

**FAO:**

Chief Executives of NHS Trusts  
Chief Executives of NHS Foundation Trusts  
NHS Medical Directors  
STP /ICS leads  
CCG clinical leads  
CCG accountable officers  
NHS England and NHS Improvement Regional Directors  
Regional EPRR leads (**please cascade to emergency planning leads in trusts and CCGs**)  
Regional Heads of Nursing (**please cascade to all directors of nursing**)  
Regional Heads of Primary Care and Regional Heads of Public Health – (for information)  
Health and Justice leads (Secure and detained estate):

Emergency Preparedness  
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Dear colleague

**COVID-19 NHS preparedness and response**

As you will be aware, the current outbreak of a novel coronavirus is resulting in national and international preparations to be stepped up.

In declaring a level 4 incident, NHS England and NHS Improvement have established an Incident Management Team (National) (IMT- N) with an operational Incident Coordination Centre established 7 days a week, working closely with the Department of Health and Social Care (DHSC), Public Health England (PHE) and other government departments.

All NHS Regions have also been asked to establish an operational COVID-19 Incident Coordination Centre to the same hours working with the national team and their NHS local organisations, CCGs, other health care providers and LRFs.

Health providers and commissioners are working together with Local Resilience Forum (LRF) partners to ensure that they are ready to respond to any outbreaks, including social care for supporting discharge and home care arrangements.

NHS England and NHS Improvement



This letter covers what is required of NHS organisations and includes annexes detailing a new requirement to establish case detection for intensive care admissions, and guidance on the decontamination of an NHS 111 coronavirus pod. We have also separately asked NHS laboratories to commence working up the PHE approved protocol test to further increase the available testing capacity for COVID-19.

To date COVID-19 has been managed as a high consequence infectious disease through our specialist centres so we could learn as much as possible about the virus and course of the illness. It is now appropriate to begin to manage some patients within wider infectious disease units and, in due course if the number of cases continues to grow, we will need to use all acute units, for example through the cohorting of patients.

Therefore, in light of the continued spread of the virus in multiple countries and the impact on health and social care we are asking all NHS organisations, following Joint Emergency Services Interoperability Principles (JESIP), to establish a COVID-19 Incident Management Team led by your Accountable Emergency Officer (AEO).

**For all NHS organisations the AEO should:**

- Establish an Incident Management Team functioning 7 days a week
- Have a single point of contact available 24/7 for liaison and coordination for all COVID-19 patient management, alerts, referrals and tracking. This is particularly important for receiving and acting on COVID-19 test results and should be available to NHSE/I regional teams, PHE, CCGs and local providers.
- Ensure the organisation has processes in place to ensure timely returns of any information needed nationally including situation reporting (SitReps). Ensure appropriate senior representation is available to join any NHS England and NHS Improvement regional teleconferences that may be called to brief on the situation.
- Ensure that all arrangements for the management of infectious disease patients, specifically those with COVID-19 are known and understood throughout the organisation (including fit testing training, Personal Protective Equipment (PPE) refresher training, and hand wash training/refresher).
- Ensure that any guidance issued by PHE and NHS England and NHS Improvement is cascaded to all your relevant staff recognising the evolving incident and frequent changes (in and out of hours arrangements should be in place). Engage with staff side organisations to support changes in working practices, risk management and staff information and safety.

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- Ensure that your procurement and materials management teams have processes in place for the close monitoring and control of PPE, medical devices and other clinical consumables required to support your response, and that staff are aware of processes for ordering additional product and identifying suitable alternatives where necessary.
- Ensure local stock levels are maintained at levels proportionate to anticipated short term demand, underpinned by regular replenishment from normal supply routes and NHS Supply Chain. Medicines, medical devices and clinical consumables should not be stockpiled by organisations or patients as this may put a strain on the supply chain and exacerbate any potential shortages. These stocks are being monitored daily, with additional stock being ordered where necessary.
- Review business continuity arrangements to ensure that you can maintain business critical services.
- Ensure that you cooperate with the Local Resilience Forum (LRF) and Local Health Resilience Partnerships (LHRPs) to review and align arrangements within the area.
- With your LRF, review your organisation's plans against the infectious disease reasonable worst-case scenario.
- Engage with your social care partners and ensure that they are ready to locally manage their residents that may be impacted and that they have infection prevention control measures in place, and their staff are aware of how to maintain these measures.
- Review mutual aid agreements with other care providers including specialist, private and voluntary agency providers.
- Ensure that any member of staff, including bank staff and sub-contractors, who has to be physically present at an NHS facility to carry out their duties, receives full pay for any period in which they are required to self-isolate as a result of public health advice.
- Notify your local NHS England and NHS Improvement Emergency Preparedness Resilience and Response (EPRR) lead of any current or scheduled works or operational changes currently affecting service delivery within your organisation.
- Refresh business continuity plans for the maintenance of essential services.

**Acute care providers** are also asked to:

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