NHS Kernow Pandemic Flu Plan

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Brief Summary of document	Provides guidance on maintaining CCG business continuity and the associated roles, responsibilities and actions in the event of a flu pandemic.
This document replaces	New document
Approved Equality Impact Assessment attached:	Yes
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Ratified by:	EMT
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Version control

Date	Version number	Summary of changes	Changes made by
13/11/2017	1.0	Original	

Consultation	Response received	Comments accepted	Comments rejected
NHS England EPRR lead, On-call team including Nurse Consultant Director of Infection Prevention and Control – Head of Public Health Nursing, Head of Prescribing, Deputy Director System Resilience	Y	Y	N

Disseminate to: On-call directors
Dissemination methods: Document Library, NHS Kernow website: Staff Zone

Contents

1. Introduction

1.1 This plan is to be used to assist in the continuity and recovery of NHS Kernow Clinical Commissioning Group (CCG) and commissioned services in the event of an outbreak of pandemic influenza.

1.2 Pandemic influenza emerges as a result of a new flu virus which is markedly different from recently circulating strains. Few, if any, people will have any immunity to this new virus thus allowing it to spread easily and to cause more serious illness. With unpredictable frequency, novel influenza viruses emerge or re-emerge to cause an influenza pandemic. When this happens, it is likely that global spread will rapidly ensue, affecting large numbers of the population because there will be little or no immunity to this strain. Preparing successfully and responding effectively to a pandemic requires collaborative working between the NHS and other partner agencies.

1.3 The plan details the roles, responsibilities and actions to be taken and should be used in conjunction with the Devon, Cornwall and Isles of Scilly LRF and LHRP Pandemic Influenza Framework, CCG Incident Response Plan, Business Continuity Plan, surge management and escalation plans and winter planning arrangements.

1.4 The aim of this plan is to:

- Contain the emergency – limiting its escalation or spread
- Maintain CCG and commissioned critical services at an appropriate level
- Protect the health and safety of staff
- Ensure patient and public are informed
- Ensure timely and appropriate reporting of the situation to inform decisions
- Restore normality as soon as possible
- Evaluate the response and identify lessons to be learned

1.5 NHS England is responsible for leading the mobilisation of the NHS in the event of an emergency or incident and for ensuring it has the capability for NHS command, control, communication, coordination and leadership of all providers of NHS funded care.

2. Activation of the plan

2.1 This plan can be activated by the Chief Officer, Chair, Accountable Emergency Officer or On-call Director as soon as possible after a flu pandemic has been declared by Public Health England

3.   DATER

3.1   Public Health England will have adopted the following 'DATER' stages of pandemic response (also see action plans at Appendix A):

- Detection
- Assessment
- Treatment
- Escalation
- Recovery

4.   Command and control

4.1   NHS Kernow will act on behalf of and in support of NHS England (South West). The CCG will put in place internal command and control structures in line with its Incident Response Plan.

4.2   The CCG will convene a Pandemic Response Team, led by the Accountable Emergency Officer (or delegate):

- Nurse Consultant Director of Infection Prevention and Control – Head of Public Health Nursing
- System Executive Lead for Urgent and Emergency Care
- Deputy Director System Resilience
- Pharmacist
- Communications lead
- Executive Lead for Primary Care
- Locality Lead

4.3   This team will have responsibility for ensuring all actions as delegated by NHS England, and in relation to CCG business continuity are carried out. This will take priority over other duties.

4.4   NHS England South (South West) will take the lead for Communications across the health economy and coordinate media requests.

4.5   The Pandemic Response Team will set up regular reporting arrangements, which may include teleconferences, with their commissioned services to assess pressures and incidents. This function may be coordinated by NHS England during a pandemic, in which case the CCG will support them in the process.

4.6   The Pandemic Response Team will keep detailed records of all decisions made and actions taken. These records will subsequently be passed to the CCG EPRR lead.

5. Roles and responsibilities

5.1 During a pandemic the CCG will:

- Support the national pandemic response arrangements as laid out in Department of Health and NHS England guidance issued prior to or during a pandemic occurring
- Ensure 24/7 on-call arrangements remain robust and maintained, particularly with respect to surge and responding to major incidents
- Lead the management of pressure surge arrangements with commissioned services as a result of increased activity as part of the overall response
- Review any impact on social care which may affect acute care capacity management
- Support NHS England in the local coordination of the response, eg. appropriate mutual aid of staff and facilities
- Work with NHS England to identify appropriate local providers to support the delivery of a response, particularly regarding the provision of antiviral collection points through community pharmacies
- Share communications with locally commissioned healthcare providers through established routes
- Participate in the multi-agency response as appropriate and agreed with NHS England to ensure a comprehensive local response
- Maintain close liaison with local NHS England colleagues, particularly when considering changes to delivery levels of NHS commissioned services
- Implement CCG business continuity arrangements to ensure critical activities can be maintained
- Maintain local data collection processes to support the overall response to the pandemic, including completion and submission of relevant situation reports and participation in coordination teleconferences
- Undertake and contribute to appropriate, timely and proportionate debriefs to ensure best practice is adopted through the response

5.2 After a pandemic the CCG will:

- Contribute to local, regional and national health post-pandemic debriefs and consider the implementation of recommendations from any subsequent reports
- Acknowledge staff contributions
- Assess the impact of the pandemic on the provision of commissioned services and ensure that the on-going service is sufficient to meet the demands of the system
- Support providers in their return to normal business
- Assess the impact and ensure the recovery of CCG functions to business-as-usual as soon as appropriate

- Review response and update plans, contracts and other arrangements to reflect lessons identified, particularly where these have been commissioned locally
- Collect financial and contractual impact information from commissioned providers

Appendix A: Action cards

<table>
<tr><td style="background-color:red;color:white;text-align:center"><h1>Action card
DETECTION STAGE</h1></td></tr>
</table>

Notes

This stage will commence when the World Health Organisation issue an alert that a new sub-type has been identified in humans. The focus in this stage would be:

- Intelligence gathering from countries already affected
- Enhanced surveillance within the UK
- The development of diagnostics specific to the new virus
- Information and communications to the public and professionals

Actions

- Follow guidance issued by Public Health England/NHS England.
- Liaise with Head of Communications to ensure all staff are aware of situation.
- Advise all managers to review business continuity plans for potential staff loss:

  - Whether staff have dependents
  - Whether staff have underlying health conditions that may make them more at risk
  - Where staff live and how they travel to/from work
  - Review of essential functions and whether action cards/Standard Operating Procedures need to be developed for use by replacement/seconded staff
  - Checking business continuity arrangements of essential suppliers/contractors
  - Review of skill mix to identify vulnerabilities if staff loss were to occur

- Provide timely responses to requests from NHS England
- Consider potential transfer of staff from non-critical services to begin supporting areas that may be affected within the whole system
- Consider potential re-prioritisation of functions/activities/targets/KPIs to reflect whole system pressures
- Seek assurance that commissioned services are implementing plans

Action card
ASSESSMENT STAGE

Notes

The indicator for moving to the assessment stage would be the identification of a novel influenza virus in patients in the UK, reducing the risk of transmission and infection. The focus in this stage would be:

- The collection and analysis of detailed clinical and epidemiological information on early cases, on which to base early estimates of impact and severity in the UK
- Reducing the risk of transmission and infection with the virus within the local community by:
  - actively finding cases;
  - self-isolation of cases and suspected cases; and
  - treatment of cases / suspected cases and use of antiviral prophylaxis for close / vulnerable contacts, based on a risk assessment of the possible impact of the disease

Actions

- Follow guidance issued by PHE/NHS England
- Liaise with Head of Communications to ensure all staff are aware of situation
- Advise all managers to review business continuity plans for potential staff loss
- Provide timely responses to requests from NHS England
- Consider declaring Major Incident 'Standby' (See CCG Incident Response Plan)
- **Set up Pandemic Response Team** (see roles and responsibilities at s.5) and maintain records
- Ensure infection prevention and control procedures are in place as soon as possible to reduce the spread of infection
- Refresher training for staff with specific regard to flu
- Confirm arrangements for investigating and managing any suspected cases for patients and staff. Ensure that details of those affected are collected on a regular basis and passed to the Accountable Emergency Officer
- Provide local guidance about use of antivirals (if available) for early cases
- Review plans for distribution of essential medicines/supplies
- Consider convening Flu Vaccination Group to prepare arrangements for possible vaccinations of staff
- Ensure attendance at meetings (consider teleconference if appropriate) and feedback is shared appropriately

Action card
TREATMENT STAGE

Notes

The focus in this stage would be:

- Treatment of individual cases and population treatment via the NPFS, if necessary
- Enhancement of the health response to deal with increasing numbers of cases
- Enhancement of public health measures to disrupt local transmission of the virus as appropriate, such as localised school closures based on public health risk assessment
- Depending upon the development of the pandemic, to prepare for targeted vaccinations as the vaccine becomes available

Arrangements will be activated to ensure that necessary detailed surveillance activity continues in relation to samples of community cases, hospitalised cases and deaths.

Actions

- Continue with Major Incident and Business Continuity plans
- Continue with meeting of Pandemic Response Team
- Follow guidance issued by PHE/NHS England
- Liaise with Head of Communications to ensure all staff/providers/public are aware of situation
- Advise all managers to review business continuity plans for potential staff loss
- Provide timely responses to requests from NHS England
- Monitor local health and social care response through liaison with partners
- Monitor essential services and business continuity via situation reporting
- Consider transfer of staff from non-critical services to begin supporting areas that may be affected
- Increase use of bank staff if possible and consider mutual aid from other organisations
- Introduce flexible working arrangements/enable staff to work from home
- Prepare for the next 'Escalation stage'
- Consider implementing transfer of staff from non-critical services to begin supporting areas that may be affected within the whole system
- Consider implementing re-prioritisation of functions/activities/targets/KPIs to reflect whole system pressures

Action card
ESCALATION STAGE

Notes

When demands for services start to exceed the available capacity, additional measures will need to be taken. This decision is likely to be made at a regional or local level as not all parts of the UK will be affected at the same time or to the same degree of intensity. The focus in this stage would be:

- Escalation of surge management arrangements in health and other sectors
- Prioritisation and triage of service delivery with aim to maintain essential services
- Resiliency measures, encompassing robust contingency plans
- Consideration of de-escalation if the situation is judged to have improved sufficiently

Actions

- Continue with Major Incident and Business Continuity plans
- Continue with meeting of Pandemic Response Team
- Follow guidance issued by PHE/NHS England
- Liaise with Head of Communications to ensure all staff/providers/public are aware of situation
- Advise all managers to review business continuity plans for potential staff loss
- Provide timely responses to requests from NHS England
- Monitor local health and social care response through liaison with partners
- Monitor essential services and business continuity via situation reporting
- Consider funding implications to whole system
- Increase use of bank staff if possible and consider mutual aid from/for other organisations
- Introduce flexible working arrangements/enable staff to work from home
- Review local vaccination/antiviral arrangements

Action card
RECOVERY STAGE

Notes

The indicator for this phase would be when influenza activity is either significantly reduced compared to the peak or when the activity is considered to be within acceptable parameters. An overview of how services' capacities are able to meet demand will also inform this decision. The focus in this stage would be:

- Normalisation of services, perhaps to a new definition of what constitutes normal service
- Restoration of business as usual services, including an element of catching-up with activity that may have been scaled-down as part of the pandemic response e.g. reschedule routine operations
- Post-incident review of response, and sharing information on what went well, what could be improved, and lessons learnt
- Taking steps to address staff exhaustion
- Planning and preparation for a resurgence of influenza, including activities carried out in the Detection phase
- Continuing to consider targeted vaccination, when available
- Preparing for post-pandemic seasonal influenza

Actions

- Assessment of the workforce available to return to work
- A phasing-in period to allow the resumption of normal services, depending on the skills and resources available
- Psychological support to staff
- Recruit at a potentially difficult time, owing to the nature of the work and sensitivities around loss of staff, and a challenging environment
- Ensuring that buildings are sanitised and otherwise made ready for the resumption of normal service
- Undertaking an internal lessons learned exercise and contributing to multi-agency debriefs
- Ensure that all records are passed to the EPRR lead post-incident
  kccg.EPRR@nhs.net

Appendix B: Equality Impact Assessment

Name of policy to be assessed	NHS Kernow Pandemic Flu Plan		
Section	Click here to enter text.	Date of Assessment	06/11/2017
Officer responsible for the assessment	Drew Wallbank	Is this a new or existing policy?	New
1. Describe the aims, objectives and purpose of the policy.			
The plan outlines the activation process, roles, responsibilities and actions in response to a flu pandemic.			
2. Are there any associated objectives of the policy? Please explain.			
No			
3. Who is intended to benefit from this policy, and in what way?			
Staff – it provides clear guidance on role and responsibilities.			
4. What outcomes are wanted from this policy?			
Effective response to a flu pandemic.			
5. What factors/ forces could contribute/ detract from the outcomes?			
Failure to follow plan.			
6. Who are the main stakeholders in relation to the policy?			
NHS Kernow CCG Pandemic Flu Team and Incident Commander.			

7. Who implements the policy, and who is responsible for the policy?
Incident Commander and Pandemic Flu Team
8. What is the impact on people from Black and Minority Ethnic Groups (BME) (positive or negative)?
Consider relevance to eliminating unlawful discrimination, promoting equality of opportunity and promoting good race relations between people of different racial groups. Issues to consider include people's race, colour and nationality, Gypsy, Roma, Traveller communities, employment issues relating to refugees, asylum seekers, ethnic minorities, language barriers, providing translation and interpreting services, cultural issues and customs, access to services.
None. The plan provides guidance to staff regardless of BME status.
How will any negative impact be mitigated?
Click here to enter text.
9. What is the differential impact for male or female people (positive or negative)?
Consider what issues there are for men and women e.g. responsibilities for dependants, issues for carers, access to training and employment issues, attitudes towards accessing healthcare.
None. The plan provides guidance to staff regardless of gender.
How will any negative impact be mitigated?
Click here to enter text.
10. What is the differential impact on disabled people (positive or negative)?
Consider what issues there are around each of the disabilities e.g. access to building and services, how we provide services and the way we do this, producing information in alternative formats and employment issues. Consider the requirements of the NHS

Accessible Information Standard. Consider attitudinal, physical and social barriers. This can include physical disability, learning disability, people with long term conditions, communication needs arising from a disability.

None. The plan provides guidance to staff regardless of disability.

How will any negative impact be mitigated?

Click here to enter text.

11. What is the differential impact on sexual orientation?

Consider what issues there are for the employment process and training and differential health outcomes amongst lesbian and gay people. Also consider provision of services for e.g. older and younger people from lesbian, gay, bi-sexual. Consider heterosexual people as well as lesbian, gay and bisexual people.

None. The plan provides guidance to staff regardless of sexual orientation.

How will any negative impact be mitigated?

Click here to enter text.

12. What is the differential impact on people of different ages (positive or negative)?

Consider what issues there are for the employment process and training. Some of our services impact on our community in relation to age e.g. how do we engage with older and younger people about access to our services? Consider safeguarding, consent and child welfare.

None. The plan provides guidance to staff regardless of age.

How will any negative impact be mitigated?

13. What differential impact will there be due religion or belief (positive or negative)?

Consider what issues there are for the employment process and training. Also consider the likely impact around the way services are provided e.g. dietary issues, religious holidays, days associated with religious observance, cultural issues and customs, places to worship.

None. The plan provides guidance to staff regardless of religion or belief.

How will any negative impact be mitigated?

Click here to enter text.

14. What is the impact on marriage of civil partnership (positive or negative)? NB: this is particularly relevant for employment policies

This characteristic is relevant in law only to employment, however, NHS Kernow will strive to consider this characteristic in all aspects of its work. Consider what issues there may be for someone who is married or in a civil partnership. Are they likely to be different to those faced by a single person? What, if any are the likely implications for employment and does it differ according to marital status?

None. The plan provides guidance to staff regardless of status.

How will any negative be mitigated?

Click here to enter text.

15. What is the differential impact who have gone through or are going through gender reassignment, or who identify as transgender?

Consider what issues there are for people who have been through or a going through transition from one sex to another. How is this going to affect their access to services and their treatment when receiving NHS care? What are the likely implications for employment of a transgender person? This can include issues such as privacy of data and harassment.

None. The plan provides guidance to staff regardless of this.

How will any negative impact be mitigated?
Click here to enter text.

16. What is the differential impact on people who are pregnant or breast feeding mothers, or those on maternity leave?
This characteristic applies to pregnant and breast feeding mothers with babies of up to six months, in employment and when accessing services. When developing a policy or services consider how a nursing mother will be able to nurse her baby in a particular facility and what staff may need to do to enable the baby to be nursed. Consider working arrangements, part-time working, infant caring responsibilities.
None. The plan provides guidance to staff regardless of this.

How will any negative impact be mitigated?
Click here to enter text.

17. Other identified groups:
Consider carers, veterans, different socio-economic groups, people living in poverty, area inequality, income, resident status (migrants), people who are homeless, long-term unemployed, people who are geographically isolated, people who misuse drugs, those who are in stigmatised occupations, people with limited family or social networks, and other groups experiencing disadvantage and barriers to access.
None. The plan provides guidance to staff regardless of this.

How will any negative impact be mitigated?
Click here to enter text.

18. How have the Core Human Rights Values been considered in the formulation of this policy/strategy? If they haven't please reconsider the document and amend to incorporate these values.

• **Fairness;** • **Respect;** • **Equality;** • **Dignity;** • **Autonomy**	
The plan gives guidance to staff in responding to a flu pandemic and in support these values.	

19. Which of the Human Rights Articles does this document impact?

The right:	Yes / No:
• To life	No
• Not to be tortured or treated in an inhuman or degrading way	No
• To liberty and security	No
• To a fair trial	No
• To respect for home and family life, and correspondence	No
• To freedom of thought, conscience and religion	No
• To freedom of expression	No
• To freedom of assembly and association	No
• To marry and found a family	No
• Not to be discriminated against in relation to the enjoyment of any of the rights contained in the European Convention	No
• To peaceful enjoyment of possessions	No
a) What existing evidence (either presumed or otherwise) do you have for this?	
The Plan gives guidance to staff responding to a flu pandemic and in support these values.	

20. How will you ensure that those responsible for implementing the Policy are aware of the Human Rights implications and equipped to deal with them?	
Plan gives guidance for staff.	
21. Describe how the policy contributes towards eliminating discrimination, harassment and victimisation.	
Plan gives guidance to staff	
22. Describe how the policy contributes towards advancing equality of opportunity.	
Plan gives guidance to staff	
23. Describe how the policy contributes towards promoting good relations between people with protected characteristics.	
Plan gives guidance to staff	
24. If the differential impacts identified are positive, explain how this policy is legitimate positive action and will improve outcomes, services or the working environment for that group of people.	
n/a	
25. Explain what amendments have been made to the policy or mitigating actions have been taken, and when they were made.	
n/a	
26. If the negative impacts identified have been unable to be mitigated through amendment to the policy or mitigating actions, explain what your next steps are.	
n/a	

Signed (completing officer): D Wallbank   Date: 08/11/2017

Signed (Head of Section): T Corsellis   Date: 08/11/2017

Please ensure that a signed copy of this form is sent to both the Policies Officer with the policy and the Equality and Diversity lead.