

# Incident Management Plan for Non-Routine Incidents

## Incident Management Plan: Chief Executive Officer foreword

Reacting swiftly and effectively to food and feed incidents is a key part of the Food Standards Agency objectives.

### Document control

Ownership and maintenance of this plan and internal supporting documentation is the responsibility of the Resilience Team, part of the Incidents and Resilience Unit at the Food Standards Agency. This plan is reviewed annually.

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### Chief Executive Officer foreword

The main objective of the Food Standards Agency (FSA) is to protect public health from risks which may arise in connection with the consumption of food (including risks caused by the way in which it is produced or supplied) and otherwise to protect the interests of consumers in relation to food.

Our work not only protects people but also reduces the economic burden of foodborne illness and supports the UK economy and trade by ensuring that our food has a strong reputation for safety and authenticity in the UK and abroad.

Ensuring food you can trust is central to the FSA's mission. As the Chief Executive of the Food Standards Agency, I am responsible for ensuring that we respond effectively to food and feed incidents, as well as other crisis management issues, and that our capability is as good as it can be.

Whilst the vast majority of incidents and issues are dealt with through routine procedures, there are occasions when this protocol for non-routine incidents will be invoked due to the nature or scale of an incident or event. As well as food and feed safety incidents, this may include an animal disease outbreak or business continuity event that impacts on our business delivery or an incident that falls outside of our remit but may still require our response.

We are always improving our incident response and crisis management arrangements through training, exercising and by conducting lessons identified activity. In addition to our own internal emergency exercise programme, the FSA routinely participates in cross-government emergency exercises.

We welcome feedback on our plan as these will contribute to regular reviews and ensure that this document continues to be fit for purpose. Should you wish to comment please email the resilience

team at [resilience.planning@food.gov.uk](mailto:resilience.planning@food.gov.uk)

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# Incident Management Plan: Aims, objectives, scope and purpose of Plan

This Incident Management Plan (IMP) outlines the FSA's strategic, tactical and operational arrangements in response to non-routine food and/or feed-related incidents.

## Aim

1.1 This Incident Management Plan (IMP) sets out the framework for the FSA's response to non-routine incidents, crisis and emergencies. The IMP defines the FSA's response arrangements to a non-routine incident where the FSA takes responsibility, either by statutory requirement (as set out in the [Food Law Code of Practice](#)); and/or in its role of Lead Government Department (LGD), following an actual or potential threat to the safety, quality or integrity of food and/or animal feed; or as a supporting department.

1.2 The strategic and tactical command structures and the key principles as set out in this plan will be followed for other incidents, crisis and emergencies events, including those that fall outside of our remit, but that may require the FSA's strategic and tactical measures to aid the FSA response and / or recovery of that emergency event. For example, a business continuity incident; a non-routine policy or trade issue, or other events that have the potential to disrupt our business or a pandemic (where for example a 2-fold response is required; food safety advice and the management of the FSA's own response).

## Objectives

1.3 This plan provides a framework to meet the following objectives:

- ensure robust command and control procedures are in place that align to [UK's Concept of Operations \(CONOPs\)](#).
- ensure effective communication across all stakeholders, strategic and tactical responses are consistent and co-ordinated.
- escalation and de-escalation mechanisms and criteria are clearly defined.
- the ability to determine the key stakeholders (internal and external) and resources required to prepare, respond and recover from an effective response.

## Scope and purpose of Plan

1.4 This plan summarises key activities to be undertaken during the FSA's response to a non-routine incident or emergency. The plan sets out the strategic and tactical command and control structure and procedures for responding to and managing food and/or feed safety incidents, as well as other crisis management issues. These may include an animal disease outbreak or business continuity event that impacts on the delivering of our business or fall outside of the FSA's remit but may still require a tactical and/or strategic response. These are followed by all FSA offices across England, Wales, and Northern Ireland

1.5 The detailed processes which support this IMP are set out in a series of internal Standard Operating Procedures (SOP) and guidance.

1.6 Routine incidents and outbreaks are not within the scope of this plan. They are dealt with using the FSA's internal Routine Incident Management Plan and current communicable disease outbreak management guidance. The UK Health and Security Agency (UKHSA) ([footnote 1](#)) is responsible for health protection operations as part of its remit. is responsible for health protection operations as part of its remit.

1.7 A [memorandum of understanding with Food Standards Scotland \(FSS\)](#) is in place to ensure liaison arrangements continue to deliver a co-ordinated incident handling response across Scotland, England, Northern Ireland and Wales. The [Food Standards Scotland Incident Management Framework](#) defines how FSS led incidents are managed. This document will be used should FSS lead a non-routine food/feed incident.

1. The UK Health Security Agency (UKHSA) will be responsible for planning, preventing, and responding to external health threats, and providing intellectual, scientific and operational leadership at national and local level, as well as on the global stage. UKHSA will ensure the nation can respond quickly and at greater scale to deal with pandemics and future threats.

## Incident Management Plan: Definition of an incident

This plan sets out the strategic, tactical, and operational command and control structure and procedures for managing food and feed safety incident.

2.1 The FSA defines an incident as:

“any event where, based on the information available, there are concerns about actual or suspected threats to the safety, quality or integrity of food and/or feed that could require intervention to protect public health and/or consumers’ interests. Quality should be considered to include food standards, authenticity and composition.”

2.2 The following section covers the alerting process for the FSA to respond to an incident, as well as the activation and escalation process which ensures the incident is managed at the appropriate level of authority.

### Detection of an incident

2.3 Initial incident detection may originate from many sources, as described below.

2.4 An incident may be notified by an internal division, such as Field Operations, FSA surveillance, horizon scanning or signal monitoring. An incident may also be identified because of intelligence received or generated by the National Food Crime Unit (NFCU). Relevant information which may indicate a food or food incident is shared with the Incidents Team; this may be immediately after the receipt of information, or at a later point in the development of a strand of intelligence, for example, if a current safety concern relating to food on the market becomes apparent. Any incident that may indicate food crime will be shared immediately with the National Food Crime Unit (NFCU).

2.5 External notifications such as those from Industry and food business operators (FBOs) are reported directly to the incidents teams across England, Wales, and Northern Ireland. FSA incidents teams in England, Wales, and Northern Ireland operate a 24/7 response to food and/or feed-related and environmental contamination incidents. Members of the public can report food safety concerns to the FSA General enquiries helpline (0330 332 7149) or [submit an enquiry](#) via email.

2.6 Information on incident reporting is available on the FSA's website [report an incident](#) page. FSS has its own reporting process in place as detailed within the [Food Standards Scotland Incident Management Framework](#).

2.7 Local Authorities have a responsibility under the [Food Law Code of Practice](#) and [Feed Law Code of Practice](#) (with separate codes for England, [Scotland](#), Wales and Northern Ireland) to inform the FSA / FSS of national (non-localised) or serious localised incidents.

2.8 Some incidents, such as serious foodborne, feed borne, or animal health related outbreaks may also be notified by the public health or animal health authorities in each nation. The FSA is also informed of incidents via Other Government Departments, including FSS, and the emergency services if they consider an incident or cross cutting issues may potentially impact on food and/or feed safety.

2.9 International Food Safety Authorities Network (INFOSAN) or Import of Products, Animals, Food and Feed System (IPAFFS) are also important sources. Since the EU Transition on 1 January 2021, the UK has third country access to EU Commission Rapid Alert System for Food and Feed (RASFF) network. This allows the UK to only receive food and feed safety related information where the UK is affected.

## Classification of incidents

2.10 The FSA is responsible for responding to all food and feed incidents that it is notified of and in the initial stages all incidents will be regarded as a suspected risk to public or animal health until there is evidence to the contrary.

2.11 On receipt of an incident notification, classification of the incident is carried out by means of an Incident Classification Assessment (ICA). If during a routine incident it is considered that successful management requires levels of resources and authority beyond those available for normal incident handling, then a decision will be made based on escalation criteria whether to escalate to non-routine incident classification levels.

2.12 An incident response may also be activated for food chain integrity, food authenticity, food crime issues, business continuity or as part of a multi-agency response to an emergency or crisis.

2.13 Further information on incident classification and assessment is located at [section 4, Annex A](#).

## Escalation criteria

### Incident assessment

2.14 In responding to an Incident, there is an assessment of the risk associated with an incident, the purpose of this is to determine the potential scale, scope, nature and impact of the incident. There are several components of incident assessment, the main part is the Incident Classification Assessment (ICA).

2.15 Risk management advice and food or feed safety risk assessment can contribute to the classification of an incident; they are, however, rarely conducted for the purposes of incident classification, and would more likely be performed during the incident response. Further information on how the ICA prioritises and classifies an incident can be found in [Annex A](#).

## **Risk management**

2.16 The process, distinct from risk assessment, is the weighing of policy alternatives to accept, minimize or reduce assessed risks and to select and implement appropriate options. Risk Management is carried out in consultation with all interested parties, considering risk assessment, and other factors that are relevant for the health protection of consumers and for the promotion of fair-trade practices, and, if needed, selecting appropriate prevention measures.

## **Scientific risk assessment**

2.17 A scientific risk assessment will be undertaken to determine human and/or animal health risks associated with an incident and informs the ICA. The risk assessment is co-ordinated by the FSA's Incidents Team in England and Consumer Protection teams in Wales and Northern Ireland and in liaison with APHA, DEFRA and FSS Scientific Risk Assessment Teams where appropriate. They liaise with the relevant policy teams, who will commission a risk assessment from the Risk Assessment Unit (RAU), if required internally. The involvement of ODGs such as Department of Health and Social Care (DHSC) or Department of Environment and Rural Affairs (DEFRA) may be required. Risk assessment may also be commissioned by other government departments, to inform FSA response, e.g. by the National Response Centre who are responsible for UK public health security. In general, FSA risk assessment involves the following steps:

- Hazard identification: involves identifying biological, chemical, radiological, physical agent(s) and/or allergens capable of causing adverse health effects. In toxicology, hazard identification involves identifying the type and nature of adverse effects that an agent has an inherent capacity to cause in an organism, system or (sub)-population.
- Hazard characterisation: involves evaluating the nature of the adverse health effects associated with the hazards. In toxicology, hazard characterisation involves describing the inherent properties of an agent or situation having the potential to cause adverse effects.
- Exposure assessment: characterises the amount of a hazard that may be consumed by members of the exposed population(s). It evaluates the likely intake of hazards via food as well as exposures from other sources if relevant.
- Risk characterisation: this step draws together the information from the stages of hazard identification, hazard characterisation and exposure assessment to give an overall assessment of the nature of the hazard and the extent to which people are likely to be exposed. It estimates the probability and severity of known or potential adverse health effects in a given population to produce an overall risk estimate. The overall uncertainty associated with the risk estimate is described during this stage.

## **Criteria for escalation**

2.18 Whilst many incidents are dealt with using our routine arrangements, there are incidents that for example due to their complexity, scope /scale that cannot be resolved within existing routine arrangements and will require strategic leadership and additional resource. These incidents will be escalated to non-routine status and defined as non-routine serious, severe or major; in line with escalation criteria set out in the supporting Incident Management Co-ordination Group Standard Operating Procedures. Further detail on Incident classification can be found at [Annex A](#).

2.19 There are also levels of emergency response, set out in the UK Central Government Concept of Operations (CONOPs) that may necessitate FSA involvement in a co-ordinated

central government response. This could include leading a central response as the lead government department (LGD) for food or, where FSA may be required to provide input to ensure the remediation of that incident / emergency and the longer-term recovery. For example, through providing guidance, co-ordination, people, expertise, or specialised advice depending on the nature of the emergency and its impact.

2.20 Making sure the incident, emergency or business continuity event is managed at the appropriate level is key to a successful response. Depending on the issue it is the responsibility of the following individual to consider escalation.

- Food and feed safety incidents - Incident Manager or Head of Incidents / Consumer Protection Division (CPD)
- Business Continuity – Head of Resilience
- Emergency – Any member of the senior or Executive Management Team

2.21 Escalation to non-routine status is considered even when the FSA is not the LGD. A strategic and /or tactical response from FSA may be required for the co-ordination and remediation of that incident. An example of this may be an animal health related incident (for example, infectious and/or notifiable disease). Figure 1 sets out the incident escalation process.

2.22 Rapid escalation: In the case of an obvious severe incident the escalation steps may be taken rapidly. The Head of Incidents and Resilience Unit (IRU) will notify the Director of Operations the Chief Executive Officer (CEO) and other relevant Directors.

2.23 Major incidents: Escalation to a Major incident will occur if the severity of the incident is such that it may threaten serious damage to human welfare, or serious damage to the environment or have long term impacts on the food / food supply chain. In such cases it may be classed as an 'Emergency' in the terms of the Civil Contingencies Act (2004). Those with FSA strategic oversight responsibility will communicate with Cabinet Office and the COBR Unit who will then decide whether a central co-ordinated government response is required, and Cabinet Office Briefing Room (COBR) should be activated or devolved equivalents. This level of emergency is defined in CONOPs as Serious Level 2.

2.24 Escalation to International stakeholders: In the event of a major food or feed related incident occurring at international level, the FSA's UK and International Affairs Directorate are responsible for the coordination of communication and engagement at cross-government, EU and international level.

### **Figure 1: Incident escalation process**

2.25 Refer to [section 4 in Annex A](#) for further information on how the scale of impact affects the level of the FSA's response.

## **Incident Management Plan: Management of a non-routine incident, de-escalation and closure**

The FSA operates the same incident response structure, applying the procedures coherently, across England, Wales and Northern Ireland.

### **Command and Control set up for non-routine incident**

3.1 CONOPs and ISO Standards: 22361:2022 Security and Resilience are the legal and doctrinal framework that Central Government operate from for emergency response arrangements and are the default starting position for emergencies irrespective of cause. These set out guidelines that help plan, establish, maintain, review, and continually improve a strategic crisis management capability. All departments across HMG have a responsibility to plan, train and exercise for handling incidents and emergencies, maintaining a state of readiness and building resilience.

3.2 In the FSA, once an Incident has been declared as non-routine the basic principles apply in setting up the command and control structure. These arrangements can be scaled up to manage large incidents as well as those incidents that fall outside our remit but may require both a tactical and strategic response from the FSA in their approach.

3.3 The FSA operates the same incident response structure, applying the procedures coherently, across England, Wales, and Northern Ireland. The FSA incident response teams located in each FSA's office lead the response to serious incidents within their area depending on the

geographical area affected. FSS, following their own procedures, lead on incidents within their country and work closely with the FSA. In line with the FSA/FSS MOU, there may be occasions where FSS lead a UK wide incident. In such circumstances, the FSS Incident Management Plan will be followed, unless it is mutually agreed that it is more appropriate for FSA to lead.

## **The Daily Rhythm**

3.4 The daily rhythm is the routine of events (briefings, teleconferences, meetings etc.) at set times that are designed to flow from one to another, providing a sense of continuity and familiarity to the handling of an incident. It does not need to be taken literally, in that meetings must occur daily but sets out the sequence of events preceding meetings and the processes that follow meetings at the tactical and strategic levels. Although the daily rhythm is usually set early in an incident, it can change as the incident develops and should consider meetings held by FSS as part of the control and command structure.

3.5 It should be noted that when COBR or its equivalents in Wales and Northern Ireland are convened, the daily rhythm should take account of the requirement to submit information for the Common Recognised Information Picture (CRIP), two hours before COBR or its equivalent meet. The procedures to be followed when COBR or its equivalents are invoked are contained in the CONOPs.

3.6 The Agency has internal SOPs that set out the roles and responsibilities that may be required during a non-routine incident and the purpose of each of those roles.

3.7 The following sections provides an overview of some of the key roles within the response to a non-routine incident.

## **Incident Manager**

3.8 Depending on the nature or scope of an incident, one of the following may be appointed as the Incident Manager: the Head of Incidents, from the Incidents and Resilience Unit (IRU), the Head of Incident Management in Wales, the Head of Consumer Protection in Northern Ireland; the head of a division for the relevant operational area or the head of a policy team with responsibility for the issue.

3.9 The Incident Manager takes responsibility for the ICA and the risk management of the incident, making sure the FSA is effective in taking corrective action. The Incident Manager will need to be able to understand the technical issues and the nature of the risk management strategies needed and co-ordinate situational awareness to inform the IMCG.

## **Incident Management and Co-ordination Group (IMCG)**

3.10 The objective of IMCG is to manage, co-ordinate and deliver a proportionate response at a tactical level for non-routine incidents classified as serious. IMCG will co-ordinate and manage the incident at the tactical level and commission the risk assessment. For incidents classified as severe and major, IMCG will in addition support and deliver the strategic direction, leadership and decision making provided by the Strategic Incident Oversight Group (SIOG).

3.11 Membership of the IMCG will be decided on the classification level and location of the incident. Other government departments may have input into the incident if there are cross cutting issues and may be invited to be members of IMCG. The higher the level of classification, the greater the expectation for more senior staff or OGD representation to attend.



3.12 For serious incidents and above, the IMCG will consider the meeting frequency or “[Daily rhythm](#),” be responsible for producing a Situational Awareness Report (SitRep), make decisions on the implementation of the Emergency Call Handling Centre (also known as the incidents hotline) if required, and the set-up of any stakeholder liaison meetings. In addition, it will also consider creating operational leads, staff resourcing, financing; and establishing taskforces to manage work streams.

3.13 Decisions and issues that require strategic input and direction will be escalated by the IMCG Chair to SIOG.

3.14 The IMCG will be maintained for the duration of non-routine incidents and de-escalate as quickly as possible once the incident response has met the criteria requirements for routine handling.

3.15 The purpose, membership and example agenda for the IMCG are set out in the internal IMCG SOP.

## **Incident Management Co-ordination Group (IMCG) Chair**

3.16 Depending on the nature of the incident or emergency response IMCG should be chaired by a senior individual responsible for the subject matter concerned. Where an individual cannot be immediately identified one of the following will act as the default chair - the Head of Incidents and Resilience Unit, the Head of Incident Management in Wales, or Head of Consumer Protection in Northern Ireland.

3.17 The IMCG chair is appointed by and accountable to the Strategic Incident Director (SID). If there is no SID in place the IMCG Chair is appointed by the Director of Operations. The IMCG Chair responsibilities include managing the tactical response, updating the SID, owning the SitRep and attending and updating SIOG when set up. If there is no SIOG set-up, the IMCG Chair will provide updates at an agreed frequency to the SID, CEO and FSA Board.

3.18 The IMCG chair must make sure that plans for communications with external stakeholders, for example, OGDs, LAs, Primary Authorities (PAs), and where appropriate, industry and consumer groups, are in place to ensure engagement, where suitable. For more information on FSA Communications and Engagement see [Section 5](#).

## **Strategic Incident Oversight Group (SIOG)**

3.19 The overarching objective of SIOG is to provide strategic leadership and decision-making. This includes, setting the strategic direction for IMCG to enable a proportionate response to an incident classified as severe or major to be delivered. Once the strategy is set, SIOG will direct, support, and provide oversight for the implementation of operational delivery by the IMCG.

3.20 SIOG are responsible for making strategic decisions based on the risk management advice to enable IMCG to deliver the response. If the actions, as a result of the incident response, would exceed the Board's agreed risk appetite the CEO or SID will consult the FSA Chair as soon as possible.

3.21 The purpose, membership, example agenda and template meeting note for the group are set out in the SIOG SOP. Senior members of FSS will be invited to attend.

## **Strategic Incident Director (SID)**

3.22 The SID is responsible for the strategic oversight of the incident. The SID is appointed by the CEO and will usually be the director most relevant to the incident. Depending on the nature of the incident, the CEO may decide to assume the role of SID themselves. The SID is responsible for activating the strategic management structure, including convening the SIOG that they will then usually chair. They will also be responsible for providing updates to the CEO (if the CEO is not attending SIOG), FSA Chair and Board.

3.23 The SID is also responsible for convening any briefing or stock-take meetings with their counterparts in OGDs, co-ordinating these with the incident [Daily rhythm](#) as required and establishing strategic level cross-government lines of communication. The SID will also lead on the liaison with the COBR Unit or its devolved equivalent.

3.24 The FSA's internal roles and responsibilities SOP sets out the role and responsibilities of the SID and SIOG Chair during a non-routine incident.

## **FSA Chief Executive Officer (CEO)**

3.25 The CEO has overall responsibility for decision making and resolution of incidents.

3.26 In a major incident or emergency the CEO will chair the SIOG assuming the role of the Strategic Incident Director (SID). In less complex incidents or when the situation has stabilised, the CEO can decide to delegate this role including the 'power of decision' to the director most relevant to the incident who then becomes the SID.

3.27 The CEO and SIOG Chair (if the CEO is not the SIOG Chair) are responsible for keeping the FSA Chair informed of non-routine incident developments; the frequency will be determined by the incident [daily rhythm](#). These discussions are also opportunities for consulting the Chair ahead of possible major decisions, recognising that the formal decision-maker is the CEO.

3.28 When the FSA are the LGD it is normally expected that the most relevant party, or party requested by the COBR Unit, with expertise on the situation would attend. In the event of a COBR (O) or COBR (M), the most relevant party with expertise of the situation would attend. The CEO and/or SID (if role has been delegated) will be responsible for providing any briefing or preparation for the attending Minister. Briefing or verbal preparation for the attending party would be prepared by IMCG.

3.29 The FSA's internal roles and responsibilities SOP sets out the role and responsibilities of the CEO during a non-routine incident.

## **FSA Chief Scientific Advisor**

3.30 The Chief Scientific Advisor (CSA) as being closest to the scientific evidence surrounding the incident, is responsible for the rigour and reliability of the risk assessment produced by the FSA and is responsible for providing challenge and comment, as necessary. The CSA is responsible for assuring that any published version of the risk assessment is understandable by a lay audience. The FSA's internal roles and responsibilities SOP sets out the role and responsibilities of the CSA during a non-routine incident.

## **FSA Chair and FSA Board**

3.31 The FSA Chair and Board will be kept updated at an agreed frequency on non-routine incidents by the CEO (or SIOG Chair) through existing channels. The CEO (or SIOG Chair) will update the FSA Chair, in advance, wherever possible on issues that carry significant risk.

3.32 As is normal between meetings of the Board, the FSA Chair has the delegated authority to act on behalf of the Board in order to deal with the business of the FSA. The FSA Chair will update the Board at the earliest opportunity, as part of responding to any incident. Where, in the opinion of the Chair, significant operational matters go beyond the Board's risk appetite, the Chair shall report to the Board at the earliest opportunity on any action that he/she may take. The Board may decide to hold an extraordinary meeting to assess risk if it is intended to go beyond the Board's risk appetite. The CEO or SID, informed by the SIOG, will consider the possible impacts of such a decision and, where possible consult the Chair for their view on potential consequences.

3.33 The FSA's internal SOPs provides further information on the role of the FSA Chair and Board during a non-routine incident.

## **Incident Response Meeting Secretariat**

3.34 For non-routine incidents, the Incident Response Meeting Secretariat will issue a calling notice for the IMCG meeting or a SIOG meeting and set the [daily rhythm](#), in collaboration with the IMCG Chair. Representation from the FSA offices in Wales, Northern Ireland and FSS will be included.

3.35 Meetings are virtual by default and the standard calling notice includes details of MS Teams call dial in procedures or MS Team meeting arrangements. The incident response meeting secretariat instructions contains more information on the Incident Secretariat.

## **FSA Emergency Response Support Team (FERST)**

3.36 The FERST provides a surge resource of volunteers who can provide additional support to IMCG and SIOG in responding to a non-routine incident and/or emergency.

## **Operational cascade briefings**

3.37 Any operational leads will be confirmed by the IMCG. They are responsible for specific areas of the FSA's emergency response and will be expected to attend IMCG meetings and other related meetings. Operational leads are responsible for briefing their team members on the outcomes of these meetings.

3.38 It is important for operational leads to hold cascade briefings on a regular basis with their team members (this may be on a daily or more frequent basis). The briefings will cover relevant outputs from the IMCG, SIOG or bird table meetings. Tasks for the team will be assigned, timescales agreed, quality standards set and clearance routes for work sign off will be established.

3.39 Further information on Cascade Briefings is contained in the Operational cascade briefing standard operating procedure.

## **Resilience during protracted incidents**

3.40 During an incident with a prolonged response phase, it is the responsibility of the IMCG, the Incident Manager, and when necessary, the SID to establish robust resourcing arrangements to ensure that staff involved in the response can be rotated and rest periods taken. Rotation of staff should be co-ordinated, with handover procedures put in place.

3.41 A flexible approach is employed between FSA Incidents Teams in the three countries (and in liaison with the FSS) to address resource shortfalls and ensure the well-being of staff. Further to this, the FSA will muster suitable resource from across its structure to support and undertake specific roles and functions as the response dictates. Where necessary decisions may be taken to secure additional external resource from outside the FSA.

## **De-escalation and closure**

3.42 As the incident draws towards resolution, it is appropriate to de-escalate to a lower level, to handle the response as routine business or close the incident. De-escalation will be based upon agreed criteria set out by SIOG and/or IMCG and the agreed criteria being met to inform the decision to de-escalate. The decision will be taken by SIOG and IMCG collectively. The incident de-escalation process from non-routine to routine or closure includes considering whether the incident has met the agreed criteria for de-escalation from non-routine in consultation with the relevant subject matter expert (SME). Where:

- the de-escalation criteria have been assessed, but have not been met the incident will continue as non-routine and follows the usual process.
- the de-escalation criteria are met and SIOG (if stood up) or SID agree with IMCG recommendation to de-escalate, the incident will then return to routine or if appropriate closed.

3.43 All response level changes will be communicated formally to those involved in the response, internally and externally. Options to be considered during incident closure should include handing over to FSA teams that can carry out surveillance or monitor corrective measures.

3.44 Any decision to de-escalate or close an incident may need to consider any specific requirements for recovery. The IMCG should consider the necessary strategy, resources, and authority for successful recovery. The examples of incidents, where recovery is a consideration, are radiological incidents and/or other environmental contamination affecting food. Recovery for major incidents should follow the procedures set out in the CONOPs using command and control arrangements in place for a major incident.

3.45 Once closed, all non-routine incidents are subject to incident review – see [Section 6](#) incident review and planning.

## **Information management**

3.46 All information relating to an incident is accurately documented and captured on the FSA records management system to ensure that decisions can be justified, and activities can be evidenced.

3.47 All key business information/official record sets are information assets and must be listed on the information asset register.

# **Incident Management Plan: Major incidents - UK government response**

The Cabinet Office, in consultation with No.10 and the LGD, will decide whether an emergency response should be co-ordinated by central government.

4.1 If an incident is serious enough to threaten a wide and/or prolonged impact requiring central government co-ordination and support from several departments and agencies, the central government response will be co-ordinated from the Cabinet Office under the leadership of a LGD. Central government will manage this response in accordance with CONOPs, which sets out arrangements for responding to and recovering from emergencies requiring co-ordinated central government action. FSA incident response arrangements will operate within the central government emergency response structure. Cabinet Office, in consultation with No.10 and the LGD, will decide whether an emergency response should be co-ordinated by central government.

4.2. The SIOG with input from the IMCG will decide if/when during an incident that the COBR Unit should be notified and inform the COBR Unit. This will normally be undertaken by the SID.

4.3 Depending on the severity of an event, discussions will take place between the LGD, the Cabinet Office and No.10 regarding which of the central government emergency response arrangements are required, which may result in an activation of COBR (for further information see [Annex B](#)).

4.4 Activation of COBR facilitates decision making and allows the rapid execution of the co-ordinated central government response. Where COBR (Ministerial) is activated for a food and/or feed-related incident and the FSA is considered the LGD, the Parliamentary Under-Secretary of State for Public Health will normally represent the FSA at Ministerial level COBR meetings.

4.5 The FSA Chair, CEO or designated deputy will brief the Minister in advance of the meeting. The FSA may receive an invitation to attend COBR Ministerial meetings and the FSA Chair and FSA Chief Executive Officer will decide who will attend. This will normally be the most relevant party with expertise to the situation.

4.6 Similar FSA representation to those carrying out Ministerial COBR briefing could be expected at COBR (Officials) meetings. Invitations for the FSA to attend COBR (Ministerial or Officials) will be circulated by the COBR Unit.

4.7 Where FSA is considered the LGD for an incident affecting Wales or Northern Ireland solely, then the FSA Director with responsibility for Wales/Northern Ireland may be required to attend the relevant COBR equivalent as the designated Deputy. There may be also occasions where another department is lead but the FSA presence at COBR is required to support the cross-government response.

4.8 Further detail on central government emergency response arrangements is set out in [Annex B](#) – UK Government Response: description of emergency response arrangements and how they apply. [Annex B](#) provides information on COBR, the Scottish Government Resilience Room (SGoRR); the Emergency Co-ordination Centre Wales (ECCW), the Civil Contingencies Group Northern Ireland (CCGNI), the [Scientific Advisory Group for Emergencies](#) (SAGE), the Common Recognised Information Picture (CRIP); the LGD; the [Scientific and Technical Advisory Cells \(STACs\)](#) and the [News Co- ordination Centre \(NCC\)](#).

**Figure 3: FSA command and control interface with national emergency structures**

4.9 How the FSA command and control structure links to central government response is shown in the above diagram (figure 2). This sets out the emergency response mechanisms across central government in relation to the FSA's incident response at strategic, tactical, and operational levels.

## **Incident Management Plan: Communications and engagement**

The FSA is committed to being as open as possible about what we do and why we are doing it.

### **Communications**

5.1 Communication during an incident is key, not just to the public but to other stakeholders too, whether they are industry, consumer groups, the media, LAs, Government Ministers or other national or international agencies. The FSA is committed to being as open as possible about what we do and why we are doing it. The FSA will:

- give consumers and stakeholders suitable information where they need to act.
- Be open about emerging incidents and what the FSA is doing to investigate them, even if we do not know the source.
- Provide response as appropriate to media enquiries.
- Protect enforcement action or legal proceedings by not publishing information that may prejudice investigations, unless the need to protect consumers would require immediate release of information.

### **Communications management**

5.2 When a high-profile incident is particularly widespread or poses an immediate risk to people's health, the FSA will issue communications, including news stories, sharing information on social

media, and responding to requests for information from the media and the public. The FSA will act as the main source of information on food and feed related issues during incidents and will work collaboratively with others to cascade information to the public, industry, and businesses as well as OGDs, Non-Government Organisations (NGOs) and LAs.

5.3 Where OGDs are leading the investigation, the FSA will work closely with them. The FSA applies the same approach to risk assessment and risk management across England, Wales, and Northern Ireland, and will manage its communications in the same proportionate and considered manner. The FSA also works closely with FSS to ensure that messages are consistent.

## **Communications approaches**

5.4 In any high-profile incident that relates to food or feed, there are a variety of people who need to be kept informed. They include:

### **Consumers**

5.5 When an incident is considered serious with an immediate risk to the public, the FSA will seek to rapidly reach consumers using a mix of channels, to give context and further explanation of risks.

5.6 The FSA will also consider whether to give the public information about an ongoing incident even if the cause is not known if it is appropriate to do so. An example of this might be an outbreak of foodborne illness spread over several weeks or months, where there is a spike in cases linked to a common strain of pathogen. Often, the actual source takes time to investigate and even establishing a link to food can be difficult to prove.

5.7 The FSA will be open and factual in its communications about the potential risk, the products affected, and the advice given. The FSA will state what actions the FBO involved has taken/is taking (for example, to remove the product from sale) and give advice if they have the affected product or have already consumed it.

### **Industry and local authorities (LAs)**

5.8 Many incidents will require close collaboration with industry and LAs on communications. We will work with FBOs on steps they are taking to highlight a recall through social media, displaying point of sale notices or other means.

5.9 On occasion, the FSA may still feel it necessary to publish a news story when the relevant FBOs are taking all the appropriate action in withdrawing or recalling an affected product.

5.10 The FSA will, where appropriate, show news stories to relevant FBOs and LAs in advance of publication to confirm factual accuracy. The FSA will be prepared to consider new information or additional comments, if they are relevant, but will retain full editorial control.

### **Media Handling**

5.11 The FSA spokesperson will be the person who will give the public the most confidence in the FSA's response to the incident. This will be agreed by SIOG based on advice from FSA Comms. Although each incident is different, the spokesperson is most likely to be either the CEO or SID if the request is about our response, and/or we have an 'ask' for the business or the public, and/or the CSA if the request is about the risk assessment or science. If it is about commenting to the public on the FSA's competence, this is likely to be the FSA Chair.

## **FSA Board and Staff**

5.12 We will use our internal communications channels to ensure we keep FSA staff updated during non-routine incidents as agreed in the IMCG / SIOG incident communications strategy.

5.13 The SIOG chair will be responsible for providing updates and agreeing the frequency of updates between the FSA Board, the FSA Chair and SIOG.

## **Ministerial Communications**

5.14 The SID through the SIOG will lead on updates to Ministers working across the Devolved Administrations as appropriate. Frequency is determined by SIOG as part of the incident Daily-Rhythm. Further information on FSA's communications with Ministers is included in the FSA's internal SOPs.

## **FSA in support**

5.15 In multi-agency incidents / emergencies where the FSA is not the lead department, the agency adopts a supporting role. In such cases, the FSA will contribute risk assessments, scientific evidence, and risk management advice through Strategic Coordination Groups (SCG) as per the emergency response framework set out in the Civil Contingencies Act 2004.

5.16 When the FSA is in a multi-agency supporting role, the CONOPS principles as laid out in the FSA's non-routine incident management plan will apply.

5.17 Where there are wider political and public policy considerations, Ministers may want to make final decisions on risk management although the FSA reserves the right to publish independent advice if deemed appropriate.

## **Engagement**

### **Linking to Other Government Departments (OGDs) and Agencies**

5.18 To ensure clear understanding of roles and responsibilities across UK government, the FSA has close working relationships with all the relevant government departments and agencies.

5.19 In the event of a non-routine incident, we will work with OGDs or agencies, as appropriate. The nature and scale of the incident will determine which organisations need to be involved and in what capacity.

5.20 Often, OGDs will lead on specific incidents, for example DHSC and the relevant public health authority will lead on the public health impacts of foodborne illness outbreaks. In these instances, the FSA command and control structure may be set up to inform the OGD's response and to cover the FSA's areas of responsibility. The FSA escalation process should reflect its lead government responsibilities or supporting role, when dealing with food contamination during a foodborne outbreak.

5.21 The IMCG, in liaison with the Incident Manager, will consider options for communication including hosting meetings with relevant government officials across the UK, setting up 'bird table' meetings, inviting representatives from OGDs to be a member of IMCG or arranging exchange of information through sharing of incident Sit-Reps.

### **Linking to Local Authorities (LA)**



5.22 Consideration of enforcement action required will be carried out as part of the FSA command and control processes.

5.23 The FSA works with LAs as set out in [The Food and Feed Law Codes of Practice and practice guidance](#). The expectations for action taken by LAs are communicated by various mechanisms. Plans for broad enforcement controls, such as sampling plans and advice to FBOs, may be decided at FSA strategic or tactical levels and funding considered. IMCG will engage with those LAs on decisions made during a serious incident.

5.24 The decision on taking legal action against an FBO will need to be made in accordance with relevant legal requirement, the LA's own enforcement policy and the Food and Feed Law Codes of Practice, at LA level and in close liaison with the FSA. During an FSA major incident, the LAs may enact their local emergency procedures (via their own Local Resilience Forums) setting up their own strategic co-ordination mechanisms, which the FSA may be invited to attend.

5.25 The FSA is responsible for actions taken by dairy hygiene inspectors, wine inspectors and meat hygiene teams.

5.26 Enforcement action may take place through activity linked to a food crime investigation by NFCU, whether undertaken with partners or unilaterally.

5.27 There are instances where enforcement activities may be required in liaison with other government partners, such as DEFRA's agencies or DAERA. In these cases, the FSA will work closely with partners through the mechanisms outlined above.

5.28 Figure 3 (below) displays the FSA's response at a tactical and operational levels and the tools it uses to communicate and share information with internal and external enforcement partners.

#### **Figure 4: FSA enforcement partners**

## **International links**

5.29 Although the UK has left the EU, the FSA continues to liaise with the EU Commission on Crisis management as a matter of best practice and following the UK's international obligations.

5.30 The FSA's Incidents Team is the national contact point in the International Food Safety Authorities Network (INFOSAN) – run by World Health Organisation (WHO) and the Food and Agriculture Organisation of the United Nations (FAO) for communication between national food safety authorities regarding urgent events.

5.31 INFOSAN, is used to exchange information on serious risks to public health in relation to food and feed which might impact on other countries, this function is based on International Health Regulations 2005.

5.32 The UK shares a land border with the Republic of Ireland (RoI), and the FSA and the Food Safety Authority of Ireland (FSAI) work closely together to ensure the effective management of food incidents occurring in either or both jurisdictions. This arrangement is formalised by a Memorandum of Understanding between the two organisations. The FSA also works with the Department of Agriculture, Food, and the Marine (DAFM) in the RoI, via the established links with FSAI. A multi-agency approach is taken involving the relevant UK and RoI authorities to address

non-routine incidents affecting either or both jurisdictions.

5.33 Where appropriate (for example where deception or fraud in another country is suspected as being a contributing factor to the root cause of an incident), the NFCU currently has the capability to share requests for assistance with EU member state food fraud contact points, via a protected section of the AAC IT platform while available or via established bilateral country contacts.

## Incident Management Plan: Incident review and exercise planning

A review process takes place for those non-routine incidents where lessons have been identified.

### Incident review

6.1 A review process, including root cause analysis (RCA) methodology, will take place for those non-routine incidents where lessons have been identified.

6.2 The FSA's Emergency Preparedness Resilience & Response Board (EPRRB) has oversight responsibility for making sure the FSA identifies lessons from incident review and emergency exercises to ensure FSA capability in this respect is maintained.

6.3 It delegates functions relating to incident review planning to the Incident Review Sub-Group (IRSG). This is to ensure incident handling continually improves and to understand the root cause of incidents to help prevent future incidents of a similar nature. The FSA may undertake joint reviews with partner organisations.

6.4 Various mechanisms for review exist and a single review may include more than one of the mechanisms shown in the table below.

**Table 4: Timescales for incident review type**

Review type	Timescale
Hot wash up or hot debrief	Within two weeks after the incident has been closed or period of duty if incident is protracted with responders (at each location).
Organisational debrief (cold debrief)	Within eight months post-incident
Multi-agency debrief (cold debrief)	Within four to six weeks post-incident

Review type	Timescale
Third party post-incident report	For protracted or high impact incidents, the FSA may commission a third-party post-incident report. Timescales for these would need to be agreed and would be supported by terms of reference. Output will be in the form of a report with recommendations.

6.5 The IRSG advises on case-by-case basis, on the method of review. In general, cold debrief workshops are mainly used for multi-agency incidents involving external stakeholders, and questionnaires are used for review of incidents managed internally.

6.6 Review reports are submitted to IRSG and may be submitted to the EPRRB.

## Root Cause Analysis (RCA)

6.7 RCA allows food businesses to identify the initiating cause(s), which led to the food incident and, additionally, the stage at which intervention could reasonably be implemented to mitigate risk and prevent future recurrence. Therefore, it provides a better understanding of when, why, and how food safety incidents occur in accordance with the [Food Law Code of Practice \(England\), Chapter 5](#).

6.8 Alongside other bodies of work, the FSA encourages FBOs to conduct RCA after a food incident has occurred (especially when a recall of a product was required) and share the learnings. This helps the FSA to identify emerging incident causal factors, best practice and working with industry/enforcement bodies to mitigate future incidents.

6.9 Where an element of food crime is involved, or suspected to be involved, in the RCA of a food incident, it will be necessary for evidence gathering opportunities to be considered before a food business is requested to perform such an analysis, if it is even appropriate in these circumstances for such an analysis to be requested. This evidence gathering could include the procurement of witness accounts or exhibits in a prompt and evidentially sound manner.

## Exercise planning

6.10 The FSA builds and embeds lessons identified from exercising and practicing (repetitive activities that focus on specific skills) as well as from reviews of incidents to continuously improve organisational-wide incident resilience and capability.

6.11 The EPRRB oversees the FSA's emergency exercise programme which includes a training and drilling programme. The programme includes participation in exercises led by OGDs.

6.12 The FSA exercise programme has two basic aims:

- to exercise the FSA IMP and associated SOPs to ensure its fitness for purpose,
- to involve FSA staff in emergency exercises as part of maintaining a capable cadre of staff trained to take on incident and emergency response roles and maintain FSA competency in this area.

6.13 Post exercise reports are produced, and any actions added to the Central Actions Log (CAL) which is monitored by EPRRB.

# Incident Management Plan: Glossary

Glossary for the Incident Management Plan for Non-Routine Incidents.

- AAC Administrative Assistance and Co-operation platform
- APHA Animal Health and Plant Health Agency
- BAU Business as Usual
- BEIS Business Energy and Industrial Strategy
- CAL Central Actions Log
- CCGNI Civil Contingencies Group Northern Ireland
- CEO Chief Executive Officer
- CEFAS Centre for Environment, Fisheries and Aquaculture Science
- CMG Crisis Management Group
- CPD Consumer Protection Division
- COBR Cabinet Office Briefing Room
- COBR Unit
- CONOPs UK Central Government Concept of Operations
- CRIP Common Recognised Information Picture
- DAERA Department of Agriculture, Environment and Rural Affairs
- DAFM Department of Agriculture, Food, and the Marine
- DCLG Department of Communities and Local Government
- DEFRA Department for Environment and Rural Affairs
- DHSC Department of Health and Social Care
- DLUHC Department for Levelling-up, Housing and Communities
- EA Environment Agency
- ECCW Emergency Co-ordination Centre Wales
- EPRRB FSA's Emergency Preparedness Resilience and Response Board
- FAFA Food Alert for Action
- FBO Food Business Operator
- FCO Foreign and Commonwealth Office
- FSA Food Standards Agency
- FSAI Food Safety Authority of Ireland
- FSANI Food Standards Agency Northern Ireland
- FSAW Food Standards Agency Wales
- FSS Food Standards Scotland
- HMG His Majesty's Government
- HO Home Office
- ICA Incident Classification Assessment
- IMP Incident Management Plan
- INFOSAN International Food Safety Authorities Network
- IMCG Incident Management & Co-ordination Group
- IRSG Incident Review Sub-Group
- ISR Incident Situation Report
- IRU Incident and Resilience Unit
- LA Local Authority
- LGD Lead Government Department
- MS Teams Microsoft Teams
- NCA National Crime Agency
- NCC News Co-ordination Centre
- NFCU National Food Crime Unit
- NGOs Non-Government Organisations
- NSC National Security Council
- OGDs Other Government Departments

- PA Primary Authority
- PHW Public Health Wales
- PHA Public Health Authority
- RAU Risk Assessment Unit
- RAM Receipt and Management System
- RCA Root Cause Analysis
- RIMP Routine Incident Management Plan
- RoI Republic of Ireland
- RPA Rural Payments Agency
- SAGE Scientific Advisory Group for Emergencies
- SEPA Scottish Environment Protection Agency
- SGoRR Scottish Government Resilience Room
- SID Strategic Incident Director
- SIOG Strategic Incident Oversight Group
- SIT REP Situational Report
- SOP Standard Operating Procedures
- STAC Scientific and Technical Advisory Cells
- UKHSA United Kingdom Health Security Agency
- WHO World Health Organisation
- WRF Welsh Government Resilience Forum

Outbreak - “an incident in which two or more people experiencing a similar illness are linked in time or place; a greater than expected rate of infection compared with the usual background rate for the place and time where the outbreak has occurred; a single case for certain rare diseases such as diphtheria, botulism, rabies, viral haemorrhagic fever or polio.”

Public Health England Communicable disease outbreak management – with separate guidance for:

- [England](#)
- [UKHSA](#)
- [Wales](#)
- [Northern Ireland](#)
- [Scotland - Guidance on the management of outbreaks of foodborne illness in Scotland](#)

Public health authorities in UK nations: UKHSA ([footnote 1](#)), Public Health Wales, Public Health Agency (NI), [Public Health Scotland](#). For UK-wide outbreaks United Kingdom Health Security Agency (UKHSA) usually takes the lead, working closely with health departments in other UK Nations, unless mutually agreed otherwise.

1. Responsible for health protection operations

## **Incident Management Plan: Annex A – Routine (Operational) incident management**

Incidents Team response to routine incidents.

### **Incidents Team response to routine incidents**

1. The Incident Team in England, Consumer Protection Teams in Wales and Northern Ireland provide the administrative and investigative lead for all food and/or feed-related incidents.
2. The Head of Incidents / Incident Management/ Consumer Protection will usually act as the Incident Manager (depending on the nature or scope of the incident) and ensures that the relevant Teams meet their responsibilities for incident handling throughout the duration of an incident.
3. The Head of IRU (or equivalent position in Wales and Northern Ireland) will decide, based on the information available, whether an incident meets the criteria for escalation. The Incident Management Co-ordination Group (IMCG) will be convened during a non-routine incident to manage and co-ordinate the response at a tactical level.
4. The scale and impact of an incident will affect the level of the FSA's response, even at routine and operational management level. At the routine incident response level the following actions may be required by the relevant teams in order to respond to and remediate an incident:
  1. The Incidents team issues notices (Food Alerts for Action [FAFAs], Product Recalls and Allergy Alerts); issues INFOSAN; logs incidents; and provides IMCG administrative support such as development of the Situational Report.
  2. Developing Comms strategy and reactive and proactive lines.
  3. Requirement for a Questions & Answers (Q&A) document
  4. Conduct sampling/surveillance including surveys and monitoring.
  5. Involvement of Field Operations as required.
  6. Involvement of NFCU where there is organised crime or food fraud concerns or where online investigations may be required.

## **Incident Classification Assessment (ICA)**

5. The ICA prioritises and classifies an incident. It is a decision-making process that ensures all the factors relevant to determining the nature of an incident are considered. It is auditable and allows strategic and tactical decisions to be recorded in a structured way. It is not a scientific methodology for assessing and quantifying risk.
6. The initial assessment will be largely down to the Incident Team in England and consumer protection teams in Wales and Northern Ireland, with oversight from the Incident Manager. They make decisions by applying a process of set criteria indicators and using their professional judgement. The ICA criteria indicators are:
  - Ability to implement interventions to reduce concern.
  - Concern levels
  - Consumer groups affected.
  - Efficacy of product identification and withdrawal or recall of product.
  - Food integrity risk
  - Health impacts
  - Health security risk
  - International engagement
  - Known incident hazard type.
  - Media perceived risk
  - Number of product or scale of distribution
  - Political concern
7. The assessment may require input from policy experts, risk assessment and analytical experts both internal and external (internal FSA policy teams, Other Government Departments (OGDs, and key stakeholders). The ICA will be updated and reviewed as further evidence and information

becomes available. For all incidents (routine and non-routine) the Incident Manager oversees the ICA to help assess the impact and scale of the incident.

8. The presence, or suspected presence, of food crime issues might not impact on the seriousness of an incident from a food safety perspective. However, it may present heightened complexities from a point of view of evidence capturing or operational co-ordination, both internally and externally. In such circumstances, NFCU would get involved at an early juncture to allow for a joined-up approach and appropriate consideration of evidence capture and other aspects of the investigative approach to be carried out in an appropriate way.

## **Incident classification description**

9. An incident response may also be activated for food chain integrity, food authenticity, food crime issues, Business Continuity, health security risks arising as a result of food or as part of a co-ordinated response to a serious localised or non-localised (for example, national) outbreak. Such outbreak responses are led by the [public health authority](#) in each UK nation and those relating to animal health are led by the Animal Health and Plant Health Agency (APHA).

10. The FSA Incidents Teams assigns an 'incident classification' by recognising and understanding the suspected impact of an incident and then considering how the incident should be managed in terms of levels of resource and authority.

11. Based on the principles of escalation in incident management, this plan recognises three levels of non-routine incident classification. These are categorised as "Major", "Severe" and "Serious". The level of magnitude of an incident will see a greater involvement of senior FSA staff, and strategic measures that are required in addition to the tactical and operational measures that are required during an incident categorised as serious, or routine. Escalation under to non-routine may be required even when the FSA is not the Lead Government Department (LGD).

## **Classification description**

12. Routine incidents are the vast number of incidents that are reported to the FSA that are managed at an operational level using everyday resources and procedures. They may involve evidence of illness, impact on vulnerable groups, breaches of statutory limits or non-compliance. They may also include pollution events, cases of Animal disease infection, contamination etc which have an actual or potentially serious impact on food and feed. In some cases, the public or media are likely to express some concern.

13. Non-routine incidents in the FSA are classified as serious, severe, or major.

14. Serious incidents are those incidents which cannot be dealt with using everyday resources and procedures. They require decision making and resource allocation to be made at a higher level and require the invocation of the Incident Management & Co-ordination Group (IMCG) see section 3.7. These are usually dealt with at a tactical response level.

15. Severe incidents are those incidents which require strategic level input and support by the invocation of the Strategic Incident Oversight Group (SIOG) see section 3.15. Incidents of this type requires significant cross-departmental collaboration and a communications strategy. These have a significant impact on resources and may need strategic direction to remediate.

16. Major incidents are those incidents of such significance they require a central government co-ordinated response. Depending on the nature of the incident the FSA may assume various responsibilities including acting as the LGD.



17. FSA incident classification relates to the central government emergency classification. The responsibilities for leading incidents, escalation decisions and lines of accountability for incident classification levels are shown below. The strategic direction and tactical management during an incident is subject to continuous review and adjustment.

## **Lines of responsibility, accountability and command and control arrangements for incident classification in England, Wales and Northern Ireland [\(footnote 1\)](#)**

### **1. Routine:**

Who is the Incident lead?

- Incident Manager
- Heads of Incidents/Consumer Protection Division (CPD) in England, Northern Ireland & Wales

Who decides escalation and classification of incident?

- Head of IRU (England and national impact incident)
- Heads of Incidents / Incident Management or CPD (Wales and Northern Ireland).

Who is accountable for escalation and classification of incident?

- FSA Director of Operations (England and national impact incident)
- FSA Director for Northern Ireland and/or FSA Director of Wales.

Command & Control arrangements (at operational stage):

- Issues notices (Food Alert for Action [FAFA], recalls and allergy alerts)
- INFOSAN
- Routine IMCG administrative support
- Production of SitRep, briefing and Q&A
- Developing communications strategy (including proactive and reactive lines)

### **2. Serious:**

Who is the Incident lead?

- IMCG
- IMCG Chair
- Incident Manager.

Who decides escalation and classification of incident?

- IMCG
- Chair of IMCG
- Incident Manager.

Who is accountable for escalation and classification of incident?

- FSA Director of Operations (England and national impact incident)
- FSA Director for Northern Ireland and/or FSA Director of Wales

Command & Control arrangements:

- IMCG chair will be relevant subject matter expert agreed by Director of Operations or other appointed Strategic Incident Director
- Tactical application of operational strategy set by SIOG (when severe or major)
- Sets Daily Meeting Rhythm
- Reviews risk assessment and risk management advice
- Decides risk management strategies.
- Establishes the need for stakeholder and OGDs meetings.
- Co-ordinates situational awareness and Situational Report (SitRep).
- Decides a communications strategy.
- Confirms operational leads.
- Confirms financial resources – rotation and deployment.
- Review's media lines and clears media strategies for tactical level incident.

### 3. Severe:

Who is the Incident lead?

- SIOG (strategic)
- Strategic Incident Director (SID / SIOG Chair) (this is a Director most relevant to the incident)
- IMCG (tactical)
- Chair of IMCG
- Incident Manager

Who decides escalation and classification of incident to SIOG?

- Strategic Incident Director (SID)
- IMCG Chair provides written problem statement that sets out the facts, impacts and the evidence base or data being used as the rationale for the escalation to inform the discussion

If further escalation is required to COBR - COBR Unit (to be notified by FSA SID if appropriate)

Who is accountable for escalation and classification of incident?

- Strategic Incident Director (SID)

Command and Control arrangements:

- Chaired by Strategic Incident Director – appointed by CEO.
- Sets FSA strategy (severe and major) and has a stock take role.
- Answers strategic questions [Daily Rhythm](#) to establish FSA's strategic response.
- Meets according to daily rhythm.
- Liaises with (and includes) OGDs equivalents as required.

### 4. Major:

Who is the Incident lead?

- SIOG (strategic)
- Strategic Incident Director (SID) (The CEO may appointment themselves at this level)
- IMCG (tactical)
- Chair of IMCG
- Incident Manager

Who decides escalation and classification of incident?

- COBR Unit

Who is accountable for escalation and classification of incident?

- FSA Chief Executive Officer
- Westminster government ministers and devolved government ministers.

Command and Control arrangements:

- Co-ordinates the central government response.
- CRIP
- Cabinet Office convene COBR and invite FSA. FSA attendance decided by CEO/Chair.
- DHSC Minister leads. FSA officials' brief ministers and attend officials meeting
- In the event of a COBR (O) or COBR (M), the most relevant party with expertise to the situation would attend.

## How the scale of impact affects the level of the FSA's response

18. The information below can assist in determining when an incident should be escalated. A written problem statement should be produced setting out the issue, impacts and options for next steps to aid remediation:

### 1. Media:

- Serious - increasing regional interest requiring coordinated briefings and statements.
- Severe - Prolonged, national interest requiring intense media monitoring and frequent briefings and statements.
- Major - Sustained national and/or international interest requiring government level statements.

### 2. Public Health:

- Serious - UK widespread or multi-country cases of serious or prolonged illness, some requiring short term hospitalisation.
- Severe - UK wide or multi-country serious and prolonged illness, high number of deaths or isolated deaths in vulnerable groups
- Major - Widespread national and/or international deaths.

### 3. Industry product:

- Serious - Several batches affected and/or more widespread issues with compliance from several sources requiring closure of plant(s).
- Severe - Numerous to widespread batches affected, requiring several plant closures for detailed investigation or multi-country impact.
- Major – Widespread national and/or international closures threatening import/export markets and loss of confidence in integrity of food supply chain in the UK.

### 4. Consumer concern:

- Serious – Heightened regional loss of confidence in one or some aspects of the food chain requiring specific internal investigations.
- Severe – Significant national loss of confidence in aspects of the integrity of the food supply chain in the UK, requiring coordinated defensive briefings and statements and/or FSA wide investigation.
- Major – Widespread loss of public / industry / international confidence in the integrity of the food supply chain in the UK.

1. Not an exhaustive list. FSS equivalent classifications referred to as Levels 1 – 4. In line with the FSA/FSS MOU, there may be occasions where FSS lead a UK wide serious incident. In such circumstances, the FSS Incident Management Plan will be followed.

## Incident Management Plan: Annex B UK government response

This section describes the UK government response to incidents and provides a description of the main structures and arrangements.

1. COBR may be activated in order to facilitate rapid co-ordination of the central Government response and effective decision making. Where COBR has been activated and there are food safety issues, the Parliamentary Under-Secretary of State for Public Health will normally represent the FSA at Ministerial level COBR meetings. The FSA CEO or designated deputy will brief the Minister in advance of that meeting. If available, and it is deemed that the FSA Chair can add value that the CEO can not, for example in terms of providing reassurance to Ministers, the Chair may also look to attend and brief the Minister. A judgement call will be taken on that at the time.

3. If an Officials-Level COBR is set up, then FSA participation would be expected at the meeting and an invitation would be received from the COBR Unit. The most relevant party with expertise to the situation would attend, likely the SID. However, the COBR Chair has delegation to name a representative should they chose.

4. How COBR operates depends on the nature of the incident. The FSA is listed by the Cabinet Office as the [government department responsible for planning, response and recovery for food contamination emergencies](#) in all four UK Nations. In England, this responsibility is shared with DHSC.

5. Where FSA is considered the LGD, the expectation is that FSA will have a presence at both COBR meetings and equivalents in all UK Nations. As a non-ministerial department, it is likely that the FSA will be designated as the lead agency for a food contamination event but will be unlikely to chair COBR. This is likely to be the department most impacted by the event and where another Department takes the lead the FSA's presence will be required to support the cross-Government response.

6. The Home Office (HO) is the LGD for terrorist related emergencies in England, Scotland and Wales and will lead, at least initially, on wider impacts of the incidents in England with support from OGDs, as necessary. This includes incidents where food is involved or implicated although FSA expertise will be required to support the response. For terrorist related emergencies taking place in Scotland, Wales, or Northern Ireland, the Secretary of State for Scotland, Wales or Northern Ireland will attend any resulting meetings of COBR.

7. The LGD performs a number of roles and the Cabinet Office publishes guidance on the [Role of the Lead Government Department in Planning and Managing Crisis](#). The Cabinet Office also carries out routine Central Government Emergency Response training courses and it is recommended that officials who may represent the FSA at COBR undertake this training.

8. A key role for the LGD is, in partnership with the Cabinet Office, to create and update a CRIP for discussion at COBR. The FSA will be responsible for producing Incident SitReps, which Cabinet Office will use to formulate its CRIPs. The SitRep SOP contains the template showing the required format for the SitReps.

9. Once the FSA is involved in a central Government led response there are a number of co-ordination groups and functions which may require FSA participation. The level of FSA engagement in COBR will be a subject for discussion at SIOG or IMCG, whichever is deemed the most suitable. A summary is given below of some of the main cross-government strategic coordination groups and functions, where FSA participation may be required.

10. [Scientific Advisory Group for Emergencies](#) – Chaired by the Government Chief Scientist and/or the Chief Medical Officer. SAGE can be activated by COBR in the event of an emergency or significant disruptive challenge. It is responsible for co-ordination of scientific and technical advice in order to inform decision making during an emergency response. It also provides a peer review mechanism.

11. The decision to activate SAGE sits with the LGD or the Government Chief Scientist. Where food is implicated, the FSA will be represented at SAGE normally by the FSA Chief Scientific Advisor or a nominated deputy. SAGE science guidance for an emergency impacting on food and/or feed is available and held by GO Science.

12. The [Scientific and Technical Advisory Cells](#) provide advice to local responders to deal with the local consequences of an incident and manage local recovery efforts. Where food and/or feed safety is a potential issue, the FSA will attend STAC meetings. The FSA attendee would normally be a senior expert from the 'lead' division. The Department for Levelling-up, Housing and Communities (DLUHC) Resilience and Emergencies Division (RED) will provide the FSA with dial in details for STAC meetings in the event of a local response to an emergency.

13. [News Co-ordination Centre](#) – the central NCC can be set up during a level 1 (or above) Emergency. The NCC role is to advise the LGD on media handling. The NCC also compiles and maintains briefing lines and messages for distribution to Ministers and others and provides briefing to COBR. The decision to activate an NCC will be taken by the Cabinet Office in consultation with the LGD and the Prime Minister's Office.

14 Other groups, functions and roles that may be relevant to the FSA during a Central Co-ordinated Government Response are described in the Central Government CONOPs.

## **Liaison between COBR and the devolved administrations**

15. The CONOPs document describes in detail the mechanism of COBR interaction with Devolved Administrations. The level of engagement depends on the nature of the incident and where the incident occurs. There is scope for Devolved Ministers to attend COBR in person

where the incident affects their territories, with officials from the Devolved Administrations invited to attend COBR Officials meetings.

16. In general, for non-terrorist emergencies the Devolved Administrations have lead responsibility for managing the consequences of a non-terrorist emergency as far as it affects their territory using their own corporate response arrangements. Guidance on emergency preparedness arrangements across the Devolved Administrations are set out on the [Cabinet Office Emergency Preparedness website](#).

## Scotland

17. When the scale or complexity of an incident is such that some degree of central government co-ordination or support becomes necessary, Scottish Government will activate its emergency response arrangements through the SG Resilience Room (SGoRR). In the event of a major food incident, senior FSS representatives would be expected to attend SGoRR. SGoRR is also responsible for liaising and working in partnership with the UK Government and the Cabinet Office Briefing Room (COBR).

18. [Food Standards Scotland's Incident Management Framework](#) provides more detail when responding to a non-routine food/feed incident in Scotland. Further emergency planning guidance is available on [Scottish Government's Ready Scotland website](#).

## Wales

19. In Wales, the Emergency Co-ordination Centre Wales (ECCW) engages with COBR and is set up by Welsh Government with the FSA in Wales providing input, depending on the nature of the emergency.

20. The Welsh Government Resilience Forum (WRF) promotes good communication and the enhancement of emergency planning across agencies and services in Wales. The WRF provides forum for Chief Officers to discuss with Welsh Ministers strategic issues of emergency preparedness.

## Northern Ireland

21. Overall civil contingency policy and strategy co-ordination in Northern Ireland (NI) falls to The Executive Office (TEO) which provides the NI Executive with immediate oversight of cross-cutting civil contingency arrangements for devolved matters. The Northern Ireland Office (NIO) has responsibility for national security matters and will lead the strategic response to such emergencies.

22. Northern Ireland Central Crisis Management Arrangements (NICCMA) for response to an emergency situation are detailed below:

### **Figure 4: Northern Ireland Central Crisis Management Arrangement (NICCMA)**

23. The FSA is fully engaged in the NICCMA at all levels, including membership of the Civil Contingencies Group, NI Hub, C3 Leads meetings and Departmental Operations Centres. NICCMA structures feed into UK Government Contingency structures at Civil Contingencies Secretariat and COBR levels.

24. Further details on the NICCMA can be found at: [NI Civil Contingencies Framework Building Resilience Together-final \(executiveoffice-ni.gov.uk\)](#).

[Back to top](#)