Humber Teaching
NHS Foundation Trust

MAJOR/CRITICAL INCIDENT PLAN

April 2022

Caring, Learning
& Growing Together

TO DECLARE A CRITICAL OR MAJOR INCIDENT GO TO APPENDIX C

FOR GOLD STRATEGIC, SILVER TACTICAL AND BRONZE OPERATIONAL ACTION CARDS GO TO APPENDIX B-E

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HOW TO USE THIS PLAN

This plan is made up of sections:

- For **Legislation and Guidance** see Section 1
- For **Incident Types** see Section 2
- For **Command and Control** see Section 4
- For **Plan Activation** see Section 5
- For **Decision and Notification Process** see Section 6
- For **Incident Response and Triggers** see Section 7
- For **Recovery** see Section 16
- For **Action Cards** see Section 17
- For **Appendices** see Section 18

- ❒ If you are a senior manager or director on call this should be used alongside the documents on the shared drive under emergency planning and in the on-call managers pack

- ❒ All employees of Humber Teaching NHS Foundation Trust should be familiar with this plan.

CONTENTS

1 Aim and Scope

2 Legislation and Guidance

3 Definitions of Incidents

4 Command and Control

5 Plan Activation

6 Major Incident Decision and Notification Process

7 Trust Incident Response and Triggers

8 Role of other Organisations and Agencies

9 Business Continuity Plans

10 Military, Ministerial & VIP Guidance

11 Financial arrangements during an Incident

12 Legal arrangements during an Incident

13 Debriefing arrangements

14 Supporting staff during an Incident

15 Training, Testing and review of the Plan

16 Recovery

17 Action Cards

18 Appendices

APPENDIX A	Methane Report	
APPENDIX B	Gold Strategic Commander	Action Card 1
APPENDIX C	Silver Tactical Commander In Hours	Action Card 2
APPENDIX D	Silver Tactical Commander Out of Hours	Action Card 3
APPENDIX E	Bronze Commander	Action Card 4
APPENDIX F	Incident Coordinator	Action Card 5
APPENDIX G	Loggist	Action Card 6
APPENDIX H	Admin	Action Card 7
APPENDIX I	Communications	Action Card 8
APPENDIX J	Terms of Reference Gold Strategic Command	
APPENDIX K	Terms of Reference Silver Tactical Command	

APPENDIX L	Terms of Reference Bronze Operational Command	
APPENDIX M	Draft Agenda	
APPENDIX N	Situational Report (Sitrep)	
APPENDIX O	Mutual Aid Request Form	

1. AIM & SCOPE

The aim of the Major Incident Plan (MIP) is to ensure a timely and appropriate response to a Critical or Major Incident.
Humber Teaching NHS Foundation Trust recognises its duty in identifying risks and planning for emergencies in order to protect the health and wellbeing of the population it serves. This cannot be done in isolation, and any major incident will require us to work with, emergency responders, other partner agencies and voluntary organisations.

In responding to any incident the Trust will aim to:

- Protect Life
- Protect the health and safety of people
- Give consideration to vulnerable members of the community
- Warn and inform the public
- Support staff, before, during and after any response to a major incident
- Working with and co-operate with partner agencies
- Prevent escalation
- Restore back to business as usual as soon as possible

The Plan replaces previous plans, and will align the organisation to the standards, as required by NHS England, for both Major Incident Response and Business Continuity Management.

This Plan sets out the corporate response arrangements required for the management of disruptive challenges. It serves as a guide to Trust managers.

There are some models of “good practice” included in this plan, which, if followed by managers, will assist them reach decisions that are “reasonable and justifiable”.

2. LEGISLATION AND GUIDANCE

The Guidance Explained

Humber Teaching NHS Foundation Trust recognises the importance of its role during emergencies and is fully committed to protecting the health of the community, and supporting NHS England, NHS Improvement, and other Local Resilience Forum partners.

The NHS needs to plan for, and respond to, a wide range of incidents and emergencies that could affect health or patient care. These could be anything from extreme weather conditions to an outbreak of an infectious disease or a major transport accident. Although the Trust is not bound by the Civil Contingencies Act (2004) and is not categorised as a responder there is an expectation under the Health and Social Care Act (2012) and NHS Act (2006) that providers 'properly prepare for dealing with a relevant emergency' and to show that they can deal with such incidents while maintaining services. This is measured using the annual EPRR core standards which broadly fits the six areas of the responsibilities placed on organisations that are governed by the acts:

- Assess risk and use this to inform contingency planning
- Business continuity management arrangements
- Put in place emergency plans
- Warning, informing and advising public in the event of an emergency
- Sharing of information with local responders to enhance co-ordination
- Co-operation with other responders

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3. DEFINITION OF INCIDENTS

The NHS England Emergency Preparedness, Resilience and Response Framework (EPRR) 2015 sets out the definitions of each type of incident relevant to the NHS, these are:

- Major Incident
- Critical Incident
- Business Continuity Incident

All of these incidents will impact on the Trusts ability to deliver services in the normal way and require contingency plans to be implemented.

Business Continuity Incident

Is an event or occurrence that disrupts, or might disrupt, the Trust's 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 or a localised loss of services/utilities.

Critical Incident

Is a localised incident where the level of disruption results in the Trust temporarily or permanently losing its ability to deliver critical services; patients may have been harmed or the environment is not safe requiring special measures and support from other agencies, to restore normal operating functions

Major Incident

Is any occurrence that presents serious threat to the health of the community or causes such numbers or types of casualties, as to require special arrangements to be implemented. For the NHS this will include any event defined as an emergency below:

Under Section 1 of the Civil Contingencies Act (2004) an “emergency” means:

- “An event or situation which threatens serious damage to human welfare in a place in the United Kingdom
- An event or situation which threatens serious damage to the environment of a place in the United Kingdom
- War, or terrorism, which threatens serious damage to the security of the United Kingdom”

NHS Incident Levels

NHS England has determined incident alert and response levels, to standardise the categorisation of incidents as described in table 1 below. These levels are used by all organisations across the NHS when referring to incidents

Incident Level	Response levels
Level 1	An incident that can be responded to and managed by a local health provider organisation within their respective business as usual capabilities and business continuity plans in liaison with local commissioners
Level 2	An incident that requires the response of a number of health providers within a defined health economy and will require NHS coordination by the local commissioners in liaison with the NHS England local office
Level 3	An incident that requires the response of a number of health organisations across geographical areas within an NHS England region. NHS England to coordinate the NHS response in collaboration with local commissioners at the tactical level
Level 4	An incident that requires NHS England National Command and Control to support the NHS response.

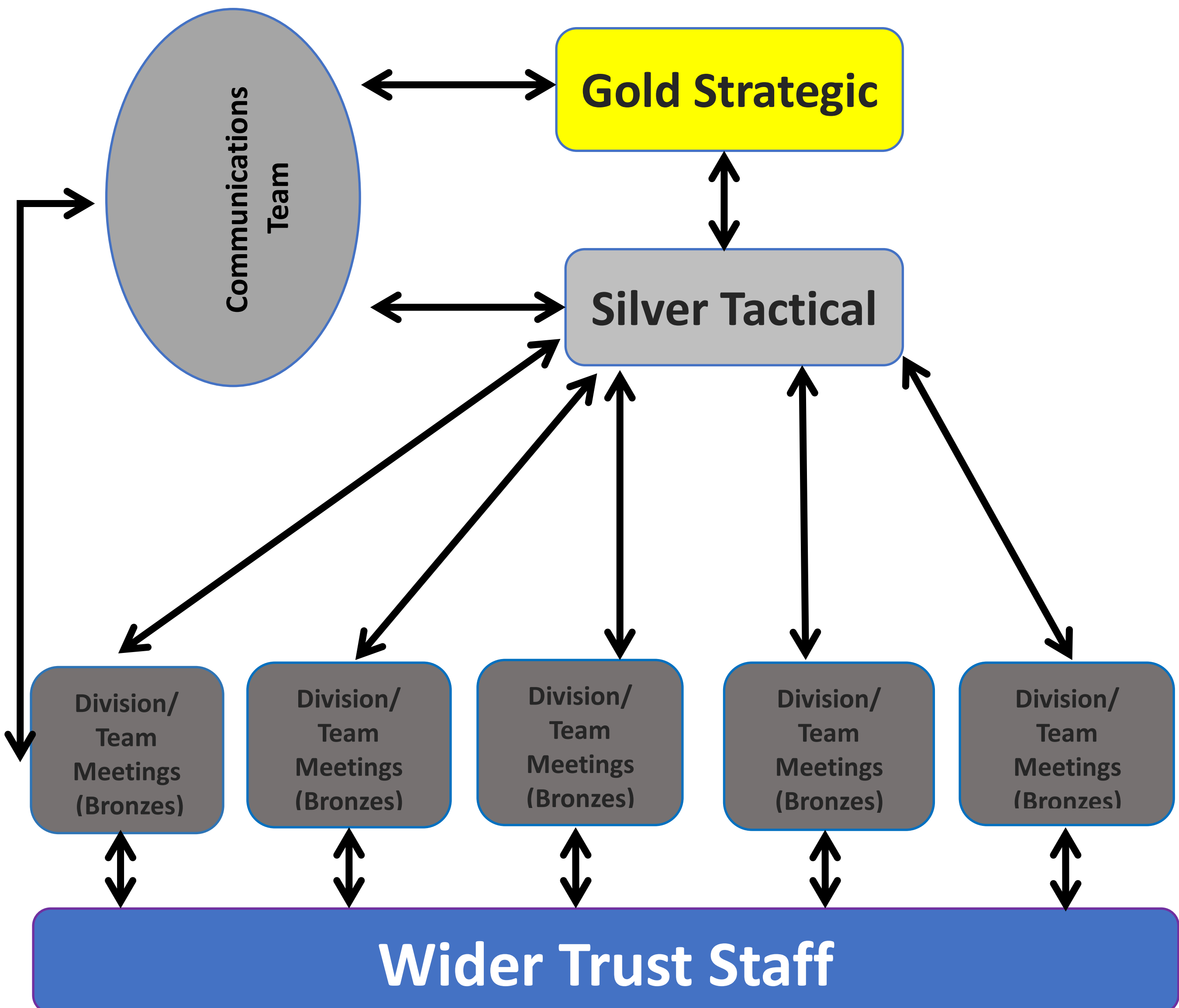
Incident Types

The following list provides commonly used classifications of types of incidents. This list is not exhaustive and other classifications may be used as appropriate. The nature and scale of each type of incident will determine the appropriate incident level:

- **Business continuity/internal incidents** - fire, breakdown of utilities, significant equipment failure, hospital acquired infections, violent crime
- **Big Bang -** A serious transport accident, explosion or series of smaller unforeseen incidents
- **Rising Tide -** A developing infectious disease epidemic or a capacity/staffing crisis or industrial action
- **Cloud on the Horizon -** A serious threat such as a significant chemical or nuclear release developing elsewhere and needing preparatory action.
- **Headline News -** Public or media alarm about an impending situation, reputation management issues
- **Chemical, biological, radiological, nuclear and explosives (CBRNE) –** CBRNE terrorism is the actual or threatened dispersal of CBRNE. Deliberate (criminal intent) release of chemical, biological, radioactive, nuclear materials or explosive device
- **Hazardous materials (HAZMAT) -** The unintentional release of a CBRN material through an industrial accident e.g. Chlorine release
- **Mass Casualty -** Any event that results in a large number of casualties, with hundreds of people injured
- **Cyber Attacks** – attacks on systems to cause disruption and reputational and financial damage. Attacks may be on infrastructure or data confidentiality
- **Severe Weather -** Any dangerous or extreme weather-related events e.g. severe flooding, heatwave or snow fall/cold weather

4. COMMAND AND CONTROL

The Trust will follow the Gold Strategic, Silver Tactical and Bronze Operational principles of command and control as outlined below, Terms of Reference for these groups can be found at **Appendix I-K.** The Joint Decision Model should be used by all staff within these groups to ensure a consistent method of decision making at **Appendix A.**



Trust GOLD Strategic Command

The aim of Strategic Command is to provide strategic leadership and a forum across all areas of business in relation to the incident, it comprises of representatives likely to be integral to the response and sets out the strategy. It is the most senior decision making within the Trust for matters concerning the incident and should include decision makers of appropriate seniority such as some or all of the Executive Management Team. They should avoid Tactical or Operational Level decision making where possible as these will be delegated to the relevant forums.

Strategic Command may include the following members (list is not exhaustive):

Chief Executive Officer (Chair)
Chief Operating Officer/AEO
Executive Director of Nursing
Executive Medical Director
Executive Finance Director
Executive Director of Workforce & OD
Silver Tactical Chair
Head of Communications
Loggist
Note/minute taker

Others may be added at the discretion of the Chief Executive or Accountable Emergency Officer. Terms of Reference for Strategic Command are at **Appendix I**

Depending on the scale and duration of the incident, Strategic Command will require dedicated administrative support for agenda setting, action log, minutes etc and to ensure that these are all distributed and stored appropriately, this is in addition to the role of the Loggist.

This group can meet either virtually via MS Teams or physically on site.

Trust SILVER Tactical Command

The aim of Tactical Command is to consider the impact on service delivery providing a tactical forum across all areas of business in relation to the incident and to ensure appropriate issues are escalated to Gold Strategic Command. The decision makers at tactical level are Senior Managers and there is the expectation that they provide deputies if unable to attend. Tactical Command takes direction from Strategic Command and coordinates the response via Bronze Operational Command. Tactical is the busiest tier of command and control during any response to an incident and should be adequately resourced.

Tactical Command may include the following members (list not exhaustive):

Deputy Chief Operating Officer (Chair)
Clinical Lead
Deputy Director of Workforce and OD
General Managers
Head of Estates
Digital Technology Lead

Communications
Nursing professional representative
Risk Manager
EPRR
Incident specific specialist (i.e., IPC, Fire, Security if required)
Loggist
Note/minute taker

Others maybe added/invited as necessary.

Depending on the scale and duration of the incident, Tactical Command will require dedicated administrative support for agenda setting, action log, minutes etc and to ensure that these are all distributed and stored appropriately, this is in addition to the role of the Loggist.

This group can meet either virtually via MS Teams or physically on site. Terms of Reference for Tactical Command is at **Appendix J.**

Trust BRONZE Operational Command

These are operational level decision makers and will comprise of the Service Managers/Matrons or identified deputies. They will liaise with clinical and medical staff at operational level to ensure coordination of required actions. Corporate teams should also have Bronze Operational Commanders at team manager level, and these should be determined by the Tactical Commanders for their area. Operational Commanders take direction from Tactical Command.

Operational Commands may include the following members (list not exhaustive):

Chairs
Divisional General Managers
Corporate Managers
Clinical Leads
Service Managers
Modern Matrons/Matrons
Patient Safety Lead
HR Divisional Representative
BI Representative
Note/minute taker

These groups can meet either virtually via MS Teams or physically on site. Terms of Reference for Bronze Operational Command is at **Appendix K**

Action cards for all of the Commands are at **Appendix B-H**

5. PLAN ACTIVATION

There are a number of ways a critical or major incident could be triggered, these are such events as those identified in section 3. Notification could come via telephone or email from other agencies such as the Ambulance Service, Local Authority, Public Health England, NHS England or the CCG/ICB. Other incidents may develop internally to the Trust.

A decision to activate will trigger a series of actions that are designed to support the Incident Coordinator and Incident Director.

Incidents that may require implementation of the plan will be diverse, with the more common problems being;

- Internal incidents affecting the Trust's ability to deliver services (Business Continuity Management).
- Incidents affecting the wider community, often required to support other providers.
- Event specific incidents, for which separate, more detailed plans are available.

During normal working hours, this should be manageable with available resources, command and control arrangements may be implemented or put on standby in preparation. Out of hours activation will have a significantly higher impact on the Trust.

Notification of an emergency out of hours will usually be to the on-call director from one of the following;

- Yorkshire Ambulance Service
- HFT on call manager
- Other Emergency Services
- NHSE

In order to gather sufficient information to inform a decision whether to activate this plan it is recommended that the **METHANE** Report at **Appendix A** is used. This is based on the Joint Decision Model identified by the Joint Emergency Services Interoperability Principles (JESIP)

If the decision to activate the plan is made, the originator should record the time, date and rationale for doing so, followed by setting out the aim and objectives for dealing with the emergency; these too, should be officially recorded. Similar recordings should be made if it is decided **NOT** to invoke the plan, although aim and objectives will not be required.

The Accountable Emergency Officer (Chief Operating Officer) will make the declaration decision to activate the Major Incident Plan in hours. In their absence any Executive Director may activate the plan. The person responsible for activating the plan must be clear what type of incident **Critical or Major** is being declared or if the Trust is moving to **standby** status.

The people to notify are:
Chief Executive Officer
NHSE Regional Team
Switchboard
Directors and General Managers
Head of Communications
EPRR Team

Out of hours the On Call Director would be responsible for activating the plan after contacting the Accountable Emergency Officer
.
The people to notify are:
Chief Executive (AEO may do this)
Switchboard
Other Directors
Other on call rota staff

Declaring a Critical Incident

All NHS organisations declaring a critical incident should adopt the following format:

"Critical incident declared by Humber Teaching NHS Teaching Trust"

When declaring a Critical Incident, the Trust should prepare and send a **METHANE** report to the appropriate partners it wishes to inform and from whom it seeks assistance.

Major Incident?	
Exact Location	
Type of Incident	
Hazards present or suspected	
Access – routes that are safe to use	
Number, type, severity of any casualties	
Emergency Services present and those required	

Declaring a Major Incident

NHS services should use standard alerting messages at all times as described in the NHS England EPRR Framework (2015)

- **"Major Incident Standby"**
  When the situation is unclear, at an early stage or has the potential to escalate. The purpose of the Major Incident Standby is to get the organisation ready to implement special arrangements if these become necessary. This also alerts other NHS partners who may need to implement preparatory arrangements appropriate to the incident.

- **“Major Incident Declared – Activate Plan”**
  When the situation requires special arrangements to be implemented in part or in full, the Major Incident Declared message starts the implementation of special arrangements to deal with the major incident.

- **“Major Incident Cancelled”**
  The situation is not as serious as anticipated and special arrangements will not be required. This message cancels either of the first two messages at any time.

- **“Major/Critical Incident Stand Down”**
  The organisation has completed its response and normal working arrangements are now re-instated. Strategic Command is responsible for issuing the **‘STAND DOWN’** instruction after a major or critical incident.

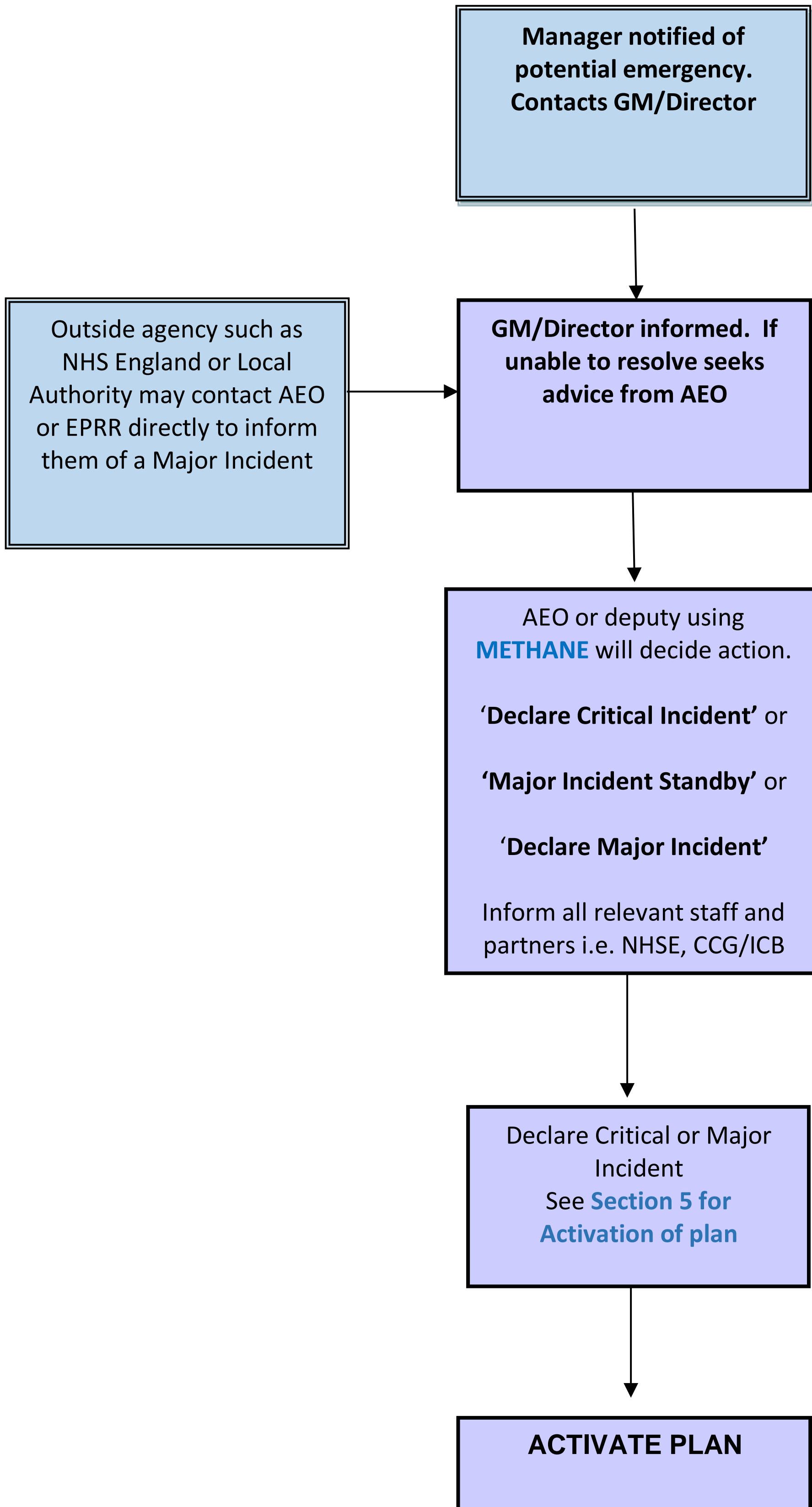
In the event of a Major Incident the Trust may need to field a representative to the Humber Health Strategic coordination group either in person, via Teams or Teleconference. This group may be chaired by the ICB, CCG or NHS England and be made up of health responders in the affected area. Arrangements can differ from locality to locality. They also may need to send a representative to the Local Resilience Forum (LRF) if appropriate.

NB: An external major incident will always be called by the emergency services. The Trust will be notified as in 5.0.

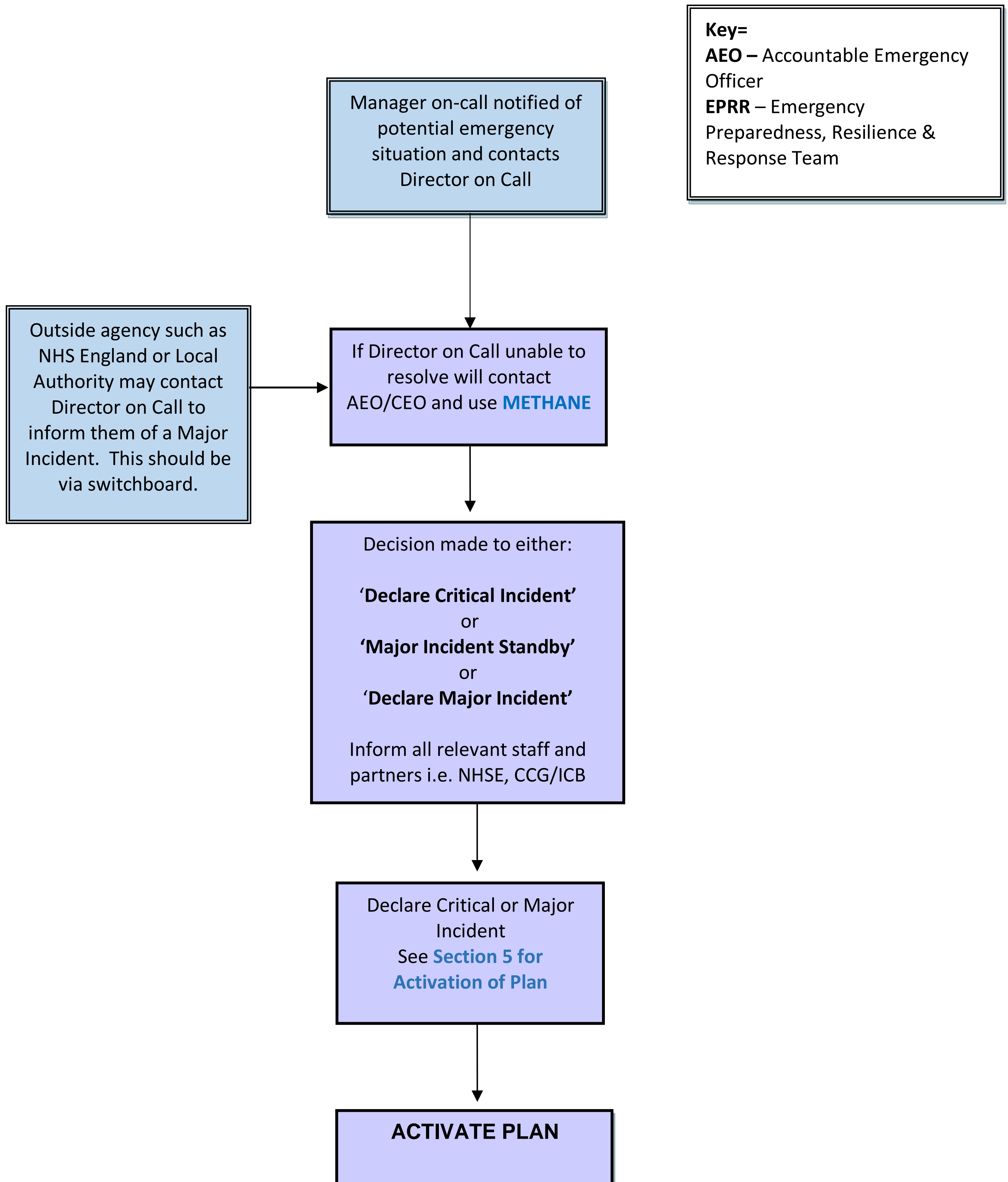
6. MAJOR INCIDENT DECISION & NOTIFICATION PROCEDURES

Trust Normal Hours Cascade Alerting System

Key=
AEO – Accountable Emergency Officer
EPRR – Emergency Preparedness, Resilience & Response Team



Trust 'Out of Hours' Cascade Alerting System



7. TRUST INCIDENT RESPONSE AND TRIGGERS

In responding to a critical or major incident the key responsibilities of the Trust are:

- To convene command and control arrangements.
- Ensure the safety of patients, carers and staff
- Maintain smooth continuation of critical services
- Maintain the safety of the Trusts estate
- Make provision for a 24-hour emergency response for appropriate services
- Assess the ongoing issue and identify emerging issues
- Provide resources to support the local effort using mutual aid either locally or regionally
- Liaise directly with the relevant external agencies i.e. Local Health Cells, CCG/ICS, NHS England and Local Authority

In the out of hours period the Director on Call will have to be Strategic Command with the Manager on Call being Tactical Command. Operational Command will be assigned to the managers at the front of operational services at the time of the incident

Incident Coordination Centre (ICC)

This is the room from which the response to a Critical or Major Incident may be coordinated. It may also be referred to as the 'Incident Room' or 'control room'. Its purpose is to implement and coordinate the Trusts response and recovery operations. It also provides a single point of contact.

Trusts Physical arrangements

- Primary location is the Conference Room, THQ until this is decommissioned for new office space later in 2022
- Secondary location in the event the primary is inaccessible is Miranda House, Gladstone Street
- North Yorkshire site is the MDT Room, Ground Floor, Whitby Hospital

Out of hours access to the primary site would be via SCAMPS who would disable alarms and open the building (contact Miranda House to arrange this). Access to the other sites would be via the building receptions

Strategic Command would assemble at the nominated ICC

Trusts Virtual Arrangements

Prior to Covid19 the Trust only had physical arrangements in place for its ICC, however, with the introduction of digital alternatives such as MS Teams there is now the ability to conduct these arrangements virtually. Terms of Reference and draft agenda are at **Appendix I-K**

The initial ICC meeting should be held virtually where possible via MS Teams. The decision can then be made as to whether physical arrangements are required for subsequent meetings. Participants will be contacted by email with a link to MS Teams at the time Commands are being held.

Should MS Teams be unavailable there should be the facility to hold a teleconference.

Communications

In a Critical or Major Incident it is essential that a clear and coordinated approach to communications is taken, this ensures staff, the public and partner organisations are fully aware of the situation. Messages **MUST** be consistent with those coming from partners nationally and locally. The Head of Communications will play an integral part in the Trusts Strategic Command and media liaison for major incidents will be coordinated by them in collaboration with the NHSE/I communications office. Media Policy

In the event of a loss of internet connection affecting MS Teams staff are advised to use mobile or landline communications as an alternative or email where possible and appropriate.

Should all landline, mobile and internet based communications be lost consideration will be given to moving 'in person' to an incident control centre (ICC).

Situation Reporting (SITREP)

During a Major or Critical Incident it will be necessary for information to be gathered from the divisions to give a view of how they are coping with the incident, a situation report or 'Sitrep' will be used for that purpose, a template is at **Appendix N** (this can be amended to suit the incident)

In the event of a Critical or Major Incident being declared the following should be initiated:

- Tactical Command to determine the type and frequency of the sitrep and for this to be initiated down to Operational Commands to identify a lead for completion
- Tactical Command should set a clear timetable and allow a reasonable timescale for collection of the information
- Clear instructions should be given as to where the sitreps should be submitted i.e. generic email address. The Business Intelligence Team will be responsible for the collation and production of output
- Be mindful of requests for information from national and regional EPRR teams as well as requests for information from CCGs, ICB's, Local Authorities and partners
- All sitreps should be stored in date order on the V:drive

Record Keeping and responsibilities

During a Critical or Major incident, it is imperative that accurate records are kept of events, decisions and actions. It is also vital to accurately record the rationale behind those decisions on a decision log.

The recording of Strategic, Tactical and Operational commands will be undertaken by note takers and Loggists. In the absence of loggists or note takers, directors must keep their own accurate, contemporaneous notes where possible as a record of events and actions. In the absence of loggists when using a virtual environment the Strategic and Tactical command meetings should be recorded using MS Teams and the recording be filed on the V: drive.

Any Critical or Major Incident or Trust response could be the subject of a Public Inquiry or audit so it is essential that detailed records are kept. The NHS England and NHS Improvement document 'Corporate Records Retention and Disposal Schedule (2019) identifies the types of information in relation to EPRR that should be kept and the required retention period.

Mutual Aid

The resources of other organisations may need to be accessed if needs exceed the local capacity within the organisation

The Trust works well with its partner agencies and mutual aid is recognised amongst all parties as being in place although not always formally. However, it is recognised that requests for mutual aid may need to be made at the time of the incident. If this is the case the Trusts mutual aid protocol as at **Appendix O** should be followed.

The Trust has a specific requirement, in conjunction with other organisations, to ensure that at risk groups and vulnerable persons are specifically cared for in the response. To aid the responders the Trust should, where available and practical, supply data (name/address/type of support required) on services users they deem as possibly requiring extra support in a major incident. This should happen as soon as the Trust is made aware of an external major incident within a geographical area where it provides services.

During an external major incident, there is a strong emphasis on mutual aid, the Trust could be involved in both receiving mutual aid (e.g., receiving small number of staff to support urgent treatment centres) and potentially giving mutual aid (i.e. community nurses helping in local hospitals).

Should the need arise; psychosocial interventions can be provided, proactively and reactively, in collaboration across Trust services in conjunction with local authority partners.

All requests for mutual aid will be made via the Trust Incident Coordinator or Incident Room, where possible completion of the mutual aid request form should be completed for details and record keeping purposes.

8. ROLE OF OTHER ORGANISATIONS /AGENCIES

The following information is accurate at the time of writing and any restructuring of the NHS architecture, roles and responsibilities will be reflected as soon as practical.

Primary Care

GPs and Dentists etc; should plan for and respond to emergencies and incidents in a manner which is relevant, necessary and proportionate to the scale of services provided

Acute Hospitals

The NHS Emergency Planning Guidances outlines the roles and responsibilities of Acute Trusts during a major incident. They are classed as Category 1 responders under the Civil Contingencies Act (2004)

NHS England (NHSE)

Also classed as a Category 1 Responder under the CCA. Their aim is to:

- Make provision for a 24hr a day emergency response
- Lead mobilisation of NHS response including the national blood service and NHS111
- Support or lead local Health Economy Tactical Coordination Groups in cooperation with CCGs/ICBs
- Represent the NHS providers at Multi-agency Strategic Coordination Groups (SCGs) and cascade information and instruction
- Assess the on-going situation and identify emerging issues
- Liaise with NHSE National Team to facilitate provision of resources to support local effort via mutual aid either regionally, nationally, or internationally
- Liaise directly with Incident Control Centres (ICCs)
- Act as a Health focal point for liaison with other agencies and organisations

Clinical Commissioning Group (CCG/ICBs)

Category 2 responders
Their aim is to:

- Share information and cooperate with other responders
- Provide a 24/7 point of contact should an NHS Provider wish to inform them of a Critical or Major Incident
- Have arrangements to escalate and mobilise the response of commissioned services to ensure providers can contribute effectively to a wider response
- Support NHSE should an emergency require wider NHS resources to be mobilised
- Support NHSE in discharging its EPRR functions and duties locally, including chairing/supporting as appropriate Health Economy Tactical Coordination Groups during incidents

Health Economy Tactical Coordination Group (Humber Health Strategic Command)

This should be led by a senior representative of the CCG for the A & E Delivery Board area affected or by a member of the NHSE Regional Team. Trusts may have to provide a representative to more than one HETCG if an incident crosses borders

Role of the Police

Classed as Category 1 responders under the Act. Their aim is to:

- Preserve life in conjunction with other emergency services
- Coordinate emergency services, local authority and other organisations in line with JESIP (Joint Emergency Services Interoperability Principles)
- To secure and protect the incident scene, control traffic and observers through the effective use of cordons
- Investigate the incident with other investigative bodies where applicable
- Collation and dissemination of casualty information
- Identification of deceased on behalf of the Coroner
- Prevention of crime
- Restoration of service/normality at the earliest opportunity

Role of Fire and Rescue

Classed as a Category 1 responder under the Act. Their aim is to:

-
- Respond to any reported emergency in accordance with the Fire & Rescue Services Act 2004
- Respond to incidents as a result of an emergency call
- Will escalate the attendance and Incident Command structure as determined by the extent of the incident
- Will provide support to the incident control point as required
- Will work to the principles of JESIP during any multi-agency incident

Role of the Ambulance Service

Classed as a Category 1 responder under the Act and forms part of the NHS response to a major incident. Their aim is to:

- Be responsible for the alerting, mobilising and coordinating the primary NHS resources at the scene
- Work as part of a multi-agency response
- Instigate command and control structure
- To coordinate the NHS communications on site and alert 'receiving' hospitals
- To treat and transport casualties
- To provide clinical decontamination of casualties
- To mobilise the UK national reserve stock
- To alert and coordinate the work of those voluntary services that link directly to them at the scene

UK Health Security Agency (Formerly Public Health England)

Are classed as Category 1 responders and provide a number of specialist health protection services:

- Centre for Infections
- Radiation Protection Division
- Chemical Hazards and Poisons Division
- Regional Microbiological Network
- Centre for Emergency Preparedness & Response (CEPR)

In the event of a major incident involving a chemical, biological, radiological (CBRN) or nuclear hazard staff will:

- Support in managing the local response
- Participate in any Scientific & Technical Advice Cell (STAC) established by the Strategic Coordination Group

The Environment Agency (EA)

Are classed as a Category 1 responder under the CCA. Its role is to protect and preserve the environment. They play a specific role in providing advice in regard to flooding and pollution incidents.

Local Authorities

Are classed as Category 1 responders under the CCA. They are one of the organisations at the core of the response to most emergencies. They provide:

- Support and assistance to Emergency Services and other agencies involved in the response
- Mobilisation of voluntary agencies and coordination of their response
- Provision of wide range of support such as housing, welfare, catering and transport
- Ensuring the welfare and safety of local residents
- Providing and managing short term accommodation such as rest centres

Strategic Coordination Group

Is normally led by the Chair of the Local Resilience Forum. The NHS Gold Commander (chair of the relevant LHRP) will attend to represent the NHS including all providers. NHSE will also attend. Trusts are not usually required to attend Multi-Agency SCGs although the Humber LRF allows this.

Tactical Coordination Group

Is led by a trained officer from one of the responding organisations., This is a local multi-agency group responsible for tactical response to an incident. The Trust may be represented on this group by someone delegated by the locality based Health Economy Tactical Coordination Group or may be asked to provide a representative. It should be noted more than one TCG could require a representative if the incident crosses LRF boundaries.

9. BUSINESS CONTINUITY PLANS

In responding to a Critical or Major Incident, consideration will be given to the priorities as laid out in the Trust's individual team BCPs, particularly if the incident response is prolonged.

BCPs provide details of the services provided by each team. They set out which functions are critical and how long they may be withdrawn before they must be reinstated. These plans can be used to prioritise services and assist with redeployment of staff resources as required.

All teams should have electronic and hard copies of their BCP, copies are also held with the EPRR Team.

10. MILITARY, MINSTERIAL AND VIP GUIDANCE

Requests for military assistance (MACCA) should be made in consultation with NHSE who will liaise with other responders at the SCG. Requests for military assistance are considered by the regional military liaison officer and services rendered may be chargeable.

Should the Trust receive a request from a VIP to visit during or after a Critical or Major Incident this request should be cross checked with the SCG via NHSE or Resilience and Emergencies Division.

Should the Trust receive notice that a VIP or High-Risk patient accompanied by a Police Firearms Officer is to be admitted to our care this should be considered by the Trust Gold Command.

11. FINANCIAL ARRANGEMENTS DURING A CRITICAL OR MAJOR INCIDENT

If the Trust has to make extra expenditure during an incident the Finance Team will prioritise working accordingly and make resources available as necessary. The Finance Director is a key member of Strategic Command. Decisions on spending during or after an incident, Strategic Command will take advice from Finance and decisions will be made there. This will be communicated to Tactical Command.

12. LEGAL ARRANGEMENTS DURING AN INCIDENT

Should the Trust require legal advice during an incident this should be sought with the approval of Strategic Command

13. DEBRIEFING ARRANGEMENTS

At the conclusion of a Critical or Major Incident, the Accountable Emergency Officer will make arrangements for staff to be debriefed and may request other health organisations that have worked alongside the Trust in response to take part.

This process will take place within 3 months of the incident “stand down”.

The debrief may take the form of a returnable pro-forma or a debrief meeting as appropriate to the incident.

Post Incident Report

Post Incident the following action will be undertaken;

- The Trust post incident report will be completed by the EPRR Team and will:
- Summarise the sequence of events
- Identify the individuals involved
- Describe the actions of staff
- Provide an accurate timeline
- Lessons identified from the incident will be developed into an action plan

- The report and action plan will then be submitted to the Trust's Board of Directors, NHSE and other agencies as appropriate, subject to the agreement of the Trust Board.
- The Trust EPRR Team will be responsible for collating and storing all the records, logs and reports associated with the incident.

14. SUPPORTING STAFF DURING AND AFTER A CRITICAL OR MAJOR INCIDENT

- Providing advice on sustaining collective and personal resilience.
- Assisting in identifying staff and service users who may be at greater risk.
- Providing managers with advice about monitoring the exposure of staff and service users to traumatic situations.
- Training managers to recognise distress.
- Providing a skilled team that can provide intervention services for staff.
- Help to promote transition back to ordinary circumstances and to promote recovery of services and their staff
- Advising and monitoring staff who are returning to work after their exposure to debilitating distress and dysfunction.
- Advising staff they can be referred to Occupational Health or self-refer

15. TRAINING, TESTING AND REVIEW OF THE PLAN

This plan is to be exercised and/or reviewed at least annually and always after activation. Exercise scenarios will be based on risks identified in the Community Risk Register and the EPRR Risk Assessments. A written debrief of the exercise, by the EPRR Manager will be presented to the Accountable Emergency Officer.

All on-call Operational, Tactical and Strategic staff should undergo training to ensure their knowledge is based on National Occupation standards for Civil Contingencies and published competencies. "Joint Decision Model" training is essential to the role.

Lessons learned will be implemented and reflected within policies and planning.

Testing of ICC (Incident Control Room) facilities such as Wi-Fi and phone lines will take place annually by the EPRR Team. A separate document recording the testing of these facilities is stored on the V: drive and held by the EPRR Team.

Any funding required assisting with the training and exercising of this plan will be sought via the Accountable Emergency Officer.

The EPRR Team is responsible for the exercising of the Major Incident Plan.

A formal annual review of this plan will be undertaken by the EPPR Team to ensure that arrangements are still valid, that training remains appropriate, and that there is full commitment to the Plan. This plan will be approved by the Operational Delivery Group and ratified by the Executive Management Team.

Additional reviews will be undertaken following:

- Significant service changes.
- Identification of lessons learned from related exercises.
- Activation of the Plan in a Major Incident.

16. RECOVERY

Recovery is separate from the response but should overlap and run in parallel; the response should inform the recovery and form the basis for the recovery process.
Recovery is the process of restoring, rebuilding and managing the expectations of those affected by the incident. The recovery period can be labour intensive dependant on the incident and may stretch the organisation to an extraordinary level.

The aim of the recovery phase is to reach a point where additional demands on services due to the incident have been reduced to the level at which they were before the incident occurred.

Recovery is an integral part of the emergency management process.

Some staff may have been heavily involved in the immediate response to an emergency and will require time before becoming involved in the recovery phase. In addition, a strategy will be required to ensure that staff will be available to deal with both the recovery phase and the maintenance of essential business. Staff may find themselves working in unusual areas, possibly directly involved and under stressful circumstances.

Recovery Group

Strategic Command may wish to consider if the size and impact of the incident merits the establishment of a full Recovery Group or whether recovery can be managed within "business as usual". At the start of the recovery process, it is vital that a clear recovery strategy is developed and agreed. The Recovery Group should have a clear terms of reference and agenda. The group should be made up of senior staff representing all divisions and corporate services

The recovery strategy may cover some, or all, of the following key objectives:

- Affects on staffing (e.g. loss of staff through injury or sickness, impact of overtime worked by staff during the incident on staffing levels);
- Support needs of staff affected by the incident (including trauma support);
- Disruption caused to patient care;
- Disruption caused to other Trust functions;
- Damage inflicted to Trust property or property the Trust shares;
- Financial losses;
- Future provision of services in the short, medium and long term.

17. ACTION CARDS

During an incident members of Humber Teaching NHS Foundation Trust staff may be asked to perform a key role on behalf of the Trust, these roles might be different from their usual responsibilities so action cards have been developed to support staff in this situation.

At the request of the Trust Incident Coordinator any member of Trust staff may be allocated an action card to perform a key role on behalf of the Trust. Usually this will be a member of staff with the relevant knowledge and experience, but it is acknowledged that this maybe not always be the case especially if they have been caught up in the incident themselves.

It may also become apparent that due to the nature of the incident, that specialist advice is required and that staff from specialist areas may be contacted to attend the Incident Coordination Centre to provide advice and support the Trust's response.

All staff should:

- Be familiar with the contents of their own action card.
- Use it from the moment they are contacted about an incident.

Action Cards Summary:

- Are role specific (not designed for designated individuals)
- Proves a useful checklist of actions to be considered
- Provide essential information needed to perform a specific role
- Help people focus on their role
- Give useful guidance
- Prevent important tasks being forgotten or delayed
- May remove the need to consult large or complex plans during an incident
- May be used by other people who are required to perform a specific role during a major incident

18. APPENDICES

APPENDIX A – METHANE REPORT

Who is calling? Name/Agency/Position Contact details Time	
Major **– Is this a Major Incident?**	
Exact Location/Postcode Building Name	
Type of Incident What has happened?	
Hazards Present?	
Access – safe routes	
Number - Casualties, **type** Patient(s) & NHS Numbers Staff/Public	
Emergency services required? Have they been called Who is the Emergency Services contact	
Resources? Business Continuity Plans Check on call folders Check whether this is a major or critical incident	
What is required? Expectations/Needs/Advice Resources/	

Joint Decision Model

ACTION CARD 1

APPENDIX B – Gold Strategic Commander

Action Card		**Member of Executive Team**
Accountable to:		**Trust Board**
In the event of a Critical or Major Incident being declared you are responsible for overall control of the Trusts resources of an incident and formulating the strategy for dealing with an incident:		
Number	**Action**	**Time/Date completed**
1	Determine if this is a ‘declared’ incident or ‘standby’	
2	If on standby monitor the situation closely and keep the members of Gold Strategic Command briefed	
3	Out of hours support the Incident Director in establishing Command and Control arrangements	
4	Before the first Strategic meeting ensure you are fully briefed from Tactical Command	
5	Aprove the Trust organisational strategy, aims and objectives	
6	Attend any multi-agency Strategic Coordination Groups as necessary	
7	Monitor the overall response and ensure that all actions taken on behalf of the Trust are lawful, necessary and proportionate. Ensure that all relevant legislation has been taken into account.	
8	Follow the Joint Decision Model - below	
9	Ensure all decisions are logged	
10	If the incident is protracted agree a Gold rota	

Joint Decision Model

APPENDIX C — Silver Tactical Commander 'In Hours'

Action Card	**Incident Director**
Accountable to:	**Gold Strategic Commander/Accountable Emergency Officer**

The above named responsible officer will declare and take charge of the Trust response and would usually be a position filled by the Deputy Chief Operating Officer

Number	Action	Time/Date completed
1	Confirm the nature of the incident with manager at the scene. Gain a full situation awareness and complete the **METHANE** Report using the **Joint Decision Model**. Ensure you have name and contact details for any staff you are liaising with	
2	Consult with Accountable Emergency Officer/COO to discuss and decide on whether this is a standby or declaration of a major or critical incident. Keep a log and explain your rationale for each decision	
3	If declaring a Critical or Major Incident inform the CCG/ICB and NHSE Regional Team. They will require the **METHANE** Report. Contact details are with the EPRR team and also at Miranda House. Ensure you log your decision and rationale	
4	If putting the Trust on Standby contact the Strategic Command Team members available and notify them of the status	
5	Determine if you need to convene full Command and Control Arrangements. If so, identify an Incident Coordinator who will organise and ensure support staff are available. This will be a senior member of the EPRR Team	
6	Chair the Tactical meeting	
7	Attend any multi-agency Tactical Coordinating Groups	
8	Follow the Joint Decision Model below	
9	Ensure all decisions are logged	
10	If the incident is protracted develop a Silver Tactical Commander rota	

ACTION CARD 3

APPENDIX D — Silver Tactical Commander – 'Out of Hours'

Action Card		**ON CALL DIRECTOR**
Accountable to:		**Gold Strategic Commander/Accountable Emergency Officer**
The above named responsible officers will declare and take charge of the Trust response		
Number	**Action**	**Time/Date completed**
1	Confirm the nature of the incident with the on Call Manager. Gain a full situation awareness and complete the **METHANE** Report using the **Joint Decision Model**. Ensure you have name and contact details for any staff you are liaising with	
2	Consult with other staff as necessary to inform your decisions. Keep a log and explain your rationale for each decision within	
3	Contact the Chief Operating Officer who is the Trusts Accountable Emergency Officer to discuss and agree whether this is a standby or declaration of a major or critical incident	
4	If declaring a Critical or Major Incident inform the CCG/ICB and NHSE Regional Team. They will require the **METHANE** Report. Contact details are within the on-call folders and at Miranda House. Ensure you log your decision and rationale	
5	Consult with Strategic Lead to determine a suitable time for Tactical meeting to take place, consider if this can wait until normal working hours. If an immediate meeting is required ensure an MS Teams meeting is convened with all the **Internal Trust on call teams invited**	
6	If putting the Trust on Standby you will need to notify those on call and this can be done via switchboard	

ACTION CARD 4

APPENDIX E – Bronze Operational Command

Action Card		**General Managers/ Manager on Call**
Accountable to:		**Silver Tactical Commander**
The above named officers are responsible for directly controlling resources at the incident and with staff at the scene		
Number	**Action**	**Time/Date completed**
1		
1	Assess the need for additional staff, and, if appropriate contact suitably qualified staff and ask them to report for duty	
2	Clarify the timing of situation reports (sitreps)	
3	Ensure you have a good overview of tasks being carried out by staff	
4	Confirm your contact details with staff	
5	Assess bed capacity in inpatient areas if extra capacity is required	
6	Work with all agencies to ensure continuity of services for vulnerable patients	
7	Where appropriate consider who will provide any Operational response out of hours and how they will be briefed on incident response on handover	
8	Escalate issues to Tactical Command as appropriate for resolution	
9	Use the Joint Decision Model	
10	Ensure all decisions are logged with times and rationale	

Joint Decision Model

ACTION CARD 5

APPENDIX F – Incident Coordinator

Action Card	**Incident Coordinator**
Accountable to:	**Silver Tactical Commander**

The above will assist in taking charge of coordinating the response and should be a senior member of the EPRR team in the first instance.

Number	Action	Time/Date completed
1	Liaise with the Silver Tactical Commander and determine if all command and control arrangements are required. Virtual arrangements should be held initially	
2	Assemble Incident Room and identify staff to support	
3	Coordinate the implementation of a whole command structure If required ensuring each has their ToR	
4	Determine frequency and timing of commands and ensure relevant invites are sent out	
5	Coordinate sitrep collection (template at Appendix N) from Operational Commands in line with frequency of Strategic and Tactical Command	
6	Identify admin to support commands and if the incident looks as though it could be protracted develop a rota for Strategic Command	
7	Assign roles to staff within incident room and develop rota if incident becomes protracted	
8	Ensure that contact details for the incident room are shared with partners	
9	Liaise with IT to establish a shared incident folder on the V: drive to store all incident related documents	

ACTION CARD 6

APPENDIX G – LOGGIST

Action Card	**Incident Loggist**
Accountable to:	**Incident Coordinator**

The role of loggist can be undertaken by anyone who has received loggist training, they are not minute takers they are assigned to only record decisions.

For physical meetings there are green log books available in the identified Incident Rooms.

If logging virtually there are templates on the V: drive, alternatively the meetings can be recorded and saved.

Logs can be used at a later date in the case of Public Inquiries and relied upon in court.

	LOGGIST	
Number	**Action**	**Time/Date completed**
1	Liaise with the Incident Coordinator to determine who you will be logging for i.e. Strategic or Tactical Command	
2	Report to the relevant incident room if attending a physical meeting and use the green log book	
3	If joining a virtual meeting click on the MS Teams link that will have been sent to you. Use the electronic logging sheet	
4	Discuss with the chair what you are required to log and discuss how the required sign off on completion will be managed if a virtual meeting.	
5	Ensure the logs are stored safely and confidentially either locked away or on the V: drive, these can be made available for audit if required.	
6	Liaise with the Incident Coordinator as to any additional requirements for logging during the incident.	

APPENDIX H –ADMIN ROLE

Action Card		**Incident Admin**
Accountable to:		**Incident Coordinator**
The role of admin can be undertaken by anyone who is able to take minutes and generate action notes. **If meetings are virtual they can be recorded and must be saved on the V:drive under the incident folders**		
	LOGGIST	
Number	**Action**	**Time/Date completed**
1	Liaise with the Incident Coordinator to determine who you will be providing admin support for	
2	Report to the relevant incident room if attending a physical meeting	
3	If joining a virtual meeting you will have been sent a link to join	
4	Agenda and action note templates will be sent to you and access to the relevant area on the V: drive will be given	
5	If the meeting is being recorded ensure that this has been actioned at the start of the meeting	
6	Ensure all minutes/action notes/recordings are stored in the designated area of the V: drive	

APPENDIX I –Communications

Action Card		**Member of Communications**
Accountable to:		
In the event of a Critical or Major Incident being declared you will have responsibility for liaising the NHSE regional communications office and are the media specialist for Strategic Command		
Number	**Action**	**Time/Date completed**
1	Liaise with the Silver Tactical Commander to establish the facts of the incident	
2	Inform partner comms	
3	Review the Trusts current communications activity to ensure sufficient resources	
4	Consult with the Silver Tactical Commander / Gold Strategic Commander regarding information / key messages for staff, service users and patients, visitors the general public and the media.	
5	Prepare media information working with partner organisations, NHS England's communications offices, the DoH communications office and Commissioners communications, the emergency services and others as appropriate; ensuring information is consistent and accurate.	
6	Before publication, check information with Silver Tactical Commander / Gold Strategic Commander	
7	Arrange for information briefings to be updated and issued regularly.	
8	Ensure the Trust website and social media accounts are regularly updated and monitored.	
9	Keep the Silver Tactical Commander informed of media enquiries and coverage.	

APPENDIX J – Terms of Reference GOLD Strategic Command

<table>
<tr><td colspan="2">Aims:</td></tr>
<tr><td colspan="2">The aims of Gold Strategic Command are to achieve the following during a major incident:

• To provide a strategic forum for the Trust across all areas of business in relation to the incident
• To minimise disruption to Trust services caused by the incident
• To ensure a continued safe and caring environment for patients and staff
• To ensure coordination of response with external agencies</td></tr>
<tr><td colspan="2">Objectives:</td></tr>
<tr><td colspan="2">The objectives are to achieve the following during a major incident:

• To consider the impact on service delivery and ensure close liaison with Silver Tactical Command
• To take decisions and agree actions to limit the impact on service delivery and maximise patient safety. Gold Strategic command will, where appropriate, seek and receive the advice of the Trusts Ethics Group
• To take decisions regarding the Trusts response relating to the delivery of the Trusts responsibilities
• To sign off on items escalated by Silver Tactical Command as appropriate
• To ensure communications with staff, patients, partners and public are accurate, timely and consistent
• To ensure situation reporting is conducted in a timely manner in line with timetables set by NHS England/I
• To ensure appropriate representation of the Trust at any external decision making bodies
• Ensure records are kept of Gold Strategic Command decisions and actions
• Ensure a log is taken at all meetings
• To consider the financial impacts on the Trust of the major incident and, where necessary, make appropriate arrangements to maintain the financial integrity of the Trust
• To support Silver Tactical Command in any decision making as appropriate</td></tr>
<tr><td>Membership:</td><td>In attendance:</td></tr>
<tr><td>Chief Executive Officer (Chair)
Chief Operating Officer/AEO
Executive Director of Nursing
Executive Medical Director
Executive Finance Director
Executive Director of Workforce & OD
Silver Tactical Chair
Head of Communications
Loggist
Note/minute taker</td><td>Others by invitation</td></tr>
<tr><td colspan="2">If the identified members are unable to attend they should nominate an appropriate representative who has approval to make decisions in their absence.
If members are unable to attend there will be an expectation that they have carried out any allocated actions and supplied a response in their absence either via email or their nominated representative.</td></tr>
<tr><td>Frequency:</td><td>Quorum:</td></tr>
<tr><td>• TBC at onset of incident
• May be scaled up/down as the incident requires and the decisions to do this must be logged.</td><td></td></tr>
<tr><td colspan="2">Support Arrangements:</td></tr>
<tr><td colspan="2">Format: Either physically or virtually (as the incident dictates)
Agenda: Set by the Chair
Papers: Circulated in advance of the meeting</td></tr>
</table>

Notes: To be taken at every meeting **Action Log:** To go through at every meeting, adding/closing actions as required **Log:** To be taken for every meeting or recorded in MS Teams and filed securely
Governance, rules and behaviours:
• Collective responsibility • Members to speak through the chair • All members to attend or send appropriate representative if appropriate • Meetings to begin on time • Only chair has the authority to cancel the meeting
Reporting Arrangements:
• Cascade of key information to Silver Tactical and Bronze commands to be determined by the chair • Cascade of key information via communications to be determined by the chair • Reporting externally to be determined by the chair
Monitoring:
• Terms of reference will be reviewed as appropriate
Approved Date:

APPENDIX K – Terms of Reference SILVER Tactical Command

<table>
<tr><th colspan="2">Aims:</th></tr>
<tr><td colspan="2">The aims of Silver tactical command are to achieve the following during a major incident:

• To provide a tactical forum for the Trust across all areas of business in relation to the incident
• To minimise disruption to Trust services caused by the incident
• To ensure a continued safe and caring environment for patients and staff
• To ensure coordination of response with external agencies
• To ensure appropriate issues are escalated to Gold Command</td></tr>
<tr><th colspan="2">Objectives:</th></tr>
<tr><td colspan="2">The objectives are to achieve the following during a major incident:

• To consider the impact on service delivery and ensure close liaison with Bronze Operational Command
• To sign off on items escalated by Bronze Operational Command as appropriate
• To agree approach for local implementation of decisions taken and actions agreed at Gold Command
• To ensure communications with staff, patients, partners and public are accurate, timely and are consistent with those issued by Gold Command and the Trust Communications Team.
• To ensure situation reporting is conducted in a timely manner in line with timetables set by Trust Gold Command and external agency requests.
• To ensure appropriate representation of the Trust at any external decision making bodies such as Tactical Coordination Groups and to liaise with Gold to ensure coordinated representation.
• Ensure records/logs are kept of Silver Tactical Command decisions/actions.
• To consider the financial impacts on the Divisions and Corporate Services of the incident and, where necessary, make appropriate arrangements to maintain the financial integrity of the Trust.</td></tr>
<tr><th>Membership:</th><th>In attendance:</th></tr>
<tr><td>Deputy Chief Operating Officer (Chair)
Clinical Director/Deputy Medical Director
Deputy Director of Workforce and OD
Chief Pharmacist
Deputy Director of Nursing
Bronze Command Leaders (General Managers)
Deputy Director of Estates and Facilities
Digital Technology Lead
Communications
IPC lead</td><td>Risk Manager
EPRR
Incident specific specialist by invite if required
Loggist
Note/minute taker</td></tr>
<tr><td colspan="2">If the identified members are unable to attend they should nominate an appropriate representative who has approval to make decisions in their absence.
If members are unable to attend there will be an expectation that they have carried out any allocated actions and supplied a response in their absence either via email or via their nominated representative.</td></tr>
<tr><th>Frequency:</th><th>Quoracy</th></tr>
</table>

• TBC at onset of incident. • May be scaled up/down as the incident requires and the decisions to do this are logged.	

Support Arrangements:
Format: Either physically or virtually (as the incident dictates) **Agenda**: Set by the Chair **Papers:** Circulated in advance of the meeting **Notes**: To be taken at every meeting **Action Log:** To go through at every meeting, adding/closing actions as required **Log:** To be taken for every meeting or recorded in MS Teams and filed securely
Governance, rules and behaviours:
• Collective responsibility • Members to speak through the chair • All members to attend or send appropriate representative • Meetings to begin on time • Only chair has the authority to cancel the meeting
Reporting Arrangements:
• Report to Gold Command • Cascade of key information to Bronze Operational Command as required to be determined by the chair
Monitoring:
• Terms of reference will be reviewed as required
Approved Date:

APPENDIX L – Terms of Reference BRONZE Operational Command

<table>
<tr><td colspan="2">Aims:</td></tr>
<tr><td colspan="2">The aims of Bronze Command is to achieve the following during a major incident:
To contain the incident and to manage services
To minimise disruption to Trust services caused by the incident
To ensure a continued safe and caring environment for patients and staff
To ensure adequate resources available to manage and maintain services during the incident
To ensure appropriate issues are escalated to Silver Tactical Command</td></tr>
<tr><td colspan="2">Objectives:</td></tr>
<tr><td colspan="2">The objectives are to achieve the following during a major incident:
To mitigate the impact on service delivery and ensure close liaison with Silver Tactical Command.
To implement decisions taken and actions agreed at all levels of command
To prioritise essential works
To reallocate staff as required
To ensure communications with staff, patients, partners and public are accurate, timely and are consistent with those issued by the Trust
To ensure situation reporting is submitted in a timely manner in line with timetables set by the Trust
To support appropriate representation of the Trust at any external meetings and to liaise with Silver Tactical Command to ensure a coordinated representation.
Ensure notes are taken at all meetings where possible
To consider the financial impacts on the Divisions and Corporate Services of the incident and, where necessary, make appropriate arrangements to maintain the financial integrity of the Trust.</td></tr>
<tr><td>Membership:</td><td>In attendance:</td></tr>
<tr><td>Chairs
Divisional General Managers
Corporate Managers
Clinical Leads
Service Managers
Modern Matrons/Matrons
Patient Safety Lead
HR Divisional Reps
BI Reps</td><td>Note/Minute taker</td></tr>
<tr><td colspan="2">If the identified members are unable to attend they should nominate an appropriate representative who has approval to make decisions in their absence.
If members are unable to attend there will be an expectation that they have carried out any allocated actions and supplied a response in their absence either via email or their nominated representative.</td></tr>
<tr><td>Frequency:</td><td>Quorum:</td></tr>
</table>

<table>
<tr><td>TBC at onset of incident
May be scaled up/down as the incident requires and the decisions to do this noted.</td><td>N/A</td></tr>
<tr><td colspan="2">Support Arrangements:</td></tr>
<tr><td colspan="2">Format: Either physically or virtually (as the incident dictates)
Agenda: Set by the Chair
Papers: Circulated in advance of the meeting
Notes: To be taken at every meeting and agreed at the next
Action Log: To go through at every meeting, adding/closing actions as required</td></tr>
<tr><td colspan="2">Governance, rules and behaviours:</td></tr>
<tr><td colspan="2">Collective responsibility
Members to speak through the chair
All members to attend or send appropriate representative
Meetings to begin on time
Only chair has the authority to cancel the meeting</td></tr>
<tr><td colspan="2">Reporting Arrangements:</td></tr>
<tr><td colspan="2">Report to Silver Tactical Command
Cascade of key information to staff as required to be determined by the chair</td></tr>
<tr><td colspan="2">Monitoring:</td></tr>
<tr><td colspan="2">Terms of reference will be reviewed as required</td></tr>
<tr><td colspan="2">Approved Date:</td></tr>
</table>

APPENDIX M –Draft Agenda

Humber FT Silver Command Tactical Meeting

Item No.	Item	Led by
1.	In attendance: Apologies: Note Taker:	
2.	Welcome & Introductions	
3.	Purpose of meeting, aims and objectives	
4.	Urgent actions for attention Actions from previous meetings	
5.	Situational updates from Bonze Commanders	
6.	Horizon scan, information from partner agencies	
7.	Assess Risks	
8.	Update from Gold Command	
9.	Identify options and contingencies, forward look	
10.	Communications Strategy	
11.	Review of actions and action log	
12.	Items for escalation to Gold	
13.	Date and Time of next meeting	

APPENDIX N –Sitrep (Situational Report – Internal use)

	Humber Teaching NHS Foundation Trust
Site/Area/Department:	
Date	
Name & Role	
Contact Details	
Current Status Headlines	
OPEL level OPEL 1 - Low levels of pressure OPEL 2 - Moderate pressure OPEL 3 - Severe pressure OPEL 4 - Extreme pressure	
Are you experiencing any operational difficulties, if so provide details?	
What is the impact to service delivery?	
Issues to escalate	
Mitigations/Action already taken	
Comments	

APPENDIX O – Mutual Aid Request

Requesting organisation Include contact name and details.	
Date & Time	
Request being made to	
Mutual aid requested This must be explicit including exact details, for how long and for what purpose.	
Where the mutual aid is to be sent to: Exact location must be included.	
Transport arrangements Will transport be provided or is this being requested as well. If transport has been arranged include details of what is being used – courier, ambulance taxi etc.	
Contact arrangements Remember to include in and out of hours if appropriate	
Signature of Director/Director oncall	