings.

- **CBRN Incident**: The international release of Chemical, Biological, Radiological or Nuclear material either real or hoax e.g. Sarin, Anthrax or Polonium poisoning. This may also involve the existence of an explosion with the potential for contaminated casualties; this may then be described using the term CBRNE, where the suffix ‘E’ refers to Explosion.

- **HAZMAT Incident**: The unintentional release of a Chemical, Biological, Radiological or Nuclear material through an industrial accident e.g. chlorine release.

- **Mass Casualty**: Any event that results in a large number of casualties, with 100’s of people injured.
• **Severe Weather Incidents**: Any dangerous or extreme meteorological events e.g. severe flooding, heat wave or snow.

• **Pre-planned Major Events**: Demonstrations, sports fixtures, air shows or music concerts which have the potential to increase demand for NHS services.

• **Surge**: An increase (prolonged or otherwise) of demand for capacity in general or specialist services which require special arrangements to be made to manage demand and or capacity.

• **Cyber Attack**: A cyber attack such as the 2017 Wannacry incident which had a significant impact on the NHS.

2.3 **National Threat Levels**

National threat levels are designed to give a broad indication of the likelihood of a terrorist attack and are set by the Joint Terrorism Analysis Centre and the Security Service (MI5).

The National threat levels are:

- Critical – an attack is expected imminently
- Severe – an attack is highly likely
- Substantial – an attack is a strong possibility
- Moderate – an attack is possible but not likely
- Low – an attack is unlikely.

The latest threat level can be found at: [http://www.homeoffice.gov.uk/counter-terrorism/current-threat-level/](http://www.homeoffice.gov.uk/counter-terrorism/current-threat-level/)

3. **Key Roles and Responsibilities**

3.1 **Category 1 Responders**:

Category 1 Responders are required to:

- Assess local risks and use this to inform emergency 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 on the event of any emergency.
- Share information with other local responders to enhance co-ordination and efficiency.
- Provide advice and assistance to businesses and voluntary organisations about business continuity management (local authorities only).

3.2 **Category 2 Responders**:
Category 2 responders are required to:

- Share information with other local responders to enhance co-ordination.
- Co-operate with other local responders to enhance co-ordination and efficiency.

3.3 **Chief Executive Officer (CEO)**

The CEO is accountable for ensuring the Trust has in place a robust EPRR framework and associated plans, which have been developed in co-operation with partner organisations, are based on the principles of risk assessment, and is communicated with the public.

The CEO has developed responsibility for emergency planning to the Director for Corporate Affairs.

3.5 **Director for Corporate Affairs**

As Executive Lead and Accountable Emergency Officer, the Director for Corporate Affairs takes responsibility for emergency preparedness on behalf of the organisation, attending relevant meetings of the Local Health Resilience Partnership (LHRP) and participating in exercises and events as appropriate.

The lead Director is supported by the Head of Risk and EPRR and has devolved responsibility for the planning and delivery of the emergency preparedness agenda to the Risk Reduction and EPRR Group.

3.6 **Head of Risk and EPRR**

The Head of Risk and EPRR is responsible for ensuring there is an overarching EPRR framework, a critical incident plan, a corporate business continuity plan and associated arrangements in place, which are reviewed regularly and updated to reflect any learning from incidents and organisational change.

Through the Risk Reduction and EPRR Group, the Head of Risk and EPRR will oversee delivery of the annual EPRR work programme, reporting by exception to the Quality Compliance Executive, and Quality Safety and Governance Board Sub-Committee.

The Head will ensure that the Trust Board receive 6 monthly emergency preparedness activity reports detailing compliance, exercises, training and testing undertaken within the Trust. The Emergency Planning Manager will support the delivery of this.
3.7 Emergency Planning Manager

The Emergency Planning Manager (EPM) is responsible for co-ordinating the annual EPRR work plan ensuring it is updated on a regular basis. Working throughout the Trust, the EPM will support the development and exercising of localised team business continuity arrangements, along with an associated on-call Director and Senior Manager framework.

The EPM will also ensure all relevant training, internal and external exercises and communication tests are completed and learning is shared via the Risk Reduction and EPRR Group.

The EPM will attend operational meetings supporting the Health and Social Care Emergency Planning group (HSCEPG) and other working groups, participating in exercises and events as appropriate.

3.8 Directorate Representatives

Assistant Directors of Operations are responsible for ensuring all Team Managers within their Directorates have in place detailed team/ward emergency and business continuity plans that are based on the principles of risk assessment, include a rigorous Business Impact Analysis, are deliverable and fully rehearsed.

3.9 Service Managers

All services must hold operational business continuity plans relevant to their client group and service area. In conjunction with the Emergency Planning Team, service managers are responsible for developing such procedures, ensuring the principles of risk assessment are fully embedded.

3.10 Head of Communication

During an emergency situation the need for internal and/or external communication may be necessary. The Senior Communications Manager is responsible for cascading any relevant information and/or notification to a wider audience, as directed by the Critical Incident Plan.

3.11 Trust Secretariat

The Trust Secretariat will support the Trust response to a critical incident and will play a core role in the establishment and effectiveness of an Incident Management Team.

3.12 All Staff

On appointment, and periodically thereafter, it is the responsibility of all staff members to familiarise themselves with the general outline of the EPRR framework and localised procedures, how they should report an emergency situation and the key emergency roles and responsibilities (as detailed in the Action Cards).
All staff are responsible for reporting any change in their home address or telephone number to their line manager to enable any out of hours contact lists to be maintained.

3.13 On Call Directors and Senior Managers

All on-call Directors and Senior Managers must ensure they are familiar with the overarching EPRR Framework, Critical Incident Plan, Corporate Business Continuity Plan, and Incident Control Centre Establishment Guide.

All on-call members must also have a good understanding of their on-call duties in relation to EPRR. These include: how to escalate an incident, and how to establish an Incident Control Centre and subsequent team (as outlined in the Incident Control Centre Establishment Guide).

4. CPFT Governance

4.1 Trust Board

The Trust Board will receive EPRR assurance reports every 6 months, regarding emergency preparedness, compliance against the EPRR core standards, reports on exercises, training and testing undertaken by the organisation.

4.2 Incident Management Team

The point of contact for declaration of a Critical Incident is via the Director on-call. Should a critical incident be declared or on-standby, the Director on-call will assume the role of Incident Leader and an Incident Management Team will be established.

4.3 Quality Safety and Governance Committee

The Quality Safety and Governance Board Committee will monitor the Trust approach to emergency preparedness and advise the Board on any appropriate matters. This Board sub-committee ratifies the overarching EPRR Framework, Critical Incident Plan, Corporate Business Continuity Plan and Incident Control Centre Establishment Guide, on behalf of the Board.

4.4 Quality Compliance Executive

The Quality Compliance Executive Group approve emergency preparedness policies and monitor the effectiveness of arrangements within the Trust. Meeting on a monthly basis, the group will receive bi-monthly update reports on emergency planning activity. Reports will include internal and external developments regarding the agenda, which will be presented by the Head of Risk and EPRR.
4.5 **Risk Reduction and EPRR Group**

The Risk Reduction and EPRR Group meet on a bi-monthly basis and oversee the development of all emergency planning and business continuity activity.

Members of the EPRR Team will present a synopsis of incidents that have affected service delivery and provide updates on progress, implementing any areas of learning identified.

The Group is chaired by the Accountable Emergency Officer, the Director for Corporate Affairs, and is represented by Directorate/Service Leads, Head of Risk, Pharmacy, Communications, Estates, Serco/Shared Business Services, and Staff-side.

The Head of Risk and EPRR will provide regular update reports to the Quality Compliance Executive, Quality Safety and Governance Committee, and Trust Board (as outlined in the annual workplan).

5. **Risk/Hazard Assessments**

To inform the Trusts emergency planning process, the following risks have been identified as either ‘High Risk’ or ‘Significant Risk’:

5.1 **High Risk**

**Communicable Diseases** – The Cambridgeshire & Peterborough Joint Infectious Disease Outbreak Plan is set out at Annex A.

**Ebola** (a rare viral haemorrhagic fever (VHF) based infection) Plan is set out at Annex B.

**Pandemic Flu** – A Cambridgeshire-wide Pandemic Flu Plan and CPFT Pandemic Flu Plan has been developed and is set out at Annex C.

**Localised Flooding** – A Cambridgeshire and Peterborough LRF Flood Plan has been developed. A copy of this Plan is set out at Annex D.

**Conventional Terrorism** – A new system has been created to keep the public informed about the level of threat to the UK from terrorism. The system also helps the police and other law enforcement agencies determine how they should respond to and prepare for a terrorist incident.

The latest threat levels can be found at:


5.2 **Significant Risk**

**Heatwave/Cold Weather** – The DoH Heatwave/Cold Weather Plans have been disseminated across the Cambridgeshire and Peterborough Health
system. In the event of a Heatwave or Cold weather event being declared, the Plans would be implemented. They are set out in Annex E and Annex F.

**Service Closure** – the Trust Corporate Business Continuity Plan is set out at Annex G.

**IM&T Attack / Failure** – Serco/Shared Business Support manages IT Services on behalf of the Trust. A copy of the Serco/Shared Business Support Emergency and Business Continuity Plans is set out at Annex H.

**Industrial Action – Fuel** – A National Emergency Plan for Fuel will be shortly published. The Trust will implement the CPFT Fuel Plan in line with guidance from the Local Health System. See Annex I.

**Terrorism (CBRN)** – Trust CBRN Plans would be implemented, dependent on the nature of the attack. CPFT CBRN plan is set out at Annex J.

**Electrical Disruption** – Serco/Shared Business Services manages IT Services on behalf of CPFT. A copy of the Serco/Shared Business Services Emergency Plan and Business Continuity Framework is set out at Annex H.

**Mobile Phone Failure** – A Communications Business Continuity Plan is developed to address this risk.

### 5.3 Supporting Plans

Supporting plans would be implemented, dependent on the nature of the incident. Supporting Plans are outlined in Appendix 1. Copies of these documents are available at each Incident Control Centre (as outlined in the Incident Control Centre Establishment Guide).

### 5.4 Community Risk Register

In addition, the Trust contributes to the Cambridgeshire and Peterborough Resilience Forum’s Community Risk Register, which focuses upon those hazards that may present risks that could impact the Cambridgeshire & Peterborough Local Resilience Forum emergency planning priorities over the next three years.

**VERY HIGH Risk (Red)** is classed as primary or critical risks requiring immediate attention. They may have a high to medium-low likelihood of occurrence, but their potential consequences are such that they must be treated as a high priority. This may mean that strategies should be developed to reduce or eliminate the risks, but also that mitigation in the form of (multi-agency) planning, exercising and training for these risks should be put in place and the risk monitored on a regular basis. Planning should be specific to the risk rather than generic.

**HIGH Risk (Amber)** is classed as significant. Their potential consequences are sufficiently serious to warrant appropriate consideration after those risks classed as ‘very high’. Consideration should be given to the development of
strategies to reduce or eliminate the risks, but also mitigation in the form of, at least (multi-agency) generic planning, exercising and training should be put in place and the risk monitored regularly.

**MEDIUM Risk (Yellow)** is considered to be less significant but may cause disruption in the short term. These risks should be monitored to ensure that they are being appropriately managed and be subject to generic arrangements.

**LOW Risk (Green)** is unlikely to occur and/or have limited or minor impacts. They should be managed using normal or generic arrangements and require minimal monitoring and control unless subsequent risk assessments show a substantial change.

The Trust has worked with the Health and Social Care Emergency Planning Group to map capabilities against the Very High, High and Medium Risks. The outputs of this work will continue to inform the CCG’s EPRR Work Plan.

6. **Financial Planning**

CPFT is part of a Mutual Aid Agreement or Memorandum of Understanding within the East of England. The Mutual Aid Agreement is detailed at Annex L. It details the arrangements to be invoked in circumstances where one or more of the health system’s partners require mutual aid support.

7. **Training and Exercising**

7.1 **Training Responsibilities**

The CPFT EPRR Training Plan has been developed by the Risk Reduction and EPRR Group. It reflects the requirements of CPFT, and aligns to the following documents:

- The CCA 2004
- The NHS Emergency Planning Guidance 2005
- Command and Control Framework for the NHS during significant incidents and emergencies (2013)
- NHS EPRR Core Standards

The training plan is a mix of informal workshops and formal courses of instruction at local, regional and national levels and uses internal training sessions and external providers of training.

The EPRR Training Plan falls into several categories and is designed to introduce new staff to emergency planning, refresh existing members of staff and train those with specific roles and responsibilities in the event of a Major Incident.
Details of the Training and Exercising Plan are set out in Appendix 2.

7.2 **Exercising**


- A test of communication cascades every 6 months.
- A tabletop exercise every year.
- A ‘live’ exercise every 3 years.

The Trust participates in local communication tests, and participates in countywide and regional workshops and tabletop exercises at least annually.

All records of staff training and exercising are kept for audit purposes and is maintained by the EPRR Team.

8. **Audit and Review Process**

8.1 **Guidance and Legislation**

In accordance with national guidance and legislation, all Incident Response Plans must:

- Meet the requirement of necessary legislation and guidance particularly the CCA 2004.
- Be fit for purpose and appropriate for the organisation preparing the plan and the locality covered.
- Incorporate in its entirety a complete response to a Major Incident and incorporate the principles of Integrated Emergency Management (Assessment, Prevention, Preparation, Response, Recovery).
- Demonstrate multi-agency working, external links to police, fire, military, local authorities, voluntary organisations (VOs) and Local Resilience Fora (LRF) and links to the media.
- Demonstrate where specialist advice could be obtained.
- Describe local Command, Control and Co-ordination processes.
- Demonstrate Service Continuity Planning has been developed and is in place.
- Compile risk and threat assessments to underpin the planning process.
- Be compatible with neighbours and provide support in the event of the need for mutual aid.
- Be regularly tested, reviewed and presented to the Governing Body.

8.2 **Local Arrangements for Audit and Review**

The Trust Incident Response Plan will be subject to audit and review in the following ways:

- Internally and annually via the Trust Risk Reduction and EPRR Group.
- Independently and annually as part of the NHS England EPRR Core Standards.
- Following a Significant/Major Incident, Critical Incident or Business Continuity Incident.
- In line with national, regional or local guidance.
- Internal Audit

8.3 Routine Responsibility

Routine responsibility for ensuring the Incident Response Plan is up to date and fit for purpose rests with the Trust Risk Reduction and EPRR Group.

8.4 Reporting Arrangements

The Risk Reduction and EPRR Group will receive EPRR activity and compliance reports at each bi-monthly meeting.

The Risk Reduction and EPRR Group will report activity and compliance to the Quality Compliance Executive on a quarterly basis.

The Quality Safety and Governance Board Sub-Committee will receive 6 monthly EPRR activity and compliance reports.

The Trust Board will receive a 6 monthly EPRR activity and compliance report.
APPENDIX 1

List of Supporting Plans

Annex A  C&P Joint Infectious Disease Outbreak Plan
Annex B  Public Health England Viral Haemorrhagic Fevers (BHF) (Ebola) Plan
Annex C  Cambridgeshire Pandemic Flu Plan
Annex D  CPLRF Flood Plan
Annex E  DH Heatwave Plan
Annex F  DH Cold Weather Plan
Annex G  CPFT Corporate Business Continuity Plan
Annex H  Serco/Shared Business Services IT Business Continuity Plan
Annex I  CPLRF Localised Fuel Supply Shortage Plan
Annex J  CPFT CBRN Plan
Annex K  Mutual Aid Agreement
Annex L  CPLRF Mass Casualty Plan
Annex M
Annex N
Annex O
Annex P

Associated Cambridgeshire and Peterborough Local Resilience Forum Plans available on Resilience Direct.
APPENDIX 2

Training and Exercising Plan

- Separate Document
EMERGENCY PLANNING
RESILIENCE AND RESPONSE
(EPRR)
CRITICAL INCIDENT PLAN

Version 1.0
## DOCUMENT PROCESS AND CONTROL

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<td>Version:</td>
<td>V1.0</td>
</tr>
<tr>
<td>Ratified by:</td>
<td>Trust Board</td>
</tr>
<tr>
<td>Date ratified:</td>
<td>November 2018</td>
</tr>
<tr>
<td>Date issued:</td>
<td>November 2018</td>
</tr>
<tr>
<td>Review date:</td>
<td>June 2019 (in line with annual EPRR cycle of business)</td>
</tr>
<tr>
<td>Author:</td>
<td>Caroline Macpherson, Head of Risk and EPRR</td>
</tr>
<tr>
<td>Owner:</td>
<td>Head of Risk and EPRR supported by the Emergency Planning Manager</td>
</tr>
<tr>
<td>Sponsor/Executive:</td>
<td>Kit Connick, Director for Corporate Affairs</td>
</tr>
<tr>
<td>Synopsis:</td>
<td>As a Category 1 responder, CPFT's responsibilities and arrangements align with the NHE England’s Core Standards for Emergency Preparedness, Resilience and Response (EPRR) for Major Incident planning and the specific actions to be taken in the event of a Major Incident.</td>
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<td>Nov 2018</td>
<td>New document</td>
<td>Caroline Macpherson</td>
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THIS IS A CONTROLLED DOCUMENT.

ON RECEIPT OF A NEW VERSION, PLEASE DESTROY ALL PREVIOUS VERSIONS.
DISTRIBUTION

Cambridgeshire and Peterborough NHS Foundation Trust
- Directors On-Call Rota
- Senior Manager On-Call Rota
- Trust Secretariat

Local NHS Organisations
- NHS England
- Cambridgeshire and Peterborough CCG
- Cambridgeshire Community Services
- Cambridgeshire University Hospitals NHS Foundation Trust
- Peterborough City Hospital
- North West Anglia NHS Foundation Trust
- East of England Ambulance Service NHS Trust
- Serco
- Public Health England
- Royal Papworth Hospitals NHS Trust

This plan is published on the CPFT’s Resilience Director page.
GLOSSARY

CCA  Civil Contingencies Act
CPFT  Cambridgeshire and Peterborough NHS Foundation Trust
CCC  Cambridgeshire County Council
CCG  Clinical Commissioning Group
CSS  Cambridgeshire Community Services
CPLRF  Cambridgeshire and Peterborough Local Resilience Forum
CPPE  Chemical Personal Protective Equipment
DoC  Director of Call
DoH  Department of Health
EPO  Emergency Planning Officer
EPRR  Emergency Preparedness, Resilience and Response
HEPO  Health Emergency Planning Officer
HPA  Health Protection Agency
HPU  Health Protection Unit
LA  Local Authority
MERIT  Medical Emergency Response Incident Team
METHANES  A Mnemonic used by the Ambulance Service and other NHS Organisations to assist in passing information regarding facts about a Major Incident (a form of SITREP)
MIP  Incident Response Plan
NHS  National Health Service
NHS E  NHS England
NHS EE  NHS England East
PHE  Public Health England
PPE  Personal Protective Equipment
REG  Resilience Escalation Guidance
Rest Centre  Short term shelter
RWG  Recovery Working Group
SCG  Strategic Co-Ordinating Group
SITREP  Situation Report
TCG  Tactical Co-Ordinating Group
Accountable Officer's Statement

This Incident Response Plan sets out the process by which Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) will respond to, manage, commit resources to and recover from a Major Incident.

As Accountable Emergency Officer, I am responsible for the overall preparedness for Major Incidents of CPFT.

The Accountable Emergency Officer and Sponsor of the Incident Response Plan is the Director for Corporate Affairs, whilst the owner of the plan is the CPFT Head of Risk and EPRR supported by the Emergency Planning Manager. Routine responsibility for ensuring the Incident Response Plan is up to date and fit for purpose rests with the CPFTs Risk Reduction and Emergency, Preparedness, Resilience and Response (EPRR) Group, which reports to the Quality Compliance Executive Committee, and ultimately Quality, Safety and Governance Board Sub-Committee.

The Incident Response Plan has been approved by the Trust Board and will be reviewed by the Risk Reduction and Emergency, Preparedness, Resilience and Response (EPRR) Group on an annual basis or at the identification or amendment following a Major Incident, test/exercise of the plan, or national regional or local guidance.

The Trust Board approved this document in November 2018.

Signed: Tracy Dowling
Chief Executive Officer

Signed: Kit Connick
Director for Primary Care

Approved by Trust Board: November 2018
1. INTRODUCTION

1.1 This Incident Response Plan describes how Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) will respond in the event of any Major Incident, regardless of cause. This plan includes responses to emergency situations that occur externally and to those, which happen within the Trust.

At the most extreme, external incidents may require a combined effort of response from the wider health community and emergency response agencies.

This document takes into consideration the following documents:
- Civil Contingencies Act 2004
- Healthcare and Social Care Act 2012
- NHS England Core Standards for Emergency Preparedness, Resilience and Response (EPRR)
- NHS England East Incident Response Plan
- CCG Incident Response Plan
- Work of other relevant partner organisations and groups (Cambridgeshire and Peterborough Local Resilience Forum – CPLRF and appropriate sub-groups).

It also takes into account the Memorandum of Understanding (MOU) between NHSE and the CCG which sets out how the CCG will support NHS England in discharging its EPRR functions and duties locally.

1.2 The NHS needs to be able to plan for, respond to and recover from a wide range of incidents and emergencies that could impact on health or patient care. These could be anything from extreme weather conditions, an outbreak of an infectious disease, a surge in general or specialist demand, or a major transport/industrial incident. Under the Civil Contingencies Act (2004), NHS organisations and providers of NHS funded care, must show that they can deal with these incidents while maintaining services to patients. This work is referred to in the health community as ‘Emergency Preparedness, Resilience and Response’ (EPRR).

1.3 Under the Health and Social Care Act (2012), we must be properly prepared for dealing with an emergency and must monitor and control all service providers to make sure they too are prepared.

1.4 NHS-funded organisations must also be able to maintain continuous levels in key services when faced with disruption from identified local risks such as severe weather, fuel or supply shortages or industrial action. This is known as business continuity management.

1.5 During times of severe pressure and when responding to significant incidents and emergencies, NHS organisations need a structure which provides:-
 clear leadership;
 accountable decision making; and
 accurate, up to date and far-reaching communication.

This structured approach to leadership under pressure is commonly known as ‘command and control’.

1.6 This Incident Response Plan is the core EPRR document that sets out the transition and step-up in operational procedures and the key responsibilities that the Trust will conduct in response to a major incident.

1.7 This Plan applies the principles of integrated emergency management; anticipation, assessment, prevention, preparation, response and recovery and is supported by a range of operational plans and procedures.

1.8 Checklists and process documents are contained in the appendices and where relevant referenced within the main document text. Some frequently updated documents (which will only be used during an incident) can be found on Resilience Direct.
2. **RESILIENCE DIRECT**

RD is a web-based document management tool provided by Cabinet Office for the Resilience Community.

CPFT EPRR Team use the service to publish, store and distribute documentation for On-Call managers. The system will, where required and appropriate be used for incident briefing and management. All on-call officers require access to the system to ensure they have access to required documents and information.

Some highly proscriptive (and frequently updated) process documentation detailing the recommended response to certain triggers, incidents and scenarios is published on the CPFT Resilience Direct (RD) platform. Any incidents requiring the use of these documents will likely involve the CPFT Corporate on-call staff, as an Incident Management Team, who have full access to the system and can access documents as required.

Contact the EPRR team in the first instance for further information.
3. DEFINITIONS

3.1 Major Incident

The NHS England adopts the Department of Health definition of a Significant / Major Incident as:

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

The extent of a Significant /Major Incident will also be categorised by the following:

a) Major: A large scale incident affecting a large number of people, potentially in the tens to circa a hundred, which will require a significant response from NHS services such as Ambulance, Trauma and Emergency Departments;

b) Mass: Much larger scale events affecting potentially hundreds of people rather than tens of people such as a major terrorist incident.

c) Catastrophic: Events of such magnitude that they severely disrupt health and social care and other critical functions within the UK.

d) National: Events which affect the whole of the UK, affecting the ability to provide services or increasing demand for services such as blood shortages, fuel strike, pandemic or multiple events that require the collective capacity of the NHS nationally.

3.2 Emergencies

CPFT notes that that at times the terms major incident and emergency are used interchangeably. It should also be noted that the term emergency is defined by the Civil Contingencies Act 2004 as:

‘Any event or situation that threatens serious damage to human welfare in a place in the UK or to the environment of a place in the UK, or war or terrorism which threatens serious damage to the security of the UK’

3.3 Types of Incidents

CPFT recognises that significant incidents may manifest in a number of different ways, including but not restricted to:

- **Big Bang**: A serious transport or industrial accident, or series of smaller unforeseen incidents e.g. a train crash or explosion at a gas storage depot.
- **Rising Tide**: A developing infectious disease epidemic or outbreak e.g. Pandemic Flu.
- **Cloud on the Horizon**: A serious threat such as a major chemical or nuclear release developing elsewhere and needing preparatory action e.g. Chernobyl.
- **Headline News**: Public or media alarm over a health issue/scare e.g. reaction to the MMR Vaccine.
- **Act of Terrorism**: The calculated use of violence or explosives against civilians or the government e.g. 7/7 London Bombings.
- **CBRN Incident**: The intentional release of Chemical, Biological, Radiological or Nuclear material either real or hoax e.g. Sarin, Anthrax or Polonium poisoning. This may also involve the existence of an explosion with the potential for contaminated casualties; this may then be described using the term CBRNE where the suffix “E” refers to Explosion.
- **Hazmat Incident**: The unintentional release of a Chemical, Biological, Radiological or Nuclear material through an industrial accident e.g. Chlorine release.
- **Mass Casualty**: Any event that results in a large number of casualties, with 100’s of people injured.
- **Severe Weather Incidents**: Any dangerous or extreme meteorological events e.g. severe flooding, heat wave or snow.
- **Pre-Planned Major Events**: Demonstrations, sports fixtures, air shows or music concerts which have the potential to increase demand for NHS Services.
- **Surge**: An increase (prolonged or otherwise) of demand for capacity in general or specialist services which requires special arrangements to be made to manage demand and or capacity.
- **Cyber Attack**: a cyber attack such as the 2017 Wannacry Incident which had a significant impact on the NHS.

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

### 3.5 Emergency Recovery
Not to be confused with ‘recovery’ in a mental health clinical sense, the National Emergency Response and Recovery Guidance (2012) defines recovery as: “The process of rebuilding, restoring and rehabilitating the community following an emergency, but it is more than simply the replacement of what has been destroyed and the rehabilitation of those affected.”

### 3.6 Business Continuity
A process to mitigate against the impacts of business disruption following an emergency situation.

Such impacts disrupt, or may disrupt normal service delivery below acceptable predefined levels, where special arrangements are required to be implemented until services can return to an acceptable level.

Business continuity plans identify who will ensure that services can be provided following the loss of critical buildings, services or other resources or could be a surge in demand requiring resources to be temporarily re-tasked.
3.6 **Vulnerable Person**
People present or resident within an area known to local responders who, because of dependency or disability, need particular attention during emergencies (CCA, 2004).

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

3.8 **National Threat Levels**
National threat levels are designed to give a broad indication of the likelihood of a terrorist attack and are set by the Joint Terrorism Analysis Centre and the Security Service (MI5).

The National threat levels are:

- Critical - an attack is expected imminently
- Severe - an attack is highly likely
- Substantial - an attack is a strong possibility
- Moderate - an attack is possible but not likely
- Low - an attack is unlikely.

The latest threat level can be found at: [http://www.homeoffice.gov.uk/counter-terrorism/current-threat-level/](http://www.homeoffice.gov.uk/counter-terrorism/current-threat-level/)

3.9 **Standard Incident Messages**
The NHS has standard messages to be used in connection with the declaration of a major incident. They are:

- **Major Incident Standby**: alerts the NHS that a major incident may need to be declared and allows organisations to make preparatory arrangements.

- **Major Incident Declared**: organisations need to activate their Major Incident Plan and mobilise additional resources.

- **Major Incident Cancelled**: this cancels either of the above messages.

- **Major Incident Stand Down**: most relevant to receiving hospitals after all casualties cleared. It is the responsibility of each organisation to assess when it is appropriate for them to stand down.

3.10 **Recovery**
The process of rebuilding, restoring and rehabilitating the community following an emergency.
4. KEY ROLES DURING AN INCIDENT

4.1 Incident Management Team

The point of contact for declaration of a Major Incident is via the Director on-call. Should a Major Incident be declared or on-standby, the Director on-call will assume the role of Incident Leader and an Incident Management Team will be established. To support the Incident Leader in the Incident Control Centre, a small team will be formed:

4.2 Incident Leader

The Incident Leader (normally the Director on Call) will lead the Incident Management Team and is also formally responsible for sign off of all advice and briefing documents relating to the incident. As required, and in consultation with the Trusts Accountable Officer, the Incident Leader is responsible for escalating/de-escalating CPFT’s response. Additionally, they are responsible for activating the debriefing process but may delegate this to an appropriate person. They must ensure their decisions are accurately recorded within a log book either themselves or by using a dedicated loggist.

4.3 IMT Support Officer

The Incident Control Centre Support Officer is accountable to the Incident Leader and provides senior operational management support. The Incident Control Centre Support Officer is responsible for the overall management of the centre, and when required will ensure appropriate representation at briefings and will oversee the gathering of all incident-related information.

4.4 Communications Support Officer

The Communications Support Officer will co-ordinate information and communications to warn and inform public and NHS staff; initial media liaison.

4.5 Directorate Lead

The Directorate Lead will, if required, represent the Directorate affected during the Major incident.

4.6 Senior Manager

The Senior Manager will, if required, represent the team/service at a specific team/location(s) involved in the Major Incident.

4.7 Loggist

The Loggist is to ensure there is an accurate and contemporaneous record of all actions and decisions made by the Incident Director, using an official log book. The Loggist is not to be requested to perform any other role.
4.8 Admin Support

Operational support staff will be employed in the Incident Control Centre dependent on the nature of the potential or actual incident. Responsibilities will include logging actions and decisions for the Incident Director, administrative support to ensure the maintenance of operations including staff welfare arrangements and the collation and publication of shift systems. Support staff will also arrange video and teleconferences and take relevant records of meetings and publish actions associated with the preparation for, response to and recovery from a potential or actual incident.

4.9 Other Roles

Modern Matron - Whilst not formally part of the initial management team, the advice is available 24/7 via the Directorate Modern Matron. Should the Major Incident be largescale, high profile or prolonged, the team may require additional support from the organisation, or elsewhere. The Incident Leader in discussion with the IMT will determine what additional roles are required.

4.10 Action Cards

Action Cards for the Incident Control Centre, and supporting functions, are at Appendix 1.

4.10 Agenda

The Incident Leader will use the standard ‘Agenda’ to chair the management team meeting. This is attached at Appendix 2.

4.11 SITREP

A Situation Report (SITREP) record will be maintained in the Incident Control Centre and regularly updated. This is attached at Appendix 3.
5. CRITICAL SERVICES

CPFT provide integrated physical and mental health services for adults and older people; specialist mental health and learning disability services; children and young people’s mental health services; children’s community services (in Peterborough); social care; and ground-breaking research in all areas of Cambridgeshire. Some eating disorder services are also provided in Norfolk.

CPFT Executive Management applies a level of priority to all clinical services. This assists with the continuation or structured restoration of services following critical or business continuity incidents.

Clinical services will rely on a range of support and corporate services to continue operating at their most effective in the same disruptive circumstances.

Priority Clinical Service Areas

Priority 1 – High Risk
- In-patient areas
- Joint Emergency Teams (JET)
- Crisis Resolution and Home Treatment Teams (CRHT)
- First Response Service (FRS)
- Out of Hours Services

Priority 2 – Medium Risk
- Child & Adolescent Mental Health Services (CAMH)
- ARC (Advice and referral service – mental health)
- AMPH service
- Mental Health Locality Teams
- Neighbourhood teams
- Infection Prevention and Control

Priority 3 – Low Risk
- Minor Injuries Units (MIU)
- Speech and Language Team (SALT)
- Podiatry
- Radiography
- Therapy services
- Specialist nursing and pathway services
- Out Patient Services
- Rehabilitation
6. INCIDENT NOTIFICATION

Incidents declared externally (by the CCG)

The Trust may declare a Major Incident or may be alerted to a Major Incident via the CCG.

A request for NHS involvement in a multi-agency Major Incident will be triggered through the NHS England East, usually by the Ambulance Service.

During working and out of hours, contact will be made via the Director on Call and if in area, the Accountable Officer and together they will determine what, if any, level of Major Incident is called and other organisations, and inform the CCG as appropriate.

On receiving a warning message or an alert call the Major Incident Initial Record should be completed. This is set out at Appendix 4.

A Situation Report (SITREP) is at Appendix 3.

In-hours and Out of Hours Comms Reporting Diagrams are set out at Appendix 5.
7. **NHS England Incident Levels - Incident Definitions**

The NHS England adopts the Department of Health definition of a Significant / Major Incident as:

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

The extent of a Significant /Major Incident will also be categorised by the following:

- **a)** Major: A large scale incident affecting a large number of people, potentially in the tens to circa a hundred, which will require a significant response from NHS services such as Ambulance, Trauma and Emergency Departments;

- **b)** Mass: Much larger scale events affecting potentially hundreds of people rather than tens of people such as a major terrorist incident.

- **c)** Catastrophic: Events of such magnitude that they severely disrupt health and social care and other critical functions within the UK.

- **d)** National: Events which affect the whole of the UK, affecting the ability to provide services or increasing demand for services such as a blood shortage, fuel strike, pandemic or multiple events that require the collective capacity of the NHS nationally.

NHS England incident responses and incident management levels are set out in Table 1.

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<tr>
<th>Incident level</th>
<th>Description</th>
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<tr>
<td><strong>Level 1</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Level 2</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Level 3</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Level 4</strong></td>
<td>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.</td>
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Initial Alerting

Potential or actual incidents are reported in and out of working hours to the Director On-Call (DoC). The Director on Call should respond using other on-call and/or roletrained staff for support. Information should be cascaded as required by the using the Actions Cards and on-call pack. Contact details for on-call staff are contained within the relevant on-call directories.
8. **PLAN ACTIVATION**

Use the Action on Alert algorithm at Table 2 in conjunction with the dynamic risk assessment models to help determine courses of action.
9. **ESCALATION PROCESS**

**Figure 1 - System-wide Escalation Process**

**NHS ENGLAND East Anglia Area Team**
Senior Manager On-Call - 07623 503850

**Cambridgeshire and Peterborough Clinical Commissioning Group**
Director On-Call (24/7)
Contact via SERCO Kingfisher House Reception - 01480 398500

*If for any reason you are unable to contact the Director On-Call, you may contact the Area Team Senior Manager On-Call in an emergency*

Notify Chairman and Inform Executive Team on declaration of a Critical Incident

**CPFT Director On-Call**
Access via SERCO Kingfisher House Reception - 01480 398500
Contact the Chief Executive to confirm nature of incident.

*If a critical incident is declared then the CCG needs to be informed.*

**Older People and Adult Community On-Call Manager**
Access via SERCO Kingfisher House Reception - 01480 398500

**Mental Health On-Call Manager**
Access via SERCO Kingfisher House Reception - 01480 398500

**Out of Hours: (5.00pm – 8.30am)** via Mental Health or Older People and Adult Community On-Call Manager
**In Hours: 8.30am – 5.00pm** – Local Service Managers
10. National Risk Register Matrix

Figure 2 - Indicative UK National Risks

(Walport, 2015)
11. RISK ASSESSMENT

The Trust response will be determined through the use of the situational risk assessment criteria detailed below. The following is not exhaustive but indicates the form of assessment that will be undertaken when the Director on Call / delegated Incident Director determines both the appropriate level of response and any subsequent escalation or de-escalation.

- The significance of the impact upon the NHS in terms of resources required to manage the response including events causing surge.
- Public perception/concern – issues of public confidence e.g. an incident with limited risk to the whole NHS might be escalated to a higher level if there is widespread community or media interest.
- Media attention – national, international.
- Implications for partners and partnerships – resources, reputation, reciprocity.
- Impact on the NHS reputation and relationships.
- Complexity of situation, and associated competencies for handling.
- Potential malicious incidents (act of terrorism, deliberate release, and hoaxes) will escalate the incident level.
- In the initial stages, the full implications of a potential or actual incident may not be evident. In these situations it is better to consider standing up an early and proportionate response and de-escalating (or escalating) this when the situation becomes clearer.
- Maintaining a defined state of staff readiness following de-escalation of an incident in case the situation escalates again (e.g. public riots), or for a very low level response with a protracted ‘tail’ to ensure that regional coordination can be provided when required.

An initial dynamic risk assessment should inform the discussions between senior staff with regard to defining an appropriate level of response. An assessment of the situation will determine what action needs to be taken.

Using the information at hand and taking account of a worst case scenario where knowledge is limited, consider the following and record all relevant information.
12. DECISION MAKING

Decision making will follow the Joint Emergency Services Interoperability Programme (JESIP) which is focussed on the interoperability of the police, fire and ambulance services in the early stages of a major or complex incident. The model is cyclical where each step logically follows another; the model allows for continued reassessment of the situation or incident where previous steps are revisited and updated as required.

The principles of the Joint Decision Model will also be applied by the CCG and partners to manage smaller scale incidents, wider area emergencies and pre-planned operations.

All decisions must be made with reference to the primary aim of any emergency response to be reasoned, lawful and justifiable, and to save lives and reduce harm.

TABLE 5 – JOINT DECISION MODEL
13. **OPERATIONS**

Incident Co-ordination Centre

The Incident Co-ordination Centre (ICC) will be located in the Board Room, Elizabeth House, Fulbourn, Cambridge.

Details for setting up the Centre are set out in the Incident Control Centre Establishment Guide, which is available in Resilience Direct, within the secure cabinet in the Board Room, and within the on call information.

Dependent upon the situation, alternative an ICCs may be considered at the Cavell Centre, and Redshank House meeting rooms where relevant equipment/information is also available.

In low risk/impact situations or in extremis, the Incident Co-ordination Centre could operate virtually.

The Incident Management Team will work with the Clinical Commissioning Group (CCG) Incident Management Teams / Incident Control Centres.

**Action Cards**

Action Cards for the IMT, and supporting functions are available in the secure cupboard in the Board Room at Elizabeth House. These are also outlined at Appendix 1.
**APPENDIX 1**

### ICC ACTION CARD - AC1

**Incident Leader / Director On-Call**

* Remember to record all action taken.

<table>
<thead>
<tr>
<th>Immediate Action</th>
<th>Alerting</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>- Alert Chief Executive (CEO to notify Chairman).</td>
</tr>
<tr>
<td></td>
<td>- Determine incident severity level (see section 1.3).</td>
</tr>
<tr>
<td></td>
<td>- Identify what, if any, support is required.</td>
</tr>
<tr>
<td></td>
<td>- Notify CCG Director on-call (via SERCO Tel: 01480 398500).</td>
</tr>
<tr>
<td></td>
<td>Carefully and precisely record incident details using the <strong>Emergency/Incident Message Report Form</strong>. Identify and communicate location of the Incident Control Centre (ICC) (see section 4).</td>
</tr>
<tr>
<td></td>
<td>- Establish and brief Incident Management Team members (IMT) (see section 4).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Secondary Actions:</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>It is vital that all messages are fully understood across the command and control tiers – this means communicating clearly and accurately.</td>
</tr>
<tr>
<td></td>
<td>- Control Access</td>
</tr>
<tr>
<td></td>
<td>An incident scene can be dangerous. Keep away from the scene unless you absolutely have to be there. Ensure this is communicated widely via command and control structure.</td>
</tr>
<tr>
<td></td>
<td>- Maintain Safety</td>
</tr>
<tr>
<td></td>
<td>Do not go in or near the incident scene unless you're absolutely clear about the dangers at your location and how you are going to stay safe. Remember your safety is your responsibility.</td>
</tr>
<tr>
<td></td>
<td>- Communicate awareness of:</td>
</tr>
<tr>
<td></td>
<td>1) approved access point;</td>
</tr>
<tr>
<td></td>
<td>2) any areas where people are not allowed to go;</td>
</tr>
<tr>
<td></td>
<td>3) any other hazards at the location that might affect safety.</td>
</tr>
<tr>
<td></td>
<td>4) agreed means of communication through the command and control tiers.</td>
</tr>
<tr>
<td></td>
<td>- Action Cards</td>
</tr>
<tr>
<td></td>
<td>Distribute action cards to relevant colleagues and follow instructions outlined (see ‘Action Card’ section of the folder).</td>
</tr>
<tr>
<td></td>
<td>- Loggist</td>
</tr>
<tr>
<td></td>
<td>Ensure all activity undertaken by the IMT is recorded within the Emergency Incident Record Book, or other appropriate tamperproof format.</td>
</tr>
</tbody>
</table>
**Deputy Incident Leader**

* Remember to record all actions taken.

<table>
<thead>
<tr>
<th>No</th>
<th>Action</th>
<th>Completed</th>
<th>Time / Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Assume responsibility as the Incident Management Team Deputy Chair.</td>
<td></td>
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</tr>
<tr>
<td>2.</td>
<td>Referring to the Incident Management Team Contact list, call the Admin Manager to set up Incident Control Centre (ICC).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Call in:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>i. Area Co-ordinator</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>ii. Communications Lead</td>
<td></td>
<td></td>
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<tr>
<td>4.</td>
<td>Ensure with the Admin Manager all internal Trust communications are in place.</td>
<td></td>
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<tr>
<td>5.</td>
<td>Ensure appropriate allocation of tasks within the Incident Management Team.</td>
<td></td>
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<tr>
<td>6.</td>
<td>Allocate appropriate members of the Incident Management Team to undertake liaison with specific groups.</td>
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<tr>
<td>7.</td>
<td>Provide timely updates to the Incident Leader.</td>
<td></td>
<td></td>
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<tr>
<td>8.</td>
<td>Ensure appropriate reporting to the Trust management structure, including reports to the CPFT Trust Board, as necessary.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>Identify individual / individuals to monitor the aftermath of the Critical Incident after ‘Stand Down’ has been agreed.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>Post – incident, collect and secure all records and notes relating to the incident and hand them over to the Incident Leader.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>Undertake tasks as delegated by the Incident Leader.</td>
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</tbody>
</table>
### ICC ACTION CARD – AC3

**Area Co-ordinator**

* Remember to record all actions taken.

<table>
<thead>
<tr>
<th>No</th>
<th>Action</th>
<th>Completed</th>
<th>Time / Date</th>
</tr>
</thead>
</table>
| 1. | Referring to the current on-call rota contact the two on-call Managers and convey the following information:  
- The nature of the Critical Incident  
- The Critical Incident message i.e. Standby or activate plan  
- Where and when the Incident Management Team will convene and who will be required beyond the core team |           |             |
| 2. | Attend the Incident Management Team meeting as instructed by the Deputy Incident Leader to be part of the management of the critical incident.                                                        |           |             |
| 3. | Strategically co-ordinate the Area Operational Team Managers response to the Incident during and after the IMT meeting.                                                                              |           |             |
| 4. | Ensure appropriate allocation of tasks to the Area Operational Team Managers.                                                                                                                            |           |             |
| 5. | Provide timely updates to the Incident Leader or Deputy.                                                                                                                                                 |           |             |
| 6. | Contribute to the identification of individual / individuals to monitor the aftermath of the critical Incident after ‘Stand Down’ has been agreed.                                                     |           |             |
| 7. | Post – incident, collect and secure all records and notes relating to the incident and hand them over to the Deputy Incident Leader.                                                                     |           |             |
| 8. | Undertake tasks as delegated by the Incident Leader or Deputy.                                                                                                                                            |           |             |
During a Critical Incident, the Incident Management Team **may** consider that it needs to have a Trust Emergency Planning Liaison Officer represent the organisation at a specific location or with one of the agencies or organisations that are involved in the Critical Incident. For example, at an Acute Trust or at a multi-agency Tactical or Operational group.

It may be that during a Critical Incident an agency or organisation may request the presence of an Emergency Planning Liaison Officer.

The Emergency Planning Liaison Officer should be a manager with a broad knowledge of the workings of the Trust and be able to make their presence felt at any multiagency forum. The Incident Leader will determine who this should be at the time of the incident.

<table>
<thead>
<tr>
<th>No</th>
<th>Action</th>
<th>Completed</th>
<th>Time / Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Start your Critical Incident Occurrence Log.</td>
<td></td>
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<tr>
<td>2</td>
<td>Receive a brief from the IMT Incident Leader noting the significant issues. Use the memory aid SMEAC below.</td>
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<tr>
<td></td>
<td><strong>S</strong> – <strong>Situation</strong> – Situation brief</td>
<td></td>
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<tr>
<td></td>
<td><strong>M</strong> – <strong>Mission</strong> - What your task will be</td>
<td></td>
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<tr>
<td></td>
<td><strong>E</strong> – <strong>Execution</strong> - How you will carry out you task – what equipment, if any, you will have to take with you etc.</td>
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<tr>
<td></td>
<td><strong>A</strong> – <strong>Any questions</strong> - From you to the Incident Leader.</td>
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<tr>
<td></td>
<td><strong>C</strong> – <strong>Clarification</strong> – The Incident Leader may ask you one or two questions to check your level of understanding of the situation.</td>
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<tr>
<td>3</td>
<td>Ensure that you have all the relevant IMT contact information:-</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>• Telephone No’s BT</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Telephone No’s Mobile</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>• Fax No’s</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Email addresses</td>
<td></td>
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<tr>
<td>4</td>
<td>On arrival at your new location, report your arrival to the person or agency/organisation as directed during the briefing in 2 above.</td>
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</tr>
<tr>
<td>No</td>
<td>Action</td>
<td>Completed</td>
<td>Time / Date</td>
</tr>
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<td>----</td>
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<tr>
<td>5</td>
<td>Determine where your “base” will be. Either an office or within a particular area or with a particular team/organisation/agency.</td>
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<tr>
<td>6</td>
<td>Determine your contact details at your new location.</td>
<td></td>
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<tr>
<td>7</td>
<td>Contact the CPFT NHS Foundation Trust Incident Leader and/or Deputy Incident leader and pass on your location communication links/contact details.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Obtain a Situation Report (SITREP) from the organisation/agency and pass this on to the CPFT NHS Foundation Trust Incident Management Team.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>In collaboration with other staff at your location, input into, understand, facilitate and support, if required, the key decisions and actions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Ensure decisions/actions/information requirements and periodic updates/SITREPS are forwarded to the CPFT NHS Foundation Trust Incident Management Team.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Consider the need for any Health Service Mutual Aid with the CPFT NHS Foundation Trust Incident Management Team.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>The duration of Critical Incident may require that you have to be relieved. If so, you will be required to provide a comprehensive briefing to the oncoming Trust Emergency Planning Liaison Officer.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Ensure your occurrence logs, notebooks, telephone sheets used are collected and given to the Trust’s Incident Leader, and ensuring all documentation used is dated, timed and signed.</td>
<td></td>
<td></td>
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<tr>
<td>14</td>
<td>Participate in post-incident debriefing and assist the compilation of a Post Incident Report.</td>
<td></td>
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</tr>
</tbody>
</table>
**Admin Manager**

* Remember to record all actions taken.

<table>
<thead>
<tr>
<th>No</th>
<th>Action</th>
<th>Completed</th>
<th>Time / Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Referring to the Incident Management Team Contact list, call in:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td> Loggist</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td> Admin support</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td> And alert the Emergency Planning Team.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Set up Incident Control Centre – including opening building, arrange room, check systems working, provision of resources.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Confirm internal communication arrangements (email address, telephone line and fax numbers) along with the Incident Management Team Deputy Incident Leader.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Confirm external communication arrangements with other responders (email address, telephone line and fax numbers) along with the Communication Lead.</td>
<td></td>
<td></td>
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<tr>
<td>5.</td>
<td>Ensure appropriate management of admin support including shift rotas, provision of breaks, monitoring of workload etc.</td>
<td></td>
<td></td>
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<tr>
<td>6.</td>
<td>Ensure provision of hospitality, as appropriate.</td>
<td></td>
<td></td>
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<tr>
<td>7.</td>
<td>Maintain appropriate stocks of stationery within the Incident Control Centre.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Act as the Incident Management Team focal point for Information &amp; Technology matters.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>Liaise, as appropriate, with organisation providing services within SLAs in partnership e.g. SERCO with the Incident Management Team Deputy Incident Leader.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>Act as the Incident Management Team focal point for all administrative functions.</td>
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<td></td>
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<tr>
<td></td>
<td>Undertake tasks as delegated by the Incident Management Team.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ensure all documentation used in the control centre is dated, timed and signed and kept safely locally.</td>
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<td></td>
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<tr>
<td>---</td>
<td>------------------------------------------------------------------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Ensure hand over of all documentation to the deputy incident leader.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Loggist**

* Remember to record all actions taken.

<table>
<thead>
<tr>
<th>No</th>
<th>Action</th>
<th>Completed</th>
<th>Time / Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Open, maintain and keep secure the Incident Management Team Incident Log which is in the Elizabeth House Critical Incident Cupboard (Boardroom) or Critical Incident Admin Box in the non HQ locations.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Accurately record all actions and decisions taken by the Incident Management Team. Ensure that all decisions are agreed by the Incident Leader/Deputy.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Ensure all documentation such as flips charts, maps, faxes, messages, occurrence logs are also accurately referenced and included in the IMT Log.</td>
<td></td>
<td></td>
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<tr>
<td>4.</td>
<td>Ensure hand over of all documentation to the deputy incident leader.</td>
<td></td>
<td></td>
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<tr>
<td>5.</td>
<td>Undertake tasks as delegated by the Incident Management Team.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Ensure appropriate handover is undertaken at the end of your session.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>When loggist is not recording and working in the Incident Control Centre they will report to the admin manager.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**APPENDIX 1**

**ICC ACTION CARD – AC7**

**Admin Support**

* Remember to record all actions taken.

<table>
<thead>
<tr>
<th>No</th>
<th>Action</th>
<th>Completed</th>
<th>Time / Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Assist the Incident Management Team Admin Manager to set up the Incident Control Centre.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Assist the recording of information into and out of the Incident Control Centre and ensure Loggist has all information produced at regular intervals and at the end of a shift.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Work, as directed, to man telephones – ensuring that all calls are logged and recorded.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Assist the Incident Management Team Admin Manager with stationery stock control.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Assist the Incident Management Team Admin Manager with welfare arrangements.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Assist the Incident Management Team Admin Manager with general admin duties.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Undertake tasks as delegated by the Incident Management Team Admin Manager.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Ensure hand over of all documentation to the Admin Manager, and ensuring all documentation used in the control centre has been dated, timed and signed.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**APPENDIX 1**

**ICC ACTION CARD – AC8**

**Area Operational Team Manager**

* Remember to record all actions taken.

<table>
<thead>
<tr>
<th>No</th>
<th>Action</th>
<th>Completed</th>
<th>Time / Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>a) Receive phone call from the Area Support Officer in the Incident Management Team. They will inform you of the following:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- The nature of the Critical Incident</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- The Critical Incident message i.e. standby or activate plan</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Where and when the Incident Management Team will commence</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>- Any specific instructions for you</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b) Establish if you need to create an office base and / or bring any local staff together to aid operation.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Supervise and co-ordinate operational service teams within your designated geographical area as instructed by the Incident Management Team.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>In discussion with the Area Co-ordinator, conduct assessment of needs of services and input into decisions to increase or decrease service resources as appropriate. (E.g. more input into work with vulnerable groups, decrease set clinics such as speech therapy).</td>
<td></td>
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<tr>
<td>4.</td>
<td>Co-ordinate staff resources in liaison with Area Co-ordinator.</td>
<td></td>
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<tr>
<td>5.</td>
<td>Alert Area Co-ordinator if need to involve Mutual Aid.</td>
<td></td>
<td></td>
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<tr>
<td>6.</td>
<td>Co-ordinate clinical and older peoples social care response to Mutual Aid requests as directed by the Area Co-ordinator.</td>
<td></td>
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</tr>
<tr>
<td>7.</td>
<td>Ensure appropriate support to Rest Centres, as directed by the Area Co-ordinator.</td>
<td></td>
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</tr>
<tr>
<td>8.</td>
<td>Provide information and liaise with the emergency services and local authorities, near to the scene if necessary.</td>
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<td></td>
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<tr>
<td>9.</td>
<td>Ensure appropriate advice is given to patients locally as led by the Communications Lead.</td>
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<tr>
<td>10.</td>
<td>Ensure appropriate input into communication strategies via the Communications Lead.</td>
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<tr>
<td>11.</td>
<td>Ensure identification of vulnerable groups and that appropriate actions are taken to safeguard them.</td>
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</tr>
<tr>
<td>12.</td>
<td>Provide input into Risk Assessments as necessary.</td>
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<td></td>
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<tr>
<td>13.</td>
<td>Undertake tasks as delegated by the Area Co-ordinator.</td>
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<td></td>
</tr>
<tr>
<td>14.</td>
<td>Ensure hand over of all documentation to the deputy incident leader and ensuring all documentation used in the control centre has been dated, timed and signed.</td>
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</tr>
</tbody>
</table>
**ICC ACTION CARD – AC9**

**Communications Lead**

* Remember to record all actions taken.

*Note - If Strategic Co-ordinating Group (SCG) Media Support Group in operation, all instructions for dealing with the media locally will come from this group. The communications lead will work with this group to meet collective agenda and objectives as required.*

<table>
<thead>
<tr>
<th>No</th>
<th>Action</th>
<th>Completed</th>
<th>Time / Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Attend the Incident Management Team meeting as instructed by the Deputy Incident Leader to be part of the management of the critical incident. Establish communications links with CCG Communications lead.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Provide initial advice on media implications to the Incident Management Team and follow the communications plan.</td>
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<tr>
<td>3.</td>
<td>Draft initial media statements for approval.</td>
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<tr>
<td>4.</td>
<td>Ensure appropriate authorisations for information to be released.</td>
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<td></td>
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<tr>
<td>5.</td>
<td>Liaise with Press Officers in other organisations as necessary (e.g. Police).</td>
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<tr>
<td>6.</td>
<td>Organise and manage media briefings, interviews, statements including provision of area to locate media representatives in liaison with partner agencies.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Briefing spokespersons according to the position agreed by the Incident Management Team (or SCG (Gold) Media Support Group if in operation).</td>
<td></td>
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<tr>
<td>8.</td>
<td>Act as the point of contact between the Incident Management Team and the Media.</td>
<td></td>
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<td>9.</td>
<td>Liaise with other members of the Incident Management Team in providing appropriate advice, communication briefings (HR, Services and Medical Lead).</td>
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<tr>
<td>10.</td>
<td>Advise on and manage incident communications to all Trust staff, co-ordinating, drafting, getting approval for and disseminating all incident staff communications.</td>
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<td>11.</td>
<td>Ensure CPFT patients and service users, their relatives and families (depending on type of incident) are kept informed of situation as appropriate.</td>
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<tr>
<td>12.</td>
<td>Where necessary, requesting assistance from other NHS communications leads.</td>
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<tr>
<td>13.</td>
<td>Set up and maintain a Media Log using the Occurrence Log form. It is essential to keep a list of everyone who has been called, all media contacts to the organisation, and all information given. Log times and dates throughout the incident.</td>
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<tr>
<td>14.</td>
<td>Monitor communications throughout the incident on TV, Radio Social Media and print.</td>
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<tr>
<td>15.</td>
<td>Evaluate communications activities after the incident.</td>
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<tr>
<td>16.</td>
<td>Undertake tasks as delegated by the Incident Leader.</td>
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</table>
**APPENDIX 1**

**ICC ACTION CARD – AC10**

**Medical Lead**

* Remember to record all actions taken.

<table>
<thead>
<tr>
<th>No</th>
<th>Action</th>
<th>Completed</th>
<th>Time / Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Provide medical advice to the Incident Management Team.</td>
<td></td>
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<tr>
<td>2.</td>
<td>Ensure appropriate provision of medical and clinical services.</td>
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<tr>
<td>3.</td>
<td>Liaise with on-call clinicians both within CPFT and other organisations as appropriate.</td>
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<tr>
<td>4.</td>
<td>Provide input into communication strategies and briefings for Cambridgeshire and Peterborough Clinical Commissioning Group.</td>
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<tr>
<td>5.</td>
<td>Participate in post – incident debriefing and assist the compilation of a Post Incident Report.</td>
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</tbody>
</table>
### ICC ACTION CARD – AC11

Information Governance, Data and Management Information Lead

* Remember to record all actions taken.

<table>
<thead>
<tr>
<th>No</th>
<th>Action</th>
<th>Completed</th>
<th>Time / Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Contribute to the Incident Management Team’s analysis of the situation and request for help and resources.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Provide DATA advice following assessment of the situation according to the Data Protection Act 1998 and the Caldecott Principles should be adhered to ensure a high standard of record keeping and to ensure best practice is followed.</td>
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<tr>
<td>3.</td>
<td>Implement procedures to ensure DATA Policies are monitored.</td>
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<tr>
<td>4.</td>
<td>Report the DATA implications of the incident to the appropriate structures within the Trust so that the Chief Executive is aware of risks.</td>
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<tr>
<td>5.</td>
<td>Participate in post – incident debriefing and assist the compilation of a Post Incident Report.</td>
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</table>
## INCIDENT CONTROL CENTRE

### Standard Meeting Agenda

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Description</th>
<th>Lead Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Introduction</td>
<td>Chair</td>
</tr>
<tr>
<td></td>
<td>• Purpose</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Attendees</td>
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</tbody>
</table>
| 2.       | Situation Update  
*The chair will provide those present with an overall update of the current and anticipated situation. Those present should only interject where it is necessary to clarify or augment this update with pertinent information.* | Chair / Briefing Officer |
| 3.       | Declaration of Items for Urgent Attention | Chair |
| 4.       | Decision on Items for Urgent Attention | Chair |
| **Urgent items for attention (as identified above)** | | |
| 5.       | Review and Agree Aim & Objectives | All |
| 6.       | Actions:  
I) Review progress on existing actions.  
II) Discuss continuance of existing actions or new actions required.  
III) Allocation of actions to agencies with agreed parameters and deadlines. | Chair / All |
| 7.       | Any other matters for multi-agency consideration | All |
| 8.       | Consideration of Forward Planning & business continuity matters | All |
| 9.       | Confirmation of priorities & main effort | Chair |
| 10.      | Arrangements for next meeting  
I) Time  
II) Location  
III) Chair & lead agency  
IV) Items for the Agenda (to be circulated in advance)  
V) Required attendance | Chair |
### INCIDENT DETAILS:

<table>
<thead>
<tr>
<th>Incident Date:</th>
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<tr>
<td>Incident Details:</td>
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<td>Incident Status:</td>
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<tr>
<td>SITREP Ref:</td>
<td>SITREP No.1 (Date…………………… @ Time……………………)</td>
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### SITREP DETAILS:

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<tr>
<td>Time:</td>
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</tr>
<tr>
<td>Attendees:</td>
<td>Present:</td>
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<td></td>
<td>By Phone:</td>
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<tr>
<td>Discussion:</td>
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</tbody>
</table>

Details of next SITREP:
## SITUATION REPORT (SITREP)

### *** OFFICIAL***

**EXTERNAL USE**

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<table>
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<tr>
<td><strong>SITREP To:</strong></td>
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<td><strong>Date:</strong></td>
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<td><strong>Time:</strong></td>
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<td><strong>SITREP No:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Contact Details:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Location of Trust Emergency:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Major Incident Stand-by (inc. Date and Time of Declaration):</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Exact Location / Geographical area of Incident</strong></td>
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<tr>
<td><strong>Type of Incident:</strong></td>
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<tr>
<td><strong>Hazards:</strong></td>
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<tr>
<td><strong>Best Route/Access:</strong></td>
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<tr>
<td><strong>Casualties:</strong></td>
<td></td>
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<tr>
<td><strong>Emergency services Required:</strong></td>
<td></td>
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</tbody>
</table>
INITIAL INCIDENT RECORD FORM

On receiving a warning message or an alert call the following information should be carefully recorded.

Time:
Date:
Caller’s Name:
Caller’s Phone Number:
Caller’s Organisation:
Caller’s Location:

Your Name:
Your Signature:

INFORMATION:

Declaration: Major Incident: □ Stand-by: □

Exact location/geographical area of incident:

Type of Incident: (Flooding / Fire / Utility failure/ CBRN / Numbers of vehicles / Trains or buildings involved / Disease outbreak etc.)

Are there any early indications if the incident may be an act of terrorism or a crime?

Hazards: (Present and potential)
Access:

Best routes for access and egress/ inaccessible routes:

**Number of Dead /Casualties:** *(Types / numbers of dead /casualties/ displaced persons / vulnerable groups)*

Emergency Services At Scene / Required:

**ANY OTHER INFORMATION:**

*** Start a Log of events and/or actions ***
COMMUNICATION FLOW DIAGRAM

ICC Communications Separation of Duty

- Agree how IMT will operate, allocate roles and make sure that team members understand their roles, ways of working, frequency and format of progress meetings, methods of communicating and reporting.
  - Ensure there is admin support for IMT and all decisions and actions are recorded on Incident Log.
  - Agree frequency of required update from the named liaison personnel.

- Confirm who will be the liaison point for building/facilities, IT and Telephony, staff welfare issues, business issues, internal and external communications.
  - If required, liaise with IT to arrange for inbound telephone calls to be diverted to an alternative number.
  - Liaise with Communications Staff to develop & implement a comprehensive communications plan, including reference to any disruptions to Services, Building, Telephony and IT Systems.

- Confirm business/operational priorities and ensure resources are made available to support them using the Situation Report.
  - Ensure regular communication with teams to keep staff informed of developments (including what might be expected of them and when), confirm any alternative working arrangements or business priorities, note any serious issues, staff welfare, client concerns or available resources.

- Monitor the delivery of critical activities, identify and respond to any additional support requirements.
EMERGENCY PLANNING RESILIENCE AND RESPONSE (EPRR)

CORPORATE BUSINESS CONTINUITY PLAN

Version 5.0
<table>
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<tr>
<th><strong>Document Control</strong></th>
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<tr>
<td><strong>Document Title:</strong></td>
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<tr>
<td><strong>Author:</strong></td>
</tr>
<tr>
<td><strong>Sponsor/Executive:</strong></td>
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<td><strong>Responsible Committee:</strong></td>
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<td><strong>Ratified by::</strong></td>
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<td><strong>Consultation and Approval:</strong></td>
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<td><strong>This document replaces:</strong></td>
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<td><strong>Date ratified:</strong></td>
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<td><strong>Date issued:</strong></td>
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<td><strong>Version:</strong></td>
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<td><strong>Purpose of Document:</strong></td>
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<td><strong>If developed in partnership with another agency, ratification details of the relevant agency:</strong></td>
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</table>
| **In line with national guidelines:** | Civil Contingencies Act 2004  
NHSE Emergency Preparedness Framework 2013  
NHSE Core EPRR Standards  
NHS Commissioning Board Framework  
CQC Regulations |

Signed on behalf of the Trust: ......................................................... Chief Executive

**Elizabeth House, Fulbourn Hospital, Fulbourn, Cambs, CB21 5EF**

All amendments to the Corporate Business Continuity Plan (CBCP) will be issued under an amendment reference number and recorded in the document control table below.
It is recommended that the document is printed in full to ensure that all minor changes to text, formatting and content changes are reflected in printed copies held by individuals and services.

<table>
<thead>
<tr>
<th>Date</th>
<th>Reference</th>
<th>Details</th>
<th>Lead</th>
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</thead>
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<td>August 2013</td>
<td>Version 1.0</td>
<td>BCP review and issue.</td>
<td>Risk Manager</td>
</tr>
<tr>
<td>September 2014</td>
<td>Version 2.0</td>
<td>BCP review.</td>
<td>Risk Manager</td>
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<tr>
<td>April 2016</td>
<td>Version 3.0</td>
<td>Harmonisation of transferring services</td>
<td>Head of Emergency Planning</td>
</tr>
<tr>
<td>Summer 2018</td>
<td>Version 4.1</td>
<td>Review</td>
<td>Emergency Planning Manager</td>
</tr>
<tr>
<td>November 2018</td>
<td>5.0</td>
<td>Review and refresh of entire document</td>
<td>Emergency Planning Manager</td>
</tr>
</tbody>
</table>

**Classification**

This document is classified ‘Official’. Content includes information on routine business operations and services, some of which could have damaging consequences if lost, stolen or published in the media, but are not subject to a specific heightened risk profile.
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Trust Background
Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) are a provider of integrated community, mental health and children’s services. The Trust employs more than 4,000 staff at locations across the whole of Cambridgeshire and parts of Norfolk.

CPFT also is a designated Cambridge University Teaching Trust and a member of Cambridge University Health Partners, one of only five Academic Health Science Centres in England.

Services include:
- Children’s services
- Adult mental health services
- Older people's healthcare and adult community services
- Psychological well being services
- Psychological medicine services
- Older people’s mental health services
- Forensic and specialist mental health services
- Substance misuse services
- Specialist learning disability services
- Regional mental health services

Community learning disability services are provided by the Cambridgeshire Learning Disability Partnership and the Peterborough Learning Disability Partnership. In-patient psychiatric intensive assessment and support services for people with learning disabilities are provided by the Trust in collaboration with the Learning Disability Partnerships.

We also provide nationally recognised specialist services to people across the East of England and nationally with particular expertise in:

- Specialist eating disorder services for adults and young people
- Services for adults with personality disorders
- Complex cases
- Early intervention in psychosis
- Child and adolescent in-patient services
- Multi-systemic therapy
- Specialist learning disability services
Scope and Objectives
The Chief Executive has overall responsibility for emergency preparedness, resilience, response and recovery. However, the Director of Corporate Affairs holds delegated responsibility for the overview, planning, continuous improvement and delivery of the emergency preparedness agenda.

This is delivered to the Trust by the Risk and Emergency Planning Forum. The Forum ensure staff training takes place, appropriate engagement with local partners occurs and a reliable and skilled management structure is in place.

All CPFT employees have a responsibility to familiarise themselves with the content of this plan and their relevant Operational Team Business Continuity Plans (OBCPs), not only to monitor their individual areas of responsibility as preparation for a response to any incident, but also to feedback useful information and suggested improvements.

A Business Continuity incident may be a single occurrence which affects the ability of the organisation to continue offering service(s) as ‘business as usual’, or a composite of a number of individual impacts which together create exceptional challenges for the organisation. In either case, events will require simultaneous, coordinated management and response.

At the most extreme, the combined efforts of the wider heath community may be required. Ultimately, the CBCP and associated documents and processes must aim to facilitate a return to a normality which may be the same or improved over previous process.

Recent examples of significant Business Continuity incidents in CPFT include:

- Disruption to inpatient catering supplies due to bad weather
- Widespread failure of IT systems and processes, caused by a number of different events.

The CPFT Business Continuity Management System consists of two principal components:

- This Corporate Business Continuity Plan (CBCP) provides the corporate framework for CPFT including assessment of high-level corporate risks which can be found at Appendix 2 – Corporate Strategic Risks, p18.
- Operational Business Continuity Plans (OBCP’s), the ‘local’ service area profile detailing the local mitigation of corporate specified risks and identification of specific localised issues through Business Impact Assessments completed by local managers. The BIA form can be found at Appendix 3 – OBCP Business Impact Assessment, p19.
- Further, reflecting the disparate estate and dispersed nature of the organisation, a number of key corporate themes are addressed for local application in the OBCPs
  - Access to premises
In the event of a significant Business Continuity incident, the Corporate Critical Incident and Incident Operations Centre (IOC) plan should be referenced for additional information on escalation and response.

The CPFT Emergency Preparedness, Resilience and Response Framework, highlighting the multitude of interdependencies can be found at Appendix 1 – CPFT EPRR Framework, p17.

This document has been prepared in accordance with:

- Civil Contingencies Act 2004
- Healthcare and Social Care Act 2012
- NHS England Core Standards for Emergency Preparedness, Resilience and Response (EPRR)
- Work of other relevant partner organisations and groups (Cambridgeshire and Peterborough Local Resilience Forum – CPLRF and appropriate sub-groups).
How to use the Corporate Business Continuity Plan
The main text of the document contains detail surrounding context and interdependencies within Emergency Planning Resilience and Response (EPRR).

Checklists and process documents are contained in the appendices and where relevant referenced within the text. Some frequently updated documentation which will be used only during an incident can be found on ResilienceDirect.

All CPFT employees have a responsibility to familiarise themselves with the content of this plan and their relevant OBCPs, not only to monitor their individual areas of responsibility as preparation for a response to any incident, but also to feedback useful information and suggested improvements.

Comments and feedback should be directed to the EPRR Team:
- T: +44 1480 420157
- E: cpft.emergencyplanning1@nhs.net

The effectiveness of this plan will be monitored through the Risk and Emergency Planning Forum and formally reported to the Quality Compliance Executive Group (QCEG), and Quality Safety and Governance Board Sub-Committee (QS&G). The QS&G Board Sub-committee will receive reports by exception detailing the outcomes and recommendations from significant incidents, exercises and other EPRR activity.

Detailed roles and responsibilities for CPFT individuals and groups can be found at Appendix 4 – CPFT Internal Roles and Responsibilities, pp20.
Training & Exercising

Detailed roles and responsibilities for CPFT individuals at Appendix 4 – CPFT Internal Roles and Responsibilities, pp20.

As a minimum, all NHS organisations are required to undertake:

- A live or simulated exercise every three years;
- A desktop exercise every year; and
- A communications exercise every six months (Ex STARLIGHT).

The Risk & Emergency Planning Forum will support this by:

- Identifying and prioritising training needs required to implement emergency plans
- Compiling a training programme that covers induction, refresher training and role specific training at each command level within the organisation, and;
- Co-ordination and monitoring of appropriate internal and external exercises

CPFT participates in local and regional communication tests and also county and regional table top exercises and development sessions.

Records of training and exercising are maintained by the EPRR Team.

ResilienceDirect (RD)

RD is a web-based document management tool provided by Cabinet Office for the Resilience Community.

CPFT EPRR uses the service to publish, store and distribute documentation for On-Call managers. The system will, where required and appropriate be used for incident briefing and management. All on-call officers require access to the system to ensure they have access to required documents and information.

Some highly prescriptive (and frequently updated) process documentation detailing the recommended response to certain triggers, incidents and scenarios is published on the CPFT Resilience Direct (RD) platform. Any incidents requiring the use of these documents will likely involve the CPFT Corporate on-call staff, as an Incident Management Team, who have full access to the system and can access documents as required.

Contact the EPRR team in the first instance for further information.
Triggers and Escalation

The presumption in most business disruption and minor incidents is toward local resolution, followed by reporting and review as required. Escalatory support from management is available when required.

All staff should familiarise themselves with the route of escalation within CPFT. This can be found at Appendix 6 – Internal Incident Escalation Process, pp24.

Critical and Serious Incidents

CPFT or any individual agency can declare a local critical incident when their own facilities and/or resources are overwhelmed. The accepted term for incidents involving more than one agency is Major Incident.

A range of scenarios may lead to CPFT declaring a critical incident individually or as part of a wider system-wide or multi-agency incident response have been identified by central government. A representative list of these can be found at

The decision to declare a CPFT critical incident will rely on information gathered through the CPFT Internal Incident Escalation Process, personal knowledge and experience of the individuals and teams involved and by default will lead to activation of the critical incident plan.

Any declaration of a critical incident by CPFT must be notified to the Cambridgeshire and Peterborough CCG Director On-call at the earliest opportunity:

- CCG Director on Call via SBS switchboard (24hrs):
  - T: 01480 398500
- Request contact is made with the CCG Director on-call
- Ensure the call handler takes your name and contact details

If local resolution or consultation with the CPFT on-call is unsuccessful, the on-call manager will escalate to the Director On-Call. The Director On-Call may also be contacted by external agencies e.g. the CCG in the event of a major incident occurring outside of the Trust. See Appendix 9 – Escalation Process for Internal and External Critical Incidents, pp28 for the external information flows.

During a significant incident or service disruption the Trust may choose to activate its Incident Management Team to provide leadership, decision making and accurate communication across the Trust. See Appendix 8 – Incident Coordination Centre (ICC) Aide Memoir, pp 27 and Section 5 of CPFT ResilienceDirect On-call for IMT action cards.

- Access the CPFT Resilience Direct area
- Access the Corporate On-call area
- Access Section 5 – Incident Control Centre
- Action cards are document prefixed ‘AC’
Escalation and de-escalation

Escalation or de-escalation through the incident levels need not occur sequentially but will be driven by the nature, scale and complexity of incidents. Any incident response can be changed following review, including a risk assessment, of the strategic direction and operational management of the incident.

Criteria for Escalation

- An Increase in the UK threat level. This is principally related to changes in the government assessment of risks from terrorism
  - See section 4 of CPFT ResilienceDirect On-call area.
  - Access the CPFT Resilience Direct area
  - Access the Corporate On-call area
  - Access Section 5 – Incident Control Centre
  - Action cards are document prefixed ‘AC’
- Increase in geographic area or population affected
- The need for additional CPFT resources or NHS external resources
- Increased severity of the incident
- Increased demands from Department of Health, partner organisations or other responders within the NHS
- Heightened public or media interest
- Establishment of COBR
- CPFT and the NHS as a whole has immediate actions to take where threat level reaches critical.

Criteria for De-escalation

- Reduction in incident resource requirements
- Reduced severity of the incident
- Reduced demands on the NHS from DH, partner organisations or other responders
- Reduced public or media interest
- Decrease in geographic area or communities affected
- Decreased UK threat level

All response level changes need to be communicated both internally and externally, as appropriate. A brief description of the resource implications of the new level should be included.
Command & Control
All CPFT employees should be aware of the following command and control terms.

Strategic Command/Incident Commander
- The Executive Team will act as strategic command, led by the Chief Executive (or their deputy). This individual is responsible for liaising with partners to develop the wider strategy and allocate resources as appropriate in order to deal with the incident. Strategic command will delegate actions to Tactical Command for action.
- This group is responsible for notifying the Chief Executive, the Chairman and Executive members, including the Clinical Commissioning Group (CCG).

Tactical Command
- The Senior Management Team will act as Tactical Command for CPFT, responsible for directly managing the organisation’s response to the incident and will develop a plan to ensure objectives set by Strategic Command are achieved.

Operational Command
- Operational Command will be responsible for managing the main working elements of the response to an incident. This level also has a key role feeding information to Tactical and Strategic command, ensuring they have information to make informed and rational decisions.

Escalation or de-escalation through the incident levels need not occur sequentially but will be driven by the nature, scale and complexity of incidents combined with the expectations of the overall response. Any incident response can be changed following a review, including a risk assessment, of the strategic direction and operational management of the incident.
Critical Services
CPFT provide integrated physical and mental health services for adults and older people; specialist mental health and learning disability services; children and young people’s mental health services; children’s community services (in Peterborough); social care; and ground-breaking research in all areas of Cambridgeshire. Some eating disorder services are also provided in Norfolk.

CPFT Executive Management applies a level of priority to all clinical services. This assists with the continuation or structured restoration of services following critical or business continuity incidents.

Clinical services will rely on a range of support and corporate services to continue operating at their most effective in the same disruptive circumstances.

Priority Clinical Service Areas
Priority 1 – High Risk
- In-patient areas
- Joint Emergency Teams (JET)
- Crisis Resolution and Home Treatment Teams (CRHT)
- First Response Service (FRS)
- Out of Hours Services

Priority 2 – Medium Risk
- Child & Adolescent Mental Health Services (CAMH)
- ARC (Advice and referral service – mental health)
- AMPH service
- Mental Health Locality Teams
- Neighbourhood teams
- Infection Prevention and Control

Priority 3 – Low Risk
- Minor Injuries Units (MIU)
- Speech and Language Team (SALT)
- Podiatry
- Radiography
- Therapy services
- Specialist nursing and pathway services
- Out Patient Services
- Rehabilitation

Priority Support & Corporate Service Functions
Priority 1 – High Risk
Communication and Engagement
Estates provision (support for operational delivery)
Data Analytics (support for operational delivery)
IT
Priority 2 – Medium Risk
Finance
Human Resources

Priority 3 – Low Risk
Learning and Development
Commissioning and Contracting
Corporate Affairs

**Business Impact Analysis and Risk Assessment**
The corporately assessed Strategic Risks can be found at Appendix 2 – Corporate Strategic Risks, pp18.

A model Business Impact Assessment, as contained within the Operational Business Continuity Plans can be found at Appendix 3 – OBCP Business Impact Assessment, pp19. Mitigation Strategies are contained within each Service Continuity Plan.

The content of the OBCPs can be found at Appendix 5 – Content of Service Continuity Plans, pp23.

**Standing Risk Assessments**
Led by the Risk Reduction Group, the Trust has risk assessments in place for specific service disruption triggers deemed to be high risk for the Trust. These can be located at Appendix 7 – Standing Risk Assessments, pp25.
Post-Incident Recovery and ‘New Normal’

The recovery phase should begin at the earliest opportunity and should run in parallel with the response. As previously stated, it may last much longer than the response phase, and should 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.

Recovery from any significant incident or emergency is imperative and requires a combined co-ordinated approach, from either the affected internal area/s or multi-agency, this will be dependent on the type and scale of the affecting incident.

It can often be a complex process, involving many different elements of an organisation apart from those involved in the operational response.

It can also be a protracted process and likely be subject to scrutiny – both from within the organisation, and externally from the public and media. It may also offer opportunities for service redesign and changes to operational practice.

The Incident Management Team will determine the time for CPFT to ‘Stand Down’ from emergency procedures. This decision will not necessarily coincide with receipt of notification or Stand Down by other agencies.

It is essential that mechanisms are in place to ensure all staffs are informed that the incident is over.

Before ‘Stand Down’, the Incident Leader will identify individual/s to continue monitoring the situation and lead the recovery process.

Following ‘Stand Down’, debriefing sessions, counselling and support for staff and families involved in the incident will be arranged.

The post-incident state of normality will different to pre-incident and that a new normality will exist.
Incident De-briefing
A hot debrief will occur as soon as possible after a critical incident has been closed in order to identify outcomes for review and the likely support required for staff, patients and public affected. The incident lead will coordinate the internal hot debrief. It will be the responsibility of the Sub-Regional Team to co-ordinate a health-system wide de-brief if appropriate.

The debrief takes place to identify issues that need to be addressed. It is recommended that they are attended by all staffs that have been a part of the response in order to review processes and systems based on what went well, what did not go so well and what needs to changed. The process of debrief will provide a support mechanism to those at risk from stress which is a critical element of the debrief process.

Debrief stages are as follows:
- Hot debrief: Immediately after the incident led by the Incident lead/ service manager.
- Organisational debrief: Within two weeks post incident; led by the Chief Executive.
- Multi-agency debrief: Within one month of incident where there has been multi-agency involvement; and
- Post incident reports: Will be provided by the nominated managers within six weeks of the incident. These should be supported by action plans and recommendations in order to update any relevant plans and outline any training and further exercising required. These must be reinforced by achievable time frames.
### Appendix 1 – CPFT EPRR Framework

**EPRR Critical Incident Plan**
- Corporate Business Continuity Plan
  - Governance arrangements
  - Context and approach to emergency planning
  - What constitutes a critical incident?
  - Risk assessment
  - Command and control
  - What to do/incident response
  - Action cards
  - Strategic/Corporate Business Impact Analysis
  - Critical services/priority areas
  - Prioritised activities
  - Skeleton staffing/redeployment plan
  - Activation and escalation processes
  - Recovery, continuity arrangements

**Service Continuity Plans**
- Continuity Arrangements for high/critical risk areas
- Analysis of effects of disruption and actual risks
- Relocation and evacuation plans
- Service specific recovery and continuity arrangements
  - Team SCP
  - Directorate BCP
  - Service (S)CP

---

**Risk Register**
- Links to strategic and national risk register

**Risk Register**
- Links to operational risk register
Appendix 2 – Corporate Strategic Risks

The following indicative risks, assessed by CPFT, are drawn from the National Risk Register and other NHS EPRR documents. Mitigation where required will be detailed within specific service continuity plans.

<table>
<thead>
<tr>
<th>Scenario</th>
<th>Applicable</th>
<th>Likelihood</th>
<th>Consequence</th>
<th>Risk Score</th>
<th>Control Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Internal Factors</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Lockdown (of a unit/building)</td>
<td>✓</td>
<td>2</td>
<td>3</td>
<td>6</td>
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<tr>
<td>Damage and Denial of Access/Security (to a building)</td>
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<td>2</td>
<td>4</td>
<td>8</td>
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<tr>
<td>Utility Failure (Power, Electric, Heating, Water/Sewerage)</td>
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<td>3</td>
<td>5</td>
<td>15</td>
<td></td>
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<tr>
<td>Major Accident (Fire, Technical Failure)</td>
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<td>3</td>
<td>4</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>Staff Incapacity/Service Closure</td>
<td>✓</td>
<td>3</td>
<td>5</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>Loss or damage to IT/Telecoms</td>
<td>✓</td>
<td>3</td>
<td>5</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>Loss of key resources</td>
<td>✓</td>
<td>3</td>
<td>4</td>
<td>12</td>
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<tr>
<td>Unrest and Disorder (Service User Sit-In, Rioting, Vandalism, Violence, Arson)</td>
<td>✓</td>
<td>3</td>
<td>4</td>
<td>12</td>
<td>Determined by operational business continuity plans</td>
</tr>
<tr>
<td>CBRNe</td>
<td>✓</td>
<td>1</td>
<td>4</td>
<td>4</td>
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<td><strong>External Factors</strong></td>
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<td></td>
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<tr>
<td>Severe Weather (Storms, Flooding, Snow, Heatwave, Drought)</td>
<td>✓</td>
<td>4</td>
<td>3</td>
<td>12</td>
<td></td>
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<td>Communicable Diseases</td>
<td>✓</td>
<td>3</td>
<td>3</td>
<td>9</td>
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<td>Pandemic Influenza</td>
<td>✓</td>
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<td>3</td>
<td>9</td>
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<td>Malicious Attack (Terrorist Threat/Attack)</td>
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<td>Industrial Action (Fuel, Strike, Road/Rail)</td>
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<td>3</td>
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<tr>
<td>Power Networks/Satellite Services</td>
<td>✓</td>
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<td>3</td>
<td>9</td>
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<tr>
<td>Infrastructure Failure/Attacks (Facilities, Systems, Sites/Networks)</td>
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<td>3</td>
<td>3</td>
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<tr>
<td>Line</td>
<td>Function</td>
<td>Criticality (1 to 15)</td>
<td>Total ISM Score</td>
<td>Clinical</td>
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</tr>
<tr>
<td>1</td>
<td>Urgent admission, medication, and other services</td>
<td>E E E E E E E E E E E E E</td>
<td>165</td>
<td>RN</td>
<td>0</td>
</tr>
<tr>
<td>2</td>
<td>Alcohol ingestion and medication</td>
<td>4 4 6 4 4 7 7 7 2 9 6 5</td>
<td>65</td>
<td>RN</td>
<td>0</td>
</tr>
</tbody>
</table>
Appendix 4 – CPFT Internal Roles and Responsibilities

Corporate
Trust Board
The Trust Board will receive regular assurance reports, at least annually (but planned bi-annually), regarding emergency preparedness, including compliance against the EPRR core standards, reports on exercises, training and testing undertaken by the organisation. These reports are shared with partner organisations as appropriate, via the Core Standards assurance process.

Incident Management Team (IMT)
The point of contact for declaration of a Critical incident is via the Director On-call. Should a critical incident be declared or on-standby, the Director On-call will assume the role of Incident Leader and an Incident Management Team will be established.

Quality, Safety and Governance Committee
The Quality, Safety and Governance Committee will monitor the Trust approach to emergency preparedness and advise the Board on any appropriate matters. This Board sub-committee ratifies the Corporate Business Continuity & Critical Incident Plan on behalf of the Board.

Clinical Governance and Patient Safety Group
The Clinical Governance and Patient Safety Group approve emergency preparedness policies and monitor the effectiveness of arrangements within the Trust. Meeting on a monthly basis, the Committee will receive quarterly update reports on emergency planning activity. Reports will include internal and external developments regarding the agenda, which will be presented by the Head of Risk and Emergency Planning.

The Risk Reduction Group and Emergency Planning Forum
- Meets on a quarterly basis and oversees the development of all emergency planning and business continuity activity.
- Members of the Emergency Planning Team will present a synopsis of incidents that have affected service delivery and provide updates on progress to implement lessons identified.
- The RRG & EPF will be chaired by the Director of Corporate Affairs and will be represented by: Divisional Leads, Risk Manager, Pharmacy, Communications, Estates, SERCO and Staff-side.
- Secretariat support to the Group will be facilitated by the Emergency Planning Team.
- The RRG & EPF will provide reports to the Quality Compliance Executive Group, and Quality Safety and Governance Board Sub-Committee by exception, but at least annually.
Individuals

Chief Executive
The Chief Executive is ultimately responsible for ensuring that the Trust has in place a robust critical incident and business continuity framework that has been developed in co-operation with partner organisations, is based on the principles of risk assessment, and is communicated with the public.

The Chief Executive has devolved responsibility for emergency planning to the Director of Corporate Affairs.

Director of Corporate Affairs
As Executive Lead and Accountable Emergency Officer, the Director of Corporate Affairs will take responsibility for emergency preparedness on behalf of the organisation. They will attend relevant meetings of the Local Health Resilience Partnership (LHRP) and participate in exercises and events as appropriate. The lead Director has devolved responsibility for the planning and delivery of the emergency preparedness agenda to the Trust Emergency Planning Forum.

The lead Director will ensure that the Trust Board receives regular reports, at least annually (but planned bi-annually), regarding emergency preparedness, including reports on exercises, training and testing undertaken within the trust. The Emergency Planning Team will support the delivery of this.

Emergency Planning Manager
The Emergency Planning Manager (EPM) is responsible for ensuring the EPRR Plan is reviewed and updated on an annual basis. The EPM will also ensure all relevant training; internal and external exercises and communication tests are have been completed. Working throughout the Trust, the EPM will support the development and exercising of localised team emergency planning procedures.

The EPM will attend operational meetings supporting the Health and Social Care Emergency Planning Group (HSCEPG) and other working and task and finish groups and participate in exercises and events as appropriate.

Directorate Representatives
Assistant Directors of Operations are responsible for ensuring all Team Managers within their Directorates have in place detailed team/ward emergency procedures including Operational Business Continuity Plans that are based on the principles of risk assessment, include a rigorous Business Impact Analysis, and are deliverable and fully rehearsed.

Service Managers
All services must hold operational business continuity plans relevant to their client group and service area. In conjunction with the Emergency Planning Team, service managers are responsible for developing such procedures, ensuring the principles of risk assessment are fully embedded
Head of Communications
During an emergency situation the need for internal and/or external communication may be necessary. The Senior Communications Manager is responsible for cascading any relevant information and/or notification to a wider audience, as directed by the Critical Incident Plan.

Trust Secretariat
The Trust Secretariat will support the Trust response to a critical incident and will play a core role in the establishment and effectiveness of an Incident Management Team.

All Staff
All staff must ensure an awareness of the Critical Incident Plan and relevant localised procedures. In addition, all staff must be aware of their service specific Operational Business Continuity Plan.

Trust’s On-Call System
On-Call managers must ensure they are familiar with this CRIP and how to escalate incidents. Managers undertaking On-Call duties will be expected to form the Incident Management Team as detailed in the corporate responsibilities section above.
Appendix 5 – Content of Service Continuity Plans

The following list mirrors the contents table of the Operational Business Continuity Plans. When referring to the OBCP, note that some sections are embedded documents within the master Word document, and may require access to a computer to read.

1. Introduction
2. Service Profile
3. Service Team Details
4. Business Impact Analysis & Environmental Risk Assessment
5. Service / Team Business Continuity Plan
6. Premises Management
7. Relocation
8. Security Management
9. Core Equipment
10. Loss OF Utilities
11. Severe Weather
12. Unrest, Disorder & Sit-ins
13. Contamination Incident
14. Business Continuity Disruption Form
15. RIO Access in the Event of Widespread IT Failure
Appendix 7 – Standing Risk Assessments

Lockdown and Denial of Access
Lockdown Policy has been developed as part of the Security Management Policy (led by SERCO/ASP).

Utility Failure
Restoration plans for continuity of core utility functions have been developed and form part of Service’s Operational Business Continuity Plans.

Fire
Fire Safety Policy and localised evacuation plans have been developed by SERCO/ASP and are held locally at operational level as part of operational emergency procedures.

Staff Incapacity/Service Closure
Contingency plans to maintain service provision on skeleton staffing levels are outlined within the Corporate Business Continuity Plan and localised Operational Business Continuity Plans. Key business areas and priorities are reviewed and agreed through the Clinical Governance and Patient Safety Group.

IM&T Attack/Internal Failure
SERCO/ASP manages IT on behalf of the Trust. Details of continuity arrangements are outlined within the SERCO/ASP BCP on behalf of the Trust.

Severe Weather – Storms/Localised Flooding
A Cambridgeshire Flood Plan has been developed by the Local Authority and is monitored and reviewed by the Cambridgeshire and Peterborough Local Health Resilience Partnership (LHRP). Contingency arrangements, in terms of relocation of service and loss of critical functions are outlined within operational business continuity plans.

Severe Weather – Heat/Cold Weather Plans
The Department of Health’s Weather Plans have been disseminated by the LHRP.

Communicable Diseases – Joint LRF and LHRP Communicable Diseases Plan
Local arrangements are outlined within the Trust Business Continuity Plan and localised operational emergency plans and maintained by the Trust’s Infection Control and Prevention Lead.

Pandemic Flu
A Cambridgeshire-wide Pandemic Flu Plan has been developed, with local arrangements incorporated within the Trust Pandemic Flu Plan maintained by the Trust’s Infection Control and Prevention Lead.
Terrorism
A system has been created to keep the public informed about the level of threat to the UK from terrorism. The system helps police and other law enforcement agencies determine how they should respond to, and prepare for a terrorist incident. The threat levels are:
Critical – An attack is expected imminently
Severe – An attack is highly likely
Substantial – An attack is a strong possibility
Moderate – An attack is possible but not likely
Low – an attack is unlikely.

Industrial Action
The Trust has in place contingency plans to manage staff shortages as a result of planned industrial action based on a dynamic service based approach.

Fuel
A National Emergency Plan for Fuel is available. CPFT will coordinate its fuel plans in line with guidance from the Local Resilience Forum and Cambridgeshire and Peterborough Health Fuel Plan.

Mass Casualty
The Trust will have effective arrangements in place to respond to a mass casualty incident appropriate to the role, size and scope of the organisation.
## Appendix 8 – Incident Coordination Centre (ICC) Aide Memoir

<table>
<thead>
<tr>
<th>Resource Factors</th>
<th>Typical Indicators</th>
<th>Activate/Wait/NFA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Challenge</td>
<td>Does information suggest a need to mobilise numerous members of staff for response?</td>
<td>Evacuation of Ward(s)</td>
</tr>
<tr>
<td></td>
<td>Requirement for multi-agency meeting</td>
<td>Multi-agency Major Incident declaration</td>
</tr>
<tr>
<td></td>
<td>Is another trust or another involved agency key site affected?</td>
<td>Major fire, flood or failure of facilities / utilities at hospital or Headquarters site/control room.</td>
</tr>
<tr>
<td></td>
<td>Are physical resources available at the ICC, which will be required at the scene of the Incident?</td>
<td>Resources/information with particular relevance to CPFT</td>
</tr>
<tr>
<td></td>
<td>Are physical resources/tools available at CPFT offices which will make a positive contribution to the response?</td>
<td>Equipment, Printing, Internet Access</td>
</tr>
<tr>
<td>Resource Factors</td>
<td>Are CPFT information resources available which cannot be sourced / accessed elsewhere?</td>
<td>Controlled documentation, Access to Network drives not available off-site, Multi-agency information flows are inadequate / failing</td>
</tr>
<tr>
<td></td>
<td>Do ‘off network’ resources provide sufficiently reliable service?</td>
<td>Virtual desktops and/or underlying systems inaccessible due to maintenance/hours</td>
</tr>
<tr>
<td></td>
<td>Will decision making be improved, briefings be more effective or other face to face contact is worthwhile</td>
<td>Briefings, Incident Liaison, Reporting</td>
</tr>
<tr>
<td>Time Factors</td>
<td>Will time to activate ICC impinge on the response</td>
<td>Urgent actions will be delayed while the ICC is activated.</td>
</tr>
<tr>
<td></td>
<td>Are colleagues available for support?</td>
<td>Deploy colleague(s) to activate ICC</td>
</tr>
<tr>
<td></td>
<td>Is the incident expected to continue over an extended period of time?</td>
<td>ICC provides best resources and / or working environment for on-going operation</td>
</tr>
<tr>
<td></td>
<td>Is there likely to be wider community / agency interest during irregular hours?</td>
<td>Large scale or rising tide event with incremental identification of effects/affected.</td>
</tr>
</tbody>
</table>

**Composite Decision (Activate / Wait / NFA):**
Appendix 9 – Escalation Process for Internal and External Critical Incidents

NHS ENGLAND East Anglia Area Team
Senior Manager On-Call - 07623 503850

Cambridgeshire and Peterborough Clinical Commissioning Group
Director On-Call (24/7)
*If for any reason you are unable to contact the Director On-Call, you may contact the Area Team Senior Manager On-Call in an emergency*

Notify Chairman and Inform Executive Team on declaration of a Critical Incident

CPFT Director On-Call
Access via SBS Kingfisher House Reception - 01480 398500
Contact the Chief Executive to confirm nature of incident.

Older People and Adult Community On-Call Manager
Access via SBS Kingfisher House Reception - 01480 398500

Mental Health On-Call Manager
Access via SBS Kingfisher House Reception - 01480 398500

Out of Hours: (5.00pm – 8.30am) via Mental Health or Older People and Adult Community On-Call Manager
EMERGENCY PLANNING RESILIENCE AND RESPONSE (EPRR)

TRAINING PLAN
and
TRAINING NEEDS ANALYSIS

Version 1.0
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<table>
<thead>
<tr>
<th>Contents</th>
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<tbody>
<tr>
<td>1. Introduction</td>
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<td>- Aim and Objectives</td>
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<td>- Background</td>
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<td>- LHRP Three Year Strategic Plan</td>
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<td>2. Training Matrix</td>
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<td>3. Next Steps</td>
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<td>4. Regular Review</td>
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<td>5. Description of Training Packages Available</td>
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<tr>
<td>- On-Call 1/1/Group Training</td>
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<tr>
<td>- Loggist Training and Annual Refresher</td>
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<td>- Incident Response Team Staff Training</td>
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<td>- Corporate Staff Induction – EPRR component</td>
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<tr>
<td>- Tactical Leadership in a Crisis</td>
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<td>- Strategic Leadership in a Crisis inc Dynamic Decision Making</td>
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<td>- CPLFF Strategic Training</td>
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<td>- Introduction to Integrated Emergency Management: Tactical</td>
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<td>- Introduction to Integrated Emergency Management: Operational</td>
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<td>- Diploma in Health Emergency Planning</td>
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<td>- Security Vetting</td>
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<td>6. Training and Exercise Diary</td>
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<td>- 2018/19</td>
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<td>Ratified by:</td>
<td>Trust Board</td>
</tr>
<tr>
<td>Date ratified:</td>
<td>November 2018</td>
</tr>
<tr>
<td>Date issued:</td>
<td>November 2018</td>
</tr>
<tr>
<td>Review date:</td>
<td>June 2019 (in line with annual EPRR cycle of business)</td>
</tr>
<tr>
<td>Author:</td>
<td>Caroline Macpherson, Head of Risk and EPRR</td>
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<tr>
<td>Owner:</td>
<td>Head of Risk and EPRR supported by the Emergency Planning Manager</td>
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<td>Sponsor/Executive:</td>
<td>Kit Connick, Director for Corporate Affairs</td>
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EPRR Training Plan and Training Needs Analysis

1. Introduction

1.1 Aim and Objectives

This document compliments the overarching organisational Training Needs Analysis (TNA) and aims to ensure a commonality on competencies for key and generic emergency planning roles across the Trust.

The TNA aims to:

- Define key emergency response roles in CPFT.
- Summarise essential and desirable training requirements for key roles.
- Implement and promote a directory of appropriate and accessible training.
- Contribute to annual LHRP/HSCEP training and exercising.
- Provide internal assurance in respect of testing and exercising plans.
- Contribute to the personal development plans of Directors on call, Senior Managers on all, and all other staff who are involved in emergency planning, resilience and response activities for the Trust.

2. Background

The NHS England Command and Control Framework identifies a requirement for all NHS staff with a role in incident response to complete training in line with the required competencies for that role. This includes the core standards for NHS Command Training (as set out the Skills for Justice National Occupational Standards Framework) as well as control room familiarisation and Loggist training.

3. CP LHRP Three Year Strategic Plan

A strategic intention of the CP LHRP is that “the CP LHRP will provide the leadership for the development of Emergency Preparedness resilience and Response (EPRR) competencies and capabilities within the Cambridgeshire & Peterborough local health community” with the subsequent outcome of, “A trained and competent local Health Community that is able to respond effectively to emergencies and have validated health community response plans in place”.
## 3. CPFT Training Matrix

<table>
<thead>
<tr>
<th>CPFT Training Matrix</th>
<th>All Staff</th>
<th>On-call Tactical</th>
<th>Operational Managers</th>
<th>Communications Team</th>
<th>EPRR Staff</th>
<th>Loggist</th>
<th>ICC Support Team</th>
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<tr>
<td><strong>D = Desirable</strong></td>
<td>---</td>
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<td><strong>In House</strong></td>
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<td>E</td>
<td>E</td>
</tr>
<tr>
<td>Loggist (inc. annual refresher)</td>
<td>---</td>
<td>D</td>
<td>---</td>
<td>---</td>
<td>E</td>
<td>E</td>
<td>D</td>
</tr>
<tr>
<td><strong>NHS England Provided</strong></td>
<td></td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Senior Leadership in a Crisis</td>
<td>---</td>
<td>E</td>
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<td>E</td>
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<tr>
<td>Strategic Leadership in a Crisis</td>
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<tr>
<td>Surviving Public Enquiries</td>
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<td>---</td>
</tr>
<tr>
<td><strong>Local Resilience Forum</strong></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LRF Strategic</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>D</td>
<td>D</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>LRF Tactical</td>
<td>---</td>
<td>D</td>
<td>---</td>
<td>D</td>
<td>E</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>LRF Operational</td>
<td>---</td>
<td>---</td>
<td>D</td>
<td>---</td>
<td>D</td>
<td>---</td>
<td>D</td>
</tr>
<tr>
<td><strong>Other</strong></td>
<td>Dip. Health Emergency Planning</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>D</td>
<td>---</td>
<td>---</td>
</tr>
</tbody>
</table>

### 4. Next Steps
The Trust will undertake a competency based self-assessment for each staff member undertaking EPRR activities. This will be based upon the NOS Standards and EPRR Guidance issued by NHS England.

The Trust will ensure that the outcome of the competency self-assessment is incorporated into the annual appraisal process.

5. **Review**

This plan will be reviewed on a quarterly basis by the Risk Reduction and EPRR Group.
APPENDIX 1

ON-CALL 1:1/GROUP TRAINING PACKAGE

<table>
<thead>
<tr>
<th>Training Description:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• To provide all on call staff with an in depth understanding of EPRR.</td>
</tr>
<tr>
<td>• Equip staff with the knowledge and skills to enable them to perform their on-call duties for the Trust (in line with Skills for Justice National Occupational Standards for Civil Contingencies).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Audience:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• All staff with on-call responsibilities (training will be tailored to the individual's level of on-call responsibility).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Training Provider:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• CPFT Emergency Planning Manager</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Training Goals:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Command and control structure.</td>
</tr>
<tr>
<td>• Current, relevant legislation, plans, policies, procedures, codes of practice and guidelines in relation to EPRR.</td>
</tr>
<tr>
<td>• Principles of effective response and recovery.</td>
</tr>
<tr>
<td>• Principles of command, control and co-ordination.</td>
</tr>
<tr>
<td>• Roles and responsibilities to respond and recover.</td>
</tr>
<tr>
<td>• EPRR arrangements (internal and external).</td>
</tr>
<tr>
<td>• Methods of communication and decision making processes.</td>
</tr>
<tr>
<td>• The culture, priorities and constraints.</td>
</tr>
<tr>
<td>• How to engage effectively in decision making process.</td>
</tr>
<tr>
<td>• How to implement an effective communications strategy.</td>
</tr>
<tr>
<td>• How to ensure provision of continued support for individuals affected.</td>
</tr>
<tr>
<td>• The purpose of recording information and the types of records that must be kept.</td>
</tr>
<tr>
<td>• Types of resources which may be required and how they can be obtained.</td>
</tr>
<tr>
<td>• The potential impact of emergencies on the Trust.</td>
</tr>
<tr>
<td>• How to assess the short and long term human impact of the emergency and identify the most vulnerable groups.</td>
</tr>
<tr>
<td>• How to make and apply decisions based on the assessment of risk.</td>
</tr>
<tr>
<td>• Trust arrangements for dealing with the media.</td>
</tr>
<tr>
<td>• Procedure for handing over responsibility.</td>
</tr>
<tr>
<td>• How to conduct briefings and debriefings.</td>
</tr>
</tbody>
</table>
### CORPORATE INDUCTION – EPRR OVERVIEW

<table>
<thead>
<tr>
<th>Training Description:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Brief introduction to EPRR delivered to all Trust staff as part of corporate induction (as part of risk overview session).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Audience:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• All staff.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Training Provider:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Corporate Induction Risk Lead (Serco H&amp;S Team).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Training Goals:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Overview of EPRR.</td>
</tr>
<tr>
<td>• Key roles/individuals.</td>
</tr>
<tr>
<td>• Core documentation.</td>
</tr>
<tr>
<td>• What to do in the event of an emergency situation.</td>
</tr>
</tbody>
</table>
APPENDIX 3

INCIDENT CONTROL CENTRE / INCIDENT SUPPORT TRAINING

<table>
<thead>
<tr>
<th>Training Description:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• To provide delegates with a detailed understanding of local command and control</td>
</tr>
<tr>
<td>arrangements and the support roles required during a major incident response.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Audience:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• All staff with a supporting role in a major incident response, such as:</td>
</tr>
<tr>
<td>- On call Directors</td>
</tr>
<tr>
<td>- On call Managers</td>
</tr>
<tr>
<td>- Incident Control Centre Manager</td>
</tr>
<tr>
<td>- Incident Control Centre room support</td>
</tr>
<tr>
<td>- Directorate Leads</td>
</tr>
<tr>
<td>- Incident Control Centre administration leads.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Training Provider:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• CPFT Emergency Planning Manager.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Training Goals:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Establish the context and set the scene for emergency response.</td>
</tr>
<tr>
<td>• Identify organisational responsibilities and functions.</td>
</tr>
<tr>
<td>• Establish organisational response in context of wider health and multi-agency setting.</td>
</tr>
<tr>
<td>• Explain organisational response processes and plans.</td>
</tr>
<tr>
<td>• Establishing the Incident Control Centre.</td>
</tr>
</tbody>
</table>
# APPENDIX 4

## LOGGIST TRAINING & ANNUAL REFRESHER

<table>
<thead>
<tr>
<th>Training Description:</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Trust must maintain a register of trained loggists to be called upon in the event of a major incident. The course will provide delegates a comprehensive understanding of the importance of contemporaneous record keeping and their evidential value in any post-incident legal proceedings.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Audience:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- All on-call staff</td>
</tr>
<tr>
<td>- On-call administrative support</td>
</tr>
<tr>
<td>- Incident control centre staff.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Training Provider:</th>
</tr>
</thead>
<tbody>
<tr>
<td>The NHS England Area Team will hold regular Loggist training courses. Public Health England (PHE) deliver Loggist training at a Level 2 BTEC course.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Training Goals:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Establish the context and set the scene for emergency response.</td>
</tr>
<tr>
<td>- Undertake the role of decision Loggist in a major incident scenario.</td>
</tr>
<tr>
<td>- Explain and evaluate the importance of the legal aspects or records and documents.</td>
</tr>
<tr>
<td>- Demonstrate an understanding of appropriate decision logging methods.</td>
</tr>
<tr>
<td>- Practical record keeping exercise.</td>
</tr>
</tbody>
</table>

### APPENDIX 5

**TACTICAL LEADERSHIP IN A CRISIS**

<table>
<thead>
<tr>
<th>Training Description:</th>
</tr>
</thead>
<tbody>
<tr>
<td>This training is designed to improve the Trusts response and organisation to major incidents, by effectively supporting the strategic management team.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Audience:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Staff who will take on a tactical (silver) role as part of the major incident response.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Training Provider:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• CPFT Emergency Planning Manager.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Training Goals:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Run as an internal desktop exercise.</td>
</tr>
<tr>
<td>• Overview of CCA 2004 requirements.</td>
</tr>
<tr>
<td>• Key roles and responsibilities.</td>
</tr>
<tr>
<td>• Identify specialist functions under major incident conditions with the requirements of the leadership team.</td>
</tr>
<tr>
<td>• Examine the requirement of other responding agencies.</td>
</tr>
<tr>
<td>• Discuss “best practice” in record keeping.</td>
</tr>
<tr>
<td>• Consider the UK Command and Control model of incident management.</td>
</tr>
</tbody>
</table>
### APPENDIX 6

**STRATEGIC LEADERSHIP IN A CRISIS (SLIC)**

<table>
<thead>
<tr>
<th>Training Description:</th>
</tr>
</thead>
<tbody>
<tr>
<td>To prepare the delegate for emergency management at the local level.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Audience:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• All staff who will take on a strategic role in emergency response (e.g. Directors on call).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Training Provider:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• NHS England Regional Team.</td>
</tr>
<tr>
<td>• Clinical Commissioning Group.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Training Goals:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Identify the strategic issues.</td>
</tr>
<tr>
<td>• Build on pre-existing knowledge.</td>
</tr>
<tr>
<td>• Offer clarity on role and purpose.</td>
</tr>
<tr>
<td>• Offer tools to manage an incident.</td>
</tr>
<tr>
<td>• Understand requirements for logging and record keeping.</td>
</tr>
<tr>
<td>• Make strategic decisions in a table-top discussion scenario.</td>
</tr>
<tr>
<td>• Begin mapping to National Occupational Standards for Gold and Silver Commanders.</td>
</tr>
<tr>
<td>• Promote the starting of a portfolio of achievements and evidence of competence (as required in the NHS England Core Standards audit).</td>
</tr>
</tbody>
</table>
## Training Description:

To prepare the delegate for emergency management at the local level.

## Audience:

- All staff who will take on a strategic role in emergency response (e.g. Directors on call).

## Training Provider:

- NHS England Regional Team.
- Clinical Commissioning Group.

## Training Goals:

- Identify the strategic issues.
- Build on pre-existing knowledge.
- Offer clarity on role and purpose.
- Offer tools to manage an incident.
- Understand requirements for logging and record keeping.
- Make strategic decisions in a table-top discussion scenario.
- Begin mapping to National Occupational Standards for Gold and Silver Commanders.
- Promote the starting of a portfolio of achievements and evidence of competence (as required in the NHS England Core Standards audit).
EMERGENCY PLANNING
RESILIENCE AND RESPONSE
(EPRR)
INCIDENT CONTROL CENTRE
ESTABLISHMENT GUIDE

Version 1.0
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<td>Section 4 – Contents List – Major Incident Admin Box</td>
<td>4</td>
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<tr>
<td>Section 5 - Equipment</td>
<td>5</td>
</tr>
</tbody>
</table>
Section 1

Elizabeth House Site

Address:
Elizabeth House, Fulbourn Hospital, Cambridge Road, Fulbourn, Cambs CB21 5EE

By Car:
There is disabled parking and visitor parking available at Elizabeth House. All parking is free.

By Bus:
The following buses to Fulbourn call at Emmanuel Street (next to Bus Station) and Cambridge Train Station - City 1 and 3 buses.

The closest point to EH at which you can alight is at Fulbourn Tesco Superstore.
- http://www.nationalrail.co.uk/
- https://www.visitcambridge.org/visitor-information/getting-around-cambridge

By Bicycle or Motorcycle:
There is bicycle and motorbike parking available at Elizabeth House.

By Train:
Elizabeth House is 3.3 – 3.8 miles from the Cambridge Train Station.

Cambridge station is a short taxi ride away from Fulbourn Hospital. There are direct main train line services from London Kings Cross and Liverpool Street stations to Cambridge.
National Rail Enquiries:
www.nationalrail.co.uk
Tel: 08457 48 49 50
Section 2

Incident Control Centre - Access

Cambridgeshire and Peterborough NHS Foundation Trust

Out of Hours access to Elizabeth House for on-call staff

Normal opening hours of Elizabeth House are Monday – Friday between the hours of 06:00hrs and 19:00 hrs. This operating procedure is for on-call staff requiring access out of these hours.

Access via the main entrance doors is via swipe card access which is location on the right hand side of the entrance doors. There is no access code or key required.

The doors will open and will be automatically set to exit only.

Please note that you will require your Access Swipe Card to access the building and floors. If you don’t have a swipe card you can call the Duty Nursing Officer on T: 07983 338673 and they will let you in. You can then find a blue clipboard folder stored behind reception to the left of the reception glass which has both a generic swipe card to access the front door and upstairs, plus the key to the major incident cupboard already in the Board Room.

If you don’t have your swipe card and you can’t get hold of the DNO on the phone then you need to walk to the office at the 136 suite adjacent to Mulberry 1 on site and wait there to meet them in person.
Section 3

Incident Control Centre - Instructions for Set Up

Incident Support Officers and/or Admin Managers will be responsible for setting up the room to meet the requirements of the Incident. Additional Equipment is available from the store cupboard/filing room located in the Board Room on floor 1.

The Board Room will be used for the Incident Control Centre.

The Executive Meeting Room will be used for the major incident meetings.

The Major Incident Admin Box is located in the Board Room cupboard. The Key for the Cupboard is located behind Reception downstairs, in an envelope which is cellotaped under the desk.

The Business Continuity Plans are in the cupboard located in the Board Room.

Incident Support Officers and/or Admin Managers will be responsible for setting up the room to meet the requirements of the Incident.

A teleconference phone is located in the Board Room. The Board room phone number is: T: 01223 219685.

Inventory – PC with keyboard and mouse, wall mounted TV monitor, conference phone, click share device (this can be used in conjunction with your laptop to present from laptop directly to screen), flip chart is available in the Board Room.

Dedicated in boxes are available for the Incident Control Team – details are attached in the Incident cupboard located in the Board Room.

Emergency Incident Record Books are located in the Major Incident Cupboard in the Board Room. The Incident Records Books are to be used by the identified Loggist.

The Incident Control Team should meet formally in the Board Room, where all decisions should be recorded by the identified Loggist.
Section 4

**Incident Control Centre - Major Incident Admin Box**

**Location:**

Board Room Major Incident Cupboard - Please note: this box is portable should there be a need to relocate to another centre.

**Contents:**

1. Incident Control Centre Set Up Guide and Associated Documents
2. Action Cards
3. High Visibility vests
4. Emergency Incident Record Books
5. Name Plates and Badges for Incident Control Team
6. Maps
7. First Aid Kit
8. Stationery Supplies
9. Extension Lead
10. Spare Computer Cables
Section 5

Incident Control Centre - Equipment

This is based on the NHS England EPPR Guidance for Set Ups of Incident Control Centres.

Cupboard: Radio, torches, landline phones, batteries, printer, refreshment supplies, water, loggist books, flipchart, high visibility vests.

1. Fax Machines

The following faxes are available at Fulbourn Hospital

Located in Reception
Dial 9 for an outside line

NHS Net can also be used for faxing. Instructions are attached.

2. Photocopier/printer

The Photocopier/printer is located in the main Executive office. A wireless printer is also stored in the Major Incident Cupboard in the Cedar Room.

3. Conference Phone & Additional Equipment

Additional Equipment is available in the major incident cupboard located in the Board Room. The Key for the Cupboard is located behind the reception desk downstairs.

PowWowNow conference dial in facility is available.

4. Phones for Incident Control Centre

Spare phones for the Incident Control Centre are located in major incident cupboard in the Board Room. These are all numbered and plugs located in the floor are also numbered.

5. Wind Up Torch and Radio

A Wind Up Torch and Wind Up Radio are stored in the Major Incident Cupboard in the Cedar Room.
6. **Television**

The Television is located in the Board Room. Free View is available.

7. **Overhead Projectors**

Overhead Projectors are available in the Board Room. Operating panels are located on the walls in each meeting rooms. Lap Tops can be plugged directly into the floor sockets, or the computers can be used directly, using individuals own NHS.net account.

8. **Dedicated Email Inbox - On the Global List**

Incident Control Team in boxes are available in the Board Room.

9. **Wifi**

Wifi is available in Elizabeth House and all Directors On Call and Administrators have the access code.