Walsall Healthcare NHS Trust

POLICY DETAILS	
Title	**Major Incident Plan**
Version:	**15**
Type	Policy, Procedure & Protocol
PPG Minute	96/16 – May 2016
Ratified by:	Trust Clinical Executive
Date ratified:	19/04/16
Ratification Minute	08/16
Policy Director:	Chief Operating Officer
Policy Lead:	Care Group Manager, Patient flow and Resilience
Date issued:	April 2016
Review date: *:	April 2019
Full Review / Re-Ratification Due: **	April 2019

Summary

This policy provides guidance on roles, responsibilities and actions for staff in the event of a major incident.

If the Major Incident Plan has been activated DO NOT read this entire document, Find the relevant Action Card and promptly follow the appropriate instructions.

Walsall Healthcare NHS
NHS Trust

MIP MAJOR INCIDENT PLAN

Version

Updated March 2016

Contact Officer

Chief Operating Officer

Walsall Healthcare NHS Trust
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ACKNOWLEDGEMENTS

Portions of this document make references to:
NHS Commissioning Board (2013) *Birmingham, Solihull & the Black Country Area Team, Incident Response Plan*, Version 2.0, Dated 25th March
West Midlands Ambulance Service NHS Foundation Trust (WMAS) Major Incident Plan, 2013/14, Version 8.2 (April 2013)

Reference materials used include:
BMJ Books (2007) *Major Incident Medical Management and Support*, Second Edition.
World Health Organisation (2013) *Emergency Response Framework (ERF)*

Benchmark plans used:
University Hospitals Birmingham NHS Foundation Trust (2013) *Major Incident Response Plan*, Ver. 4, May

PREPARATION NOTE: IN PREPARATION FOR A MAJOR INCIDENT

1. **FIND** out what your role is – and **ASK** your Line Manager

2. **FIND** out if you have an Action Card - **KEEP** a copy handy at work, and one at home if necessary

3. **CHECK** that you have access to key equipment and information

4. **CHECK** the Emergency Preparedness Webpage on the intranet regularly for updates

5. **ATTEND** training sessions as they become available – they will **HELP** you to undertake your role

RESPONSE NOTE: IF A MAJOR INCIDENT HAS OCCURRED

1. **ENSURE** you have Walsall Healthcare NHS Trust ID

2. **MAINTAIN** professional standards – values and pledges at all times

3. **FOLLOW** instructions from Bronze, Silver, Gold commanders as appropriate

4. **USE** your Action Card - it's there to **HELP**

5. **AVOID** self-deployment - **STAY WHERE YOU ARE** - you will be contacted if additional assistance is needed.

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Contents

Version control

This plan is a living document and is under continual review to ensure it reflects the latest structures, guidance and procedures relevant to an effective response to major incidents. Changes to this document, formally passed by Walsall Healthcare NHS Trust's Policy & Procedure Group, are listed in the table below.

Version	Section & page	COMMENT ON CHANGES MADE	AUTHOR	CODE	Date
		Version changed from 14.1 to 15.0			
15.0	**2**	Action cards removed from plan			

Hard Copy Distribution list

	Name	DESIGNATION		Name	DESIGNATION
1.	Location	ICC Metal Cupboard (Blue folder)	2.		
3.	Location	ICC Metal Cupboard (Blue folder)	4.		
5.	Location	ICC Metal Cupboard (Red Cloth Folder)	6.		
7.	Location	Imaging Seminar Room (Major Emergency Box)	8.		
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PREFACE

In 2005 the Department of Health issued guidance around emergency planning within which NHS Trusts were provided with a clear definition of a major incident.

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[1].

The guidance set out clear expectations for individual Trusts to have arrangements in place to handle incidents in which its own facilities or those of neighbouring Trusts become overwhelmed. These anticipated disruptions may be caused by an internal major incident or by an external incident that impairs the Trust's ability to discharge normal functions and deliver services.

Although much has changed in the wake of the NHS transition and new emergency planning resilience and response structures have been introduced, the fundamental building block of major emergency preparedness requirements set out in the original Department of Health Guidance issued in 2005 remain the same.

Walsall Healthcare NHS Trust's Major Incident Plan is a critical document that set out structures, processes, procedures and key roles and responsibilities that will be activated in the event of a major incident.

All staff must understand their roles and responsibilities in the event of a major incident. They should be aware of the content of the plan and its associated policies and procedures and have attended appropriate training. Employee's roles and responsibilities are clearly defined in the individual action cards held in the supporting document.

It is every employee's responsibility to inform a senior member of staff if they suspect a major event.

All key staff, Executive Directors, Managers, On-call Managers, should be aware of the content of the plan and associated policies and procedures, and have attended appropriate training.

Updates to this plan will be circulated to those staff on the distribution list. It is vital that previous copies are then destroyed ensuring most up to date plan is in circulation.

Richard Kirby

Richard Kirby
Chief Executive
Walsall Healthcare NHS Trust

[1] Department of Health Emergency Planning Guidance 2005 Version published 121005 13

Foreword

Walsall Healthcare NHS Trust's Major Incident Plan has been developed with reference to:

- Civil Contingencies Act 2004 (effective date November 2005)
- West Midlands Conurbation Local Resilience Forum Community Risk Register (CRR)
- NHS Emergency Planning Guidance 2005
- NHS Commissioning Board (2013) Birmingham, Solihull & the Black Country Area Team, Incident Response Plan, Version 2.0, Dated 25th March
- West Midlands Ambulance Service NHS Foundation Trust (WMAS) Major Incident Plan, 2013/14, Version 8.2 (April 2013)

In addition to the above partnership working with organisations who are members of the Walsall Resilience Group, and those who attend the Local Health Resilience Forum (for West Midlands conurbation) has also played a part in the development of the guidance on roles, responsibilities, actions and procedures set out within this document.

The plan will be reviewed annually with updates being made as appropriate following the issue and receipt of any new guidance or policies from the Department of Health and experience gained from training, exercises and major incidents.

The plan will be operational from April 2016

The Chief Executive of Walsall Healthcare NHS Trust is responsible for ensuring the Trust is adequately prepared to respond to NHS major incidents.

The Emergency Preparedness Policy is the overarching guidance for the Trust and the documents listed below are the reference documents for all staff in the event of an emergency.

- Major Incident Plan
- Walsall Healthcare NHS Trusts Arrangements for CBRN Decontamination 2013
- Walsall Hospitals NHS Trust Internal Bomb Alert Plan - available on the intranet
- Walsall Hospitals NHS Trust Internal Discharge and Capacity Planning Policies.
- Pandemic Influenza Plan
- Heat Wave Response Arrangements
- Severe Weather Response Arrangements

1.0 Background

1.1. This document is an emergency response tool, specifically designed to meet the immediate needs of senior officers and staff at the time of an actual or suspected major emergency. Details better suited to policies and educational materials are not included here.

1.2. Information presented in this document addresses the following issues:

a. How to know if this plan needs to be activated

b. How to activate this plan

c. Who takes charge once the plan is activated

d. Who is contacted and called in to provide assistance and manage the response

e. What individual officers and teams are expected to do during the response phase

f. What individual officers and teams are expected to do during the recovery phase

g. Where the response is managed from

h. How to manage the response effectively, which includes:

- use of the **Incident Control Centre** (ICR)
- who is involved in the **management structure**
- how to keep pace with changing risks (**dynamic risk assessment**)
- how to manage **communications –** who with, when and why
- what **decisions** need to be made concerning the overall aim and objectives, and returning to normality
- how to keep appropriate **records**
- which **other plans** may provide **additional support**
- how and when to move from the **response to the recovery phase**
- when to **stand down** the response and what is involved
- how to **debrief** the incident in order to capture and learn valuable lessons

i. What resources are available and how to access them internal and mutual aid

2.0 Planning assumptions and presumptions

2.1 Trust wide response - Although particular services and functions across the Trust may take a visible lead in the response, any and all responses to major incidents are Trust wide-affairs that require an increased level of flexibility and activity from all members of staff.

2.2 Risks – This plan has been developed to reflect the risks that are present within the metropolitan borough of Walsall and the surrounding metropolitan areas and cities. All of these locations are comprised of densely populated urbanised areas that have mixed residential properties in close proximity to industrial estates, retail outlets and well established transport links such as railway lines; major motorways; arterial routes; and flight paths used by local and out of area airports.

There are 120 facilities within the Walsall area using processes that present a risk due to significant use of chemicals or other industrial processes.

Risks, with potential to create a level of *'traditional'* casualties, or that demonstrate potential to disrupt services and threaten patient safety and therefore require activation of special arrangements to manage the impact of the incident include:

a. casualties from major residential, commercial or industrial fires
b. casualties from major road traffic collisions
c. casualties from industrial accidents and occupational hazards
d. casualties from criminal acts (including terrorism)
e. casualties from sporting events and mass gatherings
f. casualties created by severe weather (heat stroke, dehydration or breaks and fractures due to slips, trips and falls)
g. utility and key supplies and resource failures (including loss of power, heating/cooling, fuel, staffing, access and egress, water, critical equipment, functions and capabilities)

2.3 Scale of this response plan – this plan is a major incident plan and has been designed to manage a response to an incident with an unknown number of non-major trauma casualties. Where casualty injuries require specialist interventions and resources not available at the Trust or significantly more casualties arrive than can be safely managed, the Mass Casualty Plan for Birmingham, Solihull and the Black Country may need to be activated in discussion with the Birmingham, Solihull and the Black Country Area Team.

2.4 Types of casualties: trauma

Walsall Healthcare NHS Trust's Manor Hospital site is designated as a Trauma Unit and will normally only be sent patients that do not exceed the capabilities and expertise of the Hospital/Unit. Patients experiencing more severe injuries that may lead to death or disability can be better treated and have risks reduced by care at major trauma centres.

The trauma system optimises the use of resources, so a trauma patient is treated in the right place at the right time by the right specialist. Major trauma patients will be treated at major trauma centres (such as the University Hospital Birmingham), while those patients not requiring such intensive input, are treated at trauma units (such as Walsall Healthcare NHS Trust's Manor Hospital site). As a Trauma Unit Walsall Healthcare NHS Trust's Manor Hospital site is responsible for the management of trauma patients who are not classified as having major trauma.

2.5 Types of casualties: non-trauma

Risks such as pandemic influenza and release of a chemical or biological substance have the potential to create significant numbers of casualties that could overwhelm normal hospital capacity and trigger the need for a major emergency response.

2.6 Treatment of paediatrics

Provision of care for seriously injured children will be considered in line with available resources and expertise. Care will be taken to ensure, as with adults, resources are optimised so that paediatric trauma patients are treated in the right place at the right time by the right specialist. This may involve stabilising the patient prior to transfer to Birmingham Children's Hospital.

2.7 Treatment of burns patients

Provision of care for all burns patients will be considered in line with available resources and expertise. Care will be taken to ensure, as with adults, resources are optimised so that paediatric trauma patients are treated in the right place at the right time by the right specialist. This may involve performing a crucial intervention or stabilised the patient first before transfer to University Hospital Birmingham (or the Birmingham Children's Hospital) or further afield to University Hospital Coventry or University Hospital North Staffordshire.

Care pathway flowcharts can be found in Appendix 2

2.8 Bed and cubicle capacity

Capacity levels – cubicles

Resuscitation	A&E Cubicles	See and Treat	Fracture Clinic	Waiting Room for Review	Clinical Decision Unit (CDU)	Badger
4	17	2	7 (1 used as store)	8	8	4

Current capacity levels – medical and acute beds can be obtained from Informatics (ext. 7320)

Capacity levels – additional capacity options

Ward	Total No. of Beds	Consideration
Ward 12	27 beds	Opening of any of these areas needs the permission of the Director On-Call. The order in which these areas are opened are not the order in which they are listed. The need to open an additional area should be done based on the need for the "type" of bed, (e.g. male / female / surgical/ medical) in addition if the "beds available this weekend" number is exceeded the disruption of normal activity planned to go through that area should be considered and managed. Consideration must be given to facilities, linen, nurse staffing provision and medical cover availability. Trollies should not be used without express permission and instruction from the Director On Call
Cardiac Ward	6 beds	
Ward 20c	8 beds	
Surgical Assessment Unit	8 Trollies	
Gynae day (Ward 26)	8 beds	
Endoscopy	12 beds	
Radiology	4 beds	

2.9 Flexibility the arrangements set out within this document are generic and able to flex to the health needs of trauma and non-trauma casualties. The possibility exists for Walsall Healthcare NHS Trust's Manor Hospital to receive major trauma patients due to:

a. under-triage errors at the scene;
b. self-presenting casualties brought to hospital by the public;
c. or because patients require immediate life-saving intervention/stabilisation prior to continued care at a major trauma centre.

3 Command, control and coordination

The NHS operates within a two system command structure based on command seniority. One level is external to the Trust and the other operates within provider Trusts

3.1 External command, control and coordination

The Birmingham, Solihull and the Black Locality Team Incident Response Plan[2] sets out response arrangements for a coordinated response to significant and major health related emergencies. The document details the Bronze, Silver and Gold level command, control, coordination, communication and information sharing expectations[3] for Trusts within Birmingham, Solihull and the Black Country Area.

- The **Operational (Bronze)** level of command refers to those who provide the immediate 'hands on' response to the incident, carrying out specific operational tasks either at the scene or at a supporting location such as a hospital or rest centre.

- The **Tactical (Silver)** personnel are those who are in charge of managing the incident on behalf of their agency. They are responsible for making tactical decisions, determining operational priorities, allocating staff and physical resources and developing a tactical plan to implement the agreed strategy.

- The **Strategic (Gold)** Command level is responsible for determining the overall management, policy and strategy for the incident whilst maintaining normal services at an appropriate level. They should ensure appropriate resources are made available to enable and manage communications with the public and media. Additionally they will identify the longer term implications and determine plans for the return to normality once the incident is brought under control or is deemed to be.

If a "slow burn" incident occurs, the Incident Management Team (IMT) may have to operate in a NHS Strategic Coordination role and coordinate the NHS commissioned and provided resources in the area. System level decisions may need to be made in relation to operational NHS capacity and prioritisation of other NHS care. In this situation the Incident Director will lead NHS system-wide meetings and teleconferences. If SCG(s) are also meeting, a second Director may be nominated by the Incident Director.[4]

Other partner organisations utilise the Bronze, Silver and Gold command and control levels to provide incident response and critical support. The level of support that can be expected from partners includes:

3.2 Partner Organisations – roles and responsibilities

3.2.1 West Midlands Ambulance Service will support by:

- Notifying the Trust that a major emergency has taken place and details regarding the number and type of patients to be conveyed to the hospital; or transferred from wards at major trauma centres and Receiving hospitals to create capacity

[2] Version 5 (January 2014)

[3] NHS England – Birmingham, Solihull and the Black Country Area Team (2014) *Incident Response Plan*, Ver. 5, January, p. 14

[4] NHS England – Birmingham, Solihull and the Black Country Area Team (2014) *Incident Response Plan*, Ver. 5, January, p. 14

- Dynamic review and implementation of divert arrangements in order to facilitate the most favourable outcome for patients and enhance the Trust's capacity and response arrangements.

3.2.2. Walsall Clinical Commissioning Group (CCG) will provide support by:

- Responding to reasonable requests to assist and co-operate with Birmingham, Solihull and the Black Country NHS Commissioning Board Area Team in the wider mobilisation of NHS resources and coordinate all applicable providers that support primary care services should the need arise;

- Manage commissioned providers to effectively coordinate increases in activity (available capacity) across the Walsall health economy in support of surge in emergency pressures and creation of capacity across Walsall Healthcare NHS Trust.

3.2.3. Walsall Council will provide support via Social Services by:

- Providing social worker and care package input to assist in processing 'backlog' and or new patients in order to enhance patient flow as part of a wider initiative to create additional capacity across wards.

3.2.4 West Midlands Fire Service (Walsall) will support:

- Where and when public safety is at risk from fire, building collapse or other environmental hazards;

- Where the demand for wet decontamination is beyond the Trust's ability to process in a timely manner that provide *'expedient'* access to assessment, clinical interventions and care.

3.2.5 West Midlands Police (Walsall) will support:

- Where crowd and traffic control; criminal activity; and or information and evidence collection and preservation is required due to the nature of the incident

3.3. Internal command, control and coordination

The command structure set out above (3.1) should not be confused with the internal command structure that utilises the same terminology for the command structure internal to the Trust.

- **Hospital Bronze is an operational level** refers to the Emergency Department level of response which may be involved in decontaminating or issuing initial clinical interventions

- **Hospital Silver is the management/command and control level** and refers to the Director On-Call who has direct interaction with and oversight of all operational activities and works to effectively coordinate the entire response as a whole

- **Hospital Gold Command level** refers to the most senior level of responsibility, normally undertaken by the Chief Executive or nominated deputy provides a crucial final point of decision making, strategic oversight and interface with external bodies (both within and external to the NHS).

4.0. Aims, objectives and guiding principles

The aim of this plan is to set out Walsall Healthcare NHS Trust's major emergency arrangements for systematically:

- **Saving lives**
- **Minimising ill health**
- **Mitigating the adverse impact** of major incidents that have potential to significantly disrupt the health of the local population and/or critical services provided by hospital or community based services

The above aim will be achieved by providing 'tools' or sets of arrangements for:

- **Activating** the emergency response
- **Calling in** additional resources and expertise as required
- **Managing and leading** (command, control, coordinate) the Trust's major emergency activities in order to ensure lives are saved; the quality and level of care safety offered to current patients is not compromised while the best possible level of care is provided to the greatest number of patients; disruptive risks are mitigated
- **Creating additional capacity** for the treatment of patients across the Emergency Department, Theatres, Wards and Community Services
- **Communicating** with key partners and providing the public with warnings, information and instructions directly and/or via the media
- **Receiving, welcoming and caring** for family and friends of casualties

There are seven guiding principles that need to be considered when responding to an increase in demand across the local healthcare system:

- The care that can be given to people when resources are stretched should be maximised.
- Arrangements should be consistent with the overall aim of preserving and maintaining essential healthcare services.
- Changes to services and clinical standards should be incremental and should reflect changes in local demand and resources are available.
- Changes should be consistent with established ethical principles.

- Arrangements should take a whole-system approach and encompass primary, community and secondary care.
- Arrangements should support the attainment of strategic objectives at each stage.
- Implementation should be coordinated at a strategic level to ensure consistency of interpretation and effect.

5.0 Activating major incident arrangements

In the event of a major incident taking place notification will normally be received via the following routes:

5.1 External notifications

5.1.1. Notification from West Midlands Ambulance Service

- who have responsibility for alerting local NHS Trusts; especially in incidents involving casualties

5.1.2. NHS England Birmingham, Solihull and the Black Country Area Team

- who have responsibility for alerting local NHS Trusts of developing incidents and national emergencies for example outbreaks

5.1.3. Key partner agency or member of the public

- where a key partner agency or member of the public informs the Trust following notification of their organisation, direct observation or personal experience of the incident

5.2. Internal notifications

5.2.1 Emergency Department following unexpected attendance

- where casualties self-present at the Emergency Department in such numbers and/or with such injuries as to require implementation of special arrangements in order to ensure the most appropriate level of care is dispensed to the most needy

5.2.2. Key department or member of staff

- where a critical service or function has been disrupted to such an extent as to compromise patient safety and wellbeing with the potential to cause harm, suffering or discomfort

- or a member of staff has been notified, has observed or experienced the incident

All major incident notifications will be verified prior to the Trust formally declaring a major emergency and activating the major incident plan. In order to avoid confusion an agreed alerting convention is in place across all NHS organisations as set out below. When alerted by the Ambulance Service or NHS England the following terms will be used.

6.0 Stages of a Major Incident

a. Major incident – 'standby' *on receipt the Trust is expected to:*

- make preparatory arrangements
- analyse current capacity and resources

a. Major incident declared – 'activate plan' *on receipt the Trust is expected to:*

- activate appropriate emergency preparedness plan
- mobilise additional resources
- (The Trust will be informed if it has been designated as a **Receiving Hospital** in which case casualties will be sent directly to the hospital; or designated as a **Supporting Hospital** in which case patients may be discharged or sent to the Trust from Wards and departments of a neighbouring Trust in order to create capacity at the **Receiving Hospital** for casualties)

b. Major incident – 'cancelled' *on receipt the Trust is expected to:*

- This cancels either of the first two messages

c. MAJOR INCIDENT – STAND DOWN/SCENE CLEAR *on receipt the Trust is expected to:*

- Note that all live casualties have been removed from scene (if appropriate)
- Assess the appropriateness of standing down the Trust/returning to normal operating conditions and structures (undertaken by Director on Call in conjunction with A&E Consultant and Medical controller) and initiate stand down process as appropriate.

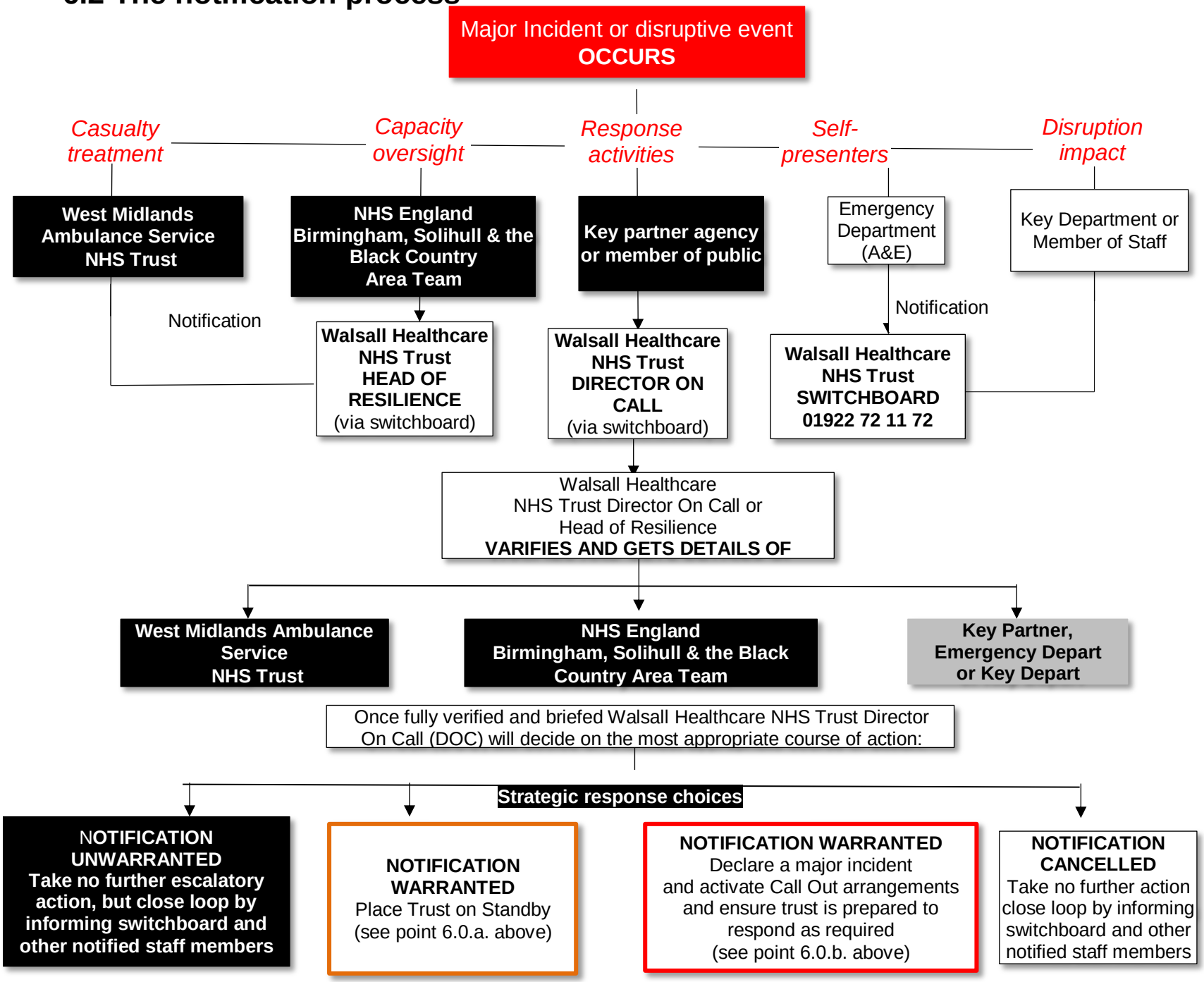
5.1. Major Incident Control Centre

The Trust's Major Incident Control Centre (ICC) is located in the IT Training room at the rear of the MLCC Library. At present the Trust does not have a dedicated alternative off-site facility. Where access to the MLCC is not possible (thereby restricting access to the Major Incident Control Centre), but access to the Manor Hospital site remains open the Seminar Room in Imaging has basic facilities that could be used to hold Silver Control Meetings and is equipped with:

- Large screen TV/Monitor
- PC (linked to network and able to access emergency planning drive via icr.pc# login details)
- Phone line (ext. 7319)
- Flip Pad
- Emergency Planning box (with stationery, log book and plans) is located on top of the white cupboard
- Table and chairs

Consideration may also be given to the use of Trust HQ in conjunction with Route 109 Seminar/Meeting Room.

6.2 The notification process



ESTABLISH OR VARIFY INCIDENT DETAIL USING **METHANE PROFORMA**

M: Major incident standby, Major declared or internal Major incident.

E: Exact location of incident.

T: Type of incident casualty related; infectious disease outbreak; or service disruption; decontamination.

H: Hazards are their likely to be any risks or hazards associated with responding to the incident e.g. contamination.

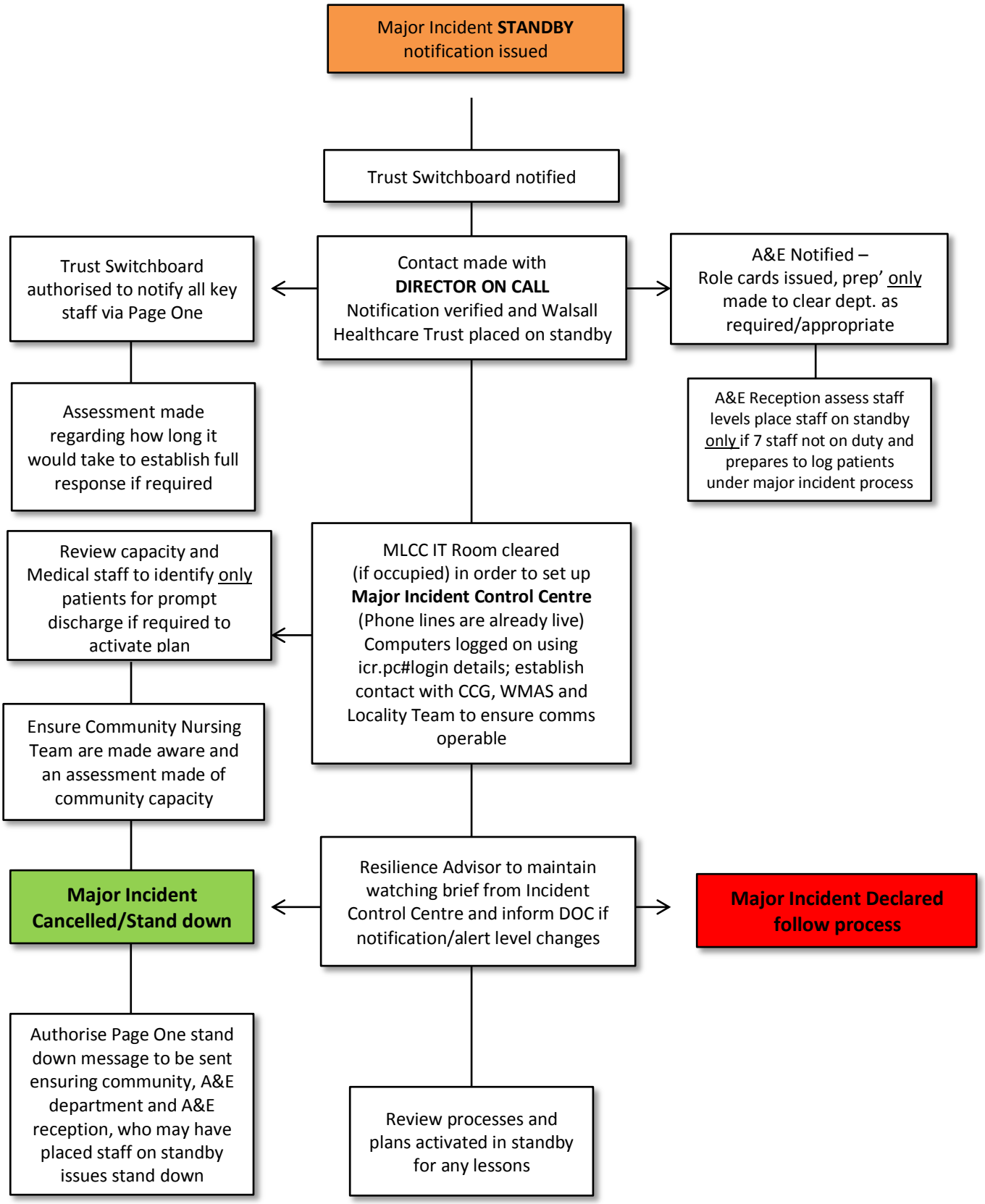
A: Assessment of the situation from the caller, what happened, further information and implications.

N: number and type of casualties (age range, gender etc.) type of injuries (P1, P2, or P3).

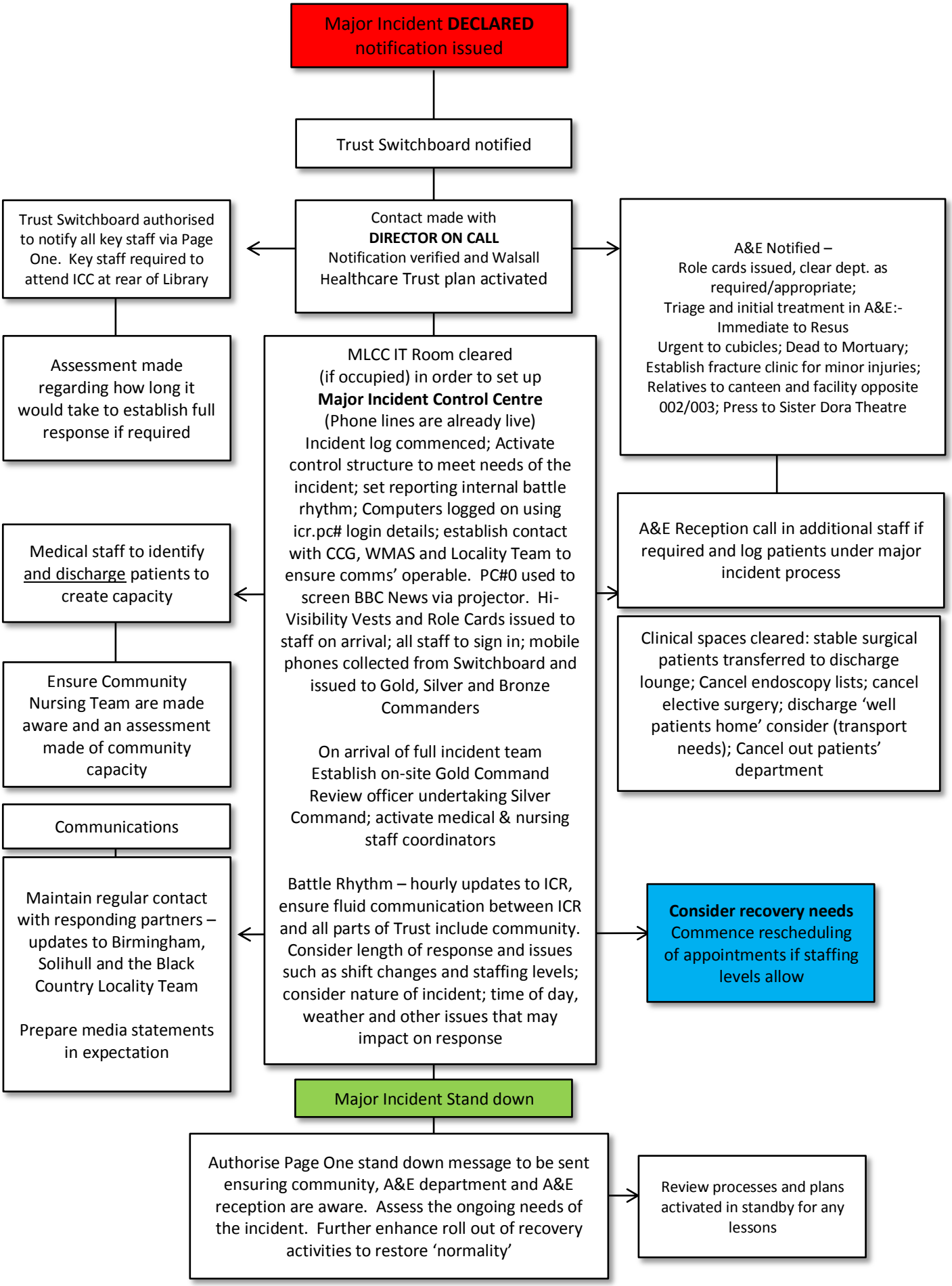
E: Emergency, partner or internal services involved or required in the response.

Go to useable template at Appendix 1.0

6.3 Major Incident Standby



6.4 Major Incident Declared



6.5 Call out arrangements

The purpose of the call out arrangement tool (see Appendix 1.1) is to achieve one of more of the following:

- **provide an initial central point of initial contact for major incident notification**
- Allow West Midlands Ambulance Service; Birmingham, Solihull and the Black Country Area Team; Walsall CCG; neighbouring NHS Trusts; West Midlands Police; West Midlands Fire Service; Walsall Council and other key partner agencies to have a centralised, 24-hour, single point of contact for alerting the Trust to real or potential major incident(s).

- **provide a mechanism for timely notification of senior officers**
- Ensure the Director on Call and other senior officers are automatically contacted and briefed when major incident notifications are received that may require the Trust to: (i) take note; (ii) place the Trust in major incident Standby mode; (iii) place the Trust in major incident response mode; or (iv) place the Trust in major incident stand down mode.

- **mobilisation of staffing resources**
- Act as a call out centre and under the direction and instruction of Incident Coordinator or their nominated representative contact particular officers, inform them that a major incident or business continuity disruption has taken place, and request they attend the Trust immediately or at a time specified by the Incident Coordinator or their nominated representative.

- All notifications of major incidents reported to Switchboard must be passed to the Chief Executive, Director On Call or Head of Resilience for verification before the Major Incident Plan is activated.

- Only the Chief Executive or First Director On Call are authorised to invoke the Trust's Major Incident plan.

- The Gold or Silver Commander are required to make the decision regarding activation of the major incident plan at 'major incident declared' stage should review the response structure and advise switchboard in the event that only part of the response structure is needed, and which staff/roles to contact.

5.6. Call out of key roles/response structure

- Call out arrangements will be undertaken by Switchboard as requested by the Incident Controller. The aim is to establish a sufficiently resourced incident command, control, coordination, communication and cooperation structure to ensure the best possible response outcome can be achieved for all of the Trusts interests based at the hospital and in the community.

- The structure below should be used as a guide when deciding on the extent of command and control required to manage incident response and recovery operations.

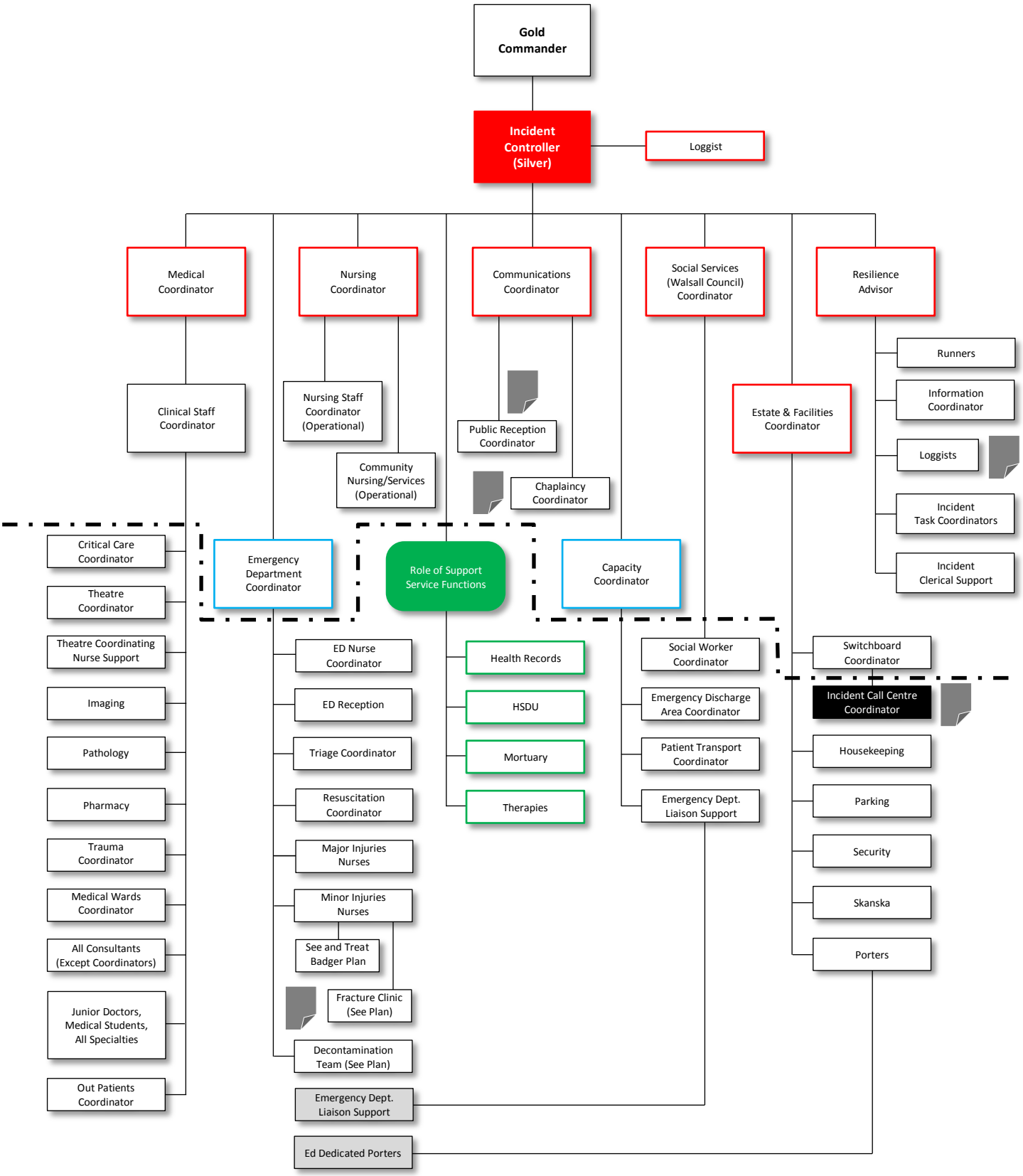
- A call out schedule has been created to assist Switchboard in the task of:

  - generally notifying staff

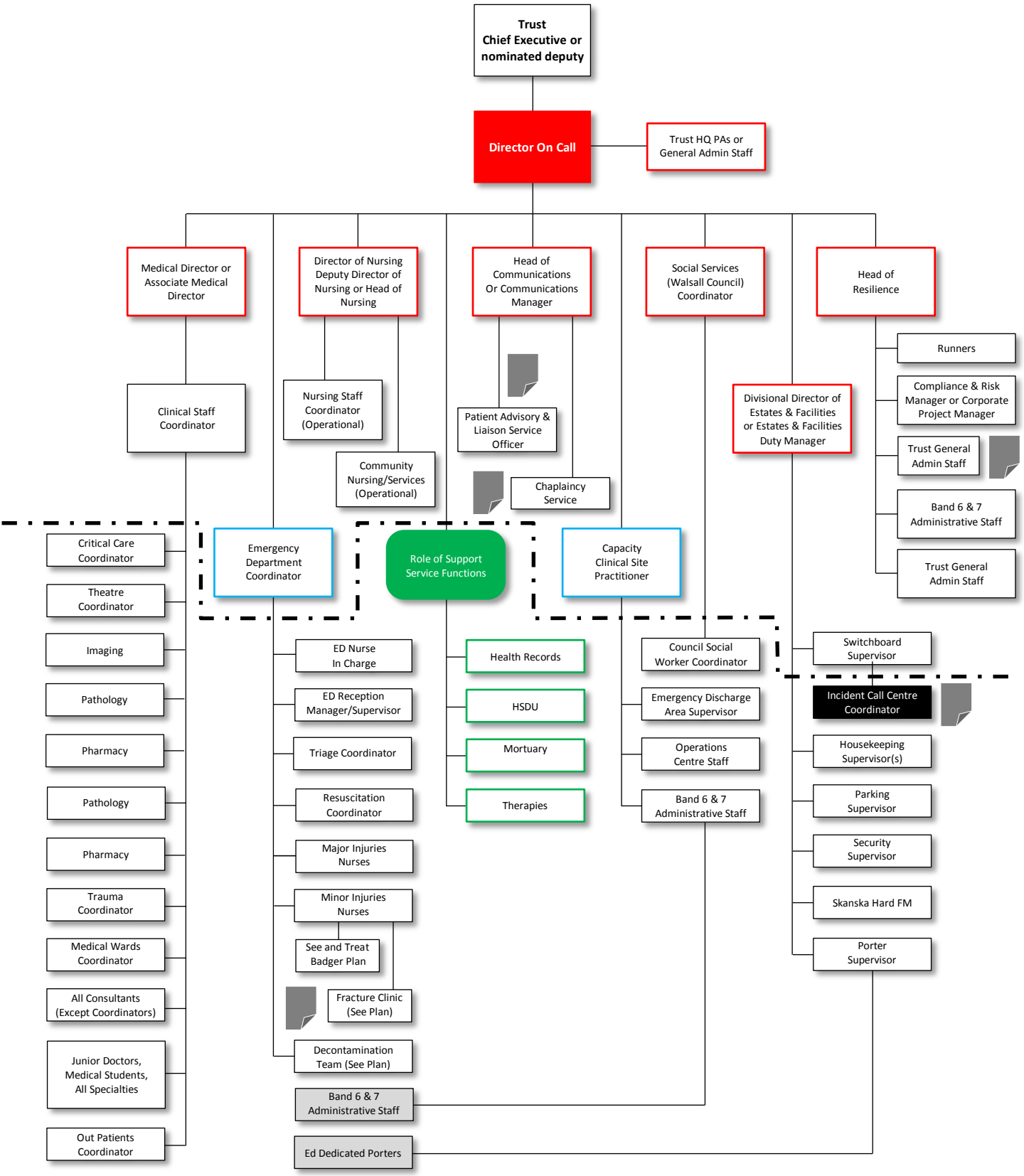
  - placing staff on standby

  - or activating/calling staff to undertake their major incident roles

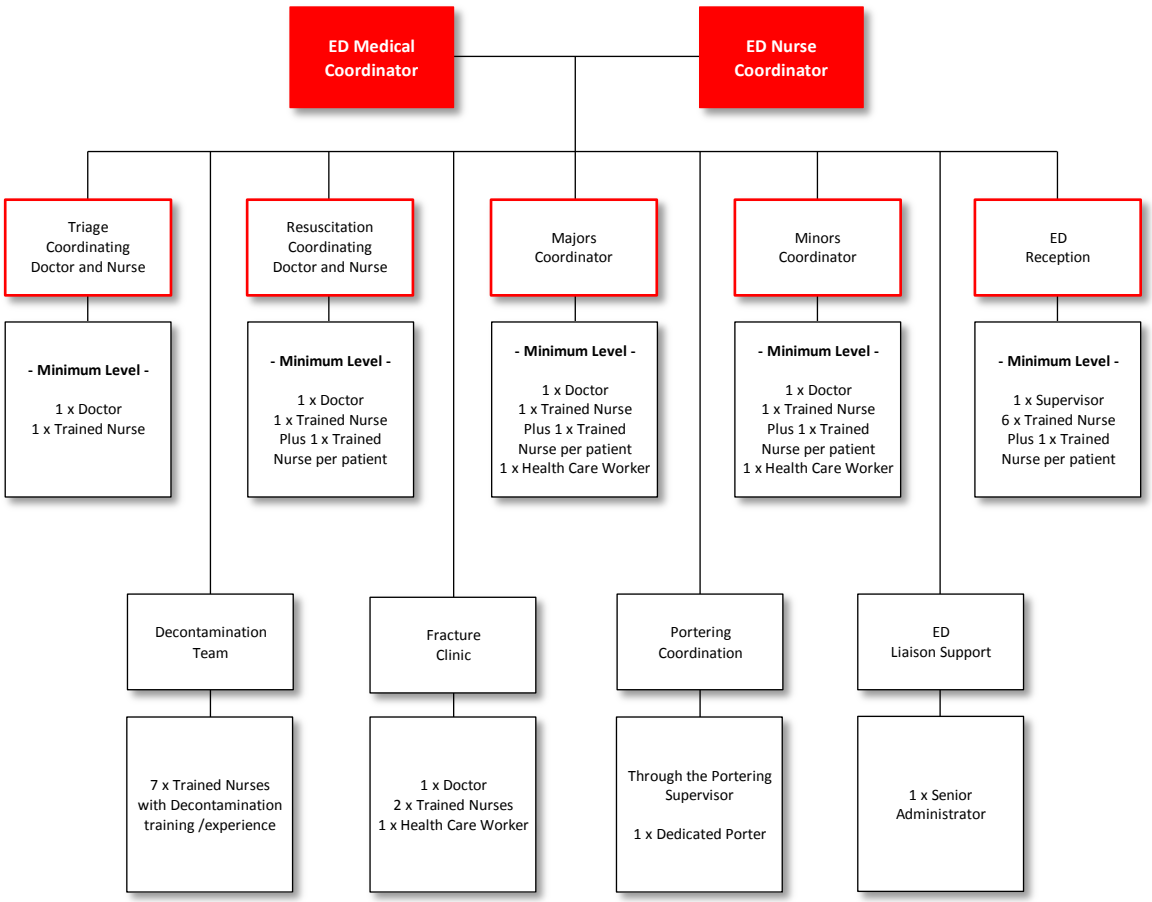
Emergency Response Structures (by Incident Role)



Emergency Response Structures (by normal job titles)



Emergency Department Response Structures



6.7 Staffing levels

These are considered green safe staffing levels for the wards.

WARD	Green levels Day	Green levels Night
1	5/4	3/3
2	4/4	3/2
3	5/4	3/3
4	5/4	3/3
AMU	9/8	8/6
7	4/4	3/3
9	4/4	3/3
10	4/4	3/2
11	4/4	3/2
12	4/4	3/3
14	4/4	3/2
15	4/4	3/2
16	4/4	3/2
17	4/3	3/2
20a	3/2	2/1
20b	4/4	3/2
23	2/2	2/1
29	4/4	3/2
SAU	2/1	N/A
24/25	6RM	6RM
Deliv Suite	11RM	11RM

Note – Left figure – Registered Nurses

Right figure - Clinical Support Worker

Appendices

Appendix 1 METHANE REPORT

METHANE Report for capturing incident notification details

To be used by Switchboard Coordinator, Director On-Call, Head of Resilience

Name of caller	Organisation	Contact Telephone No.	Time (24hrs.)	Date (00/00/00)

Use a new copy of this template to record each time the Trust is placed on a different major incident response mode

	Meaning	Clarifying question to ask	Notes
M	**Major incident** 'standby', 'declared' or 'stand-down'?	Is the Trust being placed in **'STANDBY'** mode major incident **'DECLARED'** mode or **'STAND-DOWN'** mode?	
E	**Exact location**	What is the exact location of the incident? (This may be on or off-site.)	
T	**Type** of Incident	What type of incident has taken place? (It may be a road, rail, chemical, building collapse, terrorism, fire.)	
H	**Hazards**	What present or potential hazards are there? (Some hazards may require special procedures such as decontamination or extra security/vigilance.)	
A	**Access**	Are there any access issues? (This is particularly relevant to on-site incident; normally patients will be transported to the hospital.)	
N	**Number of casualties**	What numbers and types of casualties/ severity of injuries are involved (P1, P2, P3)?	
E	**Emergency Services**	If off-site what other emergency services are involved in the response If on-site: have the emergency services been notified?	

A photocopy of this report must be taken to the Incident Control Centre after the call-out procedure is completed.
Supplies of blank copies are kept with Switchboard's Major Incident File.

METHANE Report further details

A photocopy of this report must be taken to the Incident Control Centre after the call-out procedure is completed.
Supplies of blank copies are kept with Switchboard's Major Incident File.

Appendix 2 - Scale, Impact & Duration (SID) Assessment

		Key Prompt Questions	Assessment Notes
Assessing SCALE	a.	b. Is this a minor (10s), major (100s), mass (200>) or catastrophic (1000>) event? c. Is the Trust able/required to respond alone or in concert with other Acute Trusts? d. Is this a national, regional or local incident/emergency? e. What is the level of command, control and coordination (sub-regional (Level 2); Regional (Level3); National (COBR[5]))?	
Assessing IMPACT	f.	g. What are the numbers, nature and types of injuries? h. What hospital and community services will need to be enhanced, flexed, disrupted or stopped? i. What priorities are likely to be disrupted? j. What additional resources will be required and what time is needed to bring them on line? k. What command, control and coordination, cooperation and communication structures are needed (full or partial command and control Team)?	

[5] COBR (Cabinet Office Briefing Room) Response led by the Prime Minister and Senior Ministers from Whitehall

Scale, Impact & Duration (SID) Assessment cont…

	Key Prompt Questions	Assessment Notes
Assessing DURATION	l. Are patients already arriving (self-presenters)? m. How long before patients are likely to start arriving and in what numbers? n. How long is it likely to take to retrieve all survivors from the scene - how long is the extraction period likely to last for? o. For what period is A&E likely to be orientated towards responding to the incident? p. Are casualties likely to require short medium or long term care? q. Once all survivors have been retrieved what is the expected time to return to normality?	

Appendix 3 - Major Incident Call-Out Schedule

To be used by Switchboard Coordinator and Switchboard Staff

			Are you available?						
Note: Contact the CHIEF EXECUTIVE or Second Director On-Call									
Chief Executive/ Gold Commander	Call In Time (24hrs)		Yes	No	No reply	ETA if available	Put on Standby?	Stood-down?	Comments record
	:								
	:								
	:								
	:								

Key instructions for this officer are:

			Are you available?						
Note: Contact the FIRST DIRECTOR ON CALL									
Incident Coordinator	Call In Time (24hrs)		Yes	No	No reply	ETA if available	Put on Standby?	Stood-down?	Comments record
	:								
	:								
	:								
	:								

Key instructions for this officer are:

			Are you available?						
Note: Contact the CONSULTANT PHYSICIAN ON CALL									
Medical Coordinator	Call In Time (24hrs)		Yes	No	No reply	ETA if available	Put on Standby?	Stood-down?	Comments record
	:								
	:								
	:								
	:								

Key instructions for this officer are:

			Are you available?						
Note: Contact the CONSULTANT PHYSICIAN ON CALL for the next day									
Clinical Staff Coordinator	Call In Time (24hrs)		Yes	No	No reply	ETA if available	Put on Standby?	Stood-down?	Comments record
	:								
	:								
	:								
	:								

Key instructions for this officer are:

Major Incident Call-Out Schedule continued

To be used by Switchboard Coordinator and Switchboard Staff

			Are you available?		*Note: Contact SENIOR SISTER FOR A&E or MATRON FOR A&E or CONSULTANT FOR A&E*				
Emergency Department Coordinator	Call In Time (24hrs)		Yes	No	No reply	ETA if available	Put on Standby?	Stood-down?	Comments record
	:								
	:								
	:								
	:								

Key instructions for this officer are:

			Are you available?		*Note: Contact the DIRECTOR OF NURSING OR HEAD OF NURSING*				
Nursing Coordinator	Call In Time (24hrs)		Yes	No	No reply	ETA if available	Put on Standby?	Stood-down?	Comments record
	:								
	:								
	:								
	:								

Key instructions for this officer are:

			Are you available?		*Note: Contact a MATRON (TO BE ADVISED)*				
Nursing Staff Reception Coordinator	Call In Time (24hrs)		Yes	No	No reply	ETA if available	Put on Standby?	Stood-down?	Comments record
	:								
	:								
	:								
	:								

Key instructions for this officer are:

			Are you available?		*Note: Contact COMMUNITY NURSING CARE GROUP MANAGER/PROFESSIONAL LEAD*				
Community Nursing/Services Coordinator	Call In Time (24hrs)		Yes	No	No reply	ETA if available	Put on Standby?	Stood-down?	Comments record
	:								
	:								
	:								
	:								

Key instructions for this officer are:

Major Incident Call-Out Schedule continued

To be used by Switchboard Coordinator and Switchboard Staff

			Are you available?						
Communications Coordinator	Call In Time (24hrs)		Yes	No	No reply	ETA if available	Put on Standby?	Stood-down?	Comments record
	:								
	:								
	:								
	:								

Note: Contact a HEAD OF COMMUNICATIONS or COMMUNICATIONS MANAGER

Key instructions for this officer are:

			Are you available?						
Public Reception Coordinator	Call In Time (24hrs)		Yes	No	No reply	ETA if available	Put on Standby?	Stood-down?	Comments record
	:								
	:								
	:								
	:								

Note: Contact a PATIENT LIAISON MANAGER

Key instructions for this officer are:

			Are you available?						
Chaplin	Call In Time (24hrs)		Yes	No	No reply	ETA if available	Put on Standby?	Stood-down?	Comments record
	:								
	:								
	:								
	:								

Note: Contact CHAPLAINCY

Key instructions for this officer are:

			Are you available?						
Capacity Coordinator	Call In Time (24hrs)		Yes	No	No reply	ETA if available	Put on Standby?	Stood-down?	Comments record
	:								
	:								
	:								
	:								

Note: Contact BED MANAGER (Bleep 5002)

Key instructions for this officer are:

Major Incident Call-Out Schedule continued

To be used by Switchboard Coordinator and Switchboard Staff

			Are you available?						
					Note: Contact EMERGENCY DUTY TEAM – 0300 555 2722				
Social Worker Coordinator	Call In Time (24hrs)		Yes	No	No reply	ETA if available	Put on Standby?	Stood-down?	Comments record
	:								
	:								
	:								
	:								

Key instructions for this officer are:

			Are you available?						
					Note: Contact MANAGER ON DUTY				
Facilities Coordinator	Call In Time (24hrs)		Yes	No	No reply	ETA if available	Put on Standby?	Stood-down?	Comments record
	:								
	:								
	:								
	:								

Key instructions for this officer are:

			Are you available?						
					Note: Contact HEAD OF RESILIENCE AND BUSINESS CONTINUITY				
Resilience Advisor	Call In Time (24hrs)		Yes	No	No reply	ETA if available	Put on Standby?	Stood-down?	Comments record
	:								
	:								
	:								
	:								

Key instructions for this officer are:

			Are you available?						
					Note: Contact the following officers				
Runners	Call In Time (24hrs)		Yes	No	No reply	ETA if available	Put on Standby?	Stood-down?	Comments record
	:								
	:								
	:								
	:								

Key instructions for this officer are:

Major Incident Call-Out Schedule continued

To be used by Switchboard Coordinator and Switchboard Staff

			Are you available?						
Information Coordinator	Call In Time (24hrs)		Yes	No	No reply	ETA if available	Put on Standby?	Stood-down?	Comments record
	:								
	:								
	:								
	:								

Note: Contact GOVERNANCE TEAM

Key instructions for this officer are:

			Are you available?						
Loggists	Call In Time (24hrs)		Yes	No	No reply	ETA if available	Put on Standby?	Stood-down?	Comments record
	:								
	:								
	:								
	:								

Note: Contact the following officers

Key instructions for this officer are:

			Are you available?						
Incident Task Coordinators	Call In Time (24hrs)		Yes	No	No reply	ETA if available	Put on Standby?	Stood-down?	Comments record
	:								
	:								
	:								

Note: Contact the following officers

Major Incident Call-Out Schedule continued

To be used by Switchboard Coordinator and Switchboard Staff

		Are you available?		***Note: Contact the following officers***				
Incident Clerical Support	Call In Time (24hrs)	Yes	No	No reply	ETA if available	Put on Standby?	Stood-down?	Comments record
	:							
	:							
	:							

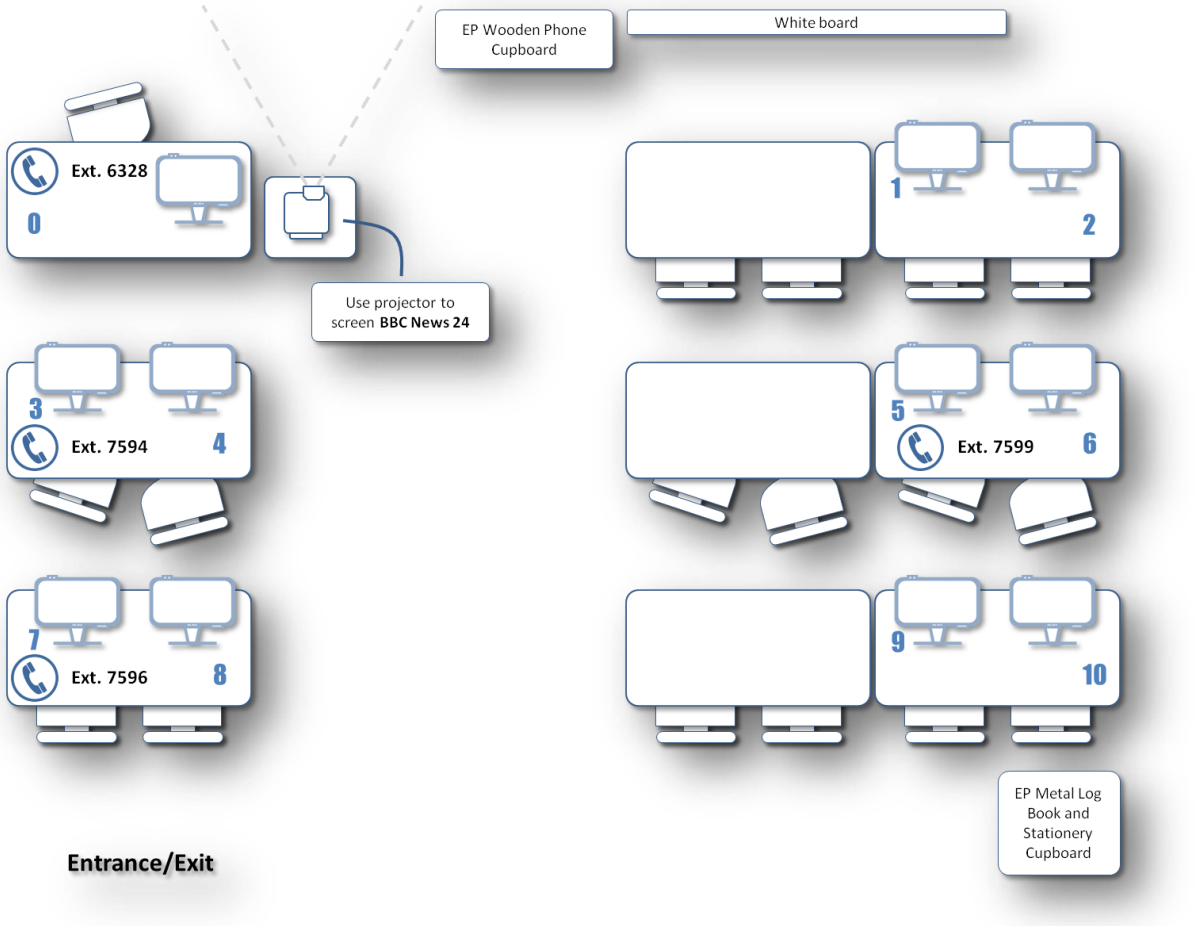
Key instructions for this officer are:

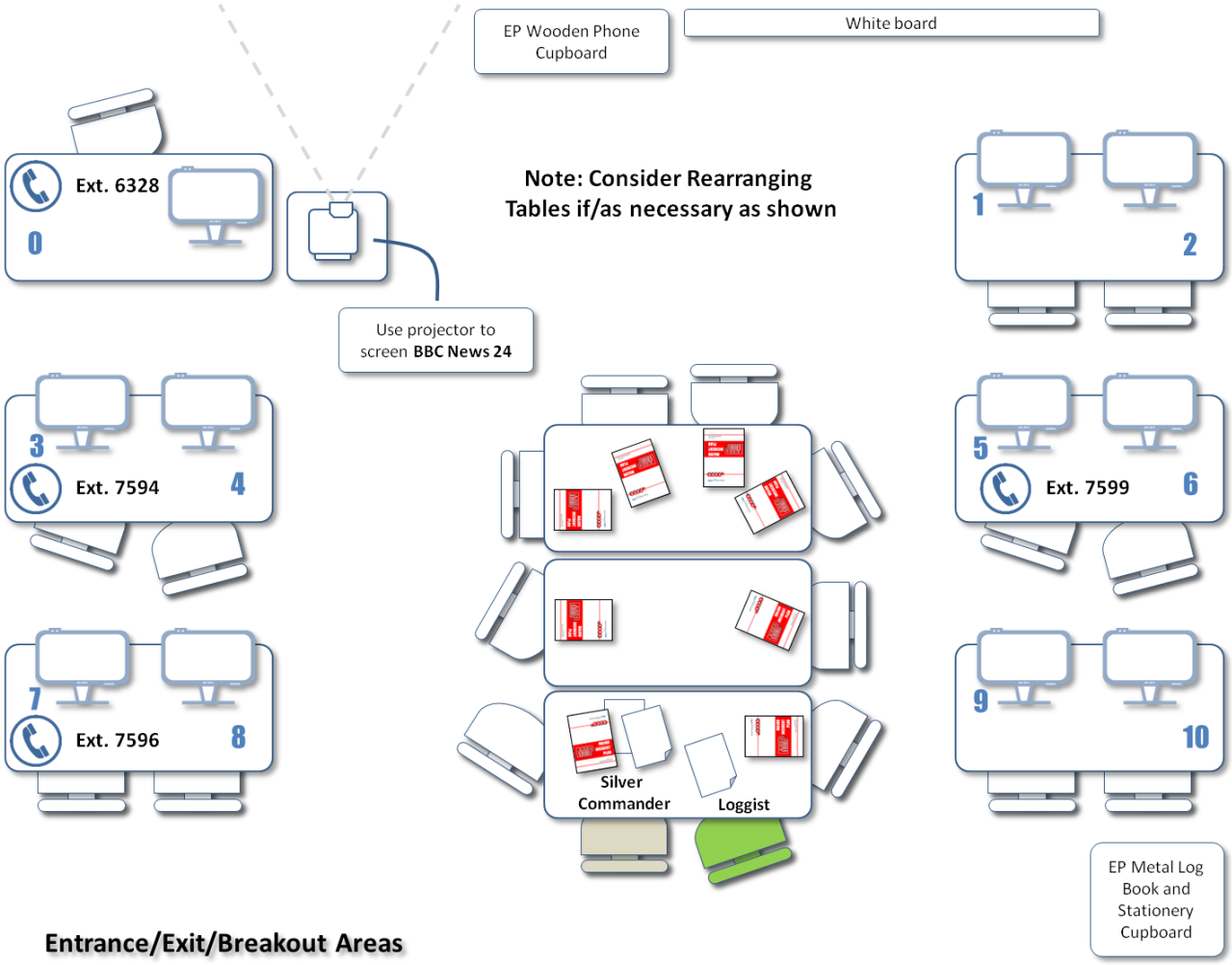
Appendix 4 - Opening the Incident Control Centre (ICR) Study Room

Access

- In hours contact the MLCC (on ext. 6627) and request access to the Incident Control Centre (MLCC Meeting Room at rear of Library). Obtain keys to the emergency planning cupboards from the top draw in the emergency planning cupboard located in the Operations Centre/Bed Bureau. The key can be found in an envelope clearly marked Incident Control Centre Keys. These will provide access to: (1) the wooden cupboard within the ICR; (3) and the metal Major Incident Cupboard within the ICR.

- Out of Hours – Obtain the code for the Incident Control Centre from security (ext. 7711) and keys to the emergency planning cupboards from the top draw in the emergency planning cupboard located in the Operations Centre/Bed Bureau. The key can be found in an envelope clearly marked Incident Control Centre Keys. These will provide access to: (1) the wooden cupboard within the ICR; (3) and the metal Major Incident Cupboard within the ICR.





Telephones

- Phones are already set up on desks. If required additional phones are kept in the brown, wooden cupboard.

Setting up ITC – Computers

- There are 10 computers already set up in the ICR. To turn on each computer first ensure the computer and monitor is plugged in the wall sockets and that the wall socket switches are on. Then located the power button on each machine and turn on.

- Although staff are able to log into any computer using their personal this should be avoided. Staff must login on the appropriate machine using the details below to avoid duplication. Computer 1 is nearest the door and computers increase sequentially in numerical order going anti-clockwise around the room until computer 10 is reached.

Computer 1	**Username: icr.pc1** Password: Resilience2
Computer 2	**Username: icr.pc2** Password: Resilience2
Computer 3	**Username: icr.pc3** Password: Resilience2
Computer 4	**Username: icr.pc4** Password: Resilience2
Computer 5	**Username: icr.pc5** Password: Resilience2

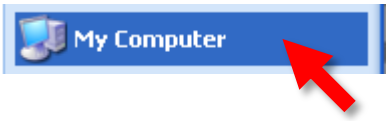
Computer 6	**Username: icr.pc6** Password: Resilience2
Computer 7	**Username: icr.pc7** Password: Resilience2
Computer 8	**Username: icr.pc8** Password: Resilience2
Computer 9	**Username: icr.pc9** Password: Resilience2
Computer 10	**Username: icr.pc10** Password: Resilience2

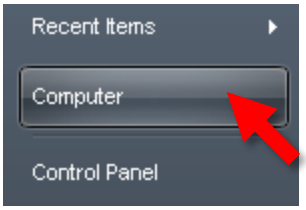
Accessing filing systems

- If prompted to change password use Resilience and the next numeric ensure that the Resilience Advisor has been informed of any change to passwords

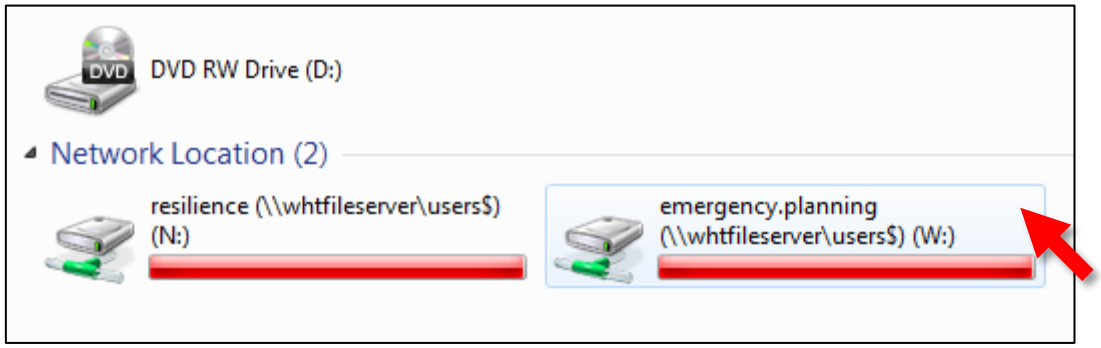
Accessing filing systems

- Use of the usernames and passwords above will give access to resilience and emergency planning directories.
- All files for use in the Incident Control Centre can be found on the W:\emergency.planning
  - Click on the window start button: 

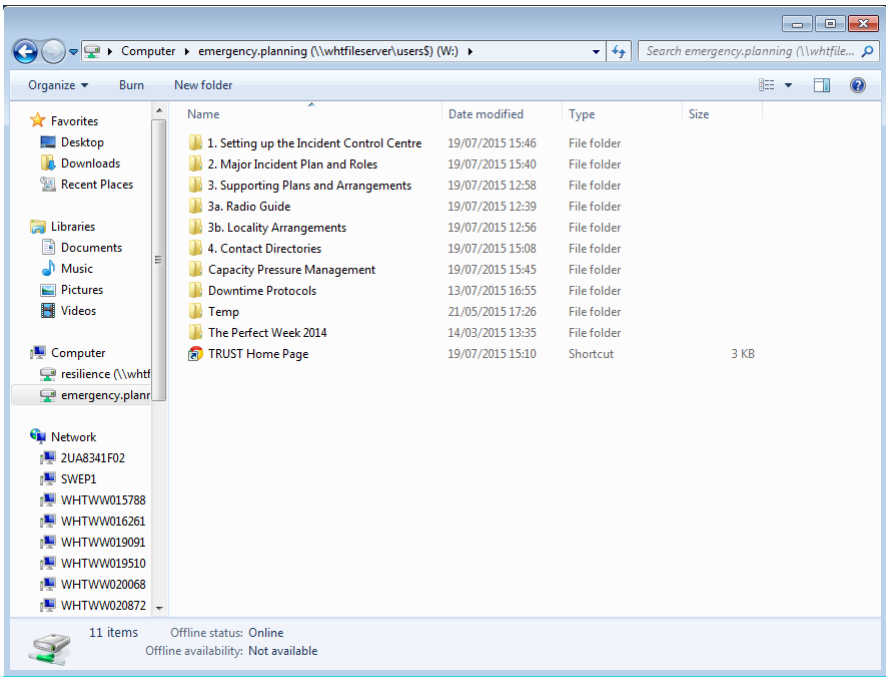
 or 
  - Select my computer: 

 or 

  - Select 1. INCIDENT CONTROL CENTRE Files:



- Files available are stored in folders on the drive:



Setting up ITC – Email accounts

Username: resilience.manor
Password: ICCentre1
Email: resilience.manor@walsallhealthcare.nhs.uk

Username: media.manor
Password: Media02
Email: media.manor@walsallhealthcare.nhs.uk

Setting up ITC – printer

- The printer is already set up to print from each computer. Ensure the printer is plugged into the wall prior to switching the power on. A box of 5 x 500 reams of paper located in the metal cupboards (bottom shelf).

Setting up ITC – projector

- If needed the projector should already be set up and linked to the computer on desk 0. The projector is useful when using the log to keep track of outstanding issues. An additional projector is kept in the wooden cupboard.

Setting up ITC – support

- The resilience.manor email account, the media.manor email accounts and the login accounts for the ICR were set up by *Wayne George, IT Support Engineer.*

- **In Hours** - Calls for assistance should be routed through the Helpdesk on ext. 2020 or escalated to Mark Taylor or Steve Darkes as appropriate dependent on the nature and urgency of the support required.

- **Out of Hours** - Calls for assistance should be routed through the Helpdesk on ext. 2020. When contact is made with the Helpdesk it must be stated that the incident involves the Incident Control Centre (ICR) as this will ensure the incident is recorded as a P1 request and will ensure the out of hours on call engineer is contacted and called in urgently.

Setting up ITC – Television

- If available, the television should be switched on by pressing the power button on the right hand side of the screen. A source button is also located on the right hand edge of the screen – pressing this allows the screen to toggle between a number of setting which include enables the screen to display the output from computer number 2 or TV channels. The remote control is normally located on top the white, plastic cable shelf below the screen – it can be used to change between TV News channels.

- If not available, use the computer (pc#0) to project News 24 onto the wall/screen at the front of the room.

Setting up ITC – Drinks machine

- In hours' request MLCC staff to provide a drinks machine in Study Room 1 for use of Incident Response staff

- Out of Hours security hold a master key that will open the MLCC store room, next to study room 11, where drinks machines are stored. A request should be made for this to be opened in order to gain access.

There is no off-site facility. In the event that the Incident Control Centre is unavailable a decision will need to be made by the silver Commander Director on Call to utilise:

- The Imaging Seminar Room or the Corporate Suite at Trust HQ in connection with the Seminar/Meeting Room 109. The Seminar Room in Imaging has basic facilities that could be used to hold Silver Control Meetings and is equipped with:

  - Large screen TV/Monitor
  - PC (linked to network and able to access emergency planning drive via icr.pc# login details)
  - Phone line (ext. 7319)
  - Flip Pad
  - Emergency Planning box (with stationery, log book and plans) is located on top of the white cupboard
  - Table and chairs

NOTE: The Imaging Seminar Room access code is available from Security ext. 7711 (poster on wall) or the Operations Centre/Bed Bureau (stored with keys for major incident room cupboards)

Appendix 5 - Coping with the stress of a major incident

Coping with the stress of a major incident

If you have been involved in a traumatic incident, you may find this information helpful. It provides information on how you may expect to feel in the days and months after the incident, to give you better understanding and more control over your experiences.

The aftermath of an incident

Overall people are resilient, and most people will recover without long term problems. However, what you have seen and heard may have an effect upon you. Although you may not have been physically injured, coming to terms with these events can be difficult. Each person's experience of the traumatic event, and their feelings afterwards are unique. The incident may arouse powerful and upsetting feelings, although these usually settle in time without professional help.

How you might be affected

After any major incident, it is normal to experience a number of stress reactions that may continue for some weeks. After an event where there is loss, it is also normal to experience grief. Traumatic events are shocking and emotionally overwhelming situations. People directly involved or those who lost loved ones may be most affected. However, witnesses of these events, friends and relatives may also be affected.

How you might feel immediately after the event

Shock

- Feeling stunned, dazed or numb
- Feeling cut off from your emotions and what is going on around you

Denial

- Finding it difficult to accept that this has happened
- Behaving as if it hasn't happened.
- Over several hours or days, the feelings of shock gradually fade and other reactions may take their place.

Reactions commonly experienced within the first few weeks of a traumatic event include:

- Tearfulness and sadness
- Fear and anxiety
- Feeling numb or dreamlike
- Unpleasant thoughts and images about the event
- Nightmares
- Reluctance to discuss the event or wanting to talk about it all the time
- Sleep difficulties and tiredness
- Feeling helpless
- Feeling angry or irritable
- Wanting to avoid people, places or activities that remind you of the event (this might include travelling on public transport)
- Feeling guilty or to blame for some aspect of the trauma
- Concentration and memory problems
- Headaches and bodily pain
- Young people and children often become unsettled in their behaviour. Their behaviour may be more aggressive or fearful than usual. They may become clingy and demanding. They may also 're-play' the trauma in their play These reactions are normal, understandable and usually reduce gradually over time.

What can I do that's helpful?

Taking each day at a time is essential after any traumatic event. It is important to establish a sense of safety and security. It is often helpful to try to:

- Be patient with yourself - it may take weeks or months to learn to live with what has happened
- Try to re-establish your usual routines such as going to work or school
- Spend time with family, friends, and peers, who may be able to help to support you through this difficult time

- Children need support and reassurance from trusted adults who can help the child to feel safe, and to talk about their fears and worries, as they wish
- You may find it helpful to spend time with others who have been through the same experience as
- you and for example, mark the loss by attending memorial services or funerals
- Take good care of yourself physically, including eating well,
- exercising regularly, reducing alcohol and/or drug use and getting enough sleep to reduce stress and prevent physical illness
- Talk it over when you feel ready and comfortable to do so. Don't worry if you get upset or cry while doing this
- Take care – after a trauma, people are more likely to have accidents. Be careful with regards to driving and when around the home
- Limit your exposure to pictures of the event if they are distressing to you or your child.

What would not be helpful?

- Don't bottle up your feelings – strong feelings are normal and bottling them up will make you feel worse. Let yourself talk as you feel ready
- Avoid drugs and alcohol - this can help numb your feelings but can stop you from coming to terms with what has happened
- • It's advisable not to make any major life changes - your judgement may not be at it's best and you may make decisions that you later regret.

How would I decide if I need professional help?

- Most people who have encountered a traumatic event find that their symptoms subside over time.
- However, reactions and recovery times vary for different people. If your symptoms do not improve after 4-6 weeks and continue to concern you (e.g. because they are causing difficulties in your relationships or in your work), it may be beneficial to seek professional support.

What professional support can I expect?

- Effective treatment for trauma aims to enable people to come to terms with the traumatic event, by exploring feelings and fears, talking it through and developing coping mechanisms
- NICE (National Institute for Clinical Excellence) guidelines on effective treatment for trauma can be ordered by calling: 0870 155 5455 (quote reference CG26) or online at www.nice.org.uk
- • Medication may sometimes be recommended and, for some people, can be helpful in treating symptoms.

Where do I find help?

- Specialist trauma support is also available from the NHS for people who continue to experience significant difficulties several weeks after the event. Contact your GP
- For general health advice and information, you can contact NHS Direct on 0845 4647 (24 hours`), www.nhsdirect.nhs.uk or speak to your GP. Other support groups and caring organisations you may find helpful include:
- The Samaritans – Offers a 24- hour helpline for those in crisis. tel: 08457 90 90 90 www.samaritans.org.uk
- Cruse – Bereavement Care – Offers counselling, advice and support throughout the UK. tel: 0870 167 1677 (Monday - Friday 9.30am - 5pm). www.crusebereavementcare.org.uk
- Disaster Action – Provides support and guidance to those affected by disasters. tel: 01483 799 066 www.disasteraction.org.uk
- Assist Trauma Care – Offers telephone counselling and support to individuals and families in the aftermath of trauma. tel: 01788 560800 (Helpline).

For useful information on coping with trauma see the following websites:

www.istss.org
www.rcpsych.ac.uk/info/index.htm
www.uktrauma.org.uk
webmaster@uktrauma.org.uk

Source: Traumatic Stress Clinic Camden and Islington Mental Health and Social Care Trust (2005) *Coping with the stress of a major incident* - on behalf of the NHS Trauma Response (London Bombings) programme. *July 2005.*

Appendix 6 - Situation Report (for Dept.)

The information collected by this Situation Report should be dated, timed and forward to the Silver Commander in the ICR (rear of MLCC Library). All fields must be completed. If there is nothing to report, or the information request is not applicable, please insert NIL or N/A.

Organisation	**Walsall Healthcare NHS Trust**	Date:	
Department		Time:	
Name Completed by:			

Guidance notes for completion are printed overleaf

	P1	P2	P3	P4	DISCHARGED	DECEASED
No. Incident Casualties received *(see note 1 below)*						
Issues of note for impact on **CRITICAL FUNCTIONS** *(see note 2 below)*						
Issues of note for impact on **CAPACITY ISSUES** *(see note 3 below)*						
Issues of note for impact on **BUSINESS AS NORMAL** *(see note 4 below)*						

Is there a rising need for more resources (**MUTUAL AID**)? *(see note 5 below)*	
Are there any **KEY MEDIA MESSAGES** that should be considered from your perspective? *(see note 6 below)*	

Guidance notes for completion

NOTE 1: Incident Casualties

- P1: Casualties requiring immediate life-saving resuscitation and/or surgery
- P2: Stabilised casualties needing early surgery but delay acceptable
- P3: Casualties requiring treatment but a longer delay is acceptable
- P4: Expectant category – confirm if invoked
- DISCHARGED: Number of patients arriving Walsall Healthcare NHS Trust and subsequently dying at/in our care.
- DECEASED: Number of patients arriving Walsall Healthcare NHS Trust and subsequently dying at/in our care.

NOTE 2: Impact on critical functions

- For example, impact on critical care capacity

NOTE 3: Capacity/capability issues

- Number in department, key blockages or problems with discharge (e.g. patient transport or transfers)

NOTE 4: Impact on business as normal

- Cancellation of elective activity should be covered here
- Any other service reduction as consequence of incident

NOTE 5: Mutual aid request

- Confirm details of mutual aid requested, and from whom requested

NOTE 6: Media

- Indicated media interest shown/reported.
- Provide key messages for media; also provide details of lead media contact

Appendix 7 Situation Report (Trust-wide)

The information collected by this Situation Report should be dated, timed and forward to NHS England Birmingham, Solihull & the Black Country Locality ICC (england.bsbc-icc@nhs.net). All fields must be completed. If there is nothing to report, or the information request is not applicable, please insert NIL or N/A.

Organisation	**Walsall Healthcare NHS Trust**	Date:	
Department		Time:	
Name Completed by:			

Guidance notes for completion are printed overleaf

	P1	P2	P3	P4	DISCHARGED	DECEASED
No. Incident Casualties received by category *(see note 1 below)*						
Issues of note for impact on **CRITICAL FUNCTIONS** *(see note 2 below)*						
Issues of note for impact on **CAPACITY ISSUES** *(see note 3 below)*						
Issues of note for impact on **BUSINESS AS NORMAL** *(see note 4 below)*						

Is there a rising need for more resources (**MUTUAL AID**)? *(see note 5 below)*	
Are there any **KEY MEDIA MESSAGES** that should be considered from your perspective? *(see note 6 below)*	
Authorised for release by:	

Guidance notes for completion

NOTE 1: Incident Casualties

- P1: Casualties requiring immediate life-saving resuscitation and/or surgery
- P2: Stabilised casualties needing early surgery but delay acceptable
- P3: Casualties requiring treatment but a longer delay is acceptable
- P4: Expectant category – confirm if invoked
- DISCHARGED: Number of patients arriving Walsall Healthcare NHS Trust and subsequently dying at/in our care.
- DECEASED: Number of patients arriving Walsall Healthcare NHS Trust and subsequently dying at/in our care.

NOTE 2: Impact on critical functions

- For example, impact on critical care capacity

NOTE 3: Capacity/capability issues

- Number in department, key blockages or problems with discharge (e.g. patient transport or transfers)

NOTE 4: Impact on business as normal

- Cancellation of elective activity should be covered here
- Any other service reduction as consequence of incident

NOTE 5: Mutual aid request

- Confirm details of mutual aid requested, and from whom requested

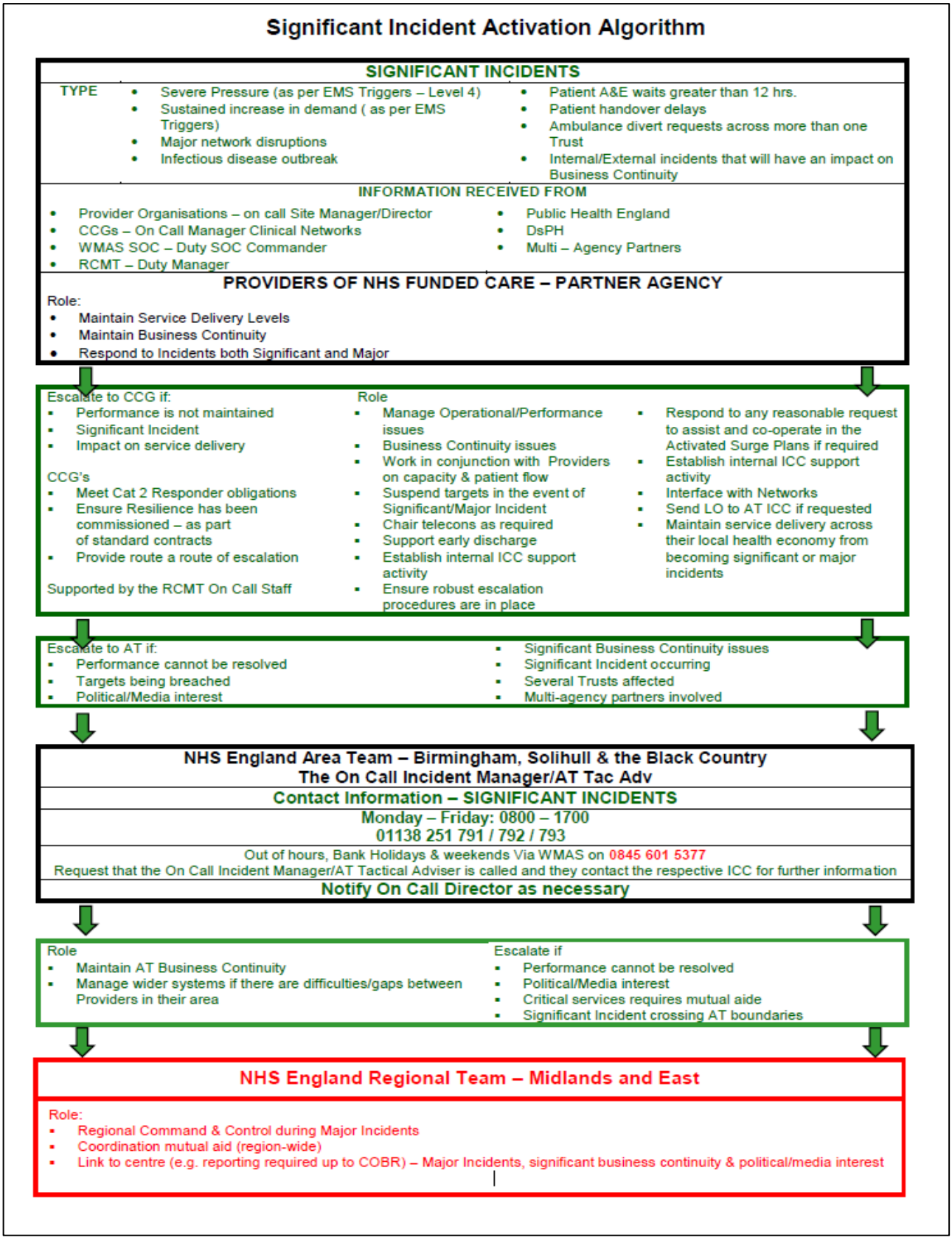
NOTE 6: Media

- Indicated media interest shown/reported.
- Provide key messages for media; also provide details of lead media contact

Forward completed Situation report to:

england.bsbc-icc@nhs.net

Appendix 8 — NHS England information



FOR MAJOR INCIDENTS AND EMERGENCIES ONLY

TYPE

- Mass Casualties
- CBRNe incident, deliberate release
- Major network disruptions
- Toxic plume
- Health incidents such as hospital fires, floods or significant patient evacuation
- HAZMAT incident such as white powder that may lead to hospital decontamination
- Headline news, public or media alarm about impending situation
- A developing infectious disease, with potential for epidemic or pandemic
- Rising tide incident such as industrial action

INFORMATION MAY BE RECEIVED FROM

- Provider Organisations
- CCG's
- Emergency Services
- Public Health England
- Local Authorities
- On Call Staff both internal or external
- RCMT On Call Manager

PROVIDERS OF NHS FUNDED CARE

Role:

- Maintain service delivery levels
- Maintain Business Continuity
- Respond to Incidents at a level determined by the AT Incident Director on Call

NHS England – Birmingham, Solihull & the Black Country EPRR Team

Contact Information – Major Incidents & Emergencies

Monday – Friday: 0800 – 1700
01138 251 791
01138 251 792
01138 251 793

Out of Hours, Bank Holidays & weekends Via WMAS on 0845 601 5377
Request that the AT Tactical Adviser is called and they contact the respective ICC for further information

Is this a potential or actual Major Incident?

No

- Inform Provider Tac Adv/ AT Incident Manager
- Decide no further action required
- Or maintain a watching brief
- If so notify appropriate personnel

Yes

- Reassess situation as further information becomes available
- No further action required – end of potential incident
- Escalation of incident as required

AT INCIDENT MANAGEMENT TEAM – IRP ACTIVATION & ESTABLISHING ICC

- Notify Provider On Call Tactical Adviser
- Notify AT Incident Manager
- Notify Provider Incident Director
- Jointly assess information received

Notify On Call Director

- For information
- For action as necessary
- Jointly assess information received
- Be prepared to send initial SITREP

- Consider actions to be taken
- Establish Communications
- Is the Incident Standby or Declared
- Consider activating Plan
- Consider activating ICC
- Form Incident Management Team if necessary
- Call in On Call personnel if necessary
- Agree who will lead response
- Incident Director be prepared to attend SCG as Health Gold if necessary

NHS England Regional Team – Midlands and East

Role:

- Regional Command & Control during Major Incidents when more than several AT are involved
- Coordination mutual aid (region-wide)
- Link to centre (e.g. reporting required up to NHS England) – Major Incidents, significant business continuity & political/media interest

Reference: NHS England – Birmingham, Solihull and the Black Country Area Team (2014) *Incident Response Plan*, 10

NHS England Birmingham, Solihull and the Black Country Area Team expectations of PROVIDER TRUSTS during STANDBY

PROVIDER TRUST OVERVIEW	PROVIDER TRUST ACTIVATION AND ESCALATION	PROVIDER TRUST COMMUNICATION
– Proportionate response to rising pressures or a slow burn public health emergency that require Trusts to take action to develop a localised response to mitigating the effects and increase capability/resilience – Or a planned event that requires the NHS system to be ready for potential adverse consequences – Ongoing assessment information and intelligence to ensure that a decision to escalate is made at an appropriate time.	– If rising tide pressures occur within working hours the local Trust Director on call contacts the AT Incident Director or their nominated deputy to brief them utilising the SITREP. – If out of hours the on call local Trust Director contacts the on call Incident Director to brief them using the SITREP. – If there is a planned significant event the NHS Trust completes the SITREP together and ensures that partners in the LA on call officers during this period are aware.	– The local on call Trust Director will work within the Battle Rhythm (reporting schedule) set by the AT Incident Director as appropriate – Provide the AT Incident Director with SITREPS that are proportional to the incident and may include: operational issues, pressures and requests for mutual aid – Receive health related updates and requests from AT Incident Director who may be working from an Incident Coordination Centre if established – May be required to undertake preparatory work with local partners (emergency services, Tactical Co-ordinating Group, Local Health Protection Unit, local authorities, Government Office and others) – Ensures communication arrangements in place proportionate to the required response including: internal communications to staff and trained liaison personnel are utilised to manage interactions and joint working with the media.

NHS England Birmingham, Solihull and the Black Country Area Team functions and duties during STANDBY

NHS ENGLAND AT OVERVIEW	NHS ENGLAND AT ACTIVATION AND ESCALATION	NHS ENGLAND AT COMMUNICATION
– Acts as a conduit between local Provider Trusts and Regional NHS England in Standby (if appropriate) and assist in the process of assurance and support in relation to disruption mitigation and preparedness initiatives at a local level – For larger scale planned events assumes the responsibility for coordinating planning and development of risk mitigation strategies proportionate to the scenario – Ongoing assessment information and intelligence to ensure that a decision to escalate is made at an appropriate time.	– Out of hours the on call local Provider Trust Exec will contact the on call AT Incident Director to determine if in Standby is required. The AT Incident Director will then contact the on call Regional Incident Director if appropriate. – Within working hours the Provider Trust Director on Call or their nominated deputy will contact the AT Incident Director to provide a briefing based upon the SITREP. If appropriate then brief the Regional Incident Director or their nominated deputy.	– The AT Incident Director cascades and works within the Battle Rhythm (reporting schedule) set by the Regional Incident Director if standing. If Regional Incident Director in Standby not declared AT Incident Director establishes Battle Rhythm. – Provides the Regional Incident Director with situational reports which may include (proportional to the scenario): operational issues, pressures and requests for mutual aid – Receives health related updates and requests from staff at the Regional Incident Director who may be working from the Regional ICC if established – May be required to undertake preparatory work with local partners (emergency services, Strategic Co-ordinating Group, Health Protection Unit, local authorities, Government Office and others) – Ensures communication arrangements are in place proportionate to the required response including: internal communications to staff and trained liaison personnel are utilised to manage interactions and joint working with the media.

NHS England Birmingham, Solihull and the Black Country
Area Team expectations of PROVIDER TRUSTS during RESPONSE

PROVIDER TRUST OVERVIEW	PROVIDER TRUST ACTIVATION AND ESCALATION	PROVIDER TRUST COMMUNICATION
– Comprised of a single Trust and/or providers acting as one local health economy within a AT Area – May be declared to deal with a localised major incident – May be declared to command the response to the local impact of an incident that has occurred outside of its immediate locality including provision of mutual aid – May have to activate local arrangements including an Incident Coordination Centre and response resources to ensure local Command, Control, Coordination, Communication and Cooperation activities are discharged in an effective and efficient way – Considers and implements local initiatives relating to anticipating, assessing, preventing, preparing for, responding to and recovering from disruptions.	– The Trust Director must contact the Area Team Incident Director and discuss the need for escalation and agree the level at which the incident should continue to be managed – Health Protection advice should be provided through the Local Health Protection Unit. The request for a STAC to be established must be made either through AT Director to the Regional Director, or to the Regional Director of Public Health or to the Regional Director of the Public Health England, as per the Regional STAC plan.	– Works within the Battle Rhythm (reporting schedule) set by the Area Team Incident Director: this will vary by incident type. Location and duration – Provides the Area Team Incident Director/Manager with situational reports (SITREPS) which include: operational issues, pressures, assessment of ability to maintain business as usual and requests for mutual aid. – Receives health related updates and requests directly from Area Team ICC if established. Routes for communication include: in person through the liaison role, Escalation Management System (EMS) or e-mail correspondence. – May be required to work directly with local partners (emergency services, Health Protection Unit, local authorities, NHS Commissioning Board, Government Office and others) – Ensures communication arrangements or plans are activated including: communications staff, trained liaison personnel are utilised to manage interactions and joint working with the media

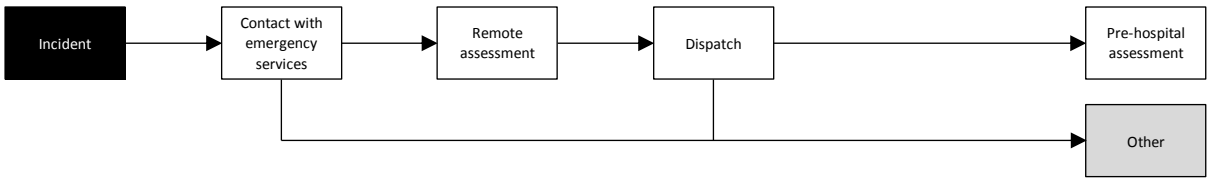
NHS England Birmingham, Solihull and the Black Country Area Team functions and duties during RESPONSE

NHS ENGLAND AT OVERVIEW	NHS ENGLAND AT ACTIVATION AND ESCALATION	NHS ENGLAND AT COMMUNICATION
– Assumes responsibility for all Trusts and health economies within the Birmingham, Solihull & the Black Country Area – this is a sub-regional response – May be declared to take command of the response to a major incident that has occurred within the Birmingham, Solihull & the Black Country and resulting pressures are affecting more than one Trust and may also be required to work with local multi-agency partners – May be declared to assist with responding to the impact of a major incident that has occurred outside of the Birmingham, Solihull & the Black Country AT footprint close by where the resulting pressures are affecting more than one Commissioning Board Area Team – May be declared to manage the impact of providing mutual aid to another Commissioning Board Area Team or Region – Activates local arrangements including an Incident Coordination Centre response resources to assist with, monitor and ensure local Command, Control, Coordination, Communication and Cooperation activities are discharged in an effective and efficient way – Considers and implements initiatives relating to anticipating, assessing, preventing, preparing for, responding to and recovering from disruptions within the confines of the Commissioning Board Area Team	– The Incident Director must ensure they are in regular contact with the Provider Trusts on call Exec/Incident Director and their tactical advisors and discuss the need for escalation or de-escalating the level of response based upon the dynamic SITREPs. – The Incident Director must contact the Regional Incident Director regarding their risk assessment based on their SITREPs and whether to escalate the incident to Regional Commissioning Board. Regular contact between Incident Director and the Regional Incident Director must be maintained throughout the duration of the incident. – Requests for the establishment of a Scientific and Technical Advice Cell are through the Regional Incident Director, the Regional Director Public Health England.	– Works within the Battle Rhythm (reporting schedule) set by the Region Incident Director if in response declared and establishes a Battle Rhythm for local Trusts – Receives situational report from the Provider Trust(s) which include: an overview of the levels of disruption across affected Trusts and associated pressures, ability to maintain business as usual, mutual aid arrangements put in place, resource shortfalls and requests for further assistance – Provides Regional Incident Director SITREPS appropriate to the incident including: levels of disruption and associated pressures, business continuity and mutual aid arrangements established, resource shortfalls and requests for further assistance – Receives communication and direction from Regional Incident Director (if established) and transmits to local Provider Trusts accordingly – May be required to work directly with local partners (emergency services, Strategic Co-ordinating Group, Health Protection Unit, local authorities, Regional NHS England & Government Office) – Notifies all Chief Executives within the affected in the Birmingham, Solihull & the Black Country Area Team that an incident has occurred through the Provider Incident Director/Provider Tactical Adviser – Ensures communication arrangements are activated to manage interactions and joint working with the media.

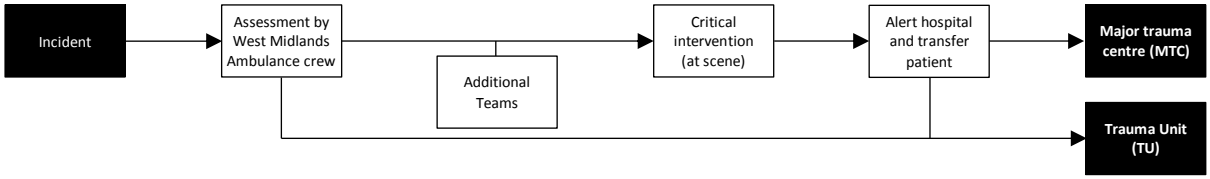
Appendix 9 – Care Pathways

High-level pathway

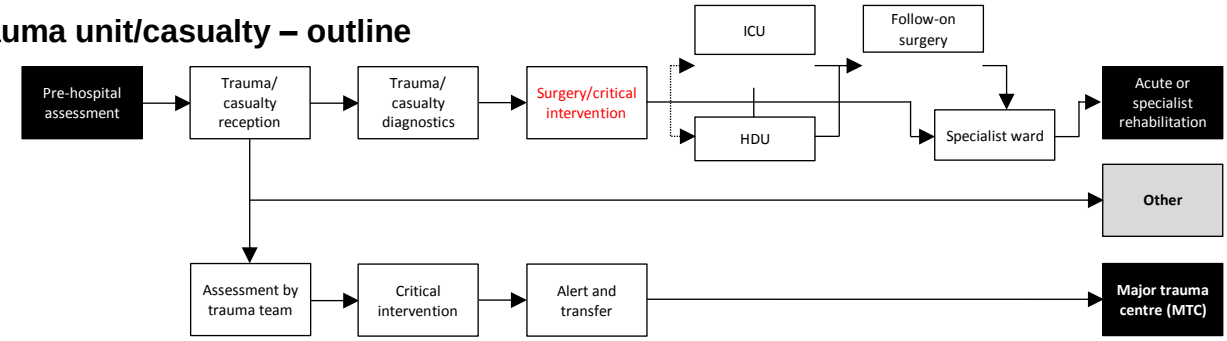
Initial contact – outline



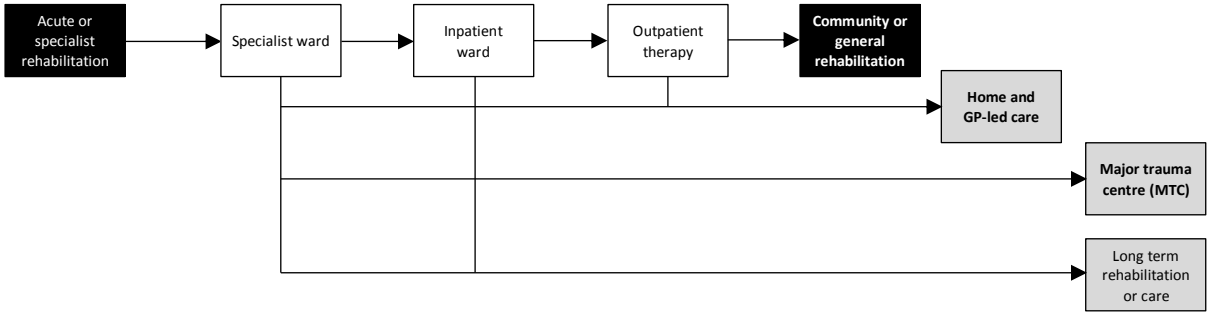
Pre-hospital assessment – outline



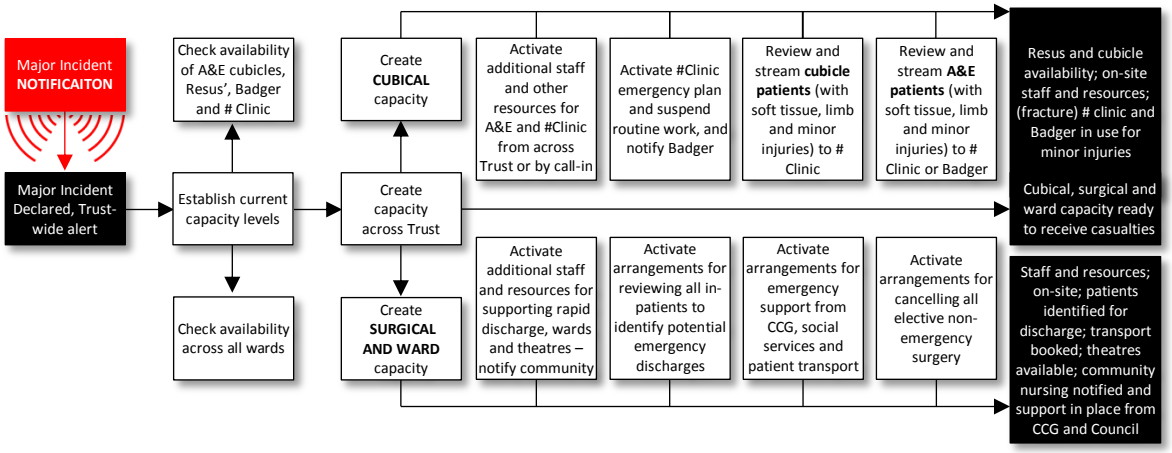
Trauma unit/casualty – outline



Community or general rehabilitation - outline



Capacity creation for casualty reception - outline



Appendix 10 – Glossary of Terms

ACP	Access Control Point
ACPO	Association of Chief Police Officers
ACPO	TAM Association of Chief Police Officers Business Area for Terrorism & Allied Matters
BCM	Business Continuity Management
BSBC	Birmingham, Solihull and the Black Country – the local presence of NHS England
CB	Casualty Bureau
CBRN	Chemical, Biological, Radiological and Nuclear
CCA	Civil Contingencies Act
CCC	Civil Contingencies Committee Strategic Coordinating Group
CCG	Clinical Commissioning Groups
CCS	Civil Contingencies Secretariat
CCDC	Consultant in Communicable Disease Control
CEO	Chief Executive Officer
CfI	Centre for Infections
CEPR	Centre for Emergency Preparedness and Response
CLG	Communities & Local Government
CHaPD	Chemical Hazards and Poisons Division
CO	Cabinet Office
COBR	Cabinet Office Briefing Room
COI	Central Office of Information
COMAH	Control of Major Accident Hazards
CONOPS	Concept of Operations
CMO	Chief Medical Officer
CRCE	Centre for Radiation, Chemical and Environmental Hazards
CT	Counter Terrorism
CT SIO	Counter Terrorism Senior Investigating Officer
CTU	Counter Terrorism Unit
CTPOR	Counter Terrorism Police Operations Room
DEFRA	Department for Environment Food and Rural Affairs
DfT	Department of Transport
DH	Department of Health
DPH	Director of Public Health
DsPH	Directors of Public Health
DTI	Department for Trade and Industry

DVI	Disaster Victim Identification
EA	Environment Agency
ECDC	European Centre for Disease Prevention and Control
ECS	Events Control Suite
ED	Emergency Department
RRF	Regional Resilience Forum
RVP	Rendezvous Point
RWG	Recovery Working Group
SAGE	Scientific Advice to Government in Emergencies
SARS	Severe Acute Respiratory Syndrome
SCG	Strategic Co-ordinating Group (Gold Command)
SFLO	Special Forces Liaison Officer
SIM	Senior Investigation Officer
SITREP	Situation Report (see Appendix 1.4 and 1.5)
SNCCT	Senior National Co-ordinator Counter Terrorism
SOPs	Standard Operating Procedures
SpR	Specialist Registrar
SpT	Specialist Trainee
STAC	Scientific and Technical Advisory Cell
STAG	Scientific and Technical Advisory Group
TSG	Tactical Support Group
VTC	Video Telephone Conference
WAG	Welsh Assembly Government

Appendix 11 – Key Contacts

- Call Key Trust officers should be contacted via switchboard
- Neighbouring Trusts – numbers available via automated telephone operator or Switchboard
- See contacts folder on the emergency planning drive for more contacts

MAJOR INCIDENT ROOM

Ext. 6328	**Ext. 7594**
Ext. 7596	**Ext. 7599**

COMMANDER MOBILE PHONES

Hospital Gold Command Mobile	**07827 954 751**
Hospital Silver Command Mobile	**07827 954 750**
Hospital Bronze Command Mobile	**07827 954 748**
A & E Nurse In Charge	**07827 954 746**

Switchboard – Emergency Line	**Ext. 2222**

MEDICINE & LONG TERM CONDITIONS WARD CONTACT NUMBERS

A&E (1886) Nurse Base	**AMU (7575/7888)**

Note: In the event the A&E Department is deemed to be unsafe the On-Call Consultant should be contacted in the first instance. However, where concerns remain and the On-Call Consultant does not deem it necessary to attend A&E concerns should be escalated to Naj Rashid AMD Unplanned Care via the on call director.

Ward 1 (Ext. 7823/6040/7653)	**SWIFT Ward 2 (6715/6716/7526)**
Ward 3 (Ext. 7821/6711)	**Ward 4 (Ext. 6697/6995/6218)**
Ward 7 (Ext. 6701/6702)	**Ward 12 (Ext. 7967)**
Ward 14 (Ext. 6731)	**Ward 15 (Ext. 7705/6730/6729)**
Ward 16 (Ext. 6707/6708/6041)	**Ward 17 (Ext. 7326/6500)**
Ward 29 (Ext. 4448/4449)	

SURGERY WARD CONTACT NUMBERS

Ward 11 (Ext. 6719)	
Ward 20A (Ext. 6310)	**Ward 20 B/C (Ext. 1891/4597)**
HDU (Ext. 7688/7183/7484)	**ITU (Ext. 6606)**

WOMENS AND CHILDREN WARDS CONTACT NUMBERS

Ward 21 (6992/7708/7037)	**PAU (6888)**
Ward 23 (6213 or W26: 6210 or 7373)	

Incident Coordination Centre (ICC) at the

NHS England, Birmingham, Solihull & the Black Country Locality

The address and main contact details are:

NHS England – Birmingham, Solihull & the Black Country Locality
Unit 7/8 Selly Wharf
Selly Oak
Birmingham
B29 6LR
Tel: 0121 466 4413
Fax: 0121 466 4421
Email: england.bsbc-icc@nhs.net

This email address is currently available on all computers in the ICC at Selly Wharf when logging into the incident user name and the Apollo Server. (Reference Appendix C & D)

It is also available via the internet via the following website using the same login details.
www.nhs.net

Selly Wharf comprises of the following rooms:

1.1 Main Floor area (8 desks).
1.2 Heads of Service Office (Incident Director/Provider Incident Director/Tac Adviser).

NHS Resilience
Individually Robust - Collectively Resilient

NHS
Black Country

Notification of Incidents Out of Hours for the Black Country CCGs

Please ring: 0121 554 3801

Ask Operator for the Black Country CCG Executive on call

Out of Hours notification of **Public Health Incidents**

Please ring Public Health England on:

01384 215621

In Hours Arrangements

Dudley CCG

Switchboard: 01384 322002

Sandwell CCG

Switchboard: 0845 155 0500

Walsall CCG

Switchboard: 01922 618388

Wolverhampton CCG

Switchboard: 01902 444888

All public health incidents should be notified to

Public Health England on: 01562 756 300