INCIDENT RESPONSE LEVELS

NHS GRAMPIAN

1. Background:

The function of civil contingencies and emergency management (including business continuity) should be there to manage '*no notice*', '*big bang*' etc. incidents such as fires, transport accidents, mass casualties, short term surge / flow issues and other types of disruptive events. Emergency management (civil contingencies) is essentially an operational matter albeit subject to an escalation process when necessary.

Critical incident management however is intrinsically strategic in nature from the outset and will always involve the most senior level within the organisation.

The Business Continuity Institute stated, in their Crisis Management Report 2021, that:

'Crisis management is a crucial part of achieving resilience for any modern-day organisation: it ensures the organisation is well prepared, is able to rapidly identify and respond to an emerging crisis, it has the right people involved, enables information to be absorbed and assessed to inform timely decision making and a collaborative environment fostered'.

Use of the alternative term '**Critical**' is appropriate and is already a well-recognised term in emergency services, business continuity, NHS England[1] and within guidance issued by Cabinet Office[2] and Scottish Government[3] .

Critical incidents are usually high profile, serious and present a risk / threat to the reputation, viability, credibility, and trust in an organisation. Many originate from things like;

- A perceived or actual lack of or poor governance
- Convenient work around strategies
- Poor supervision and leadership
- Organisational culture
- Misconduct, neglect
- Poor training and development
- Badly handled incidents or a failure to deliver services at expected standards (actual or perceived)
- Protracted and sustained pressures on the ability to deliver services safely and effectively

Critical incidents differ from emergencies in a number of ways, they are;

- Always strategic in nature and run by the top layer of leadership
- Ill structured and complex
- Less foreseeable
- Volatile with few '*win-win'* outcomes
- Critically dependant on communications (perception is all)
- Critical to reputation
- Characterised by dilemmas
- Qualitatively different – not just the 'bigger' incidents

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[1] https://www.england.nhs.uk/wp-content/uploads/2015/11/eprr-framework.pdf
[2] Chapter 6 Business Continuity Management Revision to Emergency Preparedness: Civil Contingencies Act Enhancement Programme March 2012 (V3)
[3] NHS Scotland '*Standards for Organisational Resilience'* (2018)

Critical incidents are inherently complex and unpredictable and can emerge suddenly or gradually over time. They often result in intense media and / or political interest and scrutiny. They are almost certainly a significant drain on strategic focus and capability often over a protracted period.

2. Incident Response descriptors

NHS Grampian has a range of plans and response frameworks in place to address the pressures in the system. The range – Business Continuity Planning, GOPES, Major Incident, has resulted in confusion and with it our understanding of rules of engagement. The table 1 tries to simplify our response based on the impact of an incident.

Incident with low impact – is managed within normal operational arrangements and equates to GOPES 1 descriptor.

Incident with medium impact – requires an escalated response. Depending on the level of impact this would initially be addressed through GOPES 2 actions and if these did not succeed in reducing the pressure GOPES 3 actions would be deployed.

Incident with high impact – GOPES does not cover all risks for example loss of utilities. In such incidents where major service impacts arise the Business Continuity Plans and Incident Management arrangements would be activated. Such situations would be escalated to Executive Director on Call (EDOC).

Incidents that develop slowly or are protracted should be managed in line with the Critical Incident Management Framework.

Incident with High/Very High Impact would be managed under Major Incident arrangements. The definition of an NHS Major Incident is *'Any occurrence which presents a **serious threat to the health of the community, disruption to the service,** or causes (or is likely to cause) such **numbers or types of casualties** as to require **special arrangements** to be implemented….'* As per the definition when the number and rate of presentation of patients or the severity of their injuries exceeds the capacity of the hospital to manage within routine service arrangements the hospital would declare a major incident. The Major Incident would be managed in line with the Hospital Declared Major Incident Plan. When the impact is across the health and social care system and exceeds the combined local capability in the area then consideration would be given to a Board Level Major Incident and the Major Incident Plan, including the Gold/Silver/Bronze structures adopted.

Major Incident Involving Mass Casualties – this would be managed on an NHS Scotland basis using the mass casualties response structures.

3. Discussion

NHS Grampian has been defining an incident by its response strategy rather than by the impact of the incident on the health of the population or service impact. It is recommended that moving forward the impact of the incident is considered.

Escalation criteria: it has been agreed that the criteria that triggers a certain response requires clearer definition. In addition to feedback from the system, wider context should be considered as part of the decision making process e.g. NHS 111 call volume, surveillance e.g. respiratory illness, weather warning etc.

Incident Learning: in other areas when a critical incident has been declared (GOPES 4) a serious incident review is activated. This route and branch review enables learning to be captured. It would appear that NHS Grampian does not undertake a review when we have declared we are in GOPES level 4. Unclear how we capture learning on triggers and response to inform future response.

Critical Incident Management: NHS Grampian CIM framework suggests we learn from other areas and adopt 'Red Teaming'. A red team is a team that is formed with the objective of subjecting an organisation's plans, programmes, ideas and assumptions to rigorous analysis and challenge. Red teaming is the work performed by the red team in identifying and assessing, *inter alia,* assumptions*,* alternative options, vulnerabilities, limitations and risks for that organisation. Looking at our existing structure the DSC is focused on very operational detail, WSDMG meets too infrequently, too large and too broad and agenda. It is unclear who would fulfil this function.

Defensible decision making: when we declare GOPES level 4 loggist support should be in place to log the decisions taken. This will enable us to demonstrate that all reasonable steps had been taken in our assessment and management of the situation.

Communicate effectively internally and externally: The key principles of communications in a crisis include:

Be prepared	Have a clear, straightforward communication process in place
Move fast	Communicate quickly and appropriately, indicating that more information will be given when possible
Monitor continuously	Keep track of what is happening everywhere is critical
Maintain the flow	Release what is known. 'little and often' is better that waiting to release everything
Speak with one voice	But not necessarily a single spokesperson
Be transparent	It will all come out in the end
Accuracy is the key	Use hard facts and avoid rumour, conjecture and assumptions
Apologise	Do not be afraid to apologise when appropriate and relevant
Build a strategy	Develop core message(s) and supporting themes. Keep building them
Manage the timing	Let those closest know first
Be human	Be empathetic whenever appropriate
Sign off	Know who has the authority to sign off communications for issue

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Appendix 1

Impact	Description Of Incident	Response	EDoC notification/ escalation
Low **GOPES 1 - Business as Usual**	Managed within normal operational management arrangements.	Operational management	
Medium **G-OPES 2-3**	The health & care system is exhibiting signs of pressure (e.g. staffing, demand/capacity, delays to admission & discharge). GOPES 2 Requires an escalated response within the affected sector(s) to deal with the impacts of the incident. GOPES 3 urgent action required across the system with additional mutual aid provided as necessary	Operational management supported by Sector Senior Management Team. May require Corporate Communications support. Managed DSC – role co-ordinate action and ensure communication.	EDoC to be notified for information and awareness in case of incident escalation.
High **Business Continuity Incident**	**Significant incident, or major disruption, resulting in serious service impacts and that requires activation of Business Continuity plans and Incident management arrangements.**	**Business Continuity Incident** **Sector BC plans invoked with Sector Incident Management arrangements activated.**	**Escalate to EDoC.** **EDoC actions:** • **Consideration of need for declaration of Board level Major Incident and escalation to Board Tactical/Strategic response.** **Potential need to inform Resilience Partnership (RP) or request RP /HLG activation. Corporate communications response.**

High
 	
Critical Incident – Extended duration including Pandemic
 	
GOPES 4
	Critical Incident
	Critical Incident[4]
	'*….any localised incident where the level of disruption results in the organisation temporarily or permanently losing its ability to deliver critical services, patients may have been harmed or the environment is not safe, requiring special measures and support from other agencies, to restore normal operating functions'.*
	Critical incidents are usually high profile, serious and present a risk / threat to the reputation, viability, credibility, and trust in an organisation. Many originate from things like;
	    • A perceived or actual lack of or poor governance
	    • Convenient work around strategies
		Defensible decision making
		
		(See CIM framework)
			Red Teaming

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[4]

://www.england.nhs.uk/wp-content/uploads/2015/11/eprr-framework.pdf

	• Poor supervision and leadership • Organisational culture • Misconduct, neglect • Poor training and development • Badly handled incidents or a failure to deliver services at expected standards (actual or perceived) • Protracted and sustained pressures on the ability to deliver services safely and effectively		
HOSPITAL High/ Very High **Major Incident**	Major Incident Declared by Hospital A major incident occurs **when the number and rate of presentation of patients or the severity of their injuries exceeds the capacity of normal hospital processes**.	Hospital Major Incident • Activation of Hospital Control Centre (HCC) • Activation of the Hospital Coordination Team (HCT) • Likely to require Corporate Communications response.	Notify EDoC for information and awareness in case of incident escalation or wider impacts. EDoC actions: • Consideration of need for declaration of Board level Major Incident and escalation to Board Tactical/Strategic response.
BOARD LEVEL High / Very High **Major Incident**	Major Incident '*Any occurrence which presents a **serious threat to the health of the community, disruption to the service,** or causes (or is likely to cause) such **numbers or types of casualties** as to require **special arrangements** to be implemented....*'	NHS Board level major incident response: • NHS Grampian Tactical Response Team • NHS Grampian Strategic Response • Board Control Centre • Corporate Communications response Activation of sector incident response and probable requirement for sector control rooms.	EDoC activates NHS Grampian Major Incident Plan. Sectors activate as per NHS Grampian major incident plan. EDoC actions as per NHSG MIP: • Activate/instruct activation of Board Control Centre.

Escalating Response Process NHS Grampian

Mass Casualties or Initial Phase of Pandemic Response (National Response	Major Incident involving mass casualties	As above + participation in NHS Scotland Mass Casualties response structures: • Strategic Health Group • Health Information Cell • Logistics group • Health Communications Cell (national) • Recovery Cell (national)	As above, plus: EDoC activates Chief Executive or deputy. EDoC runs NHS major incident response. Chief Executive (or deputy) participates/contributes to in NHS Scotland Mass Casualties response structures.