Public Health England

National Incident & Emergency Response Plan V03.00

About Public Health England

Public Health England is an executive agency of the Department of Health and Social Care, and a distinct organisation with operational autonomy to advise and support government, local authorities and the NHS in a professionally independent manner.

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Published
PHE publications gateway number:

This document is available in other formats on request. Please email: ERD@phe.gov.uk

For use in	Significant public health and business continuity incident response
For use by	Incident Management Team
Document owner	Emergency Response Department
Status	Final
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Accreditation and Endorsement	PHE EPRR Oversight Group PHE Management Committee
Issue No and Date	v03.00 November 2018
File Name	Public Health England National Incident & Emergency Response Plan
Supersedes	All previous arrangements
Additional Information	

Contents

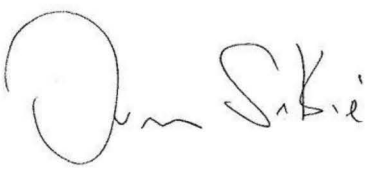
Foreword

Public Health England (PHE) recognises that planning for emergencies is an integral part of good business practice for any organisation. It is particularly important that public health organisations continue to deliver essential functions and are able to respond to the needs of the community, even in emergency situations. We continue to learn and improve following the experience gained by both exercising plans and processes and responding to incidents and outbreaks, so we must reflect this in our planning for such events. This revised version of the National Incident and Emergency Response Plan (NIERP) takes into account lessons identified from the incidents and exercises that PHE have been involved in since the previous revision.

The NIERP provides the operational detail underpinning PHE's Concept of Operations (CONOPS) and is supported by additional PHE Centre Response Plans, which provide detailed EPRR arrangements at a local level.

Locally and nationally, PHE's plans demonstrate our commitment to partnership working at all levels.

I am satisfied that this national plan provides an effective operational framework for responding to incidents and emergencies.



Duncan Selbie
Chief Executive

1 Introduction

The PHE National Incident & Emergency Response Plan (NIERP) provides the operational details of how PHE responds to and recovers from any significant public health related or business continuity incident. It provides PHE's detailed arrangements for responding to incidents and emergencies and is supported by PHE threat-specific plans and by PHE local Emergency Preparedness, Resilience and Response (EPRR) arrangements in the PHE Centres. This provides the mechanism for leading an incident and making decisions using a structured approach at an organisational level appropriate to the incident. This form of leadership during major incidents is commonly known as 'command, control and co-ordination' (C^3). Contingency planning and EPRR training and exercising for PHE staff across the organisation are also essential to optimise the effectiveness of the CONOPs and NIERP.

PHE discharges its statutory duties as a Category 1 responder to emergencies on behalf of the Secretary of State for Health and Social Care within the scope of the Civil Contingencies Act 2004 (CCA 2004).

From a PHE perspective, the definition of an incident or emergency derived from the CCA 2004 is:

> An event or a situation which threatens or causes damage to the health of the public and that requires urgent action from PHE at whatever level.

PHE provides an integrated approach to protecting UK public health through the provision of public health support (including operational delivery and response) and advice to a range of stakeholders including the NHS, local authorities, emergency services, other arms-length bodies, the Department of Health and Social Care and devolved administrations, working in partnership with other organisations to protect the public. Specialist advice areas include infectious diseases, outbreak surveillance, chemical, biological and radiation hazards including deliberate release (CBRN) and health aspects of extreme natural events. In fulfilling these responsibilities PHE will:

- Provide national leadership and co-ordination for the public health elements of the health sector EPRR system including a nationally co- ordinated strategic and operational response.
- Provide risk analysis, assessment and mitigating interventions for emerging diseases, naturally occurring extreme events, chemical and radiological incidents and deliberate release threats (including CBRN), to inform the Department of Health and Social Care and other stakeholders.

The plan, together with the CONOPS, underpins other plans and action cards that describe the role, responsibilities and specific actions of key functions within the response structure. These are:

- PHE Threat Specific Plans, for example, pandemic influenza, heatwave, cold weather.
- PHE Centre Plans, for example, centre incident response plans, scientific and technical advice cell activation plans and Incident Co-ordination Centre (ICC) operational support manuals.

- PHE Specialist Service Plans, for example, the National Infection Service, CRCE plans.
- PHE National Incident Co-ordination Centre (NICC) Activation Plan. This plan sets out the arrangements for the NICC and includes action cards for all PHE response roles in the NICC.
- PHE business continuity plans.

1.1 PHE Statutory Duties and Legal Framework

PHE will cooperate with, and where appropriate co-ordinate, all parties, statutory and non-statutory, to provide the most effective response to public health threats. This is required by its duties as a Category 1 responder under the Civil Contingencies Act (2004) as delegated to PHE by the Secretary of State for Health.

Furthermore, the obligation under the CCA states:

> The Act requires Category 1 responders to maintain plans to ensure that they can continue to exercise their functions in the event of an emergency so far as is reasonably practicable. The duty relates to all functions, not just their emergency response functions.

PHE recognises its other legal obligations with respect to EPRR and these are integral to the EPRR arrangements set out in this plan. The documents that set out these legal responsibilities include:

- Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance
- Health and Social Care Act 2012
- International Health Regulations 2005
- EU Decision on Serious Cross Border Threats to Health 2013
- Health and Safety at Work Act 1974
- Health Protection Regulations 2010

Associated guidance and standards that apply to/impact upon PHE's EPRR arrangements are:

- NHS England EPRR Framework 2015
- Care Quality Commission Core Standards
- PHE Core Standards and assurance criteria for PHE EPRR
- PHE Business Continuity Management Policy, Procedures and Guidance
- National Occupational Standards for Civil Contingencies
- Expectations and Indicators of Good Practice Set for Category 1 and 2 Responders

1.2 Aim & Objectives

The aim of this plan is to detail PHE's framework for responding to emergencies and define the triggers, alerting and activation procedures, de-escalation and stand-down procedures, processes and resources. It is based

upon strategic, tactical and operational command, control and co-ordination structures.

The objectives of this plan are to:

- Describe how a PHE response is activated and maintained, within and outside, normal working hours.
- Set out an incident level matrix which enables a dynamic risk assessment process and provides benchmarking for the relationship between the potential impact of an incident and the commitment of resources.
- Describe the escalation and de-escalation criteria and process.
- Describe the organisation's incident management structures.
- Describe the liaison arrangements for national stakeholders.
- Identify key roles and responsibilities.
- Describe the relationship of the plan with other plans, guidance and the annual PHE EPRR capability assessment.
- Describe the responsibilities and actions necessary to ensure as far as reasonably practicable the health, safety and welfare of staff and others when responding to incidents.
- Describe the PHE process for post incident review of the plan and how any learning thus identified can be included in the next revision and implemented in practice.

1.3 PHE People Charter

Due to the often high pressure environment during an incident response it is even more important to follow the values in the PHE People Charter [Link]. The values in the charter are:

- Communicate
- Achieve together
- Respect
- Excel

1.4 Plan Construction

The construction and any revision of this plan follows national and international best practice. The process set out in Chapter 5 of *Emergency Preparedness* (Cabinet Office 2012) is being followed. The planning cycle is set out below:

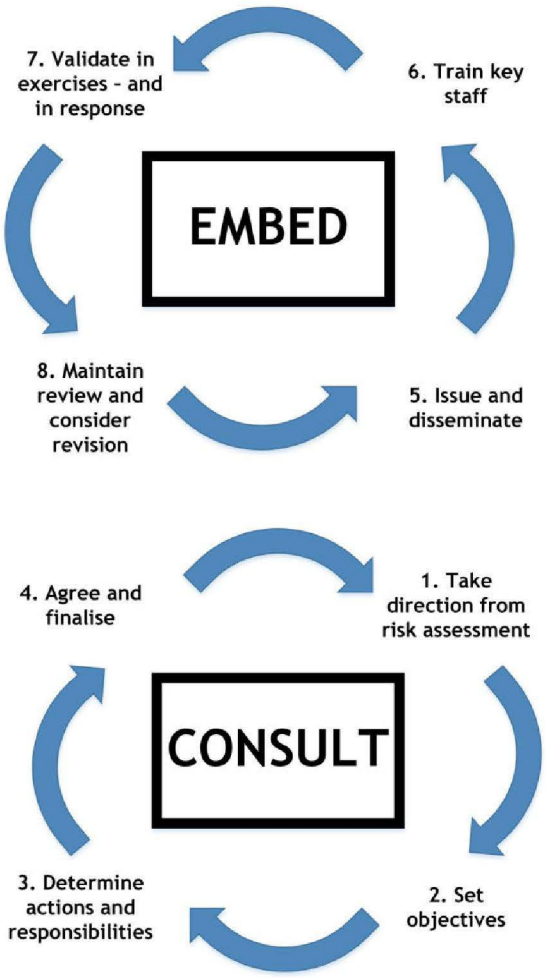


Figure 1: Plan development and revision process from *Emergency Preparedness* (Cabinet Office 2012)

The plan construction includes learning identified from exercising, responses and consultation with appropriate parties within and outside PHE.

The plan construction and subsequent revision also aligns with PHE's principles regarding quality and continuous improvement.

1.5 Governance

Oversight of the development and endorsement of this plan lies with the PHE EPRR Oversight Group (the Oversight Group). The Oversight Group then assures PHE's Management Committee that the plan is fit for purpose in line with its statutory obligations and organisational EPRR core standards.

The review of this plan is overseen by the PHE EPRR Delivery Group and any specific subgroups that are set up for this task. There will be an annual assessment as to the need to update the plan and a subgroup will carry out

any update, consulting with wider PHE as part of this process. An SOP has been developed which sets out this process in more detail [link].

Governance during an incident follows the line of responsibility through the Incident Director (ID) to the Centre/Service Director in standard incidents and through the Strategic Director (SD) to the Chief Executive (CE) for enhanced incidents.

1.6 Risk Assessment

The National Risk Assessment has been taken into account in producing this plan and any associated threat and service specific plans and any PHE local plans.

This plan is risk assessed in accordance with PHE's processes as detailed in the Risk Management Policy [Link] and are reflected in the EPRR risk register which is maintained by the PHE EPRR Delivery Group with strategic oversight from the PHE EPRR Oversight Group.

1.7 Distribution

The plan will be published on PHE's intranet system and will be accessible to all staff. It will be accessible to partner organisations through the GOV.UK website and Resilience Direct. Printed copies of the plan are uncontrolled documents.

1.8 Definitions

A number of terms are in use across PHE for a number of similar things. For the sake of clarity, this plan uses the following definitions:

- **Centre**: This refers to both the (multiple) buildings where a PHE Centre is located and the area that it covers
- **Incident:** This is something that requires PHE to take public health or business continuity action. It can be referred to as a case, a situation, an incident, an emergency or similar term across PHE.

2 Alerting, Assessment & Activation

This section covers the alerting process for PHE to respond to an incident, notification to staff of the requirement to support that response and the incident management arrangements following assessment and activation.

2.1 Initial Alerting

Initial alerting is through established routes both inside and outside of working hours when the initial alert will be channelled via the agreed out-of-hours access routes. These are set out in the PHE Operations/Health Protection on call rota.

These initial alerts can come from many sources depending on the nature of the incident.

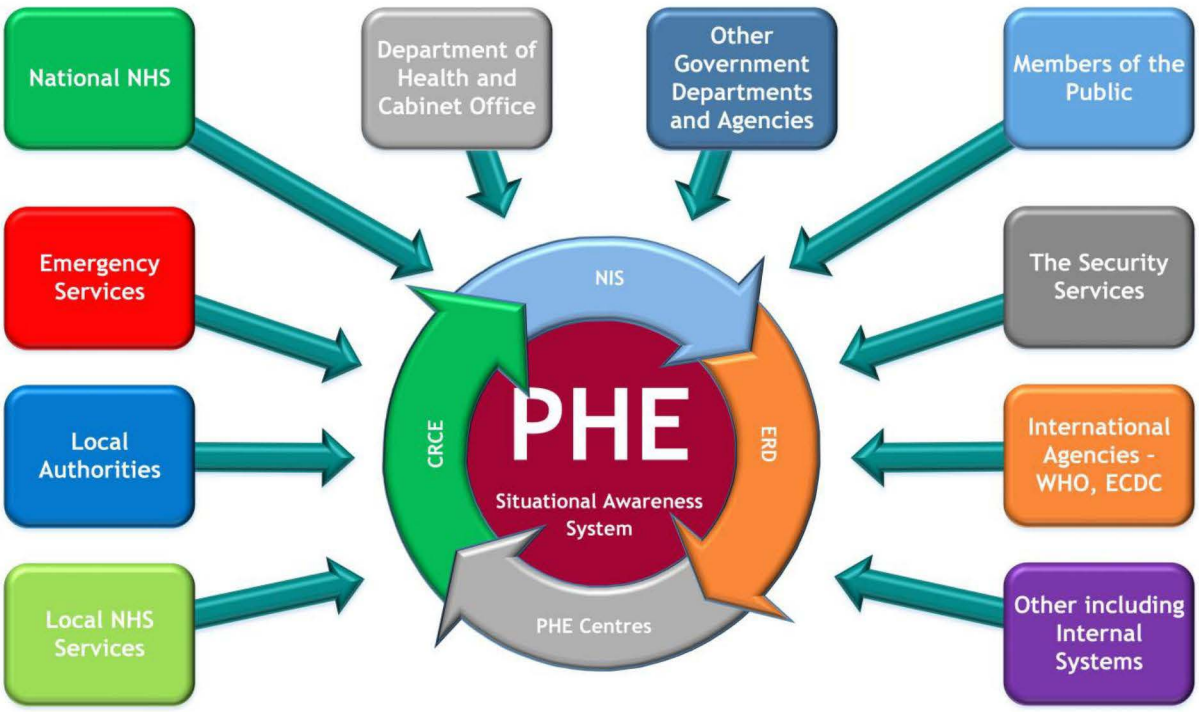


Figure 2: Sources of alerts into PHE (This list is not exhaustive)

Initial alerting may be a notification to a PHE Centre, PHE Specialist Service [1], Department of Health and Social Care or NHS England. Alternatively, the alert may be received from other sources such as police, fire and ambulance services, government departments and agencies, devolved administrations, international bodies or the media. Business continuity incidents may also be alerted by PHE internal service providers e.g. Finance & Commercial Directorate services, HR, etc.

There are several areas of PHE that receive these alerts. Some receive alerts and notifications of all levels as part of their routine business and

1 PHE specialist service refers to PHE services such as CRCE, National Infection Service, and the national specialist EPRR function (the focal point for this is ERD)

others only in exceptional circumstances. A number of these notification routes have both in and out of hours Standard Operating Procedures (SOP) in place.

It is important to note that certain standard level incidents (table 1) may be alerted to a PHE Specialist Service (particularly chemical and radiological incidents which require alerting CRCE) or internal service provider. It is crucially important that information on any incident is given to the PHE Centre(s) affected (via in and out of hours mechanisms) irrespective of how it is communicated to PHE, to enable appropriate local communication and response activities.

2.1.1 Centres and Health Protection Teams

PHE Health Protection Teams (HPT) based in the PHE Centres are where the majority of incidents are notified to PHE via the health services and other agencies local to the HPT. The majority of these are managed using day to day arrangements and the HPTs work closely with other agencies. The HPTs all run 24 hour contact arrangements.

2.1.2 Centre for Radiation, Chemical and Environmental Hazards

PHE's Centre for Radiation, Chemical and Environmental Hazards (CRCE) maintains constantly available radiation, extreme weather events and chemical on-call systems to receive alerts to possible incidents.

2.1.3 National Infection Service

The National Infection Service (NIS) is alerted by a wide range of local and national and international stakeholders and systems, including the International Health Regulations (IHR) and the European Union Early Warning and Response System (EWRS). NIS will also be alerted to and support day to day infection incidents which account for the majority of incidents in PHE. NIS maintains a 24-hour on-call service for specialist public health advice relating to infectious disease.

2.1.4 Emergency Response Department

The Emergency Response Department (ERD), within PHE's Health Protection and Medical Directorate, maintains a 24 hour on call system for alerts relating to security, counter terrorism and CBRN incidents. ERD is also the alerting route from a number of other government departments and agencies.

2.2 Incident Assessment

When an alert is received, the person receiving the call will make an initial assessment of the potential impact of the event they are being alerted to, following local SOPs and the PHE's dynamic risk assessment process (DRA). Most events will be handled by the normal day to day working of PHE. If the impact of the event is likely to require an incident to be declared, they will pass this information up the management line or established on call arrangements in accordance with appropriate clinical governance arrangements, for further assessment and escalation if required. Depending on the scale of the incident, this process may be repeated until the

notification reaches director level for assessment. Escalation through the alert and activation levels may not happen in linear manner but escalation and de-escalation happen following the dynamic risk assessment. The dynamic risk assessment follows a five-dimensional process, based on the criteria below. The examples for each criterion in the following list are not exhaustive but will assist in determining both the appropriate level of response and subsequent escalation or de-escalation.

- **Severity:** Dynamically assessed risk of the degree of foreseeable harm that may be caused to: individuals; the population or; disruption to PHE's operating capability and possible issues with recovery.
- **Confidence:** Knowledge, derived from all sources of information that confirm the existence and nature of the threat and the routes by which it can affect the population or PHE.
- **Spread:** The size of the actual and potentially affected population.
- **Interventions:** The availability and feasibility of interventions to alter the course and influence the outcome of the event.
- **Context:** The broad environment, including media interest, public concern and attitudes, expectations, pressures, strength of professional knowledge and external factors including political decisions.

The DRA will be applied in conjunction with PHE's response level matrix to establish the appropriate incident level. See tables 1, 2A and 2B below.

The DRA should be carried out by the most appropriate element of PHE. In the majority of cases this will be staff in a PHE centre but there will be instances where NIS, CRCE or another element of PHE may be more appropriate. If staff feel that they are unable to appropriately assess the risk then they should refer it upwards to a more senior member of staff or across to a more appropriate service within PHE.

2.3 Response Levels

PHE operates three levels of response. This covers the whole spectrum of incidents from those that are dealt with as part of day to day business through to those requiring significant coordination and resource to respond to. The criteria for escalation and de-escalation of these are described below:

- **Routine response** – manageable within normal operational capability for both health and business continuity incidents. A routine incident will be within the normal operational capability and will not require activation of an incident management team or any other special arrangements. An Outbreak Control Team (OCT) may be convened and is part of routine arrangements. Information on routine incidents will be fed into PHE's National Situational Awareness Cell (NSAC) via HPZone. .
- **Standard response** – these are incidents that require co-ordination and/or resources over those provided by the normal operational capacity. They are managed by an Incident Management Team (IMT) comprised of the appropriate representatives from PHE Centre or

specialist department or division led by an Incident Director (ID) who will be responsible for overseeing all aspects of the response. A standard response should also have an ICC established (either physically or virtually at an appropriate scale) and will feed information and regular updates to the NSAC. The ID will be accountable as described in Table 2A. For some standard incidents, the national EPRR team (Corporate Resilience Team (CRT), ERD) can run a cell supporting the ID to facilitate with liaison with national agencies. These arrangements are separate to those required for a formal NICC which are covered by the NICC Activation Plan.

- **Enhanced response** – the scale of the incident response requires a more significant mobilisation of resources and thus a greater level of strategic response. There is often an associated increase in interest in the incident from government and other external bodies. There may be significant reputational issues. An enhanced incident will have a Strategic Director (SD) (usually the Medical Director for health incidents and the Deputy CE/COO for business continuity incidents) appointed by the CE as well as an ID. The incident will be co-ordinated by the NICC and managed by the IMT and if necessary a Strategic Response Group (SRG). The ID remains in charge of the tactical and operational aspects of the response and reports to the SD who leads the strategic aspects of the response. They are accountable as described in Table 2B.

  The DRA will support the necessity to escalate to an enhanced response and in addition, the criteria for an enhanced response may include any or all of:

  - The need to mobilise additional resources
  - Increased severity of the incident
  - Need for greater support to respond to the demands from partner agencies and government departments
  - Heightened public or media interest (although not in isolation)
  - Worsening situation with ongoing or increasing impact despite control measures

2.3.1 Table 1: PHE Incident Response Level Matrix

Incident Response Levels	
Routine	Centre/service leadership arrangements. **NO** Incident Management Team. **May** require co-ordination by a PHE Centre, specialist service e.g. NIS, CRCE, ERD, Communications Directorate or may require support from other PHE functions e.g. ICT, Finance, HR, etc. An OCT may be convened to co-ordinate the response and facilitate liaison with external organisations

Standard	Centre/service leadership arrangements with Incident Management Team and Incident Director. **NO** Enhanced national incident leadership. **May** require support from a PHE specialist service such as NIS, CRCE, ERD, Finance & Commercial Directorate services, HR, Internal Comms, etc. Liaison with relevant external bodies as required e.g.: NHS, FSA, EA, DEFRA, supply-chain.
Enhanced	National leadership arrangements with national command and control including Strategic and Incident Directors. Will require support from a PHE specialist service such as NIS, CRCE, ERD, Finance & Commercial Directorate services, HR, Communications (Internal and External), Security, etc. Liaison with relevant external bodies as required e.g.: NHS, FSA, EA, DEFRA, supply-chain.

2.4 Types of Response

PHE identifies three different overall types of incidents requiring the implementation of the NIERP; these cover all hazards and are defined below. The command and control arrangements for these different scenarios are set out in tables 2A and 2B. These purely relate to the geographic scale and scope of the incident and will inform the DRA.

- **Geographically defined** – confined to a specific geographical area of England[1]. For example: a local outbreak of infectious disease; local release of a hazardous chemical; disruption to utility services. From a business continuity perspective these are incidents impacting a single site at which PHE has a presence or key services at the site interrupted. Typically this area will fall within the footprint of a single centre.
- **Widely dispersed** – where those affected are distributed with no obvious geographical pattern. For example; a contaminated batch of illegal drugs dispersed nationally; disruption to Finance & Commercial Directorate services. Includes business continuity incidents that have impacts widely across PHE and affecting a number of key operational areas and/or services. Business continuity incidents that impact PHE's ability to deliver its delegated responsibilities under the CCA2004 and other statutory duties at a national level

[1] PHE covers radiation emergencies across the UK and chemical emergencies in England and Wales. Therefore, arrangements need to dovetail with those of the Devolved Administrations (DA) especially for incidents affecting other UK countries whether or not England is affected

- **International or global** – for example; a major international outbreak of a tropical infectious disease; international disruption to IT services as in the ransomware attack in May 2017 that impacts health service delivery..

2.5 Combining Levels and Types

PHE can be dealing with multiple incidents at both Enhanced and Standard level simultaneously.

Any incident type can occur at any level. Localised incidents can require an enhanced response such as the Grenfell tower fire (June 2017) and international incidents can be managed with a standard response as in the Ebola outbreak in the Democratic Republic of Congo (DRC 2017).

Business continuity incidents can be standard or enhanced level if geographically defined and will usually be enhanced level if widely dispersed or national.

The involvement across PHE may vary from department to department. Some areas may only be involved in what is for them day to day work, but this is an integral part of the wider incident management process. The work carried out by Health Protection Teams supporting the screening operations during the international response to the Ebola outbreak in West Africa in 2014/15 is an example of this.

There may be related incidents running at different levels at the same time. For example the response to the Manchester Arena Bomb was a standard incident while the PHE-wide response to the change in terrorist threat level was an enhanced incident (both 2017). Even though the first incident prompted the second, they were managed as separate incidents.

2.6 Activation

Authorisation for the activation of this plan and for agreeing the incident level both during normal office hours and out of hours is set out in tables 2A and 2B in Annex B: Summarised Incident Management Arrangements.

When considering the elements of tables 2A and 2B, it may be beneficial to take an RACI[1] approach to ensure appropriate responsibility, accountability, consultation and information.

The activation of PHE's emergency response is summarised in the alerting and activation flowchart at section 2.10.

2.7 Escalation and De-escalation

The level of PHE's response may need to be escalated or de-escalated for several reasons. This escalation and de-escalation may not happen in a linear manner. The decision to escalate or de-escalate should be made

[1] The RACI (Responsible, Accountable, Consulted, Informed) approach is part of PHE's project management process detailed at http://phenet.phe.gov.uk/Policies-and-Procedures/Policy%20Documents/Project-Management-Procedure.pdf

using the dynamic risk assessment process referred to above, documented and made by the ID in consultation with appropriate directors as detailed in tables 2A and 2B.

Criteria for escalation and de-escalation are included in Table 3 below. This table covers all incident levels. When using these criteria, consideration should be given to either the number of criteria met or the scale/impact of any change.

2.7.1 Table 2: Escalation and De-escalation Criteria

Criteria for escalation	Criteria for de-escalation
• increased severity of the incident or impact from it • increase in geographic area or population affected • increased complexity/number of threats even if taken individually these are at a lower level • increased demands from partner agencies or other government departments • heightened public or media interest • the need for additional internal resources (support/material) • current incident management arrangements are insufficient to adequately manage the response required (processes and systems)	• reduced severity of the incident or impact from it • decrease in geographic area or population affected • reduced demands from partner agencies or other government departments • reduced public or media interest • reduction in internal resource requirements • mitigations being achieved and control measures in place

2.8 Stand Down Process and Closing an Incident

Once it has been decided that the PHE response is complete or no longer appropriate, the stand down process will be initiated by the ID (together with the SD for enhanced incidents). This will closely align to any role of PHE in ongoing recovery processes and will be through the agreed and appropriate governance processes. The dynamic risk assessment process should be used to inform this decision

While the incident may be stood down from being a standard or enhanced response, there may still be work that is carried out by different elements of PHE that is managed using day to day processes.

For standard responses the ID is responsible for determining when the incident is closed (or de-escalated to be managed using routine arrangements), having consulted with the incident team and with the individual to whom they are accountable.

For enhanced responses the SD together with the ID is responsible for determining when the incident is either closed (or de-escalated to be managed using routine arrangements). In doing so, they will consult with the members of the SRG and IMT.

The incident will not usually be closed unless there is a comprehensive plan for the recovery phase in place, especially in enhanced responses. The scale of this plan will depend on the nature of the incident. It may be covered in the last incident IMT or for more complex issues a separate plan will be produced. There will also be a process for capturing lessons identified in place. Refer to Sections 8 and 10 of this plan.

2.9 Ongoing Alerting and Incident Oversight

When a standard level incident is declared the ID is responsible for informing the following depending on where the incident is being managed:

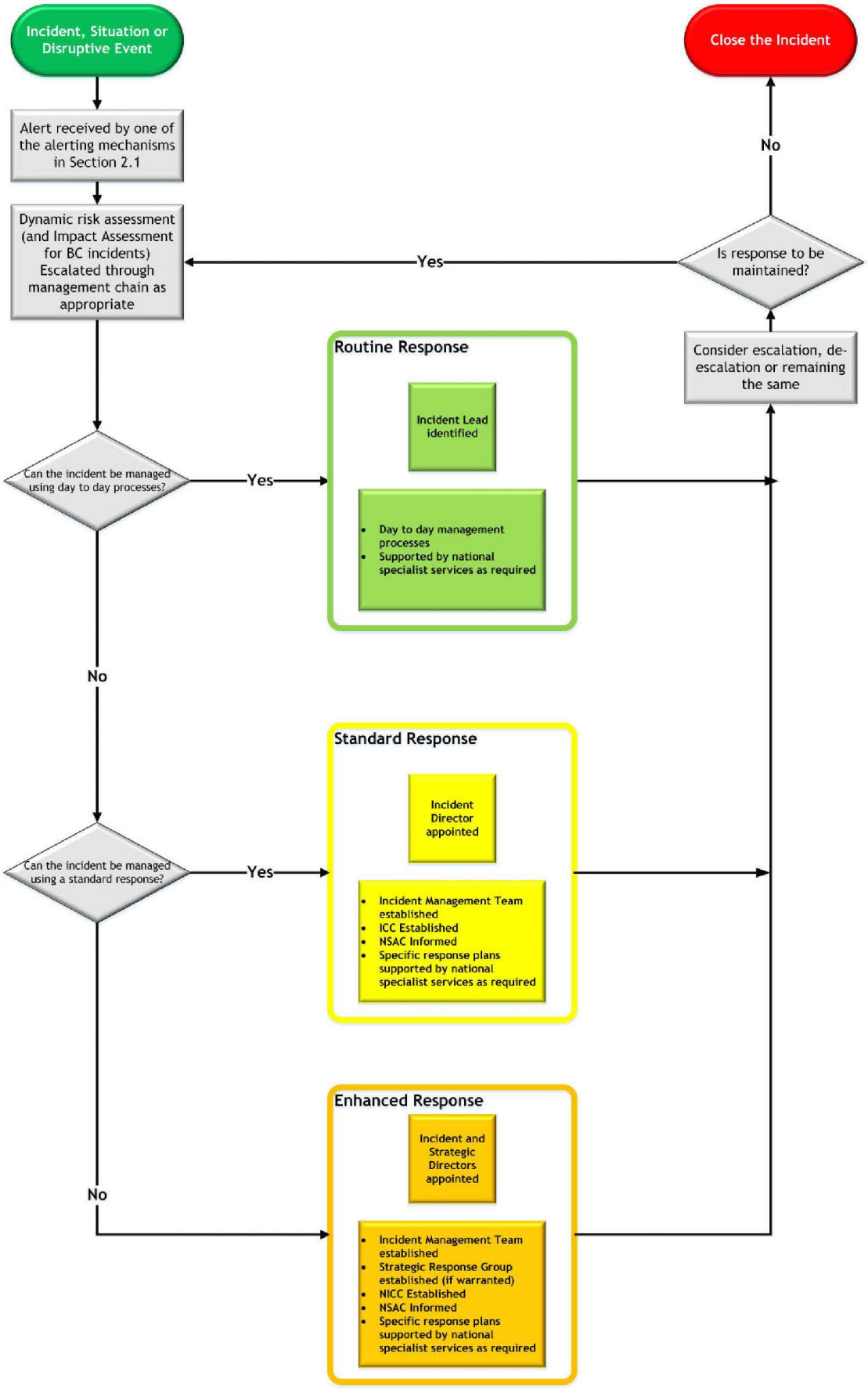
- Centre and Regional Director for centre led incidents
- Director of NIS or CRCE for infectious disease or chemical or radiation hazards respectively
- National Situational Awareness Cell (NSAC) for inclusion in the summary of standard incidents in all cases

In an enhanced response the following are also informed:

- Medical Director
- Deputy CE/COO
- Chief Executive
- Department of Health and Social Care
- PHE Executive members

This enhanced notification will be carried out by either the NICC or the NSAC.

2.10 Alerting, Activation, Escalation and De-escalation Flowchart



2.11 Onward Alerting

For Standard and Enhanced incidents, the relevant ICC activation plans detail the contact directories for access to partner organisations and agencies. These plans include the NICC Activation Plan, PHE Centre ICC plans and local Business Continuity Management Plans. Out of hours contacts for onward alerting are detailed in the weekly PHE Operations / Health Protection Directorate On-call.

2.11.1 Internal Alerting

To ensure PHE staff are adequately equipped to discharge their roles and responsibilities, it is important they receive early notification of an incident (whether health or business continuity) that might impact on different parts of the organisation or its supply-chain. Internal communications are crucial in ensuring that the organisation is prepared for the escalation, maintenance or de-escalation of its response to a health emergency.

The internal alerting for standard level incidents is via normal organisational procedures including the NSAC Daily Activity Report and health protection briefings for example. For enhanced level incidents, the most appropriate PHE internal staff alerting process will be used: for example, manual call cascade procedures. The alert will be initiated by the national EPRR team in ERD or the ERD on-call duty officer out of hours. Subsequent cascade of the notification will follow local on call arrangements. Mass notification systems may be used if appropriate.

The national EPRR team are also responsible for producing the daily national situational awareness report from the national situational awareness cell (NSAC) which will also alert the organisation to any potential or realised threats.

For extreme weather events, in particular heat, cold weather and flooding, the extreme events health protection team (EEHP) based in London but part of CRCE are alerted by a wide range of local and national stakeholders. Details of the local alerting arrangements depend on the incident's geographical location as protocols are agreed with local stakeholders. Once alerted, EEHP staff will contact the organisations directly to gain information and develop the health risk assessment. The Emergency Response Department (ERD) and other areas of PHE should use the numbers detailed in the CRCE on-call contacts list to alert EEHP of potential and actual extreme weather events

2.11.2 External Alerting: NHS and Other Agencies

It is important that PHE alerts the appropriate parts of the NHS to any enhanced level incidents. NHS England provides oversight and, if required, support to ensure that alerts from PHE are actioned. Therefore, NHS England must be notified by PHE of any NIERP enhanced level incident through their on-call arrangements or other routine communications channels.

In certain circumstances external agencies need to be notified of a health incident which may require their actions. It is the responsibility of the PHE ID to ensure that all stakeholders, partners and supply-chain parties are

informed in a timely fashion. Advice should be sought from PHE Communications as appropriate to support this.

2.11.3 Alerting the Public and Media

PHE releases key public health messages in consultation with the Department of Health and Social Care, NHS England and other agencies as part of its communications procedures. PHE Communications will provide advice and input regarding the content and appropriate channels for these messages.

2.12 Activating Incident Responses

Activation of a standard or an enhanced response by PHE takes place when a significant incident (health or business continuity) is declared or through the escalation of a routine incident. The individuals who can declare different types of incident are identified in Tables 1, 2A and 2B. PHE will act on the principle that the individual identifying an incident is empowered and expected to make an initial declaration of an incident using the precautionary principle. This can later be reviewed and stepped down as necessary. Initial precautionary heightened response and subsequent stepping down if needed is expected in the initial phase of an incident or outbreak.

An early review of the incident level and arrangements and resources required to support the incident will take place within 48 hours of the incident being declared and at intervals thereafter appropriate to the nature of the incident.

The tempo of the incident response (often referred to as the battle rhythm) should be communicated to involved parties as soon as possible.

2.13 Activating an Incident Co-ordination Centre (ICC)

Following notification of a standard level incident, an ID is required and they are responsible for ensuring an appropriate ICC is set up. An IMT should also be established to support the ID. PHE ICCs may be activated at: PHE Centres; a PHE specialist service such as CRCE and NIS or; an internal provider such as Finance & Commercial Directorate services. There is a standard ICC plan template across PHE Centres.

It must be remembered that the ICC is a function, not a location. It can be physical or virtual and should be of a scale appropriate for the incident it is serving.

2.14 Activating the National Incident Co-ordination Centre (NICC)

An NICC will always be activated by the SD for enhanced incidents or by the ID as part of the escalation from standard to enhanced. This could be a core or full NICC, depending on the nature and scale of the incident or emergency.

The NICC will usually be based with the National EPRR Team (CRT, ERD), in London and supported by them. If a full NICC is required, the functional cells of an NICC may be based in the NICC in central London or at one of the other PHE sites, with the SRG and support in central London, unless

circumstances dictate otherwise. The choice will be dependent on several factors:

- Location and ease of access to Civil Contingencies Committee and central government
- The nature of the emergency
- Security considerations
- The potential for the NICC to be compromised by infrastructure restrictions, such as during a terrorist or other malicious attack

It must be remembered that the NICC is a function, not a location. It can be physical or virtual and should be of a scale appropriate for the incident it is serving.

2.15 Incident Co-ordination Arrangements

2.15.1 Routine Incidents

Routine incidents are within usual local management capabilities. An ICC is not required. Impact on operational capability is tolerable. An OCT may be convened.

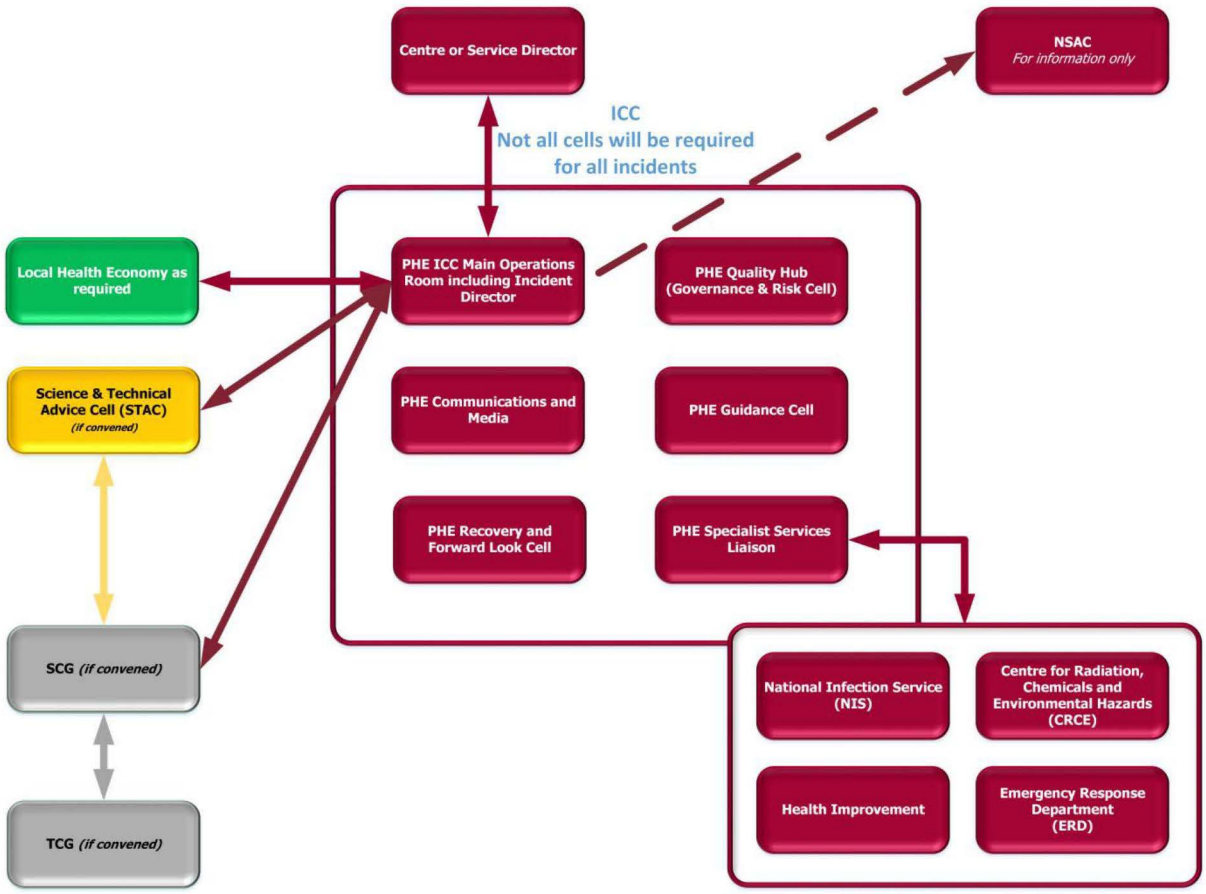
2.15.2 Incident Co-ordination Centre (ICC) Functions

The primary functions of the ICC are to:

- Support the ID to direct and co-ordinate the response to a standard incident strategically, tactically and operationally across PHE.
- To support the ID and IMT in the running of the incident.
- Manage information relevant to the incident and disseminate it as necessary.
- Be the PHE information hub and conduit for information from government and ensure that it is cascaded and acted upon appropriately and effectively.
- Liaise with other agencies and stakeholders as necessary.
- Provide regular situation reports (SitRep) to appropriate parties including the NSAC.
- Provide scientific staff technically competent to take scientific minutes.
- Ensure that PHE's responders receive logistical support (within appropriate policy, including health and safety, and guidelines).
- Provide a forward look on the consequences of issues that may arise and forward planning our response, also informing the PHE approach to recovery issues. This may require the establishment of a Recovery Group; action cards for this function are contained within the relevant ICC/NICC activation plans. As stated above, not every incident will require a Recovery Lead or Forward Look Cell. Where they are not in place, this forward look and horizon scanning will be the responsibility of the ID, delegated as appropriate.
- Co-ordinate and manage relevant meetings and teleconferences.

- Co-ordinate and manage the information flow to the public via the media and to other stakeholders, including internally for business continuity incidents.
- Produce specialised briefings for use by PHE's representatives (e.g. media and liaison officers).
- Ensure that any lessons identified from enhanced incidents are captured in the lessons process managed by the ID/IMT

2.15.3 ICC Set Up and Communications Lines



2.15.4 Additional NICC Functions

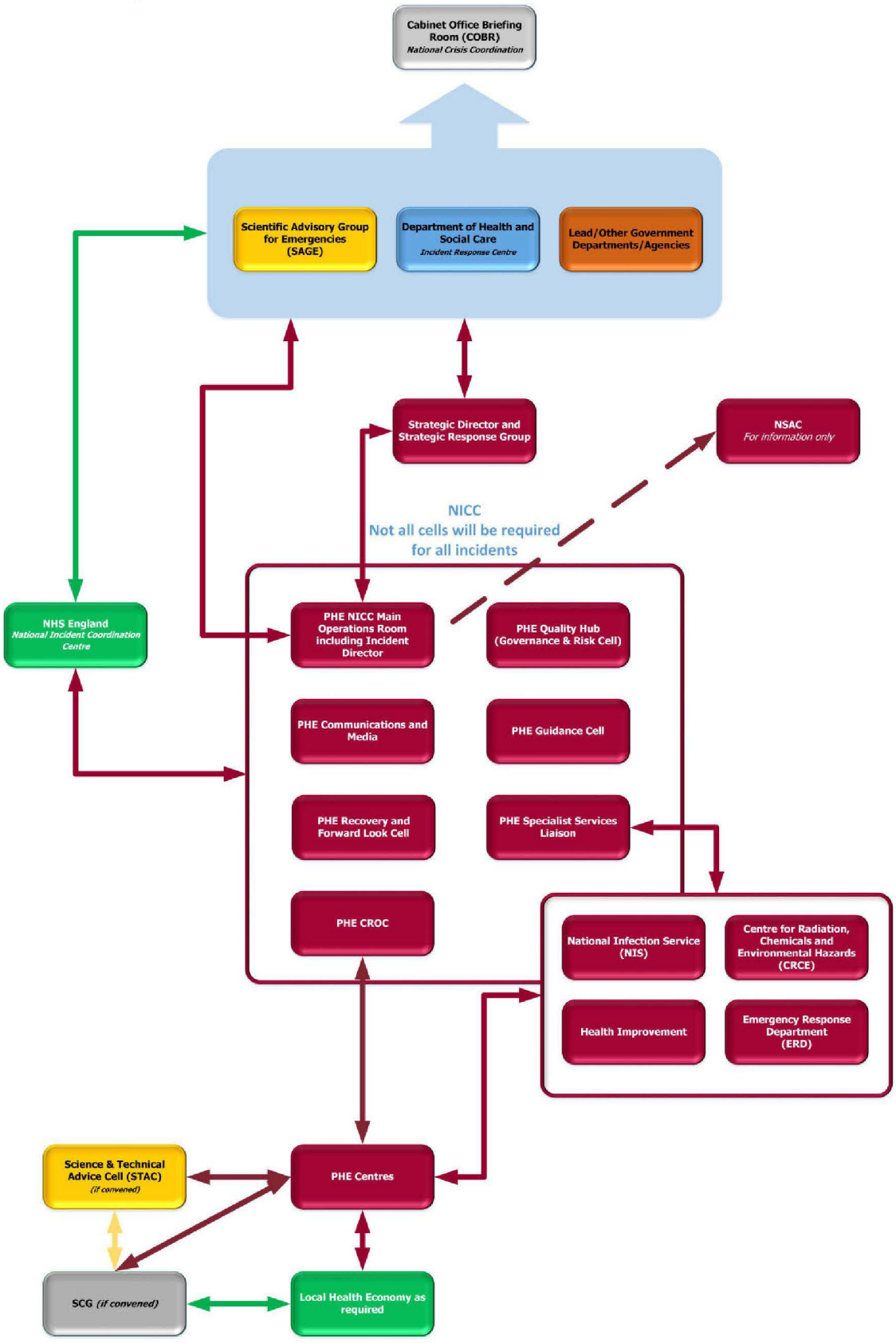
In addition to the above ICC functions, the additional functions of a NICC, for both public health and business continuity incidents are to:

- Support the SD to direct and co-ordinate the PHE response to an enhanced public health or business continuity incident.
- Support the SD and ID as well as the SRG/IMT in the running of the incident at all levels
- Support the SD in the role of strategic communications both internally and externally, anticipating and providing quality assured and timely two-way briefings for all stakeholders as appropriate
- Liaise with the Department of Health and Social Care and other government departments/ agencies and other stakeholders as necessary.

- Ensure that any lessons identified from enhanced incidents are captured in the lessons process managed by the ID/IMT

Full details concerning the activation, functions, procedures, roles and responsibilities for the ICC/NICC are on the action cards contained in the ICC/NICC Activation Plans.

2.15.5 NICC Set Up and Communications Lines



3 Response

The co-ordination of PHE's response will be proportionate to the scale of incident.

3.1 General Principles

Preparedness, Response and Recovery – PHE will anticipate, manage and respond to the consequences of incidents, through identifying the risks and understanding the direct and indirect consequences of those risks. This will include a training and exercise programme which reflects identified risks.

Risk – Risks identified for PHE's EPRR focus will come from the highest risks in the National Risk Assessment and from PHE's own risk assessment. These will be supplemented by generic plans which enable response to emerging hazards.

Subsidiarity – PHE operates the principle of subsidiarity. Decisions should be taken at the lowest appropriate level, with co-ordination at the highest necessary level, determined by the severity and geographic distribution of the risk in question. PHE will act on the principle that the individual identifying an incident (health or business continuity) is empowered and expected to make an initial declaration of an incident. This will later be reviewed and stepped up, down or remain the same as necessary in line with the table in section 2.3.1.

Direction – Management and Leadership in a PHE response will be divided into Operational, Tactical and Strategic levels in line with *Emergency Response and Recovery* (Cabinet Office 2013).

- The strategic aim and supporting objectives for the response should be clear, agreed, understood and adhered to by all involved to ensure an effective and focused response.
- Contingency planning and forward look/horizon scanning are integral parts of incident responses. IDs and IMTs are expected to dedicate part of their response effort to considering how the incident or outbreak may develop, where particular risks may arise, and the preparations required to ameliorate those risks.
- PHE's response will follow the precautionary principle and move to enhanced responses early and stepping back if/when appropriate.
- All incident responses will be flexible, adaptive, rapidly scalable and include a focus on future scenario planning and recovery based on possible risk and impact.
- Situational awareness must be maintained. This is not just important 'within and without' any incident but is crucial for adequately gauging risk at the wider corporate, national or international level. Incident direction from the most appropriate level will include regular briefings to the National Situational Awareness Cell (NSAC) and onwards thereafter.
- Enhanced responses and support for some standard responses will be co-ordinated by the National EPRR Team (CRT, ERD) who will

activate an NICC where generic emergency management skills are required drawing in specialist expertise from broader PHE specialisms.

Resources – Whilst responding to incidents, emergencies or outbreaks is a core part of PHE's "business as usual", it is recognised that PHE may need to change resource allocation to manage the incident alongside day to day operational business.

- For most Standard responses the ID will be responsible for resource allocation directly relating to the incident.
- In Enhanced responses, if there is a resource requirement expanding beyond the IMT, the SD, in conjunction with the Deputy CE/COO, will take responsibility for agreeing the additional resources identified as needed by the ID.

Communication – Effective communication and co-ordination should be exercised between and within local, regional and national tiers of a response, and with the Department of Health and Social Care, Devolved Administrations (DAs), the NHS, other government departments and other organisations, including mutual aid arrangements as appropriate.

3.2 Response

The strategic aim and supporting objectives for the response should be clear, agreed, understood, communicated and adhered to by all involved to ensure an effective and focused response.

Contingency planning and forward look are integral parts of health incident responses as well as components of responses to business continuity incidents. IDs and incident teams are expected to dedicate part of their response effort to considering how the incident or outbreak may develop, where particular risks may arise, and the preparations required to ameliorate those risks.

In standard responses the ID provides leadership for all aspects of the response

In enhanced responses the ID provides tactical and operational leadership whilst the SD provides strategic leadership for the response.

The SD and ID will be supported by an IMT, and if necessary, an SRG. Depending on the scale and nature of the incident the IMT will establish cells to provide operational support to the response, for example an epidemiology cell to co-ordinate the epidemiological investigations.

Incident direction will include regular briefing to PHE's Management Team through standardised reporting routes such as line management and the NSAC Daily Activity Report updates.

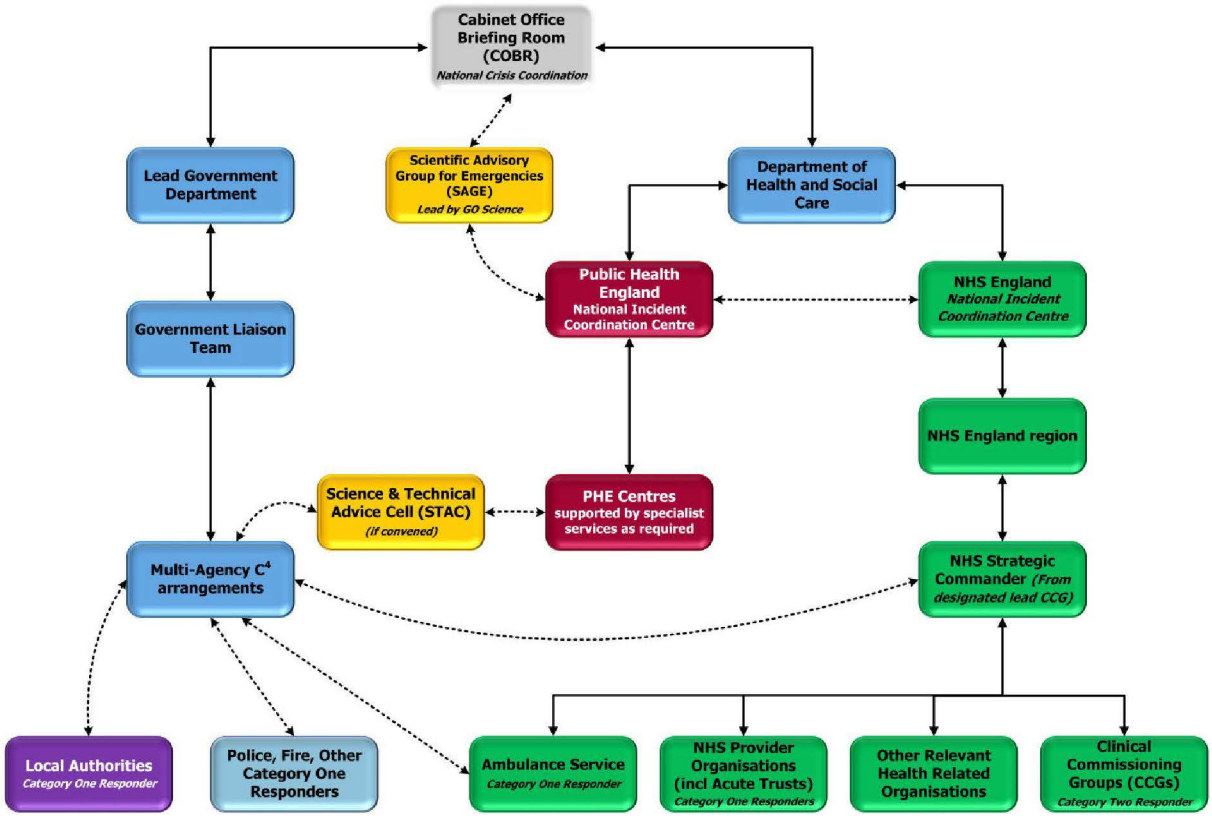
All arrangements for incident response will be flexible, adaptive, rapidly scalable and include a focus on future scenario planning and recovery.

Effective co-ordination should be exercised between and within operational, tactical and strategic tiers of a response within PHE and for health emergencies with DHSC and NHS England. This should also include the

Devolved Administrations (DAs) and other partner organisations where mutual aid arrangements with partners are in place.

3.3 The Wider Response

PHE's response needs to co-ordinate with a number of agencies. For a major incident within a single area, this wider response is coordinated as set out below.



Adapted from NHS England EPRR Framework (2015)

3.4 Command, Control and Co-ordination (C^3)

The PHE response at all incident response levels will be directed by a nominated ID, in addition, for enhanced response, strategic oversight will be provided by an SD. The C^3 arrangements for standard and enhanced levels of response are set out in tables 2A and 2B in section 2 of this plan. Key roles and responsibilities are set out in section 4.

3.4.1 PHE Liaison with Department of Health and Social Care

At the request of the Department of Health and Social Care, PHE will provide liaison staff to ensure the effective flow of information and tasking between DHSC and PHE's NICC as this is only likely to be required during an enhanced incident.

Any liaison staff will be located in the DHSC Incident Response Centre. This may include subject matter experts and operational support staff depending upon the nature and scale of the incident.

Liaison staff will typically consist of PHE liaison officer and support officer and will need to maintain contact with the NICC using agreed communications systems, including telephone, teleconference, email and systems such as Skype for business.

3.4.2 PHE Liaison with NHS England

When the Department of Health and Social Care has activated its Incident Response Centre, PHE liaison staff will ensure the effective flow of information to and from NHS England (national). Liaison staff will maintain contact with the ICC/NICC using agreed communications systems.

3.4.3 PHE Liaison with National Security Council (Threats, Hazards, Resilience and Contingencies)

PHE will support the National Security Council (Threats, Hazards, Resilience and Contingencies), sometimes referred to as COBR, through the Department of Health and Social Care.

If requested, PHE will provide scientific expertise to support the Department of Health and Social Care senior civil servant attending the National Security Council (Threats, Hazards, Resilience and Contingencies) as required.

3.4.4 PHE Liaison with the Scientific Advisory Group for Emergencies (SAGE)

Depending on the nature of the incident, the Government Chief Scientist may convene SAGE. If this occurs the request may come from GO Science directly or via DHSC and PHE will provide an appropriate subject matter expert (SME).

The Health Protection and Medical directorate of PHE will be responsible for the co-ordination of delivery of advice into SAGE.

If a Science and Technical Advice Cell (STAC) is operating at strategic co-ordinating group level, PHE will ensure that it is providing consistent input at both SAGE and STAC. This will be co-ordinated by the PHE STAC chair and PHE's representative at SAGE liaising. The formal lines of communication are between the STAC chair and the SAGE secretariat.

3.4.5 PHE Liaison with Devolved Administrations

At the UK level, PHE is responsible for providing information and services to support a co-ordinated and consistent UK public health/Health Protection and Medical response to national level incidents.

Liaison will be conducted via teleconference in line with the established daily/weekly schedule (battle rhythm) as determined by the ID.

3.4.6 PHE Liaison with Other Government Departments

PHE support to other government departments for enhanced response incidents will be co-ordinated by the Health Protection and Medical directorate (except for particular enhanced response incidents assessed to be specialist centre led and not requiring full national support).

3.4.7 UK Obligations for International Reporting

The UK has an obligation to report public health incidents that fulfil criteria for:

- Notification to the World Health Organization (WHO) under the International Health Regulations (2005) (IHR 2005).
- Notification to European Member States under EU Decision on Serious Cross Border threats to Health 2103 via the European Early Warning and Response System (EWRS)

The National Focal Point (NFP) for coordinating these reporting obligations is situated within PHE NIS. All public health incidents, as part of the initial risk assessment should include an assessment of whether international reporting may be required. IDs should liaise with the NFP early for further guidance is this is the case.

3.4.8 Specialist Response Functions

As part of the response it may be necessary to be flexible with respect to the response structure and the number and function of NICC/ICC functional cells. For example, in the Ebola in West Africa (2014/15) response, it became necessary to set up a governance and quality function, a port screening operation and a scheme to screen workers returning from the affected areas. PHE were also requested by DHSC to set up an Ebola helpline until arrangements for a managed helpline were put in place through a tendering process.

Specialist cells can also be set up within specialist services to support the response such as epidemiology and microbiology cells managed by NIS through their ICC and reporting into the NICC as required.

Specialist response functions may also be required for business continuity incidents such as an ICT cell.

3.5 JESIP Principles and the Joint Decision Model

In order to improve inter agency working the Joint Emergency Service Interoperability Programme (JESIP) [Link] was developed. Not all of its elements apply to PHE but two areas do, the principles and the Joint Decision Model.

The JESIP Principles are:

- **Co-location**: Co-locate with commanders as soon as practicably possible at a single, safe and easily identified location near to the scene. This may not always be appropriate for PHE incident response and a virtual approach may be necessary.
- **Communicate**: Communicate clearly using plain English
- **Co-ordinate**: Co-ordinate by agreeing the lead service. Identify priorities, resources and capabilities for an effective response, including the timing of further meetings
- **Jointly Understand Risk**: Jointly understand risk by sharing information about the likelihood and potential impact of threats and hazards to agree potential control measures

- **Shared Situational Awareness**: Shared Situational Awareness established by using METHANE[1] and the Joint Decision Model

To assist SD and ID in decision making and to provide consistency during the response to an incident, it is recommended that the process outlined by in the Joint Decision Model (JDM) is followed. An outline of the model is set out below with further information included in Annex I: Joint Decision Making Model

[1] See the Glossary – The METHANE process will be primarily used by other category one responders informing PHE of incidents. For internal situational awareness the NSAC may be more appropriate.

4 Roles and Responsibilities

4.1 Key Roles (PHE)

Management and Leadership in a PHE response is divided into Operational, Tactical and Strategic levels in line with *Emergency Response and Recovery* (Cabinet Office 2013). This results in a number of key roles for the activation, implementation and continued management of the arrangements set out in this plan which are summarised here. Full details for the roles and responsibilities are set out in the role action cards that sit alongside the ICC and NICC plans.

The decision as to who takes these roles is not purely based on grade and day to day role. It is based on those individuals who have the appropriate competencies and current training.

4.1.1 Chief Executive

Overall accountability for the direction of incidents rests with the Chief Executive Officer (CE). In the absence of the CE (including out of hours) this responsibility is delegated to the National Executive Director on call.

The CE is responsible for ensuring that systems are in place for appointing IDs and establishing incident response arrangements. In addition, the CE will appoint an SD to an enhanced incident.

4.1.2 Strategic Director (SD)

The SD is appointed by the Chief Executive for enhanced incidents and will be an Executive Director (normally the Medical Director for health protection incidents and the Deputy CE/COO for business continuity incidents) and will be responsible for PHE's strategic leadership of enhanced incidents.

This role will provide strategic input and information to the ID and via them, to the incident team in relation to the incident response. To do this effectively, it will be important for the SD to remain clear on the boundaries between their strategic responsibility and the operational and tactical responsibilities of the ID.

The SD is also responsible for overall DHSC and cross- government liaison to enable the ID to focus in the management of the incident. This can include input and attendance at the meetings below, either in person or by appointing an appropriate deputy:

- Civil Contingencies Committee
- COBR Officials and Ministers meetings
- National Security Council (Threats, Hazards, Resilience and Contingencies)
- SAGE

They are responsible for effective two-way communication at this level, including back briefing to ensure situational awareness is maintained

amongst those managing the incident on behalf of PHE. This role includes key responsibilities such as:

- Strategic oversight and corporate situational awareness. There is a need to remain aware of any other emerging risks or incidents that PHE may need to respond to.
- Gauge implications of risk of this incident for the wider organisation in conjunction with Deputy CE/COO and others by ensuring an ongoing dynamic risk assessment for evaluating the continuation or cessation of business as usual activities with recommendations to CE/COO and Medical Director.
- Agree a clear strategic aim and objectives for the incident with the ID
- Organisational resource allocation. In an Enhanced Response, identify and prioritise the requirements of the incident with the ID and agree additional resources as necessary with Deputy CE/COO.
- Fulfil requirements of strategic communications and interface with other stakeholders such as DHSC and cross government liaison including input and attendance at meetings of the Civil Contingencies Secretariat and COBR, or agreeing appropriate attendance on behalf of PHE. This is particularly important in respect of the interface between scientific and system-wide priorities.
- Act as the media spokesperson for the incident, supported by the ID and other subject matter experts as appropriate.
- Support the ID in planning for recovery.

For complex or long-lasting responses, the SD will be supported by a Strategic Response Group (SRG) including the ID, the Deputy CE leading on business continuity and other team members determined according to the nature of the incident. Representatives of other government departments and devolved administrations will be invited as appropriate. Previous incidents where this has been needed include the swine flu pandemic (2010), Polonium-210 (2006), Ebola in West Africa (2014).

Should an SRG be established it will have terms of reference which provides clarity on the roles of the IMT and the SRG. A template terms of reference is included at Annex E.

The SD may identify a deputy to support them in their role and fulfil it when they are not available.

The SD should have the appropriate level of security clearance to fulfil this role should the incident have security implications.

4.1.3 Incident Director (ID)

The ID is responsible for the strategic, tactical and operational management of a standard incident and is responsible for the tactical and operational management of an enhanced incident, supported by the SD. They are empowered to act within an agreed framework of their responsibilities. The

accountability of the ID in different types of response is identified in Tables 1, 2A and 2B.

The ID is formally responsible for sign off of all advice and documents relating to the incident and for ensuring that arrangements are in place for communicating advice to the public and the media throughout the incident.

The ID will be identified immediately once the incident is declared. If there is initial uncertainty of this, the individual declaring the incident assumes the role until the ID is appointed.

The ID will be released from other duties if needed to focus on the response.

A rota of IDs will be established for incidents which require a prolonged and intense response including significant out of hours component. Weekly rotation will normally be appropriate, but the precise arrangements will be flexible according to need and to maintain continuity. Key responsibilities of this role include:

- Responsibility for the strategic, tactical and operational management and leadership of incidents requiring a Standard Response and for tactical and operational management and leadership of incident requiring an Enhanced Response. They are empowered to act within an agreed framework of their responsibilities.
- Allocate available resources to the incident and obtain additional resources through discussion with the SD where necessary.
- Plan and co-ordinate how and when tasks will be undertaken.
- Assess risks and use this to inform tasking during a Standard and Enhanced Response in line with accountabilities described in 2A and 2B.
- Responsible for liaising with the governance and risk lead and ensures that a risk register is set up and maintained for the duration of the incident and ensures that the lessons identified process is followed. There must be one risk register for the incident. This also supports the risk and adverse incident management component of the One PHE quality model (Link).
- Agree a clear strategic aim and objectives for the incident with the SD when required for enhanced incidents and with the centre/service director for standard incidents.
- Formulate and implement media-handling and public communication plans.

To enable the ID to focus on leadership of the incident they will receive all appropriate support as required. This can include corporate elements such as administrative, finance, HR and Health & Safety support as well as scientific specialist support either from PHE Centres, national specialist services (NIS or CRCE) or ERD depending on the specific incident. This support should be agreed with the SD in the case of enhanced incidents or the appropriate Centre/Service director or deputy director for standard incidents.

The function of an ID is a specialist role. Individuals will only be included on the ID list following PHE-approved ID training and on demonstration of annual training or having been an ID in an incident in that period. An up to date list of trained IDs is available from ERD. The ID should have the appropriate level of security clearance to fulfil this role should the incident have security implications.

The ID is responsible for ensuring that NSAC is notified when an incident is declared, escalated, de-escalated or stood down. This can be done either directly or through the notification process within HPZone.

4.1.4 Operational Action Co-ordination

As part of the response to an incident, there may be a need for local action to be taken at a Centre or several centres. For each of these the Centre Director together with the ID will need to appoint someone responsible for the co-ordination of these actions at an operational level and reporting back to the ID. It may be necessary to set up ICCs to oversee coordination at centre or service level. The individual leading this will be referred to as ICC Lead for the relevant Centre/Service. If the CROC is activated, this reporting should be through the CROC.

4.1.5 National Executive Director on Call

Authorises the organisation's national response at the enhanced level (table 1) in the absence of the CE. Out of normal working hours the National Executive Director on call has full responsibility for committing the organisation to an appropriate response level. They will appoint the SD on behalf of the CE. The SD will in turn appoint the ID if there is not already an ID in place.

4.1.6 Leads and Cells

A number of functional leads and associated cells may be required as part of the incident response. Once identified, the cell lead will be responsible for identifying appropriate staff, supported by the ID, a staffing cell if in place and the ICC/NICC manager.

The lead is in charge of the cell and they report back to the ID, usually as part of the IMT process. Tasking is managed by the ICC/NICC tasking system and distributed and followed up on behalf of the ID.

4.1.7 Recovery Lead and Forward Look Cell

Provides liaison with the SD for corporate business continuity management and has awareness of staff roles and responsibilities if BC plans are invoked. They initiate and set up processes and plans for horizon scanning and PHE recovery after the incident. They will work with the quality and risk lead in reviewing any lessons identified during the incident and take forward recommendations for incorporation into future planning. They also identify any staff resource impacts arising from the incident and make recommendations to the ID to mitigate these impacts. The lead may decide to set up a Forward Look Cell to assist the ID with contingency planning.

In incidents where there is no requirement for a Recovery Lead or Forward Look Cell, this forward look and horizon scanning will be the responsibility of the ID, delegated as appropriate.

4.1.8 Guidance Lead and Cell

The ID (in discussion with the SD in enhanced incidents) will decide on whether the incident requires a Guidance Cell to be set up to support the response by providing national guidance, FAQ response and 'warn and inform' messages for appropriate groups. If a Guidance Cell is required, it will be set up and operate in accordance with the arrangements developed during PHE's response to Ebola in West Africa in 2014; "Ebola Guidance Documents – Request and Clearance Process" Link. These arrangements detail; a description of the purpose of a guidance cell, including the provision of threat specific guidance for health professionals and the public. Any guidance developed will be subject to the agreed and appropriate quality standards prior to release for publication. The Guidance Lead will direct and co-ordinate the activities of the guidance cell and ensure that any guidance is produced and signed off according to the appropriate quality standards prior to publication.

4.1.9 Incident Specific Cells

Depending on the nature of the incident there may be a need for a number of different scientific or technically focused cells. These will vary depending on the cause of the incident. These may include epidemiology, surveillance and microbiology cells for infectious disease incidents; monitoring cells for chemical and radiation incidents and technical cells for business continuity incidents. The number and range of these cells to be established will be determined by the ID in discussion with the appropriate subject matter experts.

4.1.10 Quality and Risk Lead and Cell

For incidents requiring an enhanced response, the PHE strategic lead in discussion with the ID will appoint a quality and risk lead to the Quality and Risk Cell, if convened as part of the response. The quality and risk lead would be responsible for setting up and maintaining a risk register for the incident. The quality and risk cell should ensure that it engages with other cells responding to the incident to ensure all risks are captured appropriately. This lead will also ensure that PHE quality approaches are followed.

4.1.11 Communications Lead and Cell

Leads the communications response to the incident/emergency and gauges the communications/media requirements of the incident for appropriate resourcing. They liaise with partner organisations to provide consistent health messaging and assess immediate and longer-term need. The communications lead ensures that PHE's digital presence is appropriate to the response, including review and sign off. The communications lead will also advise on the relative merits of proactive and reactive media strategies, keeping this under review as the incident progresses.

4.1.12 PHE Liaison Officers

The Liaison Officer provides an effective liaison function between PHE and external organisations. If DHSC establish their Incident Response Centre (IRC) PHE will locate a PHE liaison officer/team within the IRC. There may be a need to provide embedded PHE liaison/senior adviser teams at other locations, such as: local Strategic Co-ordinating Groups (SCG), the Incident Management and Recovery Group (IMRG), the Nuclear Emergency Briefing Room (NEBR), other government departments and agencies such as Dstl and the public health agencies in the other countries of the UK; although this need will depend upon the nature and scale of the incident. Some of these are specified in the threat specific plans, whilst others will be needed on a case by case basis. Identifying the distribution of effort for this role will need to be an early issue for the appointed ID.

4.1.13 Tactical Advisers

Tactical advice into a standard response will be provided by the appropriate Emergency Preparedness Manager(s) for public health incidents or specialist support staff (Operations/Business Manager, HR Business Partner, Local ICT support engineer etc.) for business continuity incidents to assist the ID with the operational elements of the response, for example, activating the ICC for the PHE Centre or PHE Specialist Service.

Tactical advice into an enhanced response will be provided by the National EPRR Team (CRT, ERD) to assist the ID with the operational elements of the response, for example, activation of the NICC, providing advice on records management procedures and on implementing any lessons identified process and setting up the relevant functional cells required for the response.

The National EPRR Team (CRT, ERD) can also provide tactical advice during standard incidents. This should be requested through the Director EPRR.

In incidents requiring operational support by Centres, the Centre EPMs can provide advice to the person responsible locally for operational action co-ordination

4.1.14 The Centres and Regions Operational Cell (CROC)

The (CROC) may be established during an incident requiring an enhanced response under the NIERP. The need for a CROC will be identified by the ID together with the SD. The CROC sits within the NICC response structure as either a physical cell or operating virtually.

The aim of the CROC is to provide a point of contact for NICC to improve co-ordination and communications with Centres and Regions. Its primary objective is to streamline and co-ordinate the flow of information between Centres and Regions and the NICC, IMT and indirectly the SRG. Its functions complement the work of the NICC and NICC cells and not duplicate activity at either national or centre level. Once established, any tasking for centres and regions should be routed through the CROC rather than directly from the NICC.

The CROC will bring together representatives from each centre and region involved in the incident (either directly or indirectly) to:

- Identify risks and mitigating actions across Centres and Regions, including:
  - Business continuity pressures
  - Mutual aid arrangements across Centres and Regions
- Assist in the management communications including cascade of information from national to centres through a Single Point of Contact (SPOC) for each centre.
- Provide a mechanism for Centre leads to share learning, experience and identify best practice during the incident.
- Escalate significant concerns to NICC to inform the risk register.
- Identify lessons to help with the management of future incidents – these will be fed through to the Governance cell where this is set up.

4.1.15 The Rapid Support Team

The UK Public Health Rapid Support Team (UK-PHRST) is a collaboration between Public Health England (PHE) and the London School of Hygiene and Tropical Medicine (LSHTM), together with academic partners at University of Oxford and Kings College London. It has a novel triple mandate that links outbreak response, outbreak related research and capacity building for outbreak response in low- and middle-income countries (LMICs).

Outline of project in relation to the programme

The UK-PHRST programme objectives are to:

- Rapidly investigate and respond to disease outbreaks at the source, with the aim of stopping a public health threat from becoming a health emergency
- Conduct rigorous research to aid epidemic preparedness and response
- Generate an evidence base for best practice in disease outbreak interventions within LMICs
- Train a cadre of public health reservists for the UK-PHRST who could be rapidly deployed to respond to disease outbreaks
- Build overseas capacity for an improved and rapid national response to disease outbreaks and contribute to supporting implementation of International Health Regulations

When the RST are deployed, this will be declared as a standard incident to ensure appropriate support and oversight.

4.2 Strategic Response Group

In Enhanced responses the SD may need to establish an SRG to support them with the incident. The ID will always be part of the SRG and the key link between the IMT and SRG. It is important that the SRG remains focused on strategic issues and does not duplicate the work of the IMT. Any tasking

agreed by the SRG must be passed through the ID to the NICC. The SD and SRG will agree resourcing requests however fulfilling those requests will take place in consultation with the line management chain of the area where the resource may be provided from.

The set up support and secretariat for the SRG will be provided by the NICC.

Representatives of Department of Health and Social Care, other government departments and devolved administrations may be invited as appropriate. This is most likely for public health incidents but could be for business continuity incidents if impact is severe.

Should an SRG be established, terms of reference will be in place, a template for which can be found at Annex G: Strategic Response Group Terms of Reference

4.3 Incident Management Team

The IMT supports the ID in strategic direction and operational management of the response. It focuses on the management of PHE's response to the incident rather than the wider management of the incident in general.

For some incidents there may be multi-agency Outbreak Control Team (OCT) meetings which include a number of external partners and my not be chaired by PHE. These may be convened for routine incidents and may exist alongside the IMT.

The membership of the IMT is determined by the ID at the outset of the incident response but will be reviewed throughout the incident duration to ensure that the capability remains focused on the response priorities. The membership will vary according to the nature of the incident and may include staff from external agencies. The cells within the ICC/NICC must all be represented on the IMT as well as any ICC/NICC manager.

For public health incidents the IMT will normally incorporate individuals who lead on epidemiology, diagnostics, specialist in the specific organism or hazard, communications, specialist in relevant control measures, and others as required. 'Others' may include a Recovery Lead and Forward Look Cell to ensure business continuity.

Business continuity incidents will normally incorporate individuals who lead on HR, Finance, ICT and communications.

Terms of reference will be in place providing clarity of roles and responsibilities for either or both public health and business continuity incidents, a template for which can be found at Annex E: Incident Management Team: Terms of Reference.

Appropriate external organisations may be asked to contribute members to the IMT.

IMT members retain their normal line management arrangements within PHE throughout the incident. They should be empowered and supported through their line management arrangements to provide definitive advice to the incident team. Line managers should ensure rapid support is available to enable them to give such advice rapidly as required.

In the rare event that advice is required immediately on an issue which team members would normally refer through line management routes they should give their advice according to their best judgement and this will be supported through line managers. There are also some specific formal arrangements for PHE specialist staff to provide urgent public health advice (e.g. ECOSA in CBRN events until a STAC is in place) or for external specialist advice to be provided to Government (e.g. the Scientific Advisory Group on Emergencies (SAGE) and these arrangements will be considered.

Where there are differences of view within incident teams the ID must take account of the differing advice of team members and then make their decision based on this advice and their judgement as ID. Consensus is not a requirement.

Where highly complex or sensitive issues arise, provided time allows, the ID will consult the individual to whom they are accountable for the management of the incident or the SD in an enhanced response. It is recognised that this may not be possible or advisable in certain circumstances, so the principle is that they will be supported in taking operational decisions within the framework described here, and they can be reviewed at an appropriate stage later if necessary.

4.4 National Situational Awareness Cell

The National Situational Awareness Cell (NSAC) sits outside of but alongside incident response in PHE. Its role is to ensure there is overall situational awareness for PHE senior management across the whole of PHE. It provides awareness of all the incidents PHE is responding to, incidents involving key partners and potential emerging threats. The IDs of standard and enhanced incidents are required to regularly update the NSAC regarding the status of the incidents they are ID for.

4.5 External Organisations

4.5.1 The Department of Health and Social Care

The Department of Health and Social Care (DHSC) in the event of a complex and significant public health emergency or business continuity incident, including those on a national and international scale, will activate its Emergency Preparedness Division Incident Response Centre (EPD IRC). The IRC will provide a focal point for the NHS and PHE response and ensure the co-ordination of the whole system response to high-end risks impacting on public health or delivery of public health services, the NHS and the wider healthcare system. DHSC will support and provide assurance to Health Ministers and the Secretary of State (SofS). It will co-ordinate with health departments in the devolved administrations. DHSC will also take other action as required on behalf of the SofS to ensure a national emergency is appropriately managed.

4.5.2 NHS England

The key roles of NHS England in responding to a major public health incident are to:

- Undertake its responsibilities as a Category 1 responder under the CCA 2004
- Lead the mobilisation of NHS funded commissioners and providers to support the delivery of public health interventions in the event of an emergency
- Work together with PHE and DHSC, where appropriate, to develop joint response and recovery arrangements
- Liaise with PHE and the DHSC to support the local effort using mutual aid locally, nationally or internationally
- Liaise with PHE and the DHSC to support response elsewhere regionally, nationally or internationally
- Act as the co-ordination point for the health media strategy for the NHS
- Act as a NHS focal point for liaison with other agencies and organisations

4.5.3 External Partners' Plans

PHE has a role in the plans of partner organisations; which may be strategic, generic or threat specific; such as (not exhaustive):

- National Flood Emergency Framework.
- APHA animal disease plans.
- Environment Agency plans.
- DHSC and Cabinet Office, Pandemic flu: A national framework for responding to an Influenza pandemic.
- NHS England EPRR Framework 2015 and NHS Emergency Planning Guidance 2006: underpinning materials:
- Local Resilience Fora major incident plans.
- MOD RAMP (Reception Arrangements for Military Patients) Plan.
- Nuclear site plans.
- Nuclear response plans.
- COMAH plans.
- Home Office Counter Terrorism Plan.
- National Cyber Security Centre Incident Response Plans.

4.5.4 Devolved Administrations

As required, PHE provides support to and works in partnership with the governments of Scotland, Wales and Northern Ireland.

4.5.5 Devolved Public Health Bodies

The other countries within the UK have equivalent bodies to PHE. These are:

- Public Health Wales
- Health Protection Scotland (HPS)
- Northern Ireland Public Health Agency (PHA)

PHE works closely with all these organisations.

4.5.6 Food Standards Agency

The Food Standards Agency (FSA) leads on the government response to incidents involving food and feed safety. Its main objective is to protect public health from risks which may arise in connection with the consumption of food, including risks caused by the way in which it is produced or supplied, and to protect the interests of consumers in relation to food. The FSA provides a single point of contact with a 24/7/365 response capability for the notification and management of incidents involving food and feed safety, quality and integrity and has robust plans in place to investigate such incidents and ensure unsafe food and feed is removed from the market. The FSA works closely with other departments where the lead on specific incidents rests with them, for example with Public Health England who lead on the public health impacts of foodborne illness outbreaks.

4.5.7 Dstl

Dstl brings together the defence and security science and technology community, including industry, academia, wider government and international partners, to provide sensitive and specialist science and technology services to the Ministry of Defence and wider government.

4.5.8 AWE

AWE provides support to UK Government with specialist national nuclear security, threat reduction and counter-terrorism solutions. It supports the Ministry of Defence (MOD) and other Government departments with threat reduction and counter-terrorism. Its work also contributes to ensure non-proliferation and responding to national nuclear situations.

AWE maintains an on-call capability as part of the Government's national emergency response arrangements,

4.5.9 Animal and Plant Health Agency

The Animal and Plant Health Agency (APHA) is an executive agency of the Department for Environment, Food & Rural Affairs, and also works on behalf of the Scottish Government and Welsh Government. It is the single agency responsible for animal, plant and bee health across Great Britain.

4.5.10 Local Authorities

PHE will work alongside the various local authority services (upper and lower tier as well as unitary authorities) as required. The usual services that PHE engages with are public health departments, environmental health and trading standards.

5 Communications and Situational Updates

5.1 Internal Communications

5.1.1 Briefing Notes

Formal reports communicated within the organisation relating to standard incidents should be made using the agreed internal briefing template; this can be found at Annex C of this plan.

The briefing note will provide:

- Overview of current situation
- Details of the operational response
- Resource and readiness implications
- What to do, including information to provide if PHE is contacted by external partners, such as local authorities or other stakeholders

Health Protection briefing notes may also be required during enhanced incidents to communicate any actions required by health protection teams and others.

5.1.2 Situation Reports (SitReps)

In an enhanced incident response, a Situation Report will be produced within 24 hours of the incident being declared and at regular intervals thereafter depending on the nature of the specific incident. This report will be the responsibility of the ID and will be contributed to by all cells. This SitRep will be the mechanism for providing situational updates across PHE and with appropriate external agencies. The SitRep template can be found at Annex D of this plan.

The SitRep will provide:

- Overview of current situation
- Details of the operational response
- Resource and readiness implications
- Forward look and future potential issues
- Synopsis of key new developments
- Updates to the risk assessment
- Updates the impact assessment for business continuity incidents
- Political and policy implications
- Guidance on information to be made available to the media

The SitRep will usually be distributed to all the members of the IMT, senior PHE management at national, regional and centre level, and, depending on the incident DHSC, NHS England and other eternal partners as appropriate. For some incidents, the IMT will include external partners (e.g. NaTHNaC and the Devolved Administrations) but the SitRep is still considered an internal communication as is not for wider distribution beyond the recipients

unless otherwise agreed. The SitRep should be protectively marked as appropriate and distributed accordingly.

5.1.3 Other Briefings

In a standard incident response any requests for briefings outside of the above process are the responsibility of the ID supported by the incident team.

In enhanced responses any request for briefing of this nature is the responsibility of the SD and will usually be discharged by delegation to the ID except for cross-government briefings which remain with the SD supported by the ID and the incident team.

5.1.4 NSAC Daily Activity Report

Both standard and enhanced incidents will be reported in the NSAC Daily Activity Report. IDs are required to give the NSAC regular updates on the incident. This is usually weekly.

5.1.5 ResilienceDirect

PHE has the capability to use ResilienceDirect (RD) to share information internally and with other emergency responders. It can store information up to and including OFFICIAL SENSITIVE and the set of users that are able to see that information can be controlled as strictly as necessary. RD can be useful in the event of business continuity incidents as it is independent of PHE systems. Other responders use RD in a similar manner.

5.2 External Communications

5.2.1 Communications with partners

Briefing notes for standard incidents will be shared with relevant partners, as described in section 2.11.2.

The SitRep referred to above can be used to communicate formally with external organisations about enhanced incidents. The SitRep will provide all the information required by the Civil Contingencies Secretariat (CCS) of the Cabinet Office for the Government's Common Recognised Information Picture (CRIP).

It may be necessary to extract information from the SitRep to provide updates in the format required for SCGs and the CRIP. This information should be cleared with the ID or SD as appropriate before circulation.

ResilienceDirect can also be used to support external communications.

5.2.2 Public information

In the event of a public health incident, PHE, will release key public health messages through the appropriate channels, and where appropriate in consultation with the NHS and other agencies. PHE will provide expert public health advice and information to support critical public health interventions to protect life and prevent harm, including informed and impartial reporting of the hazard and risks.

The usual media spokesperson for each incident is determined by the ID in discussion with the incident's communications lead for a standard response, and by the SD in discussion with the ID and communications lead for an enhanced response.

5.2.3 Regional communications network

Regional communications activities will be driven by the embedded team working closely with their operational leads in Centres. If an enhanced response incident is declared, there will be a national lead to support with liaison across relevant Government departments and with the CCS communications leads.

6 Staffing

6.1 Logistics and Staffing Cell

For enhanced incidents, a Logistics and Staffing Cell may need to be set up to provide senior management co-ordination to ensure the release of staff for the enhanced response; staff may be required for an extended period. The staffing cell focus is on providing appropriate numbers and types of staff for the incident response. This cell will also support staff deployed to the (N)ICC regarding travel and accommodation if required. The impact of these staffing requirements on wider PHE operations is an issue for the SD and SRG if convened.

6.2 Shift Working

In the early phase of an incident, some teams may need to be staffed continuously for an extended period. Responsibility for deciding on the scale of response, including maintaining teams overnight, rests with the ID. In the event of an incident having a substantial impact on the UK, it may be necessary to continue operation of incident teams for several days, weeks or months.

A robust and flexible system will need to be established to effectively manage an incident through each phase. This will require managers across PHE releasing staff, in accordance with their BCPs (to maintain their essential services), to fulfil incident response roles for incidents requiring an enhanced response. At the enhanced level, PHE will operate shift-working arrangements as required, typically, 2/3 shifts per day, including a handover period. Should a continuous response be necessary with a longer shift period, a twelve-hour (day and night) shift pattern may need to be considered. Thus, in the event of an incident, staffing of teams and shift arrangements will depend primarily on the response required of PHE. The balance will have to be struck between shift lengths and the number of staff required to fill multiple shifts.

Any shift arrangements will depend on the nature of the incident and must take into consideration all requirements for preparatory work to support external meetings and activities that may require very early morning starts or night working to meet briefing deadlines etc. Examples include COBR meetings, pandemic, cyber or IT incident that requires overnight shifts or for liaison with other countries in different time zones. It is important that there is rotation of staff to enable them to be effective and to ensure compliance with the working time directive.

Outline shift arrangements are presented below:

- Requirements for each shift should be monitored at each handover.
- Handover briefings must be appropriately detailed.
- During the first two shift changes 1-2 hours of hand over time is probably required.
- The Staffing Cell, managed by a senior PHE manager, is accountable for ensuring appropriate staffing of all shifts.

- Shift changes should be considerate of both staff welfare and operational requirements.
- Where possible initial shift changes in teams should be staggered.
- Where possible there should be continuity of staffing.
- Staff welfare and health and safety policies must be followed.

6.3 HR, Pay and Expenses

During an emergency event it may be necessary to reallocate and redeploy employees with minimal notice. This may include asking employees to undertake duties outside their normal functional area. Guidance on the terms and conditions, including travel and subsistence arrangements, for staff involved in PHE NIERP enhanced incidents (table 1) incidents are detailed in the "Guidance on Terms and Conditions and Related Issues that Apply to Employees Involved in Emergency Operations at enhanced level only" Link.

6.4 Mutual Aid

Where centres are requiring extra staff resource either through increased workloads or reduction in staff numbers, support can be offered from other centres. This mutual aid does not just have to be in response to a centre or service responding to an incident. Business continuity issues may mean mutual aid is required. This may then require an incident response depending on the scale and impact of the business continuity issue. In an enhanced incident mutual aid for centres should be requested via the CROC if that has been activated. Where the CROC has not been activated, the ID should request mutual aid through their line management chain for standard responses and via the SD for enhanced responses.

6.5 Staff Welfare

6.5.1 Health and Safety Responsibilities

Incident response activity is not exempt from health and safety legislation and non-compliance can lead to enforcement action including prohibition, prosecution and consequent civil claims.

The health and safety of the staff involved in the incident response is the responsibility of the ID and SD. There is the role of health and safety lead identified in the NICC Activation Plan which includes an action card for this who can deal with any detail to support the SD and ID.

6.5.2 Psychosocial Support

There is the provision by the Workplace Wellbeing service for post event psychological support to all staff who want it. Managers should ensure that all staff are aware of this provision and are able to access it. The Occupational Health team can provide support and advice in this area if required.

There are many staff across the organisation who are trained in mental health first aid who may be called upon if required.

7 Records Management

An essential element of the PHE response to a public health or business continuity incident is to ensure that all records and data are captured and stored in a readily retrievable manner. This is key to the organisation's response and these records will form the definitive PHE record of its response and may be required at a future date as part of an inquiry process (judicial, technical, inquest or others). Such records are also invaluable in identifying lessons that would improve future response. Regardless of the nature or scale of incident, the ID is formally responsible for sign off of all advice and documents relating to the incident, provided by any part of the PHE.

7.1 Incident Records

The PHE records management SOP, G*uidance on records management in an emergency*, can be found on PHENet [Link] and provides full information on archive and live working file structures. This includes file name conventions, the management of electronic and paper records and the issue and use of controlled documents such as log books. In any incident requiring a PHE response the records management procedures must be followed to ensure that records will be easy to retrieve at a later date.

It is probable that there may be legal action, inquests or public inquiry following a public health or business continuity related incident. Provision needs to be made for the secure storage of all documentation relating to the incident. This documentation may need to be stored for a considerable length of time. Some incident inquiries have taken place over 25 years after the event e.g. Hillsborough.

All records relating to the response, both electronic and other media, must be appropriately labelled and archived for possible future reference, in keeping with PHE records policy and procedures.

This above relates to records concerned with the management of the incident only. Any clinical records or other patient identifiable information must be handled according to the appropriate PHE guidance and procedures.

Good record keeping is also in accordance with the information governance component of the One PHE quality model (Link).

7.2 Decision Recording

Key decisions must be recorded along with the reasoning for that decision. This can be done either as part of the incident logging process, an e-mail setting out the decision and the rationale or a minute in the IMT or SRG meeting.

8 Debriefing and Lessons Identified

All PHE debriefs will adhere to the process identified in the PHE guidance. Debriefs can be face to face or virtual.

PHE will participate in cross-government structured debriefs as appropriate.

Debriefs will also be carried out internally in PHE following the response to any incident or exercise, for all NIERP response levels.

For all incidents and exercises, the lessons identified through the debrief process will be captured by following the PHE Lessons Identified guidance, "Learning from Incidents and Exercises: Guidance on EPRR Debriefing and Lessons Learnt", which is available on the PHE emergency response intranet page and is summarised below Link

For NIERP enhanced level incidents and exercises, the debrief report and lessons identified will be subject to PHE standard governance processes and monitored through the PHE EPRR Delivery Group. The EPRR Delivery Group will collate lessons identified from enhanced responses and track the progress of implementation.

8.1 Lessons Identified Process

The ID is responsible for activating and overseeing the lessons identified process. This process will be implemented at the start of the incident and continued during and after the incident until all actions are completed, this includes lessons from enhanced incidents where the SD supported by the SRG/NICC will ensure that any lessons from a strategic perspective are incorporated within the process in the same way that other lessons are captured. All lessons identified will then be captured and submitted to the EPRR Delivery Group, through ERD and completed within agreed timescales to meet the organisation's emergency preparedness governance arrangements as detailed in the guidance Link.

8.2 Debriefing

There are several recognised methodologies for capturing observations and data from real emergencies or exercises, with the main one being the post-event review, or debrief.

The types of debriefs are as follows:

- **Hot Debrief** – this must be held immediately after the incident/exercise or once a shift or response is completed;
- **Internal Organisational or Structured Debrief** – ideally this should be held within 2 - 4 weeks of the incident or exercise;
- **Multi-agency Debrief** – ideally this should be held within 4 -6 weeks of the incident or exercise, allowing time for individual agencies to conduct their own individual debriefs first.

It is important to capture information as soon as possible after the event in a non-threatening, blame-free environment. If the incident continues to be

managed over the medium to long-term it may be necessary to hold regular debriefs at key milestones.

If using a structured debrief process, there should be an aim and objectives determined before the debrief and the scope of the debrief also must be decided.

All enhanced incidents will be subject to a structured debrief and following this, reports should be produced within 4 – 6 weeks of the debrief, so that lessons can be taken forward in a timely manner.

8.3 Continuous Improvement

The lessons identified and debriefing processes and any subsequent review and revision of this plan form part of the continuous improvement process supported by the One PHE quality model (Link). The knowledge management and learning from practice components apply particularly in this area.

9 Contingency Planning

9.1 Organisational Resilience and BCP

As a CCA Category 1 responder the organisation is required to put in place an effective Business Continuity Management System (BCMS) that ensures that the PHE can continue to function in an incident situation and also reassure stakeholders that the organisation will be able to maintain continuity of service as well as its response function.

The PHE BCMS provides the framework for organisational resilience with the capability for an effective response that safeguards one of the organisation's key services and critical functions; namely, responding at whatever level to health hazards and emergencies caused by infectious disease, hazardous chemicals, extreme natural events, poisons or radiation.

The arrangements for business continuity within this plan also form part of PHE's BCMS. PHE will maintain the capability to activate NICCs on more than one site, virtually or a combination of both.

The organisation's BCMS integrates with response/incident management through PHE Business Continuity Management Plans (BCMP) which are in place throughout the organisation. The organisation's BCMPs set out the critical elements for service provision and key recovery time objectives. The C^3 arrangements for business continuity incidents are the same as for any public health incident. These BCMPs also make provision for continuity of PHE core services while the organisation is responding to an incident.

9.2 Multiple Concurrent Incidents

The planning assumption is that PHE will be able to respond to two concurrent national enhanced response incidents. The incidents may be managed by combined or separate NICCs, located appropriately.

10 Recovery

10.1 Defining the New Normal

The state to be recovered to should be planned for from the start of the incident and form part of the strategic objectives for the incident response. This should be agreed as part of the de-escalation and stand down process. This may not be a return to the start state as there may have been significant changes due to the nature of the incident.

A comprehensive plan for the recovery phase should be in place, especially in enhanced responses. The scale of this plan will depend on the nature of the incident. It may be covered in the last incident IMT or for more complex issues a separate plan will be produced.

10.2 Timescales

A recovery plan will be required for incidents having an enhanced response and may be required for standard response incidents. This will be at the discretion of the ID for standard response incidents. Any standard incident recovery plan should be developed by the ID supported as appropriate. For enhanced response incidents, the ID is responsible for establishing a Recovery Group as part of establishing the initial response arrangements. Appropriate timescales should be set as part of the recovery process to ensure that progress against the plan can be monitored.

10.3 Considerations

Recovery planning should consider:

- What services need to be restored
- The replacement of any lost assets and premises
- The replacement of any staff
- The level of any backlog of work
- Any resources needed to allow the backlog to be reduced while maintaining normal services
- Recovering lost information, data and knowledge
- Allowing staff to take unused leave if the response has been prolonged

11 Assurance, Validation, Training & Exercising

Within the regulations of the CCA 2004 every plan maintained by a Category 1 responder under section 2(1) (c) or (d) of the regulations must include provision for:

- The carrying out of exercises for the purpose of ensuring that the plan is effective.
- The provision of training of; an appropriate number of suitable staff; and such other persons considered appropriate, for the purposes of ensuring that the plan is effective.

To meet these requirements:

- This plan will be exercised at least annually to ensure its effectiveness and validity.
- Those staff identified as having incident or business continuity response roles by the plan and those who potentially have a role within an incident or business continuity response, will participate in EPRR awareness sessions and training to ensure competency in those roles.

The maintenance of this document is the responsibility of the ERD in conjunction with the PHE Strategic Business Continuity Manager and it will be reviewed as required by the PHE Emergency Preparedness, Resilience and Response Delivery Group and then submitted to the PHE EPRR Oversight Group and Management Committee for approval.

11.1 Training

ERD will ensure access to structured training for PHE staff with the roles detailed on action cards for the NICC. Action cards for all NICC roles are contained in the NICC Activation Plan. Training will be done through a combination of classroom teaching, e-learning and webinars. This includes ID training and all NICC roles.

Training forms part of the continuous improvement of PHE's EPRR processes as a component of the One PHE quality model (Link).

There is a subgroup of the PHE EPRR Delivery Group responsible for EPRR competencies and training requirements for the roles set out in ICC plans.

11.2 Exercise & Testing Programme

Training and exercising for roles identified in this plan will be as detailed in PHE's EPRR training and exercising programme.

As well as LRF exercises, PHE will participate in Department of Health and Social Care, cross-government, national and international exercises as appropriate.

The UK good practice requirement is for communications to be tested every six months, an annual table-top exercise and a live exercise every three years. This requirement will be followed for testing the NIERP.

11.3 Assurance

An annual assessment of the organisation's EPRR capability will be carried out through audit against the PHE core EPRR standards. This will be co-ordinated by the National EPRR Team (CRT, ERD).

11.4 Plan Review

The review of this plan is overseen by the PHE EPRR Delivery Group and any specific subgroups that are set up for this task. There will be an annual assessment as to the need to update the plan and a subgroup will carry out any update, consulting with wider PHE as part of this process. Once this is complete, the plan will be passed to the Oversight Group and PHE Management Committee for approval.

Annex A: Corporate Priorities

For significant incidents that have an impact on PHE service provision, the PHE corporate priorities should be considered as part of the decision making process.

The PHE Corporate priorities are:

- the Health Protection side of the business with associated capability, primarily
  - public health laboratories at Porton and Colindale
  - the regional network
  - PHE regions and centres and
  - Emergency Preparedness, Resilience and Response.
  - a core communications team presence
- In support of this, core IT infrastructure that provides:
  - ability to communicate and share key information internally and externally
  - Availability of health surveillance systems related to infectious disease.
- Underpinned by targeted HR capability to call on and deploy staff rapidly
- A functioning website and social media capacity to communicate at speed with public and the media.

Annex B: Summarised Incident Management Arrangements

Standard Incident Management Arrangements

Incident Type	Actions	Geographically defined covering one or more PHE Centres	Nationally-dispersed incident, typically identified by exceedance or exposure outputs	International/global incident with potential consequences for UK
Standard	Who declares the incident?	Centre Director, Centre Deputy Director for Health Protection or on call Centre Director	Director of the appropriate directorate dependant on the nature of the incident or their nominated deputy	
	Who appoints the Incident Director?	Centre Director, Centre Deputy Director for Health Protection or on call Centre Director	Director of the appropriate directorate dependant on the nature of the incident or their nominated deputy	
	Who is the Incident Director?	Drawn from the cadre of trained Incident Directors		
	To whom is the Incident Director accountable?	Centre Director, Centre Deputy Director for Health Protection or on call Centre Director	Director of the appropriate directorate or their nominated deputy	
	How is Incident progress monitored and reported?	Internal centre governance systems with regular briefing notes and updates via NSAC	Internal governance systems with regular briefing notes and updates via NSAC	
	How is support for the running of the incident provided?	Resources from within PHE Centre and mutual aid as needed within agreed mutual aid structures	Resources from within the directorate. Mutual aid as required e.g. from PHE Centres and ERD	
	Arrangements beyond the incident team to support incident management?	Specialist support as required from any element of PHE or external agencies		

Enhanced Incident Management Arrangements

Incident Type	Actions	Geographically defined covering one or more PHE Centres	Nationally-dispersed incident, typically identified by exceedance or exposure outputs	International/global incident with potential consequences for UK
Enhanced	Who declares the incident?	Chief Executive, Deputy CE, Medical Director or on call director		
	Who appoints the Strategic Director	Chief Executive, Deputy CE, Medical Director or on call director		
	Who is the Strategic Director	Drawn from the cadre of trained Strategic Directors		
	To whom is the Strategic Director accountable?	Chief Executive or Deputy CE		
	Who appoints the Incident Director?	Deputy CE, Medical Director or on call Director – for incidents being initially declared as enhanced incidents. Standard incidents that are being escalated should retain the same incident director		
	Who is the Incident Director?	Drawn from the cadre of trained Incident Directors		
	To whom is the Incident Director accountable?	Strategic Director and via them to CE.		
	How is Incident progress monitored and reported?	Through Incident Management Team and Strategic Response Group with regular sitreps distributed as appropriate and via NSAC		
	How is support for the running of the incident provided?	Initially within Directorate responsible for the incident team with support from ERD. If further support is required, this can be obtained from across PHE		
	Arrangements beyond the incident team to support incident management?	Specialist support as required from any element of PHE or external agencies		

Annex C: Briefing Note Template for Standard Incidents

This briefing note template is for use during the response to PHE National Incident and Emergency Response Plan (NIERP) Standard Response public health or business continuity incidents. For PHE NIERP Enhanced Response incidents the PHE SitRep template (Annex C) must be used.

Event:

Notified by:

Contact:

Incident Director:

Background and Interpretation:

Insert here the background information and details of the incident

Implications for PHE Centres:

Implications for PHE sites and health or internal infrastructure support services:

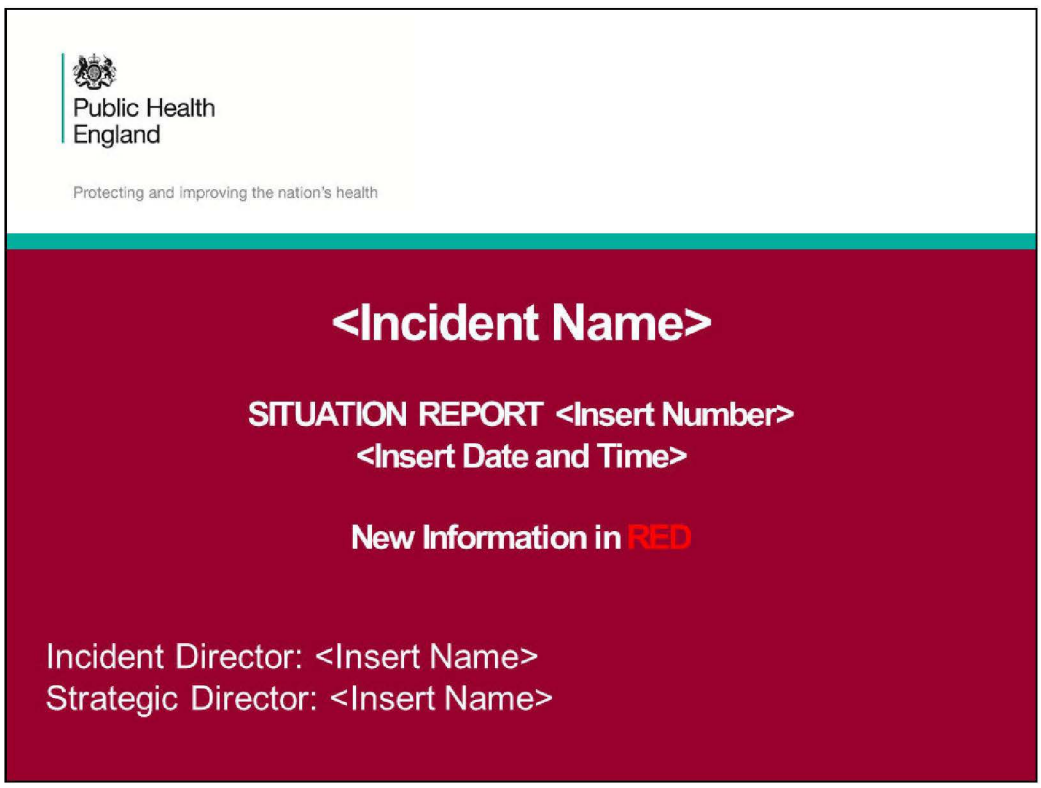
Recommendations to PHE Centres:

Recommendations to PHE sites and health or internal infrastructure support services:

References/ Sources of information:

Annex D: PHE Situation Report Template for Enhanced Incidents

This is an example of the Sitrep format. The actual template will be available in the folders set up for the enhanced incident by CRT as part of the NICC set up process.



Overview

Introduction

<insert Introduction text>

PHE Incident Status:

<Insert Incident Status>

PHE Strategic Aim

<Insert Incident Strategic Aim and Objectives here>

PHE Response

<Insert details of PHE Response here>

- Add pages as required, including but not limited to:
  - Epidemiology
  - Management algorithms
  - Key operational elements
  - Business continuity elements and impacts

Communications

Public/Media

<Public Lines etc.>

PHE Internal Communications

- <Internal messages>

Legal Issues

<Insert any legal issues here>

Forward Look Issues

<Insert any forward look issues here>

De-escalation

<Insert any De-escalation message here>

.

Annex E: Incident Management Team: Terms of Reference

Aim and Objectives

For incidents requiring a response from PHE, the Incident Management Team (IMT) is a time limited team brought together to ensure leadership of the tactical and operational aspects of the response. It also provides co-ordination of the response and if an SRG has been convened, it will keep SRG informed of progress across all the elements of response to an incident. The SRG will ensure strategic leadership and provide assurance to the PHE Management Committee.

To do this the IMT will:

- Provide tactical and operational leadership and accountability to resolve any concerns, identifying all tactical and operational objectives to manage the incident and maintain a comprehensive task log and action plan.
- Ensure clear and regular communication and effective co-ordination between all members of the IMT.
- Ensure clear and regular communication with the SRG, if convened for an enhanced response.
- Provide oversight for the effective completion of agreed tasks and actions.
- Maintain a log of all decisions, timescales and outcomes.
- Ensure regular internal briefings are communicated using the relevant template depending upon whether a standard or enhanced response has been declared.
- Support the SD and SRG, if convened in their role of cross government liaison and communication, including supporting the tripartite arrangements in place with DHSC and NHS England in relation to public health risk or impacts
- Ensure there are appropriate levels of governance and risk assessment in place throughout the incident. Identify, monitor and where possible mitigate against risks and their impacts and make recommendations and escalate issues to the SRG.

Accountability and Meeting Arrangements

The IMT will be chaired by the Incident Director.

The group will meet at agreed time intervals; this will be dependent upon the incident battle rhythm which will in turn be driven by the nature and scale of the incident.

This group will interface with other organisations, DHSC, NHS England, other government departments, devolved administrations as required by the

nature of the incident. For enhanced incidents, this interface must align with the liaison between the SRG and external agencies.

Membership

The ID will decide who needs to attend the IMT but the core membership will typically include:

Role / representation		Public Health	Business Continuity
Incident Director (Chair)		x	x
(N)ICC Manager		x	x
Appropriate members of support services and cells dependant on the nature of the incident. This could include	International support & deployment	x	
	Epidemiology & Intelligence	x	
	National external stakeholder relations	x	x
	Local PHE EPRR structures	x	x
	Internal Operational Delivery	x	x
	Screening operations	x	
	Media & public comms	x	x
	Internal & system comms	x	x
	Governance & risk	x	x
	Microbiology	x	
	National Focal Point Team	x	
	CROC	x	x
	ERD/ National EPRR Team	x	x

	(CRT, ERD)		
	Appropriate External Stakeholders	x	x
Secretariat		x	x

Annex F: Incident Management Team Meeting Agenda Template

Below is set out a sample agenda for the regular IMT meetings that will take place during the response to an incident. This template is available in a shared folder managed by the National EPRR Team (CRT, ERD).

1. Teleconference Protocol

    1.1 Teleconference dial in will be available 5 minutes before start time.

    1.2 All Participants please remember to MUTE phones when not speaking

    1.3 Please note that the proceedings will be recorded

2. Participant roll call
3. Identification of AOB Items not on the agenda
4. Minutes and review of actions from last meeting
5. Confirmation of incident arrangements – incident level, management and co-ordination
6. Situation updates (including current public health impacts of business continuity incidents)
7. Risk Assessment
8. Commercial sensitivities (if appropriate)
9. Devolved Administrations (may not apply to business continuity incidents)
10. Incident communications (SitRep, briefing note etc.)
11. Battle rhythm
12. Forward Look including any forthcoming meetings, Business Continuity and recovery issues
13. AOB (previously notified to Chair)

Annex G: Strategic Response Group Terms of Reference

Aim and Objectives

The Strategic Response Group (SRG) will ensure strategic leadership, co-ordination, progress and assurance across all the elements of response to an incident. The Incident Director and the NICC continue to lead the operational and tactical elements of the response.

The SRG should not duplicate the work of the IMT.

To do this the SRG will:

- Provide overall strategic leadership and direction to the incident
- Track progress against agreed workstreams and deliverables
- Ensure that there is sufficient resource to deliver agreed workstreams
- Support the SD in their role of cross government liaison and communication, including supporting the tripartite arrangements in place with DHSC and NHS England
- Ensure there are appropriate levels of governance and programme management
- Identify, monitor and where possible mitigate against risks, make recommendations and escalate issues to the PHE Management Team
- Report progress to the PHE Management Committee

Accountability and Meeting Arrangements

The SRG will be chaired by the Strategic Director.

The group will meet at least on a weekly basis or more regularly as the situation requires.

This group will interface with tripartite (DHSC and NHSE) arrangements as required by the nature of the incident

Membership

The SD will decide who needs to attend the SRG but the core membership will likely include:

Role / representation		Public Health	Business Continuity
Strategic Director (Chair)		x	x
Incident Director		x	x
Appropriate members of support	National external stakeholder	x	x

services and cells dependant on the nature of the incident. This could include	relations		
	Internal Operational Delivery	x	x
	Media and public communications	x	x
	Internal and system communications	x	x
	Governance and risk	x	x
Secretariat		x	x

Annex H: Strategic Response Group Meeting Agenda Template

Below is set out a sample agenda for the regular SRG meetings that will take place during the response to an incident. Once the SRG is established, the agenda items should reflect the strategic aim and objectives relating to the incident. This template is available in a shared folder managed by the National EPRR Team (CRT, ERD).

1. Teleconference Protocol
    - 1.1 Teleconference dial in will be available 5 minutes before start time.
    - 1.2 All Participants please remember to MUTE phones when not speaking
    - 1.3 Please note that the proceedings will be recorded
2. Participant roll call
3. Identification of AOB Items not on the agenda
4. Minutes and actions of last meeting
5. PHE Incident Status
6. PHE Strategic Aim
7. Overview of the current situation (CRIP)
8. Risk Assessment
9. Forward Look
10. Strategic Communications
11. Strategic Business Continuity issues
12. Recovery issues
13. Legal issues
14. AOB (previously notified to Chair)

Annex I: Joint Decision Making Model (JDM)

The overall purpose of the JDM is for emergency responders to work together, save lives and reduce harm. Commanders should use the JDM to help bring together the available information, reconcile objectives and make effective decisions. The below 3 considerations (Situation, Direction, and Action) should be taken into account when using the JDM:-

Situation	Direction	Action
What is happening? What are the impacts What are the risks? What might happen and what is being done about it?	What do you want/need to achieve in the first hour/day/week? (Desirable outcomes) What are the aim and objectives of the incident response? What overarching values and priorities will inform and guide this?	What do you need to do to resolve the situation and achieve your desired outcomes?

A joint decision log should be used to record all the joint decisions and the rationale behind them.

The below diagram demonstrates the key issues that the SD and ID should consider when using the JDM:-

Step 1: Gather Information and Intelligence

The overall purpose of this step is to establish shared situational awareness. This can be achieved by having meaningful communications between emergency services and other responder agencies. A collective effort needs to be in place to reach a common view and understanding of events, risks and their implications. The JDM can be used as a tool to aid decision making in terms of what information can be released and who can receive it. The METHANE template (Link) is an example of a method used by emergency responders to gather and convey information about an incident.

Step 2: Assess Risks and Develop a Working Strategy

A joint risk assessment needs to be completed by responders to have knowledge of the likelihood of the different threats and hazards. This further allows for effective decisions to be made on deployments and the required risk control measures. Responders develop a working strategy (action plan) by collaborating with other partner agencies to address the immediate situation and the risks with the principal aim of saving lives and reducing harm. The following questions need to be considered by responders when designing a working strategy:-

- What: Are the aims and objectives?
- Who by: The blue light responders, health organisations, PHE and other organisations?
- When: Timescales, deadlines and milestones?
- Where: What locations?
- Why: What is the rationale? Is it consistent with the overall strategic aims and objectives?
- How: Will these tasks be achieved?

Step 3: Consider Power, Policies and Procedures

This step is essential so that a common understanding is developed about relevant powers, policies, capabilities and procedures so that EPRR activities of all responder agencies complement each other. This further affects how individual agencies co-operate to achieve aims and objectives.

Step 4: Identify Options and Contingencies

Since there are several methods of achieving the desired outcomes, responders should work together to discuss potential options considering the below issues:-

- Suitability Does it fit with the strategic direction?
- Feasibility Can it be done with the available resources?
- Acceptability Is it legal, compatible with PHE policy, morally defensible and justifiable?

Step 5: Take Action and Review What Happened

All the above steps lead to taking action in resolving an emergency and returning to normality. Actions must also be reviewed and responders should continue using the JDM model until the incident is resolved.

Annex J: Glossary

APHA	Animal and Plant Health Agency
AWE	Atomic Weapons Establishment
BCMS	Business Continuity Management System
C^3	Command, control and co-ordination
CBRN	Chemical, biological, radiological, nuclear
CCA	Civil Contingencies Act
CCS	Civil Contingencies Secretariat
CE	Chief Executive (of PHE)
COBR	Cabinet Office Briefing Room
COMAH	Control of Major Accident Hazards
CONOPS	Concept of Operations
COO	Chief Operations Officer (of PHE)
CRCE	Centre for Radiation, Chemical and Environmental Hazards
CRIP	Common Recognised Information Picture
CROC	Centres and Regions Operational Cell
CRT	Corporate Resilience Team
DAs	Devolved Administrations – Scotland, Wales and Northern Ireland
DEFRA	Department for Environment Food and Rural Affairs
DHSC	Department of Health and Social Care
DRA	Dynamic Risk Assessment
DSTL	Defence Science and Technology Laboratory
EA	Environment Agency
ECOSA	Emergency Co-ordination of Scientific Advice
EEHP	Extreme Events Health Protection
EPRR	Emergency Preparedness, Resilience and Response
ERD	Emergency Response Department (PHE)
EWRS	European Early Warning and Response System
FSA	Food Standards Agency
HPMD	Health Protection and Medical Directorate
HPS	Health Protection Scotland

HR	Human resources
ICC	Incident Co-ordination Centre
ICT	Information and Communications Technology
ID	Incident Director
IHR	International Health Regulations
IMRG	Incident Management and Recovery Group
IMT	Incident Management Team
IRIS	Incident Reporting Information System
JDM	Joint Decision Model
JESIP	Joint Emergency Services Interoperability Programme
METHANE	Mnemonic used to pass information regarding major incidents (**M**ajor incident, **E**xact location, **T**ype of incident, **H**azards involved, **A**ccess route, **N**umber of casualties, **E**mergency services on scene and required)
MOD	Ministry of Defence
NAIR	National Arrangements for Incidents Involving Radiation
NHS	National Health Service
NICC	National Incident Co-ordination Centre
NIERP	National Incident & Emergency Response Plan
NIS	National Infection Service
NSAC	National Situational Awareness Cell
PHA	Northern Ireland Public Health Agency
PHE EPRR DG	PHE Emergency Preparedness, Resilience and Response Delivery Group
PHE EPRR OG	PHE Emergency Preparedness, Resilience and Response Oversight Group
PHW	Public Health Wales
RAMP	Reception Arrangements for Military Patients
RD	Regional Director
SAGE	Scientific Advisory Group for Emergencies
SCG	Strategic Co-ordinating Group (Gold Command – Multi agency)
SD	Strategic Director
SitRep	Situation report
SME	Subject Matter Expert

SOPs	Standard Operating Procedures
SPOC	Single Point of Contact
SRG	Strategic Response Group (PHE Internal)
STAC	Science and Technical Advice Cell (typically of a Strategic Co-ordinating Group)
UK-PHRST	UK Public Health Rapid Support Team