



NHS South East London ICB Mass Countermeasures (EP03) V1.0

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The plan should be read in conjunction with the SEL ICB Incident Response and Business Continuity Plan

Review Date: November 2025

Document Title: SEL ICB Mass Countermeasures Plan
Document Status: Approved

Page 1

Issue Date: 1 November 2023
Review Date: 1 November 2025
Version No: 1

Approved by:	SEL ICB Executive Committee	Date:	22.11.23
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Review date:	August 2025 or sooner if national guidance changes
Description:	The purpose of this document is to explain and detail the arrangements to be implemented should the requirement of mass countermeasures occur in SEL ICB
Audience:	All staff working for, or on behalf of, the ICB

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Version Control:				
Name	Date	Version	Reason	Status
Francesca Davies	14/08/2023	1	Initial Draft	Draft

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Glossary

Word	Definition
AEO	Accountable Emergency Officer – a board level director and responsible for EPRR within the organisations.
Category 1 responders	Category 1 responders are those organisations at the core of emergency response (e.g. emergency services, local authorities, NHS bodies) Category 1 responders are subject to the full set of civil protection duties.
Health Economy	A partnership of all South East London Providers.
ICS	Integrated Care System – a collation of all providers within a geographical location.
Mass Countermeasures	Mass countermeasures are a group of medicines designed for use in specific scenarios held in central stockpiles to enable the protection and treatment of the public should Chemical, Biological, Radiological, Nuclear (CBRN) materials be released either in a terrorist act or during an industrial incident.
Mass Prophylaxis	The capability to protect the health of the population through administration of critical interventions in response to a public health emergency in order to prevent the development of disease among those who are exposed or potentially exposed to public health threats.
PageOne	Critical alerting solutions

Associated documents

Key associated documents to this plan include:

- SEL ICB Incident Response and Business Continuity Plan
- On-call Handbook
- Major Incident Communication Plan
- High Consequence Infectious Diseases, New and Emerging Pandemic Plan

1. Introduction, Objectives and Scope

1.1 Introduction

This plan sits within the organisation's Incident Response and Business Continuity Policy. NHS England Framework for EPRR (2022) stipulate that Category 1 responders must link their incident response plans to specific threats such as the requirement to deliver mass countermeasures.

As part of the strategy to protect the population of the UK from the impact of an incident involving the accidental or deliberate release of certain chemical, biological or radiological agents, the UK holds bulk reserves of medical countermeasures. During an incident these would be supplied to the public, either as a prophylaxis to those considered to be at risk of exposure, or to treat symptomatic or asymptomatic people who may have been exposed to the agent.

This plan will provide detail on the support and coordination provided by South East London Integrated Care Board (SEL ICB) should the delivery of mass countermeasures be required

2. Activation and Notification

The requirement to deploy stocks of countermeasures to the public in response to an incident could be identified by a number of agencies. If Mass Prophylaxis Centres (MPCs) need to be established, the incident will likely be coordinated regionally or nationally by NHS England (NHSE) due to the scale of the incident.

NHSE will likely cascade a message either directly to organisations or via ICBs to request providers begin to establish MPCs. The initial alert message will be cascaded via PageOne or email and will include one of the following:

- Standby (Prepare to activate MPC Plans);
- Declaration (Activate MPC Plans, establish MPC, prepare to receive XXXX countermeasures);
- Stand down (Suspend MPC Operations);
- Cancel (MPC response no longer required).

Following activation, a strategic meeting will be convened by NHSE London to agree activation of mass countermeasure delivery plans. The scale of the incident may also lead to activation of the Incident Response Plan alongside mass countermeasure delivery plans and command and control measures will be enacted. SEL ICB will work collaboratively with NHSE to understand the risk for the SEL system and the need for countermeasures across the SEL NHS providers.

SEL ICB will communicate with their system providers to understand how they are impacted and the level of countermeasures required to support. Communication with NHSE will be via NHS01 in order to report the identified need for countermeasures across the system.

3. Roles and Responsibilities

The requirement for Mass Countermeasures will place additional burdens and responsibilities on all staff within the ICB. It is essential therefore that all staff are aware of the ICB's expectation in responding to the requirement for mass countermeasures. The ICB is responsible for leading the local health system and coordinating the system response whilst supporting multi-agency partners.

The roles and responsibilities described give an indication of the minimum expectations of staff in order to continue to deliver critical services, ensuring that the ICB meets its obligations to patients, staff and the public as well as its statutory and regulatory obligations.

It is important to note that ICBs will be required to work with the NHSE London team to establish the details relating to:

- The cause of the incident;
- The population affected;
- The countermeasures required;
- The quantity of the countermeasures required;
- The delivery location(s);
- The contact at the delivery location(s).

3.1 Chief Executive (CE)

The CE has overall responsibility for business continuity arrangements and emergency planning within the ICB, supported by the executive team and the Emergency Preparedness Resilience and Response team. The main responsibility for the CE and executive team is to ensure that the ICB is able to respond to the requirement of mass countermeasures, by ensuring activation of the Mass Countermeasures Plan if necessary and supporting providers to deliver their response.

3.2 Accountable Emergency Officer (AEO) - Chief of Staff

The Chief of Staff is designated the ICB's AEO under the requirements of the NHS England Emergency Preparedness Resilience and Response Framework (2022). Based on intelligence gathered at the operational meetings, the Chief of Staff or their deputy will confirm if any subsequent actions are required, including escalation of the incident, and whether activation of the Mass Countermeasures plan is required.

3.3 Emergency Preparedness Resilience and Response Team

The Emergency Preparedness Resilience and Response (EPRR) Team will work closely with NHSE colleagues, along with EPRR teams at provider organisations. A member of the EPRR team will work closely with the AEO and SEL ICB Strategic team as a tactical advisor.

3.4 Communications team

The communications team are responsible for ensuring that there is appropriate communication support and response for the SEL ICB and the wider SEL ICS.

4. SEL ICB Co-ordination

NHSE London will provide the regional coordination and SEL ICB will provide the coordination role for SEL ICS organisations for the duration of the incident. The role of the ICB will include:

- Convening SEL system meetings. These calls will be chaired by the Incident Director.
- Collating organisation sitreps for SEL and submitting them to NHSE London following sign off from the Incident Director.
- Liaising with external partners as required.
- Maintain regular communications with SEL organisations to understand the impact and any support they require.

4.1 Mutual Aid

Following confirmation of an incident where countermeasures are required across SEL ICS the SEL ICB will stand up the wider ICS through a series of Health Economy calls. These calls will be used to obtain information on the following areas:

- Provider/Organisation position;
- If countermeasures are required;
- Does the site need support in setting up and the delivery of countermeasures;
- Any other support required.

It is a requirement that all providers in SEL ICS will join the Health Economy, including Community Services, Mental Health Trusts and Primary Care Services to ensure that mutual aid requests are fully supported and understood across the ICS.

SEL ICB will also work to gather intelligence on resources and capacity available within SEL organisations, and provide leadership and decision making for the NHS in SEL to ensure a robust response to an incident.

4.2 Working with partners

SEL ICB will work and liaise with all system partners including the six Local Authorities in supporting the enactment of countermeasures, this includes during the set up and the running of the Mass Prophylaxis Centres (MPCs).

Some areas for consideration would be:

- Available resources;
- Supplies;
- IT facilities;
- Security;
- Communications;
- Rota management.

4.3 System oversight and reporting

SEL ICB will lead and compile all sitrep reporting across the SEL ICS and submit to NHSE regarding the rate of consumption of countermeasures. The reporting rhythm and breakdown will be defined by NHSE for all responses and data collections.

SEL ICB will maintain system oversight through good use of the SEL ICB system-wide Health Economy call and the daily NHSE reporting.

5. Planning Requirements

The following considerations should be addressed by provider Mass Countermeasures / Mass Prophylaxis plans. SEL ICB should consider the support and coordination it can provide on a strategic level to the below to ensure a robust and cohesive response within the ICS:

- Identification of locations for MPCs in a given ICB geography.
- Logistics of countermeasure receipt of and distribution from acute hospitals to a community of other site, if required, including licensing considerations.
- Agreement on how ICB organisations will support MPCs.
- Pathway for supply and administration of medical countermeasures that give consideration to cohorts that may have difficulty or are unable to access an MPC, as well as relevant legislation and regulations relating to medicinal products.
- Timing (to set up and staff the centre, deliver and supply the countermeasures, restock).
- Staff resources (will need to call staff in from other areas of the business and bank or agency staff may need to be considered).
- Finance (increased demand for staffing, both clinical and non-clinical, overtime costs, bank or agency staff, costs associated with equipment and resources, including consumable stockpiles. There may also be some capital and estates costs in the planning phase and facilities costs).
- Space (competing requirements, fitness for purpose, security).
- Minimising impact on business as usual.
- Accessibility to MPC or other site (specific requirements for disabilities).

6. Communications

Clear communication systems and structures should be in place to ensure accurate information is shared with all relevant stakeholders throughout the activation and operational phase of the delivery of mass countermeasures. The SEL ICB Communications Team will liaise with the Incident Management Team and the communications teams within SEL to ensure consistent and appropriate messaging is circulated.

7. Post – Incident learning

After a period of adverse weather, it is important that the ICB reflect on any potential learning that can be shared to ensure that organisational learning is captured for future requirements for Mass Countermeasures.

7.1 Hot debrief

Hot debriefs should take place immediately after the ICB has stood down their response or, if the response is protracted, at appropriate times during the response.

The purpose of a hot debrief is to identify any immediate actions required or lessons to be learned but should include anything that has had a positive impact, as well as any opportunities for improvement.

It should be considered that, although hot debriefs should ideally take place as soon as possible post incident, logistically this may not be feasible, it may also be appropriate for individuals to attend more than one and so may require coordination.

Any hot debrief notes should be collated for use during the structured debrief, to feed into the review of this plan.

7.2 Structured Debrief

A full structured debrief should be scheduled to take place six to eight weeks after the response has been stood down.

This will be led by the Emergency Preparedness Resilience and Response Team, unless directed otherwise by the incident's Strategic Commander, and will continue to cover what went well during the response and any opportunities for improvement.

All debriefs will contribute to the construction of a full post-incident report that feeds in to the EPRR action plan.

8. Training and Exercising

All staff should be aware of their role and responsibilities following the decision to deliver mass countermeasures. Regular training and exercising should be undertaken by all organisations to ensure staff remain comfortable in performing their role. SEL ICB will exercise this plan as part of the SEL ICB exercising programme. Training and exercise records for all ICB staff will be kept and maintained by the SEL EPRR Team.

Equality Analysis Screening Tool

Date of Assessment	17/08/2023
Assessor Name(s) & Job Title(s)	Amanda Wixon Corporate Lead for Emergency Planning Francesca Davies Emergency Planning Manager
Organisation	SEL ICB
Name of the project/decision	SEL ICB Mass Countermeasures Plan
Aim/Purpose of the project/decision	The purpose of this document is to explain and detail the arrangements to be implemented should the requirement of mass countermeasures occur in SEL ICB

1. Do you consider the project/decision to have an *adverse workforce equality impact and/or health inequality impact* on any of the protected groups as defined by the Equality Act 2010? Write either 'yes' or 'no' next to the appropriate group(s).

Protected group	Yes/No	Protected group	Yes/No	Protected group	Yes/No
Age	No	Pregnancy/Maternity	No	Marriage/Civil Partnership (employment only)	No
Disability	No	Race	No	Socio-economic / Deprivation	No
Sex	No	Religion/Belief	No	Carers	No
Gender reassignment	No	Sexual orientation	No		

2. If you answered ‘yes’ to any of the above give your reasons why

Not applicable

3. If you answered ‘no’ to any of the above give your reasons why

In this plan the document is written to ensure that SEL ICB is fully compliant with responsibilities in our response to activation of Mass Countermeasure as a Category 1 responder under the CCA 2004.

4. Please indicate if a Full Equality Analysis is recommended:		NO	YES
Signature of Project Lead:	Date completed		
Signature of reviewing member of Equality Team:	Date reviewed:	IF YES, BEGIN TO GATHER DATA FOR COMPLETION OF A FULL EQUALITY ANALYSIS	

The signed and completed Screening Tool should be attached as an appendix to the project/decision documentation as evidence of completion and proof of review