NOT PROTECTIVELY MARKED

Public Board Meeting	**May 2018** **Item No 09**

THIS PAPER IS FOR ENDORSEMENT

SCOTTISH AMBULANCE SERVICE MAJOR INCIDENT PLAN V4.13

Lead Director **Author**	Paul Bassett, Director of National Operations Stephen Massetti, Head of Risk and Resilience
Action required	The Board is asked to endorse the revised Major Incident Plan v 4.14
Key points	To provide assurance to the Board that there is a Major Incident Plan in place which covers the range of issues required and that the Service can put the plan in to practice. The plan is:- • Compiled with service-wide engagement. • Updated format designed to be user friendly. • Provides a scalable and flexible response. • Includes new patient distribution process. • Describes Fallback Dispatch for Ambulance Control Centres. • Better defined roles and responsibilities at a major incident site. • Reintroduces the 4 levels of command. • Incorporates Airwing and ScotSTAR into a single Major Incident Plan. • Can be delivered within resource but not without training and exercising. • A live document that will require periodic update.
Timing	This paper is to be discussed at the May 2018 Board meeting and is for endorsement.
Link to Corporate Objectives	Fulfilment of statutory requirements as set out in the Civil Contingencies Act (2004).
Contribution to the 2020 vision for Health and Social Care	This paper provides a framework to ensure the Service has appropriate resources in place to manage a Major Incident, thus maintaining patient safety.
Benefit to Patients	By implementing this plan it is the intention of the Scottish Ambulance Service to deliver a high level of patient care for those affected by a Major Incident.
Equality and Diversity	No adverse consequence has been identified.

NOT PROTECTIVELY MARKED

SCOTTISH AMBULANCE SERVICE BOARD

MAJOR INCIDENT PLAN V 4.14

STEPHEN MASSETTI, HEAD OF RISK & RESILIENCE
PAUL BASSETT, DIRECTOR OF NATIONAL OPERATIONS

SECTION 1: PURPOSE

The purpose of this paper is to introduce the newly drafted version of the Major Incident Plan for Board approval.

A full version of the plan is available on the Board portal for Board members to refer to.

SECTION 2: EXECUTIVE SUMMARY

This version of the Major Incident Plan is a marked departure from the previous version and format. It is a shorter document, comprising more sections and is designed as an easy to use reference guide. It addresses several previous issues including Casualty Distribution (including Mass Casualties) and Ambulance Control Centre (ACC) support to a Major Incident.

It has been written with extensive pan-Service input and has been staffed widely. It was endorsed by the Operational Management Team (OMT) in February 2018.

SECTION 3: RECOMMENDATIONS

The Board is asked to endorse Draft Version 4.14 of the Major Incident Plan. Once endorsed, the plan will be re-designated as V5.0 and published as a milestone plan

SECTION 4: BACKGROUND

General

The Major Incident plan has been in development for the last 12 months. This may seem an extensive timeline but many will recognise that the issues that have been addressed in formulating the plan have been, by nature, not straightforward to resolve. The work involved considerable internal stakeholder engagement throughout and has had to fit

within already busy diaries. The plan has been extensively staffed throughout the Service to the lead regional and departmental representatives and was presented at, and endorsed by the OMT. This version of the Major Incident plan is a marked departure in format from the previous version based on wide consultation within the Service. The format is designed to be more user friendly so that the document can be used for reference. It is presented in 8 parts rather than the previous 3 but overall is a shorter document. The 8 parts are:

Part 1 – Introduction - Includes the purpose and structure of the plan.

Part 2 – Definitions and Strategic Context - Defines a Major Incident, provides context to that definition, and describes the geography of the incident site.

Part 3 – Command, Control, Co-ordination, Communication, and Information - Describes how Command and Control is implemented, and describes roles and responsibilities both on and off the incident site.

Part 4 – Delivery of Pre-Hospital Capability at a Major Incident - Describes the activation and resourcing of the initial response, Pre Hospital Medical Care (PHMC), the patient journey from point of injury to the conveying ambulance, and patient distribution.

Part 5 – Voluntary Aid Services - This part is to follow based on decisions with respect to working alongside the Voluntary Sector.

Part 6 – Post Incident Activity - Discusses the requirement for debriefing and support to investigations, resourcing and welfare.

Part 7 – Supporting Information - comprises useful information provided throughout the plan and reproduces it in A4 format so that a page is easily printed and laminated for inclusion in a call out pack. It is designed as a collection of aide memoires for managers at all levels to help populate their incident packs.

Part 8 – Action Cards.

Principles of Approach

The principles adopted in taking forward the work have been:

a. **Inclusivity** - All departments within the Service that have both a direct and indirect role in supporting a Major Incident were engaged with collective experience and lessons learned from other recent incidents and exercises incorporated.

b. **Generating a single Major Incident Plan for the Service** - Principally working with ScotSTAR to replace their legacy ScotSTAR MI plan with a single Service plan, fit for all within the Service.

c. **Adopting a scalable and flexible response** - The planned response as described in the plan is scalable and flexible. The basic principles within it can be used at any incident where more than one resource requires management, to a Major Incident with Mass Casualties. However, to scale and flex the response appropriately requires a trained, exercised, and experienced management team.

d. **Realistic** - The plan can be delivered within current resources but not necessarily without appropriate training and exercising.

e. **Producing a Service plan for Service use** - Although the document has been produced by the National Risk and Resilience Department (NRRD), this is a Service owned plan for a Service response.

SECTION 5: DISCUSSION

Challenges

In developing the plan there have been many challenges. The main challenges have been:

a. **Command Levels** - Moving to the 4 levels of Command including clarifying the relationship between the Executive Commander, the Strategic Commander, and the supporting role of staff normally located within the National Command and Co-ordinating Centre (NCCC).

b. **ACC Response** - Formalising the structure of the response, roles and responsibilities.

c. **Casualty Distribution** - Both moving the functional responsibility from the incident site to the ACC (the Tactical Medical Advisor) where it most sensibly sits, and changing casualty distribution from a Health Board 'pull' to an ambulance service 'push' i.e. agreeing to a pre-determined 'quota' of casualties that each receiving hospital will take. This latter element is not yet resolved and is now being taken forward by the Scottish Trauma Network, however the Major Incident Plan allows the Service to deal with the process now and is flexible enough to support transition.

d. **Communications** - Rather than rely on a main and alternative Talk Group (TG) for a Major Incident, there are now several TGs identified in 3 groups. This enables the ACC to quickly assign TGs for Multi-agency Command, Ambulance Service Command, Casualty Distribution, and specialist SORT control. This helps alleviate the confusion and congestion that occurs when several functions such as incident and casualty management are run on the same TG.

e. **Forming a single Major Incident Plan that includes all Service assets (e.g. ScotSTAR)**

f. **Ensuring that the plan works alongside emerging thinking on Pre Hospital Medical Care (PHMC) Teams and the Trauma Network** – Engagement with the Associate Medical Director, ScotSTAR ensured coherence with the PHMC work. Formal engagement with the Trauma Network activity has recently been established as the Head of Risk & Resilience now represents the Service on the Scottish Trauma Network (STN) Major Incident workgroup. This has ensured coherence of the plan with both work strands.

g. **GRS** – there is now a Major Incident template which enables the Service to 'assign' individuals to a Major Incident, especially important for protracted incidents.

Dependencies

This plan has many dependencies however the most important are:

a. **Appropriate Training and Exercising** - The plan, once endorsed, will be briefed widely. However, the plan must be trained and exercised by all elements of the Service, both independently and collectively, to ensure a chance of successfully managing a large Major or Mass Casualty incident. The plan is not a Standard Operating Procedure (SOP) and could never replace training and practise.

b. **Fallback Dispatch at ACC** - ACC can only generate sufficient capacity to properly manage a large scale Major Incident if Fallback Dispatch is enacted. Indeed, Fallback Dispatch is also key to efficient Business Continuity of ACC in the event that a Control Centre is taken off-line at short notice for any reason. Generating a Fallback Dispatch process is within the ACC work plan.

c. **Pre-Hospital Medical Care** - The plan is currently coherent with the direction of travel of PHMC development. The Service must ensure it remains so.

d. **Casualty Distribution** - The plan is currently coherent with the NHS Scotland Mass Casualty plan but is also flexible enough to remain coherent as that plan transitions through the work of the Scottish Trauma Network.

SECTION 6: CONSULTATION

There has been wide consultation throughout the Service in the formulation of this plan. It is coherent with ongoing developments within Casualty Distribution and Pre-Hospital Medical Care. It has been widely distributed for comment and feedback and was endorsed by the OMT in February 2018.