NHS SCOTLAND

NHS Scotland

National Incident Response Levels - Guidance for Health Boards in Scotland

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Healthier Scotland
Scottish Government

ii   Incident Response Levels

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Document Control

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Reader Information Box	
Target audience	NHS Chief Executives/Chief Operating Officer NHS Executive Leads for Resilience NHS Resilience Managers/Officers Scottish Government: Health and Social Care Directorates
Document Purpose	To provide a strategic approach to managing any type and level of incident response impacting a health board's capability to provide and maintain services and/or care to patients.
Description	Health boards should use the guidance to support local/regional governance and decision making in assessing the type and level of response required.
Superseded Documents	This is the first publication of National Incident Response guidance for Health Boards in Scotland. Table 1 supersedes previous response level tables in other documents including: • Annex B of the HealthEPRR Incident Reporting template; and • Appendix 1 of the MIMC National Plan for NHS Boards and Health and Social Care Partnerships (2021)
Action Required	NHS Boards should ensure this guidance is made available to those working on emergency incident planning and response as part of their overall approach to managing disruptive events within their organisation.
SG file reference	A46589852

Contents

1. Introduction

1.1   Purpose and Context

This guidance sets out the national incident response levels for Health Boards in Scotland. It details how Boards will be expected to undertake their responsibilities in responding to disruptive events/incidents and emergencies.

The guidance was created to complement and be used in conjunction with the *Preparing for Emergencies Guidance for Health Boards in Scotland (2023)* and *Business Continuity: Strategic Guidance for NHS Health Boards in Scotland (2023)*.

1.2   Aim of the guidance

The aim of this guidance is to **"provide a strategic approach to managing any type and level of incident response impacting a health board's capability to provide and maintain services and/ or care to patients"**

1.3   Who is this guidance for?

The guidance is primarily for use by the Chief Executives of Health Boards in Scotland in collaboration with the Chief Executive and Chief Operating Officer, NHS Scotland, and the Scottish Government Health and Social Care Directorates (SGHSCD).

It has been designed for use at local, regional, and national level, therefore those working in business continuity, emergency response and service planning should familiarise themselves with the guidance to help inform their understanding of the escalation and response process to assist planning, preparation and decision making.

Health boards should use the guidance to support governance and decision making in assessing the type and level of response required. More information on governance is provided in Section 5.

SGHSCD will use the guidance to help in the command, control, and coordination of national level incidents as necessary in line with Scottish Government objectives and responsibilities. This will include:

- supporting national level incidents and response with support from other HSC directorates;

- liaison with other SG/UKG national response structures; and

- ensure Scottish Ministers are briefed and updated throughout the incident period.

2. Incident Types And Classifications

2.1   Types of Incidents

For Health Board purposes there are three main types of incidents:

a. Business Continuity Incident
b. Critical Incident
c. Major Incident

These are defined as:

(a)   Business Continuity Incident (BCI) – an event or occurrence that reduces or might reduce, a Health Board's normal service delivery to below acceptable levels and would require special arrangements (such as temporary re-deployment of local / regional resources and mutual support) to be put in place until services can return to an acceptable level. There may also be impacts from wider issues such as supply chain disruption or provider failure.

(b)   Critical Incident (CI) – any localised incident where the level of disruption results in a Health Board losing its ability to deliver critical services, or, where patients and staff may be at risk of harm. It could also be linked to the environment potentially being unsafe and requiring special measures and support from other agencies to restore normal operating functions.

A CI is principally an internal escalation response to increased system pressures/disruption to operations delivered by the Health Board. Unlike a major incident, a CI does not have any actions prescribed by either legislation or national guidance that must be taken as a result.

(c)   Major Incident (MI) – is defined in the Joint Emergency Services Interoperability Principles (JESIP) as:

"An event or situation with a range of serious consequences that require special arrangements to be implemented by one or more emergency responder."

For Health Boards in Scotland this will cover any occurrence[1] that presents serious threat to the health of the community, or is otherwise likely to cause, such numbers or types of casualties as to require special arrangements to be implemented.

This may involve a single health board, although it is more likely to require a multi-agency response, which may be in the form of mutual aid or multi-agency support to a lead responder organisation, for example a local authority or Police Scotland.

The severity of the consequences associated with a MI are likely to constrain or complicate the ability of responders to resource and manage the incident, although a MI is unlikely to affect all Health Boards or other responders equally.

1 Including emergencies as set out under Section 1 (1) of the Civil Contingencies Act 2004.

2.2   Classification of Types of Major Incidents

The following list provides commonly used classifications for types of Major Incidents (MI). This list is not exhaustive and other classifications may be used as appropriate to describe the nature of the incident. In some situations, these classifications can also apply to BCI and CI.

- **Rapid onset/Big Bang** – develops quickly, and usually with immediate effects, thereby limiting the time available to consider response options (in contrast to rising tide) e.g. a serious transport accident, explosion, or series of smaller incidents in the same geographical Health Board area.

- **Cloud on the horizon** – a serious threat such that develops relatively quickly over a short period of time - e.g. a significant chemical or nuclear release developing elsewhere and needing preparatory action.

- **Rising tide** – develops slowly over a period of time with increasing impact – e.g. developing infectious disease epidemic.

- **Chemical, biological, radiological, nuclear and explosives (CBRNe)** – CBRNe terrorism is the actual or threatened dispersal of CBRNe materials (one or several, or in combination with explosives), with deliberate criminal, malicious or murderous intent.

- **Hazardous Materials (HAZMAT)** Commonly used in relation to procedures, equipment and incidents involving hazardous materials. HAZMAT incidents are not treated as terrorist incidents yet can require a similar NHS response.

- **Control of Substances Hazardous to Health Regulations (COSHH)** – requires adequate control exposure to materials in the workplace that cause ill health.

- **Cyber security** – a breach of a systems security policy to disrupt its integrity or availability or the unauthorised access or attempted access to a system. (Consider impact on service delivery, timescale to recovery, etc.)

- **Major Incident with Mass Casualties (MIMC)** – an incident (or series of incidents) causing casualties on a scale that is beyond the normal resources of the emergency and healthcare services' ability to manage.

2.3   Other Key Factors and Indicators which may impact/improve the incident response.

In addition to performance and delivery focussed data and intelligence, it is important that other key factors, indicators, and potential incidents are fully considered when assessing the national position of NHS Scotland. This includes (but is not limited to):

- Upcoming known events

- System pressures & capacity

- Consideration of National-level Risks, as contained in National Security Risk Assessment (NSRA) and Scottish Risk Assessment (SRA)

- Horizon scanning (risks and threats)

- Impact from non-health incidents/ response posture

- International incidents/alerts

3. Levels Of Response

An incident is described in terms of the level of response required. This level may change as the incident evolves. Incident response levels describe at which level coordination takes place. The levels in this guidance must be used by all NHS Boards when referring to incidents.

Table 1

Level	Type of Response	Responders
1	**Impact felt in a single, limited location.** Can be responded to and managed locally within respective business as usual capabilities and business continuity/emergency plans of the affected Health Board.	Local Health Board Multi-Agency/Regional (if part of Business Continuity Plans)
2	**Impact felt across a single Health Board.** Requires the response of more than one Territorial Board within a Resilience Partnership area; or Local impact on a National Board where support and coordination is required at local/regional level.	Territorial/National Health Boards Multi-Agency/Regional
3	**Impact felt across more than one Health Board and / or regionally.** Requires a response from multiple Territorial Boards across regions and/or where there is sector impact from a National Board.	Territorial/National Health Boards Multi-Agency/Regional Awareness/Advisory Role NHS Chief Executive & Chief Operating

Level	Type of Response	Responders
4	**Impact felt across several Health Boards and/or impacting national capacity and capability.** An incident that impacts the health sector across Scotland and requires national level command and control.	Chief Executive, NHS Scotland Chief Operating Officer, NHS Scotland SGHSCD: HealthEPRR Scottish Government/Ministers Ongoing Support Territorial/National Health Boards Multi-Agency/Regional

While several Health Boards may be experiencing significant or sustained pressure this does not mean that NHS Scotland (as a single national entity) is operating at the same response level. The table above provides an overview of response levels used to help determine the level of local, regional, national and/or multi-agency involvement.

Local and regional governance structures will lead the response for Levels 1-3 and provide ongoing support to national response at Level 4. National response would normally not be required below Level 3, however reporting of and communication of incidents at these levels should be part of Board arrangements. This will ensure that at a national level there is awareness of escalating incidents at the earliest opportunity. National C3 response structures would be fully activated at Level 4[2].

The criteria at Annex A sets out a range of indicators at which an incident/issue may be escalated to the next level of response. Requests to escalate an incident or issue to the next level may not in itself secure additional response measures depending on a range of factors as well as the ongoing situation. Each situation will be considered in detail along with other factors before a decision is made on what, if any, additional measures should be taken.

Health Boards must be able to demonstrate that they have identified, fully considered, and exhausted all mitigation measures and response options available to them before escalation.

2 Section 5.3 of "Preparing for Emergencies Guidance for Health Boards in Scotland November 2023

4. Risk Assessment Criteria

The level of response required will be determined using the situational risk assessment criteria detailed below. This is not an exhaustive list, as some impacts of the incident may not be evident at its outset, but indicates the form of assessment required to be undertaken, as set out in the response levels, when determining both the appropriate level of response and any subsequent escalation/de-escalation.

A. the significance of the impact upon Health Boards in terms of resources required to manage the response;

B. public perception/concern, issues of public confidence;

C. Impact on NHS reputation and relationships;

D. Implications for partners and partnerships – resources, reputation, reciprocity;

E. Complexity of the situation and associated competencies for handling;

F. Potential malicious incidents (act of terrorism, deliberate release) will escalate the response to Level 4;

G. Possibility/Likelihood of subsequent adverse events;

H. Consideration should be given to providing a response and de-escalation when appropriate;

I. A state of readiness following de-escalation of an incident in case the situation escalates again (e.g. public riots) or a very low-level response that still requires national coordination.

5. Governance and Response Arrangements

5.1   Governance Arrangements It is essential that effective governance arrangements are in place to support and evidence decision making in relation to any type and level of incident[3].

5.2 Local/Regional response

A local/regional response can be activated/escalated by a range of senior positions and command structures to lead the response at Levels 1-3.[4] It is the responsibility of the Health Board to agree and record such arrangements in relevant emergency planning documents.

5.3 National Response
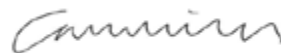
A national Level 4 response can only be activated/escalated by :

a) Chief Executive, NHS Scotland

b) Chief Operating Officer, NHS Scotland

c) SGHSCD Head of Health EPRR
   Division

Local/Regional response will continue to provide ongoing support to Level 4 national response structures as required.

5.4 De-escalation

The decision to de-escalate incident response arrangements (in part or full) will be taken in consultation with the relevant post-holder and/or group responsible for the initial activation.

Caroline Lamb
Chief Executive of NHS Scotland and Director-General for Health and Social Care

John G Burns
Chief Operating Officer NHS Scotland

March 2024

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3 Section 5.3 of "Preparing for Emergencies Guidance for Health Boards in Scotland November 2023"
4 For example, Incident management Team (IMT); Strategic Health Group (SHG) or local named C3 structures.

Annex A

Incident Response Criteria

Level 1 – Organisation level response (impact in a single, limited location)	Level 2 – Local level response (impact felt across a single Health Board)
1. Capacity and demand reaches, or threatens to surpass, a level that requires wider resources that cannot be accessed by the provider.	1. Capacity and demand reaches, or threatens to surpass, a level that requires wider resources that cannot be accessed by the Health Board.
2. A <u>Business Continuity Incident</u> that threatens the delivery of patient services.	2. A <u>Critical Incident</u> that threatens the delivery of critical services or presents a risk of harm to patients and/or staff.
3. Responding to a declared Major Incident (MI) or Major Incident standby.	3. Responding to a declared Major Incident (MI) or Major Incident standby.
4. A media or public confidence issue that may result in local interest.	4. A media or public confidence issue that may result in local or regional interest.
5. A significant operational issue that may have implications out with the area of that health board e.g., public health outbreak affecting a limited number of people in a limited area, suspected high consequence infectious disease (HCID), security incident, Hazmat/CBRNe incident.	5. A significant operational issue that may have implications wider than the local IJB/HSCP e.g., public health outbreak, suspected high consequence infectious disease (HCID), security incident, Hazmat/CBRNe incident.
	6. Impacts arising from a shortage of blood and transfusion supplies.

Level 3 – Regional/Multi-Agency level response (impact felt across more than one Health Board and/or regionally).

1. Capacity and demand reaches, or threatens to surpass, a level that requires regional/national coordination or NHS mutual aid e.g. need for HCID, burns treatment or other specialist functions.

2. A Business Continuity Incident that threatens the delivery of an essential NHS function or a protracted incident effecting one or more NHS sites/Boards.

3. A Critical Incident with potential to impact several Health Boards/national services.

4. Responding to a declared Major Incident (MI) which may have a significant NHS impact and/or the establishment of regional/multi agency level coordination.

5. A media or public confidence issue that may result in regional, national, or international interest.

6. A significant operational issue that may have implications wider than the remit of one NHS Board or region e.g., flooding, security incident, Hazmat/CBRNe incident, Critical National Infrastructure (CNI).

7. Impacts arising from a widespread and severe shortage of blood and transfusion supplies.

8. Collapse of a commissioned supplier that provides services to more than one health board area.

9. An incident that may require the request and activation of Military Aid to Civil Authorities (MACA).

Level 4 – National level response (impact felt across several Health Boards and/or impacting national capacity and capability).

1. Capacity and demand reaches, or threatens to surpass, a level that requires international coordination e.g., need for HCID, burns treatment or other specialist functions.

2. A Business Continuity Incident with the potential to impact on significant aspects of the NHS Scotland, e.g. NHSS Supply Chain.

3. A Critical Incident with potential to impact several Health Boards/national services.

4. Responding to a declared Major Incident (MI) which may have a significant NHS impact and/or the establishment of national level coordination.

5. A media or public confidence issue that may result in national or international interest.

6. A significant operational issue that may have implications across NHS Scotland e.g. Critical National Infrastructure (CNI).

7. Impacts arising from a widespread and severe shortage of blood and transfusion supplies.

8. Collapse of a commissioned supplier that provides services to more than one health board area.

9. An incident that may require the request and activation of Military Aid to Civil Authorities (MACA) or require use of legislation and/or emergency powers.

10. Activation of full national response e.g., National Strategic Health Group (SHG).