Emergency Planning Resilience and Response Policy

Meeting	Trust Board		
Date	7 September 2016	**Agenda item**	**15**
Lead Director	Phil Clow, Director of Business Development and Strategy Accountable Emergency Officer		
Author(s)	Amanda Adams, Risk Manager		

To Approve	☑	**To Note**	☐	**To Assure**	☐

Link to the Board Assurance Framework:

The policy contained within this paper assists in our aim to ensure that we meet
- regulatory requirements including the Civil Contingencies Act 2004 and Health and Safety legislation
- the requirements of our commissioners.
- NHS Contract

The policy links to the following principal risks on the Board Assurance Framework:

01b. Non-compliance with statutory duties

Identified risks:

The Merseyside LHRP community risk register and the National Risk register of civil emergencies include the risks from Pandemic Flu, Heatwave and Infectious disease outbreak.

Financial implications:

None identified

Has an Equality Impact Assessment been completed?	**Yes**	☐	**No**	☑

Does this proposal represent any service improvement or redesign?	**Yes**	☐	**No**	☑

Paper history *Has a committee of the board reviewed this paper?*		
Submitted to	**Date**	**Brief Summary of Outcome**
No previous history		

Link to strategic objectives - 2014-19 *(please tick those supported by this paper)*

We will deliver safe and effective patient care	✔	We will further develop and maintain a competent, caring and flexible workforce	
We will deliver a positive experience of our services		We will continuously develop the organisation including leadership at every level of the organisation	
We will engage effectively with the patients and communities we serve		We will effectively engage with our staff to deliver our strategic objectives	
Reducing health inequalities will be integral to all service developments and delivery		We will optimise the use of our resources	
We will effectively manage and develop our relationships with our current and new commissioners and stakeholders		The delivery of sustainable clinical services will be supported by corporate services	
We will defend and grow our core business		We will effectively manage our finances and fully deliver our efficiency programme	
We will lead the delivery of out of hospital integrated care		We will deliver transformation supported by innovation and research	
We will deliver to the expectations of our commissioners and demonstrate quality and value	✔		

Emergency Planning Resilience and Response Policy

Purpose

1. To present the following policy for approval:

   - Emergency Planning Resilience and Response (EPRR) Policy

Executive Summary

2. The policy details the processes to be followed to support the trust in meeting its responsibilities under the:
   - Civil Contingencies Act 2004
   - EPRR core standards,
   - NHS Act 2006
   - Health and Social care Act 2008 (Regulated Activities) Regulations 2014

Rationale and Implications

3. The EPRR policy describes the governance systems that the trust will use to embed EPRR throughout the organisation in order to provide assurance that EPRR risks are managed and effective arrangements are in place. The policy is a trust wide document, and is applicable to employees, as well as seconded and sub-contracted staff at all levels of the organisation.

4. The policy aims to continually improve the management of EPRR within the organisation and assist with implementation of the NHS core standards for EPRR and regulatory requirements.

5. All plans and the EPRR policy are issued for a 2 year period and subject to an annual review by the EPRR lead which will be monitored at the Resilience Group. Those that are new or where there are significant revisions to the EPRR structures will be submitted to the trust board for approval. Where there are minor changes to process these will be approved at the Resilience Group.

6. Further work to embed the policy will take place through staff communication pathways as well as the EPRR exercise programme.

Conclusion

7. The policy ensures that the trust acts in a manner which is consistent with best practice guidance and regulatory requirements to support the EPRR agenda.

Board Action

8. The trust board is asked to approve:
   - The Emergency Planning Resilience and Response Policy

Phil Clow
Director of Business Development and Strategy

Contributors:
Amanda Adams, Risk Manager

Emergency Planning
Resilience and Response
Policy

[Version 1]

Applies to:-	All employees
Committee for Approval	Trust Board
Date of Approval	September 2016
Review Date	September 2018
Title of Lead Manager	Risk Manager
Policy Author	Amanda Adams
Related Plans	Major Incident Plan Service Business Continuity Plans Trust wide EPRR plans

UNLESS THIS VERSION HAS BEEN TAKEN DIRECTLY FROM THE TRUST WEB SITE THERE IS NO ASSURANCE THIS IS THE CORRECT VERSION

Wirral Community NHS
NHS Foundation Trust

**Emergency Planning
Resilience and Response**

CONTENTS

Review and Amendment Log

Version No	Type of Change	Date	Description of change
1	New		New Policy

**Emergency Planning
Resilience and Response**

1.   INTRODUCTION

Under the Civil Contingencies Act (2004) NHS organisations must show that they can effectively respond to emergencies and business continuity incidents whilst maintaining services to patients.   This work is referred to in the health service as emergency preparedness, resilience and response (EPRR)

EPRR remains a key priority for the NHS and the requirements for EPRR is set out in the NHS Commissioning Board planning framework ('Everyone Counts: Planning for Patients'), the NHS standard contract and through this the NHS Commissioning Board Emergency Planning Framework (2013).   These responsibilities are detailed in the '*NHS Commissioning Board Core Standards for Emergency Preparedness, Resilience and Response (EPRR*)'.

The NHS needs to be able to plan for, and respond to, a wide range of incidents that could impact on health or patient care with the aim of maintaining continuous levels in key services when faced with disruption from identified local risks such as severe weather, fuel or supply shortages or industrial action.   This is known as business continuity management.

The trust is committed to working in partnership with staff and partner organisations to make EPRR a core organisational process and to ensure that it becomes an integral part of the Trust philosophy and activities.

As part of this, the trust undertakes to ensure that adequate provision of resources, including financial, personnel, training and information technology is as far as reasonably practicable made available.

2.   PURPOSE AND SCOPE

This Policy describes the systems that the trust will use to embed EPRR throughout the organisation in order to provide assurance that risks are managed and effective arrangements are in place.   The Policy is a trust wide document, and is applicable to employees, as well as seconded and sub-contracted staff at all levels of the organisation.

The Policy aims to continually improve the management of EPRR within the organisation and assist with implementation of the NHS core standards for EPRR and regulatory requirements.

4.   DEFINITIONS

Term	Definition
EPRR	Emergency Planning Resilience and Response
Business continuity	The capability of the organisation to continue delivery of services at acceptable redefined levels following a disruptive incident
Significant Incident or emergency	Any event that cannot be managed within routine service arrangements
LHRP	Local Health Resilience Partnership
MRF	Merseyside Resilience Forum
CBRN	Chemical Biological Radiological and Nuclear
LRF	Local Resilience forum

5.   UNDERPINNING REQUIREMENTS AND PRINCIPLES OF EPRR

5.1   Health & Safety Legislation

The Health and Safety Executive are the enforcing body for health and safety. Health and Safety Legislation requires the trust to have robust systems in place to identify hazards and associated controls and from this, evaluate the level of risk and to control all health and safety hazards to the lowest level reasonably practicable.   Health and Safety Legislation also requires organisations to plan and respond appropriately to emergency situations in the workplace.

5.2   Civil Contingencies Act

The Civil Contingencies Act 2004 (CCA) delivers a single, framework for the provision of civil protection in the UK. The principal objectives of the Act are to ensure consistency of planning across all government departments and its agencies, whilst setting clear responsibilities for frontline responders at a local level.

5.3   The Health and Social Care (2012) Act

The Act embeds the requirement of NHS services to respond effectively to incidents and emergencies. The key elements are:
*   the NHS Commissioning Board and each Clinical Commissioning Group must take appropriate steps for securing that it is properly prepared for dealing with a relevant emergency
*   the NHS Commissioning Board must take steps as it considers appropriate for securing that each relevant service provider is properly prepared for dealing with a relevant emergency
*   the NHS Commissioning Board must take such steps as it considers appropriate for facilitating a co-ordinated response to an emergency by the clinical commissioning groups and relevant service providers for which it is a relevant emergency.

6. EPRR MANAGEMENT ORGANISATIONAL STRUCTURE

The key functions relating to EPRR management is as follows.

6.1 Wirral Community NHS Trust Board

Executive Director Lead: Chief Executive
The Board of Directors has overall responsibility for delivery of the Trusts EPRR Policy.
The main duties of the Board are to:
- monitoring the implementation of the organisation's EPRR Policy
- review and approve the Trust Major Incident Plan
- monitor assurance in relation to the management of the EPRR Policy across the trust.

6.2 Executive Leadership Team

Executive Director Lead: Chief Executive
The senior management team is accountable to the Trust Board for the operational management of the trust and the delivery of objectives set by the Trust Board. As such SMT is responsible for assessing the impact of operational risks in relation to EPRR.

6.3 Senior Leadership Team

The senior leadership Team is responsible for
- Scrutiny of actions and progress against high level, progression flagged risks and themes impacting on EPRR.
- Monitoring the progress of action plans associated with significant business continuity incidents.

*A combined SLT and ELT will be held once a month

6.4 Resilience Group

The main duties of the Resilience Group are to:
- provide a forum to co-ordinate the EPRR activities of the trust and monitor the EPRR work plan
- oversee and co-ordinate the on-call provision across the trust
- ensure that the trust complies with the requirements of the Civil Contingencies Act (2004) and the NHS England Emergency Preparedness Framework 2013 (which includes the NHS EPRR Core Standards) and any other relevant guidance
- monitor the implication of new legislation and guidance and ensure appropriate plans are in place
- provide a forum to review any activation of Major Incident or Business Continuity Plans within the trust in order to share good practice and disseminate lessons learned
- co-ordinate the training requirements with respect to EPRR across the trust
- manage and monitor any action or improvement plans arising from internal exercises or external assurance/self-assessment
- provide a source of expertise on EPRR within the trust
- ensure that regular exercising of trust plans is in place and that the organisation can provide a co-ordinated response to external exercises
- co-ordinate the trust's contribution to the relevant NHS England Area Team and Clinical Commissioning Group EPRR arrangements within each of the areas covered

by the trust. This includes providing assurance as required and contributing to each area's planning and command and control arrangements.

6.5 Divisional Governance Groups

The main duties of this group are to:
- identify risks that have the potential to impact on business continuity and ensure appropriate plans are in place for risk mitigation
- ensure service business continuity plans are developed, reviewed and updated in line with changes to business objectives, delivery models, structural and staff changes
- review service business continuity incidents ensuring appropriate action plans are developed and monitored and learning shared via the resilience group
- providing assurance to the resilience group that appropriate arrangements are in place.

6.6 Reporting Groups

The main duties of reporting groups are to:
- ensure effective EPRR arrangements are in place, relevant to their portfolio and that risks are identified and managed in line with processes set out in this policy and risk management policies.

7. ROLES AND RESPONSIBILITIES OF KEY INDIVIDUALS/AUTHORITY OF ALL MANAGERS

7.1 Chief Executive

The Chief Executive has overall accountability for EPRR within Wirral Community NHS Trust and the Board demonstrates commitment through the endorsement of the EPRR Policy.

7.2 Director of Business Development and Policy

The Director of Business Development and Policy is the accountable emergency officer and provides assurance to the Board that the organisation is meeting its obligations with respect to EPRR including that the organisation:
- is compliant with the EPRR requirements
- is properly prepared and resourced for dealing with a significant incident or emergency
- has robust business continuity planning arrangements in place (including partnership arrangements) which are aligned to the Framework for Health Services Resilience (PAS 2015) and ISO 22301
- has a robust surge capacity plan that provides an integrated organisational response and that it has been tested with other providers
- provides assurance and information to the NHS commissioning board on arrangements including representation at the LHRP, LRF and any sub groups.

7.3 Divisional Managers/Heads of Service

Divisional Managers/Heads of Service are responsible for ensuring:

- EPRR arrangements are in place for the Division in line with NHS guidance and the regulatory framework

- staff have the necessary competencies and attend training in line with the trusts EPRR training matrix
- divisional representation at the resilience group.

7.4 Service Leads

Service leads are responsible for:
- service business continuity plans are maintained and updated in line with service changes and learning from incidents
- ensuring that all relevant staff are conversant with business continuity plans and are appropriately trained in line with their responsibilities.

7.5 On Call Managers

On call managers will:
- ensure when on call they maintain a resilient single point of contact within the organisation, capable of receiving notification at all times of an emergency or business continuity incident
- act in line with arrangements set out within this policy, the `the major incident plan

7.6 Risk Manager (Emergency Preparedness Officer)

The Risk Manager is the trusts emergency preparedness officer and will:
- develop and deliver the organisation's emergency preparedness and resilience function, improve standards of such preparedness across the organisation and provide leadership on specialist emergency preparedness and resilience issues
- develop and deliver the organisation's emergency preparedness and resilience function, improve standards of such preparedness across the organisation and provide leadership on specialist emergency preparedness and resilience issues
- co-ordinate emergency preparedness and training exercises for the organisation and with resilience partners
- work with communications staff to ensure an appropriate communications and media response by the NHS to significant events and emergencies.

7.7 Head of IT

The Head IT is responsible for ensuring:
- effective arrangements are in place to respond to the risks the organisation is exposed in relation to Information technology and telecommunications and that appropriate emergency and business continuity plans are in place
- a programme of testing of IT business continuity plans is in place.

7.8 Head of Estates

The Head Estates is responsible for ensuring:
- effective arrangements are in place to respond to the risks the organisation is exposed to in relation to loss of access to premises and utilities and that appropriate emergency and business continuity plans are in place
- appropriate arrangements are in place to ensure safe evacuation of staff, contractors and the public from premises leased and owned by the trust
- arrangements are routinely tested and reports submitted to the resilience group on effectiveness of arrangements and required actions.

7.9   Head of Procurement

The Head of Procurement is responsible for ensuring that:

- EPRR arrangements are considered as part of the trusts procurement processes and that contracted third party organisations have appropriate business continuity arrangements in place.

7.10   Head of Communications and Engagement

The Head of communications and engagement is responsible for ensuring arrangements are in place to:
- inform and advise the public by providing relevant timely information about the nature of an unfolding event and actions the public can take
- provide information and manage relationships with the media in the event of a significant incident
- to support staff by providing information and communicating with internal staff.

7.11   LSMS/Health and Safety Advisor

The LSMS is responsible for ensuring that effective arrangements are in place to:
- ensure the security of trust premises and staff including lockdown arrangements
- ensure effective counter terrorism responses are in place
- review and test associated plans
- deputise for the risk manager (Emergency Preparedness Officer) and support EPRR arrangements.

7.12   Employees

Employees are responsible for:
- supporting the preparation and implementation of emergency and business continuity plans.

8.   EPPR ARRANGEMENTS

8.1   Risk Assessment & Hazard Mapping

Emergency and business continuity plans are prepared on the foundation of risk assessment including hazard mapping and coordinated multi agency response required for expected impacts of an event. Risks identified during the planning process, exercise programme, or following any incident debriefs will be placed on the risk register either by the relevant department or the Risk Manager and managed in line with the processes set out in the Policy for Risk Identification and Management.

Trust wide risks related to EPRR will be recorded on the Trust Risk register via Datix and will be managed in line with GP45 the Policy for risk identification and management

8.2   Organisation Plans

Governance Arrangements

The Resilience Group will monitor that plans are developed to ensure effective arrangements are in place to respond to the risks the organisation is exposed to. In developing organisational plans consideration will be given to
- the Local Resilience Forum community risk register and associated plans,

- the scope of operational delivery considering resource and capacity requirements of the organisation and the wider heath economy.
- consultation with both internal and external stakeholders relevant to the scope of the plan.

Plans will monitored and reviewed at least bi-annually or following learning from exercises, incidents and following changes in guidance and legislation.

Plans will be submitted to the Resilience Group for review and approved at Trust Board.

Structure of Plans

Plans will developed utilising a consistent format following the structure outlined in Appendix 1.

9. MAJOR INCIDENT PLAN

The Major Incident Plan outlines how as a trust we will plan for, respond to and recover in the event of a major incident, meet our responsibilities as an operational (Bronze) responder and comply with relevant guidance and legislation.

Wirral Community NHS Trusts response to a major incident is co-ordinated by the Trust's Incident Management Team which:
- has authority to over-rule all normal management arrangements
- can direct any member of staff (however senior and with appropriate training) to perform any duty made necessary by the major incident
- can direct any of its resources (e.g. rooms, transport) to be used in connection with the major incident
- can cancel or prioritise its services
- can authorise expenditure in connection with the major incident.

The Plan can be downloaded from the trust Intranet

http://staff.wirralct.nhs.uk/index.php/working-at-the-trust/emergency-planning/major-incidents

Hard copies and laminated actions cards are also located in the Major Incident Room and back up room.

9.1 Organisational Plans

In addition to the Major Incident Plan there are a number of organisational plans which have been developed in line with National Plans, these plans support the Major incident Plan and include:
- Cold weather Plan
- Heat wave Plan
- Escalation and surge Plan
- Fuel Plan
- CBRN plan
- Pan Flu
- Community Outbreak Plan.

The plans outline organisational responsibilities and can be located on the trust Intranet and in the Major Incident Room.

9.2   Major Incident Room (Incident Coordination Centre)

Each NHS organisation has the responsibility to provide a suitable environment for managing an incident or an emergency. This is known as the Major Incident Room.
The functions of the Major Incident Room are to:
- act as a focal point for everybody involved in the response to the incident
- gain intelligence about the NHS capacity and response within boundaries
- make sure that intelligence is available
- bringing together all staff involved in responding to an incident
- facilitating handover
- offering all the facilities that may be required
- avoiding staff being distracted by unrelated issues
- providing a single clear focus for the response.

The trusts Major Incident Room is located in:

St Catherine's Health Centre Training Room 1 and 2

In the event this room is not available a back-up room is located at WUTH in:

Urgent and Primary Care First Floor Meeting Room

Full details of the room set up are located in the Major emergency plan and within the room.

Both rooms are subject to a monthly check which is monitored by the Resilience Group.

9.3   Command and Control Arrangements

On Call Arrangements

The Trust operates a 24/7/365 on call senior management rota to manage and support business continuity. The on call duty manager also provides advice in relation to out of hours incidents and medical emergencies.

On Call Rota and Contact Details

The On Call Manager can be contacted via a dedicated phone number on 07810 754 138.

In addition the On Call Manager can be located via the WUTH switchboard on 0151 678 5111.

The on call rota is produced annually and is located on the intranet. Any changes to the rota must be agreed in advance and the rota updated by the Emergency Planning Lead or nominated deputy. A separate rota is produced for the Christmas and New Year period and managed in line with the on call rota processes identified in the on call standard operating procedure

On Call Procedures

The On Call standard operating procedure contains details of the pathways to follow in the event of an incident out of hours. The Pack is standing agenda item Resilience Group and

is reviewed annually, or more frequently on the basis of any change that impacts on the on call pathways.

The on call plan standard operating procedure is issued as a PDF document to all on call managers and an abridged version is located on the intranet.

On Call Incidents

Following an incident the On Call Duty Manager will provide support and document actions via an on call incident log which is recorded on Datix. Any actions identified will be in line with the incident reporting policy GP8.

On call incidents and associated actions will be monitored by the risk manager for any organisation learning. A summary of on call logs will be reviewed on a quarterly basis by the Resilience Group.

On Call Manager Competencies
On Call managers are required to have competencies aligned with National Occupational exposure standards SFHHP15 - Coordinate a team investigating and managing an incident or outbreak. All training and exercises attended by the on call managers will be recorded on ESR and reviewed in line with the trust appraisal process.

9.4 Business Continuity

The CCA requires category 1 responders to put in place arrangements to ensure that they continue their functions in the event of an emergency. Business Continuity Planning complements the MIP and also addresses potentially serious disruptions in the services provided by the trust that *may not* be of sufficiently high risk to trigger the MIP.

Significant incidents likely to cause serious disruption of the continuity of the trusts business may warrant activation of the MIP. Minor business interruptions are dealt with using routine management intervention, service level business continuity plans or escalation plans where appropriate. The table in see Appendix 2 outlines the EPRR incidents definitions.

The central co-ordination of a planned response to such events whose impact could not be handled within routine service arrangements and could require the implementation of *special planning procedures by the trust* to respond to it, rests with the On Call Manager and or Executive Directors.

Divisional Managers, Heads of Service and Service Leads are responsible for developing, maintaining, communicating and operating their own service level business continuity procedures to mitigate the impact of any incident affecting the normal delivery of services. Service level continuity plans are prepared within an overarching trust continuity framework.

The processes and arrangement in place across the trust to support business continuity planning and arrangements are detailed in the Business Continuity Plan.

10. TRAINING AND EXERCISING

10.1 EPRR Training

An organisation EPRR framework has been developed which outlines the training requirements to support EPRR and is available on staffzone. Service leads are responsible for ensuring that the required training is completed in line with the training need framework through the appraisal system which is linked to the business planning process.

In addition the trust via the LHRP will identify external opportunities for example multiagency training and will promote attendance by the on call managers and specific leads.

Attendance at training will be recorded on ESR and managed in accordance with the Learning and Development Policy GP46.

10.2 Communication Arrangements

The overall aim for communications in any EPRR incident will be to provide effective, accurate and timely communications to the public, staff and other stakeholders. The Major Incident plan, EPRR plans and the On Call Managers standard operating procedures identify arrangements and methods for establishing and maintaining communication channels to all relevant stakeholders. All plans and supporting information are available from the EPRR section on staffzone.

10.3 Exercising

An annual trust wide exercise programme will be developed as part of the annual work plan and monitored via the Resilience Group. The plan will be developed utilising the information from the risk register, NHS guidance and will include:
- a communications cascade test every six months
- a table top exercise every year
- a live exercise every three years
- refresher and awareness training for individuals undertaking information handling roles
- strategic Leadership in an Incident training
- familiarisation of Major Incident Room awareness sessions.

11. PROCESS FOR MONITORING EFFECTIVE IMPLEMENTATION

Monitoring compliance of this Policy and associated plans will be through an annual Internal Audit and self-assessment against the EPRR core standards undertaken to assess the effectiveness of arrangements.

The audit report and any resulting action plan to address recommendation will be submitted to the Resilience Group and to Trust Board by means of the annual report.

12. EQUALITY IMPACT ANALYSIS

As part of its development, this Policy and its impact on equality have been reviewed as described above. The purpose of the assessment is to minimise and if possible remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation or religious belief. No detriment was identified.

Appendix 1
EPRR Plan Outline of Content and Structure

- Aim of the plan, including links with plans of other responders

- Information about the specific hazard or contingency or site for which the plan has been prepared and realistic assumptions

- Trigger for activation of the plan, including alert and standby procedures

- Activation procedures

- Identification, roles and actions (including action cards) of those with designated responsibilities

- Identification, roles and actions (including action cards) of support staff including communications

- Location of incident co-ordination centre (ICC) from which emergency or business continuity incident will be managed

- Generic roles of all parts of the organisation in relation to responding to emergencies or business continuity incidents

- Complementary generic arrangements of other responders (including acknowledgement of multi-agency working)

- Stand-down procedures, including debriefing and the process of recovery and returning to (new) normal processes

- Contact details of key personnel and relevant partner agencies

- Plan maintenance procedures

- (Based on Cabinet Office publication Emergency Preparedness, Emergency Planning, Annexes 5B and 5C (2006))

Appendix 2 Table of EPRR Incident definitions

Incident	One or more of the following apply	
Localised Disruption/ Incident	• The incident is not serious or widespread and is unlikely to affect business operations to a significant degree • No significant impact on patient or staff safety • No significant impact on performance or finance • The incident can be dealt with and closed by relevant managers • No significant media or political interest	**Incident managed within the affected areas** Where the initial impact assessment grades the situation as a localised minor incident, the affected management team should deal with this using localised business continuity/ contingency arrangements. Where this incident has the potential to impact on clinical delivery the service lead must be notified. Where this incident has the potential to spill over into the evening / weekend the On call manager should be notified and informed of the contingency arrangements in place.
Disruption/ Incident	• Limited impact on patient and staff safety • Incident expected to be fully resolved and closed within 24 hours • Limited but some impact on service delivery in critical areas • One or a number of local contingency plans activated • Incident still expected to be managed through localised contingency arrangements • Limited financial / performance impact • Limited Governance issues • Possible public/media/political interest	**Incident managed using local contingency arrangements** Where the initial impact assessment grades the situation as a minor disruption, the incident should be managed by the Divisional Manager/Deputy in line with Divisional business Continuity Plans Divisional Management will escalate where necessary and inform the relevant Managers as appropriate. Where this incident has the potential to impact on clinical delivery the service lead must be notified. Where this incident has the potential to spill over into the evening / weekend the On call manager should be notified and informed of the contingency arrangements in place.

Incident	One or more of the following apply	
Significant Disruption/ Incident	- Disruption to a number of critical services likely to last for more than 1 working day - Significant impact on patients and staff - Access to one or more sites denied where critical services are carried out for more than 24 hours - Suspension of a number of services required - Access to systems denied and incident expected to last more than 1 working day and therefore impacting on operational service delivery - A number of critical services seeking to activate service level contingency plans thus requiring overall management - Significant impacts on finances and performance - Significant Governance issues Possible public/media/political interest	**Numerous contingency plans activated thus requiring effective management by calling together of a specific multi directorate team** Where the initial impact assessment grades the situation as significant the incident will need to be formally managed to ensure resources and activities are effectively coordinated. The on call manager should consider how best to manage the incident and if activation of the Trust major Incident plan is required . It may also be necessary to inform the NHS Merseyside First on Call. Consideration should also be given to advising the Clinical Commissioning Group (CCG).

Incident	One or more of the following apply	
Major Disruption / Incident	• Incident expected to impact on critical services for more than 48 hours • Wide spread disruption, loss of a major or multi-occupancy site • Major impact on patient and staff safety • Wide-scale incident in a geographical area affecting multiple critical services • Significant disruption to business activities • Local contingency plans inadequate to deal with incident • Response requires strategic coordination and assistance from other health economy partners	**Widespread incident requiring overall strategic management – Possible Major Incident** Where the Initial impact assessment grades the situation as major disruption the incident will need to be formally managed to ensure resources and activities are effectively coordinated. The AEO, following Liaison with the on Call managers, Executive members and other Senior Managers agree the composition of an n Incident Management Team A decision may be made to declare a **Major Incident** in line with agreed protocols contained within the Trust Major Incident Plan. Consideration should be given to informing the CCG and other Health Economy Partners – this will be determined by the Senior Manager in charge of the Trust response. **NB: The term Major Incident should not be used lightly or confused with a Major Incident that sets out the Trusts response to an external Trauma type mass casualty incident'.** However, the Command and Control principles adopted by the Trust for both types of incident are the same.