SUBJECT: UPDATE ON EMERGENCY PREPAREDNESS

DIRECTORATE: MEDICINE

AUTHOR: RUSSELL KING, EMERGENCY PLANNING OFFICER

ISSUE: ARRANGEMENTS FOR THE MANAGEMENT OF MAJOR INCIDENTS AND BUSINESS CONTINUITY

BACKGROUND: EXTRACT FROM DOH BEST PRACTICE GUIDANCE THE NHS EMERGENCY PLANNING GUIDANCE 2005, PARAGRAPH 6, PUBLISHED OCTOBER 2005;

The Chief Executive Officer will ensure that the Board receives regular reports, at least annually, regarding emergency preparedness, including reports on exercises, training and testing undertaken by the organisation, and that adequate resources are made available to allow discharge of these responsibilities.

HUMAN RIGHTS IMPLICATIONS: NONE

RECOMMENDATIONS:
1) FOR THE BOARD TO NOTE CURRENT TRENDS IN EMERGENCY PLANNING, AND THE PROGRAMME OF WORK BEING CARRIED OUT ON ITS BEHALF ON THE MANAGEMENT OF EMERGENCY INCIDENTS AND CONTINGENCIES
2) FOR THE BOARD TO APPROVE THE TRUST PANDEMIC FLU PLAN AS A WORKING DOCUMENT
3) FOR THE BOARD TO RECEIVE A FURTHER REPORT LATER IN 2007 ON
   a) THE RE-WRITING OF THE MAJOR INCIDENT PLAN
   b) MAJOR INCIDENT TRAINING FOR TRUST STAFF.

APPENDIX I: KEY DOCUMENTS AND EXTRACTS – HOW THE TRUST’S EMERGENCY PREPAREDNESS PERFORMANCE IS JUDGED
APPENDIX II: DRAFT TRUST PANDEMIC FLU PLAN.
Key principles

Given the requirement in The NHS Emergency Planning Guidance 2005 outlined on the front sheet of this Board report, the main theme of the report is assurance:

• for Trust Board members and
• for the public,
• that the Trust is pursuing diligently and effectively its duty of being prepared for emergencies and recovery.

Extracts from key documents which explain how the Trust is judged to be performing in this regard are given as Appendix I to this report.

There are four key themes from the guidance which moreover are generally accepted within the discipline of emergency planning and by legal experts in the field as holding the key to effective preparedness:

• identifying key risks facing the organisation
• planning to meet those risks
• training staff to meet the risks
• undertaking exercises to meet the risks.

Behind this are some underlying principles:

• a loop of taking action, reviewing outcomes and audit which will lead to a programme of continual improvement
• the dovetailing of emergency planning processes into existing trust systems for risk management, managing contingencies, and bed and capacity management
• a duty outlined in the Civil Contingencies Act 2004 for the Trust to work in collaboration with other local public sector organisations via a statutory process known as the Local Resilience Forum
• the incorporation of principles of Business Continuity Management into all parts of the organisation to manage the return to normality after an incident.

Identifying key risks facing the organisation

The Trust has been working with partner agencies in the Wigan Resilience Forum to identify key external risks to the organisation and is complying with the Civil Contingencies Act 2004 duty to publish those risks via the Greater Manchester Resilience Website\(^1\). Work will continue over the next year to localise those risks more accurately to Wigan Borough using a Cabinet Office approved methodology. There is also a considerable body of existing knowledge of internal risk available via the Trust’s internal risk register. Work needs to take place over the coming year to ensure that:

• the internal and external processes work together and
• the outcome of the risk identification process influences the organisation’s plans.

\(^1\) http://www.gmep.org.uk/ccm/navigation/greater-manchester-resilience-website/
The key external hazard recognised by all public sector agencies in Greater Manchester is the possibility, given the publicly-available advice from the Chief Medical Officer, of a flu pandemic.

Planning
A key task over the next few months will be to re-write the Trust’s Major Incident Plan, which was last approved at the start of 2006. The re-write will take into account:

– key organisational risks
– partner organisations’ systems
– new guidance which already exists in consultation form on Mass Casualties, Burns and Critical Care, and guidance expected shortly in respect of Children’s services and
– specific learning points from the programme of exercises as described below.

Under the editorial arrangements envisaged by The NHS Emergency Planning Guidance 2005 the Trust Major Incident Plan will be re-written by the Clinical Director for Emergency Medicine with senior nursing and managerial support, for final approval by the Board later in 2007.

New key themes in planning guidance from the DoH are the ability of organisations to sustain emergency response over a great time period than “one-off” major incidents, and the need for organisations to manage effectively the return to normal after such incidents.

This latter point is taken into account in the extended and flexible command and control arrangements (pages 17 to 18 of this report) envisaged in the draft Trust pandemic flu plan, submitted from page 8 for Board members’ approval. The plan, which meets the key risk identified over the last year by local multi-agency working, is a working document which can be expected to change as work progresses and has been the subject of detailed internal discussion in the Operational Pandemic Flu Group chaired by the deputy Director of Operations, has been written in the light of multi-agency arrangements. The lead multi-agency forum for flu planning is the Wigan Borough Flu Meeting whose next meeting is on 30 January.

Awareness and Training
A multi-tiered approach to awareness and training is being worked up. Here again is the need to dovetail arrangements into existing arrangements for training within the Trust specifically around four themes:

– updating the organisation on what is happening locally and nationally in emergency planning - a key method for this is via the staff intranet – a new expanded intranet service with a monthly-updated “What’s New” section
– awareness via marketing tools, and basic information for all staff via local induction and subsequent audit, with the possibility of e-learning and updates
– training tailored for departments commensurate with staffs’ role as discussed with heads of departments
• an auditable database of achievement so that the organisation can prove it is meeting the duty of training staff to be able to meet anticipated risks.

The approach to training and awareness will be the subject of further internal discussion with general managers, those interested in risk issues, and lead managers for training and will be presented in more detail to members for approval later in the year.

**Exercises**
The standard expected of Acute Trusts is a live exercise every three years; a table top exercise every year and a test of communications cascades every six months.

The recent achievement and forward programme for exercises is as follows:

- The Trust has met the required standard since publication of the 2005 advice for table top exercises and communications cascades.
- On the afternoon of Thursday 25\(^\text{th}\) January 2007 and Friday 26\(^\text{th}\) January 2007, at Wrigthington Hospital Conference Centre, the Trust will undergo an emergency planning exercise facilitated by Emergo Applications of Coventry University. The Department of Health has commissioned the Health Protection Agency to roll out this training exercise across all Trusts with A&E departments in England and Wales, and feedback on Trust performance will be given to both the Health Protection Agency and the Strategic Health Authority. The outcome will be to explore how well the organisation can manage patient flow through identifiable pinch points, and will also be used to inform the re-write of the plan in 2007. The exercise will be the Trust’s major internal emergency planning exercise for 2007. The training event uses a board-based model to represent the hospital’s resources for the response to a major incident with significant numbers of casualties to ensure the proper tactical and strategic management of the hospital, and will use teams of key decision makers to represent A&E, hospital control and a team representing the rest of the hospital. 60 staff members and key partners will be attending the exercise, with senior clinical representation from the Emergency Care Centre, surgical division, ICU/ITU and paediatrics

- Communications cascade exercises: an exercise was last held on 9\(^\text{th}\) December 2006; another will be held as part of the Emergo Applications exercise in late January 2007, and another will be held in summer 2007.

- The detailed advice on exercises makes it clear that live testing should not be taken by individual organisations due to cost: a multi-agency opportunity to test on a live basis over the next 12 months will be discussed by the Wigan Resilience Forum.

Additionally, a national exercise of pandemic preparedness plans will be held on 19 and 20 February 2007. The exercise will test plans and arrangements at national, regional and local resilience levels, and although detailed notes are yet to be received of the precise nature of the exercise, it will build on internal
work and also the Health Protection Agency-led Acute Trust Pandemic Flu Workshop in May 2006 attended by a Trust team with senior representation.

**Business Continuity Management**

A theme which underpins much of the recent advice to NHS bodies on major incident management is the need for NHS bodies to introduce effective arrangements for Business Continuity Management. Business continuity management can be defined as 'A holistic management process that identifies potential impacts that threaten an organization and provides a framework for building resilience with the capability for an effective response that safeguards the interests of its key stakeholders, reputation, brand and value-creating activities' (Business Continuity Institute, 2001). I would define it more simply as a means of getting back to normal from a state of service pressure. Publication of the new British Standard *BS 25999-1 Code of Practice for Business Continuity Management* took place last month.

Simple guidance on Business Continuity Management based on the concepts in *BS 25999* has been provided via the intranet site for Major Incident Planning to all Trust managers to guide this work. A programme of face-to-face advice sessions for managers has already begun, and will continue over the next year with the specific aim of building up the Trust’s capacity for Business Continuity Management. In concrete terms, the work will test gaps between individual departments’ continuity plans, and arrive at judgments about the totality of the arrangements in place. It will also explore and take action on potential weaknesses in the supply chains which the Trust relies upon to carry out its day to day activities.

There are two other key issues about Business Continuity Management to draw to members’ attention:

- The pandemic flu plan is effectively a Business Continuity Management plan for a specific contingency with two parts:
  - a list of actions to build
  - a command element which could also be used to manage a variety of contingencies which the Trust might face
- As the work develops, an effective programme of Business Continuity Management will add to the risk management profile and will add value to any potential application for Foundation Trust status².

Further reports will be made to members on the programme of work as it progresses.

---

² “The Trust has a contingency planning policy in place and robust contingency plans to safeguard its operations and systems” p.34, para 2.3.2 – Risk management systems, Governance Guidelines, The Whole Health Community Diagnostic Programme [http://www.dh.gov.uk/assetRoot/04/13/31/49/04133149.doc](http://www.dh.gov.uk/assetRoot/04/13/31/49/04133149.doc)
APPENDIX I: KEY DOCUMENTS AND EXTRACTS – HOW THE TRUST’S EMERGENCY PREPAREDNESS PERFORMANCE IS JUDGED.

The NHS Emergency Planning Guidance 2005
http://www.dh.gov.uk/assetRoot/04/12/12/36/04121236.pdf

Para 5
In each NHS organisation, the Chief Executive Officer will be responsible for ensuring that their organisation has a Major Incident Plan in place that will be built on the principles of risk assessment, co-operation with partners, emergency planning, communicating with the public and information sharing. The plan will link into the organisation's arrangements for ensuring business continuity as required by the Civil Contingencies Act 2004.

Para 6 extract
As a minimum requirement, NHS organisations will be required to undertake a live exercise every three years; a table top exercise every year and a test of communications cascades every six months. To support this arrangement it is suggested that an Executive Director of the Board be designated to take responsibility for emergency preparedness on behalf of the organisation. It is further suggested that a Non-Executive Director of the Board be nominated to support the Executive Director lead in this role. In some cases this may be best achieved through the linkage of emergency planning and business continuity to the organisation’s Risk Management Committee (or equivalent). It is considered good practice for NHS organisations to designate an adequately resourced officer, usually referred to as the Emergency Planning Liaison Officer (EPLO), to support the executive in the discharge of their duties for emergency preparedness.

Para 9
NHS organisations are required to deliver their responsibilities as defined by the Civil Contingencies Act 2004. This includes ensuring the contribution of all NHS agencies to multi-agency planning frameworks of Local Resilience Forums (LRF). NHS Trusts will need to engage with local multi-agency partners.

Para 1.9
To comply with the Health Care Commission requirements from National Standards, Local Action: Health and Social Care Standards and Planning Framework 2005/2006 - 2007/2008, the major incident plans of NHS organisations will be assessed as part of the performance management framework. Public Health Core Standard C24 states:

Healthcare organisations protect the public by having a planned, prepared and, where possible, practised response to incidents and emergency situations which could affect the provision of normal services.

Para 1.12
Business continuity management, including processes for recovery and restoration, should be considered by NHS organisations as part of its everyday business processes requiring a corporate response. Business continuity should be seen as embedded in the culture of the NHS as principles of health and safety, and there must be demonstrable commitment to the process from the Boards of NHS organisations.
4. Competency, Protection and Training of Staff

4.1. A key part of planning for the response will be to have staff who:

• Understand the role they are to fulfil in the event of an incident
• Have the necessary competencies to fulfil that role
• Have received training to fulfil those competencies

4.2. The requirement for training extends to all staff likely to participate in planning for a response to an incident and must include not only the traditional responders - emergency department services, switchboards, portering and security services and on-call Directors - but also those in associated services - critical care, paediatric intensive care, surgical services, etc.

4.3. Acute Trusts will want to consider the development of an annual training programme to meet the needs of those involved in a major incident response. Consideration should be given to the value of joint training with the emergency Services. Advantage should be taken of existing opportunities to train including, for example, induction training for all new staff.
APPENDIX II

DRAFT

Wrightington, Wigan and Leigh NHS Trust

PANDEMIC FLU PLAN

- Why is this plan required?
- Work strands to prepare for known problem areas
- Strategic questions to be answered and method of working during the pandemic and during the return to normal running.

Authors: Dr R Nelson, Lynda Barkess-Jones, Gill Harris, Russell King
Date of Acceptance : 
Date of Last Review : 1 December 2006
Date of Review : 

APPENDIX II
Contents

1 Why is this plan required?

2 What is pandemic flu?

3 What reasonable assumptions can be make about how pandemic flu will affect the Trust?
   a. Associated risks of pandemic flu

4 What is the plan of work required in advance of a pandemic to keep business as usual for as long as possible?
   a. Co-operation with other NHS bodies and the Resilience Community
   b. Role of Infection Control
   c. Hospital Deaths
   d. Supplies and Logistics
   e. Hospital Admission for Acute Care
   f. Managing Demand, and Matching Demand to the Workforce
   g. Internal Business Continuity Arrangements
   h. Communications Plan
   i. Trust Staffing Information
   j. Staff Support
   k. IT Infrastructure

5 How will decision making happen during the pandemic and the return to normality?

6 Sources of advice

7 Schedule of Delegation for pandemic flu plan
Why is this plan required?

This plan is required to set out how Wrightington Wigan and Leigh NHS Trust (the Trust) will ensure as far as possible normal running in the event of a pandemic flu outbreak. This document covers the readiness, management and recovery aspects of business continuity of the Trust in line with its responsibilities under the Civil Contingencies Act 2004. It also meets the Cabinet Office requirement for the completion of a plan by the end of November 2006 set out in its letter Local planning for a possible influenza pandemic dated 14 August 2006, in preparation for internal testing and a national pandemic testing exercise due on 19 and 20 February 2007.

The plan sets out the context for its need, key work to be undertaken in preparation, and how to manage the pandemic in various waves and the return to normality. It is of note that although a pandemic flu outbreak will have many characteristics of a major incident as defined in the Trust’s current Major Incident Plan, it will have the profile of a “rising tide” incident and therefore will be managed in accordance with the principles outlined in the consultation version of Mass Casualties Incidents: A Framework for Planning, issued by the Department of Health on 14th November 2006. The command and control principles in that document are reflected in part 5 of this plan.

2 What is pandemic flu?

Flu is a viral disease. Worldwide pandemics of flu, resulting in high morbidity and mortality, occur when the influenza A viruses undergo major antigenic shifts. This can occur at unpredictable intervals. This will apply to any flu pandemic irrespective of the clinical nature of the strain of flu. There has not been an influenza pandemic since 1968, and the epidemiology indicates that a Pandemic Flu outbreak is overdue and may be imminent. A pandemic state will be declared by the World Health Organisation.

Flu is a respiratory disease spread primarily in the small droplets of saliva coughed or sneezed into the atmosphere by an infected person. The exact nature of a future flu strain is hard to predict, but, main characteristics of flu are:

- It takes between 1-4 days to go from being infected to having the full symptoms (muscle and joint ache, headaches, cough and fever).
- People with flu are usually infectious a day before the symptoms appear and remain infectious for approximately 5 days after the start of the flu symptoms.
- Children and those with lowered immune systems remain infectious for longer.

Direct contact with hands or surfaces contaminated with the virus can also spread infection. The virus can survive outside the body for:

- 24-48 hours on hard surfaces
- 2-8 hours on cloth, paper and tissue.
- 5 minutes on hands.
During a pandemic period there may be several waves of outbreaks. A second wave of outbreaks would be expected. The second wave would probably occur within 3-9 months of the initial pandemic. It is quite feasible for further waves to occur before the outbreak end.

Flu can affect anyone but is usually particularly dangerous for those in the following groups:

- People aged 65 and over
- Those aged under 65 years with
  - Chronic respiratory disease, including asthma
  - Chronic heart disease
  - Chronic renal disease
  - Immunosuppression, due to disease or treatment
  - Diabetes mellitus
- People of any age living in long-stay residential and nursing homes or other long-stay facilities.

The possible complications of flu are:

<table>
<thead>
<tr>
<th>Pulmonary</th>
<th>Bacterial pneumonia (most common)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Combined viral/bacterial pneumonia</td>
</tr>
<tr>
<td></td>
<td>Pure viral pneumonitis</td>
</tr>
<tr>
<td>Cardiac</td>
<td>Atrial fibrillation</td>
</tr>
<tr>
<td></td>
<td>Heart failure</td>
</tr>
<tr>
<td></td>
<td>Myocarditis</td>
</tr>
<tr>
<td></td>
<td>Pericarditis</td>
</tr>
<tr>
<td>Musculoskeletal</td>
<td>Myositis</td>
</tr>
<tr>
<td></td>
<td>Rhabdomyolysis</td>
</tr>
<tr>
<td>Central nervous system</td>
<td>Encephalitis</td>
</tr>
<tr>
<td></td>
<td>Transverse myelitis</td>
</tr>
<tr>
<td></td>
<td>Guillain-Barre Syndrome</td>
</tr>
<tr>
<td>Other</td>
<td>Reye’s Syndrome</td>
</tr>
</tbody>
</table>

At the time of writing, we do not know the exact strain of flu which will cause the pandemic and therefore planning must be kept as flexible as possible.
3. What reasonable assumptions can we make about how pandemic flu will affect the Trust?

A pandemic flu outbreak will be prolonged in duration. It may affect the Trust’s ability to deliver its full range of services (clinical and non-clinical) due to an extraordinary level of disease, staff availability, and a necessity to evacuate, cohort and relocate services, and maintain normal supply chains such as clinical, linen, catering services etc.

The Trust has to ensure:
- that it is ready to face the Pandemic, and
- that decision making processes are in place to enable a Pandemic to be managed, including more than one wave,
- and the return to normal working following the pandemic.

3.1 Likely changes to normal working caused by pandemic flu

Depending on the type of flu, the uncertainty of its impact on the hospitals’ catchment area and beyond, and the potential length of impact, there are some areas which should be addressed by the Trust:

1. staffing levels – affected by staffs’ own health, and their families’ health and care requirements; including bank and agency staff, and agencies to whom we discharge patients, and as influenced by possible external factors such as fuel shortage, school closure and transport issues
2. any resulting imbalances in professional skill mixes arising from the above
3. supply levels of food, linen, clinical supplies and equipment
4. utility availability – disposal of domestic and clinical waste, heating, electricity, gas
5. the need to maintain normal working/care environments at a time of increased pressure on the service
6. the need to maintain communication routes – telephone, email
7. the need to maintain normal information systems – documentation, electronic records
8. pressure on other NHS organisations including ambulances and blood supplies
9. the need to report at a heightened pace to meet national pandemic control requirements including the maintenance of targets where applicable, and
10. the need to maintain a “business as usual” stance as far as is possible and communicate this, and the needs of the operational situation, to staff, patients and suppliers.
4. What is the plan of work required in advance of a pandemic to keep business as usual for as long as possible?

This work will be taken forward by the Operational Pandemic Flu group and named officers of the Trust.

4a. Co-operation with other NHS organisations and the Local Resilience Community

The Trust will participate in the overall resilience effort in ensuring that the Trust develops work associated with this plan, and operates in a pandemic phase in conjunction with the Local Authority, Primary Care Trust and other local Resilience Group partners. The key message is “business as usual for as long as possible”. The Trust will also work with the other NHS organisations, private health and care sectors, independent practitioners, undertakers, and universities in order to manage acute admissions, and maintain staffing levels.

*Action: co-ordinated by Emergency Planning Officer in conjunction with Operational Pandemic Flu Group*

4b. Role of infection control

The Trust has protocols, procedures and patient group directives in position in order to ensure that patients (paediatrics and adults) receive the appropriate antibiotics and chemotherapy for their conditions. The Trust will continue to offer vulnerable patients (as identified in the Department of Health’s High-Risk Criteria) both the pneumococcal and flu vaccines. Staff will also be offered the annual flu vaccine. A system and protocol will be in place to identify and vaccinate priority groups, both patients and staff as vaccines are released. There will be a system to stockpile anti-virals locally that are nationally recommended, and a Trust protocol on therapeutic application. Action required in the absence of vaccines and anti-virals will be identified and put in place.

Infection Control guidance, based on existing and well-developed good practice will be developed based on the Department of Health / Health Protection Agency’s *Guidance for pandemic influenza infection control in hospitals and primary care settings* for Infection Control Management. The basis of this guidance will form the crux of the management of patients with Pandemic Flu, and the protection of staff. Non-pharmaceutical methods of control will be emphasised as in the early stages of a pandemic there may be limited supplies of antiviral drugs and no effective vaccine.

Part of the Infection Control Committee and Infection Control Team’s responsibilities will be to co-ordinate and monitor the Department of Health’s State of Alertness for the NHS Trusts and PCTs in order to advise on the implementation of the Pandemic Flu Policy, and to take a lead on responding to information requirements of the Health Protection Agency and Department of Health during the pandemic phase.
Other measures to co-ordinate and control transmission within the Acute Hospital site may consist of segregation of Hospital Entry Points, and designation of affected and non-affected wards, and these will be worked up in advance.

Infection Control will co-ordinate cascade-training on Infection Control measures required by the pandemic flu, including the proportionate use of PPE Mask-fit Tests according to staff morale requirements and COSHH and HSE guidance to high risk areas.

**Action: Lead Nurse for Infection Control**

The Trust will ensure the ongoing provision of Occupational Health Service support for staff, including vaccination as and when available; on occasions it may be necessary for the hospital control team to augment Occupational Health from direct patient contact staff to facilitate the re-entry of staff to work on a “speculate to accumulate” basis.

**Action: OHS/ Assistant Director of Human Resources**

4c. Hospital Deaths

The Trust has identified the maximum capacity within existing mortuary facilities, and making contingency plans in conjunction with the local authority to make semi-mobilised mortuary facilities available. Key personnel who can sign second part cremation forms in order to discharge the deceased have been identified, and a rota of these key personnel in order to manage capacity is being developed.

The Trust will co-ordinate with the Coroner and the Registering bodies in order to maintain throughput and capacity.

**Action: Senior Chief BMS**

4d. Supplies and Logistics

Overall, the Trust is planning for a period of extended supplies capability built upon the gradual raising of stocks to a two-week level.

**Action: Ward Managers**

**Clinical Equipment and Supplies**

The Trust will ensure that it has identified key operational clinical equipment and arrange for supplies to be available to meet raised demand, and will as necessary redirect supplies between areas within the Trust.
A key supply pinch point will be ventilators, and these, and any need to improve provision, will be identified; an escalation plan to ensure the availability of all ventilators is in place.

**Non-Clinical Supplies**

The Trust will work in conjunction with the Purchasing and Supplies Agency in order to maintain adequate supplies.

**Utilities**

The Trust will work in conjunction with the Purchasing and Supplies Agency in order to maintain adequate utilities.

**Action: Emergency Planning Officer**

**4e. Hospital Admission for Acute Care**


The Trust will identify trigger levels with the local PCT of various scenarios of a flu outbreak, including escalation procedures for reducing surgical capacity in order to maintain medical throughput should this become necessary. This work strand will also meet the national requirement to have arrangements in place on managing the interface between primary care and Accident and Emergency Departments when primary care services are under pressure.

**Action: Emergency Planning Officer**

**4f. Managing demand, and matching demand to the workforce**

Managing demand and matching demand to the workforce will be a key element in the response to a pandemic flu. The Trust will take a preliminary view on what might be seen as ‘pandemic priority services’ and ‘pandemic non-priority services’. This information will be used in the context of the pandemic phase management to help prioritise the deployment of staff throughout the Trust, and will be the subject of partnership discussion between the Trust and Staff-Side as part of staff preparation for any possible pandemic.

**Action: Operational Pandemic Flu Group**
4g. Internal business continuity arrangements

Work on ensuring that departments will maintain a local business continuity plan will continue as part of the development of business continuity as a discipline within the Trust, amended as necessary in the light of new guidance and changes to local circumstances. These will indicate an assessment of essential and non-essential services internally of minimum staffing levels, and options for dealing with reductions and increases in services.

The questions the plans will answer are:
- what does this service have to do, without which other departments or NHS services could be affected?
- what could the service stop doing in the event of an emergency lasting 30 weeks?

The plans will be performance managed centrally and cross-checked to ensure internal consistency. As experience grows and BS25/999 is published, greater advice will be given to departments on how to write such plans, with an accent on face-to-face assessment of plans rather than paper systems.

Action: Emergency Planning Officer

4h. A communications plan

A flu pandemic communications plan has been established to identify key contacts (with back-ups), chains of communications (including suppliers, the public and employees), and associated processes. This will be reviewed in the light of new information.

Action: Communications Manager

4i. Trust staffing information

The Trust will need access to information to inform deployment decisions. There will be two elements of this information:

- The minimum staff required to operate the department and Staff contact details and any domestic commitments regarding dependents – held by departmental managers
- A list of those staff who could potentially be re-deployed, along with their key skills e.g. nurses in non-clinical areas and including recently retired healthcare staff and those not working in the NHS – held centrally in Powertec, but assisted by detailed knowledge of departmental managers.

Action: departmental managers/Human Resource Manager (Workforce informatics)

In the event of a pandemic there will need to be daily reporting to a central point in order to assess staff availability to inform the pandemic control team.
**Action: Human Resource Adviser**

**4j. Staff Support**

The Trust will ensure that staff are supported by ensuring that standards of acceptable care due to low staffing and equipment levels are not compromised without the decision of the hospital control team.

**Action: hospital control team during a pandemic**

The Trust will ensure that staff are supported with personal and professional dimensions of the pandemic. The Trust will use its range of flexible HR policies in order to mitigate the psychological effects on staff of family illness & bereavement, and in the provision of childcare and care for dependent elders where appropriate.

**Action: Assistant Director of Human Resources**

**4k. IT Infrastructure**

Consider whether enhanced communications and information technology infrastructures are needed to support employees working from home/teleconferencing.

**Action: Emergency Planning Officer**
5. Managing the pandemic when it happens and the return to normal working – pandemic control team

The overall key message to impart in the face of possible public hysteria is “business as usual for as long as possible”. The main assumption behind managerial pandemic requirements is that the response will not be “big bang” conventional major incident work, unless the Trust has a one-off SARS-type arrangement, but rather the context will be an extended petrol crisis or flooding type scenario. An audit of the London 7/7 Control Centre response indicates the need for considerable preparation in order for pandemic control to work properly, with training and exercises for enough key decision-makers to manage both the crisis and the return to normality. At the same time the Trust can expect not micro questions but large scale management questions:

- “can we keep all activities going?”,
- “have we got the resources?”,
- “are we in charge or is another agency?”
- “how soon can we get back to normal?”

On site, face-to-face, intensive hospitals control with strong leadership is likely to be needed given the likely pressures outlined above, given the information flows implied by the key decisions which will be required on a daily basis and the likely level of interaction required between key decision makers and with staff who implement decisions. A pyramid from the control team to operational levels, with replacements catered for if the control team is affected, will stretch down the organisation a long way, and use many existing control systems in a more intensive way.

From this, it is expected that the pandemic control team will meet at 11a.m. and 4p.m., nominally for a half hour period, each normal working day. Membership will be as follows, may change from day-to-day, and attendance (including those additional staff and agencies requested to attend by the core membership on a non-routine basis) will be mandatory. The team will be informed by the work strands on capacity in section 5.

Team membership:
- An Executive Team member delegated to make the decisions described above, to direct further action and to chair the meeting
- Support to the Executive member from the Communications Department to give communications advice and action support
- Support to the Executive member to record key decisions for internal control, legal and post-event audit purposes
- The senior manager, nurse and clinician of the day as delegated by the respective rotas for those posts as discipline leaders
- Bed manager to provide an overview on demand
- An HR manager to provide an overview on staff availability and to give HR advice
- An infection control adviser to provide an overview on spread of infection and guidance from DoH on handling the pandemic
• A supplies manager to provide an overview on supplies availability and supply chain resilience
• An information manager to report on meeting external information requirements
• Other key staff and representatives of other agencies as defined by the rest of the team.

Key decisions which will be required on a daily basis
• Which services can run?
• Which services can no longer run?
• Which services have to alter function?
• Which services have to be re-housed?
• Which new services have to start?
• Which services can resume functions?
• Which suppliers can be chased?
• Which suppliers can be or have to be abandoned, and what alternatives are there?
• What information and messages have to be given to staff, patients, suppliers and resilience partners?
• What normal standards of care need to be adapted by the scale of the incident, what will the plan be for return to normal working, and what audit trail of necessary approvals should be kept?
• How well are the contingency plans of the various points of the organisation working together?
• Who will implement the all of the above decisions and report back?

A detailed management algorithm is in a separate document, detailing
• decisions and systems required to support the above
• the information-intensive response required into national plans expected on what the overall pandemic flu DoH guidance of October 2005 refers to as a “battle rhythm” (i.e. daily) basis.

A detailed schedule of delegation is given at the end of this document.

A structured debrief on both preparations and pandemic period action will be required after the pandemic is declared as closed.

Action required before the pandemic will be to ensure that decision making capability is in place from the above elements to meet the Trust’s requirements and subject to exercise.

It is of note that the capacity and control arrangements reflect advice in the NHS consultation document Mass Casualties Incidents: A Framework for Planning and therefore there will be important learning points to be applied more widely from this use of the concepts within it.

Action: setting up team on declaration of pandemic or when situation warrants this group to meet declared by Trust Medical Director and coordinated by Operational Pandemic Flu Group
SOURCES OF GUIDANCE

1. UK Health Departments’ Influenza Contingency Plan (October 2005), plus further information for the public as well as information and operational guidance for the NHS. This is listed below. This material is available via the Department of Health’s website - http://www.dh.gov.uk/pandemicflu.


Additional Advice Available on the DH Website

### 7. Key Decisions - Schedule of Delegation for pandemic flu plan

<table>
<thead>
<tr>
<th>Key decisions</th>
<th>Decision reserved to</th>
<th>Advice led from</th>
</tr>
</thead>
<tbody>
<tr>
<td>Which services can run?</td>
<td>Executive Director</td>
<td>Pandemic control team</td>
</tr>
<tr>
<td>Which services can no longer run?</td>
<td>Executive Director</td>
<td>Senior manager, nurse and clinician of the day; HR manager; infection control</td>
</tr>
<tr>
<td></td>
<td></td>
<td>adviser; supplies manager</td>
</tr>
<tr>
<td>Which services have to alter function?</td>
<td>Executive Director</td>
<td>Senior manager, nurse and clinician of the day; HR manager; infection control</td>
</tr>
<tr>
<td></td>
<td></td>
<td>adviser; supplies manager</td>
</tr>
<tr>
<td>Which services have to be re-housed?</td>
<td>Executive Director</td>
<td>Senior manager, nurse and clinician of the day; HR manager; infection control</td>
</tr>
<tr>
<td></td>
<td></td>
<td>adviser; supplies manager</td>
</tr>
<tr>
<td>Which new services have to start?</td>
<td>Executive Director</td>
<td>Senior manager, nurse and clinician of the day; HR manager; infection control</td>
</tr>
<tr>
<td></td>
<td></td>
<td>adviser; supplies manager</td>
</tr>
<tr>
<td>Which services can resume functions?</td>
<td>Head of Department/Divisional General Manager</td>
<td>Information from pandemic control team</td>
</tr>
<tr>
<td>Which suppliers can be chased? Which suppliers can be or have to be abandoned, and what alternatives are there?</td>
<td>Executive Director</td>
<td>Supplies manager</td>
</tr>
<tr>
<td>What information and messages have to be given to staff, patients, suppliers and resilience partners?</td>
<td>Executive Director</td>
<td>Pandemic control team</td>
</tr>
<tr>
<td>What normal standards of care need to be adapted by the scale of the incident, what will the plan be for return to normal working, and what audit trail of necessary approvals should be kept?</td>
<td>Executive Director</td>
<td>Senior manager, nurse and clinician of the day; HR manager; infection control</td>
</tr>
<tr>
<td></td>
<td></td>
<td>adviser; support to the Executive member to record key decisions for internal</td>
</tr>
<tr>
<td></td>
<td></td>
<td>control, legal and post-event audit purposes</td>
</tr>
<tr>
<td>How well are the contingency plans of the various points of the organisation working together?</td>
<td>Executive Director</td>
<td>Pandemic control team</td>
</tr>
<tr>
<td>Who will implement the all of above decisions and report back?</td>
<td>Executive Director</td>
<td>Pandemic control team</td>
</tr>
</tbody>
</table>