

Pennine Lancashire CCGs Pandemic Influenza Plan (Incorporating Blackburn with Darwen and East Lancashire CCG)

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Review and Amend Log

Version No	Date	Section	Description of change
2	07/07/16		New policy separated from original Emergency Planning and Resilience Policy
3	February 2017		Update to CCG Co-ordination and Reporting sections and reflection of internal changes.
4	09/2019		<i>Contact Updates</i>

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1. Document Status

This document details the response to national Emergency Planning, Resilience and Response (EPRR) requirements, specifically in relation to responsibilities and actions in the event of an influenza pandemic, and covers both NHS Blackburn with Darwen Clinical Commissioning Group (CCG) and NHS East Lancashire CCG. Unless clearly documented the term 'CCG' or 'CCGs' within this plan should be taken to refer to both Blackburn with Darwen and East Lancashire. Any specific detail relevant to only one of the CCGs will be clearly documented.

2. Introduction and Background

This local plan has been developed based on Public Health England's 'Pandemic Influenza Response Plan – 2014,' NHS England's 'Operating Framework for Managing the Response to Pandemic Influenza' and the NHS England guidance for CCGs 'Guidance on the Roles and Responsibilities of Clinical Commissioning Groups (CCGs) in preparing for and responding to an influenza pandemic.' It has also been developed in line with the 'LRF Pandemic Influenza Plan' and should be read in conjunction with the Pennine Lancashire CCG's Emergency Planning and Resilience Policy and associated plans.

The Civil Contingencies Act (2004) places a statutory duty on emergency frontline responders to prepare, respond and recover from significant incidents and emergencies. Further there is an expectation that supporting commissioning organisations will collaborate, coordinate and cooperate in planning for and responding during an incident. The CCA (2004) collectively refers to these organisations respectively as Category One and Category Two responders.

As Category two responders under the CCA (2004) and in line with arrangements for other major incidents and emergencies, Clinical Commissioning Groups (CCGs) have a role in supporting NHS England Regional and Area Teams and providers of NHS funded care in planning for and responding to an influenza pandemic.

The CCG Accountable Emergency Officers (AEO) are responsible for 'ensuring that the organisation is properly prepared and resourced for dealing with a major incident or civil contingency event' (Emergency Officers' for Emergency Preparedness, Resilience and Response (EPRR) 2012). CCGs must assure their Governing Body, NHS England and Local Health Resilience Partners that suitable arrangements are developed, tested and maintained.

3. Purpose / Aims and Objectives

The aim of this document is to provide detail on the role of CCGs in pandemic preparedness and response, and to identify the CCGs high level priorities during an outbreak. The CCGs plans will be reviewed and updated when more detailed guidance, delivery models and expectations are developed and circulated.

The objectives of the plan are to:

- detail the responsibilities and actions to be taken by the CCG in the pre-pandemic period
- detail the responsibilities and actions to be taken by the CCG during a pandemic
- detail the responsibilities and actions to be taken by the CCG post-pandemic

4. Roles and Responsibilities

Wider CCG staff roles and responsibilities include:

- Familiarising themselves with the Pandemic Influenza plan.
- Supporting Public Health and health economy partners in identifying individuals who are at particular risk. These people are likely to be already receiving care.
- Reviewing surge capacity and the need for, and availability of, staff support in the event of a pandemic.
- Support cascade process when in operation.
- Support commissioned services in implementing necessary plans.

5. The Plan

5.1 Activation of the Plan

This plan will be activated on declaration of the Detect Stage by NHS England/Public health England.

Notification of a pandemic:

- The CCG is most likely to receive notification of a pandemic via NHS England (Lancashire and South Cumbria).
- The CCG may also receive notification via the Lancashire Resilience Forum.

5.2 Command and Control

The CCG will act on behalf of and in support of NHS England (Lancashire and South Cumbria). Direction/ actions will be set by NHS England and cascaded via the NHS England Pandemic Influenza Incident Response Team.

The CCG will put in place internal command and control structures in line with its operational response plan.

5.3 Pre-Pandemic Phase

5.3.1 CCG Responsibilities – Pre-Pandemic

In the pre-pandemic phase the CCG will:

- identify a Pandemic Influenza Executive Lead (likely to be the AEO) to lead internal organisational pandemic planning activities in light of national and international developments, advice and guidance
- undertake internal business continuity planning in the context of pandemic influenza
- communicate plans with employees, contractors, and affiliated organisations
- participate in relevant planning groups to discuss, plan, exercise and share best practice

- ensure early engagement of communications professionals to devise, deliver and maintain internal, external and stakeholder / cross-partnership communications before, during and after a pandemic
- work with their commissioned service providers, in planning for surge in relation to elective work and the possible financial implications if there is ongoing disruption to normal service levels over the period of a pandemic and its recovery phase
- participate in appropriate assurance processes regarding their arrangements and be assured that their commissioned services have adequate provisions in place for managing a pandemic
- work with NHS England Regional and Area Teams to identify appropriate local providers to support the delivery of a pandemic influenza response, particularly regarding the provision of antiviral collection points through community pharmacies

5.3.2 CCG Actions – Pre-Pandemic

In the pre-pandemic phase the CCG will undertake the following actions in response to the aforementioned roles and responsibilities:

Responsibility	Action taken / to be taken
Identify a Pandemic Influenza Executive Lead	NHS Blackburn with Darwen Head of Corporate Business identified as Executive Lead for Pennine Lancashire CCGs
Pandemic Influenza Executive Lead to ensure implementation of internal organisational pandemic planning activities	Executive Lead to ensure implementation of this Plan along with the Pennine Lancashire Business Continuity Plan, with support provided by NHS East Lancashire CCGs Assurance and Delivery Manager
Undertake internal Business Continuity Planning in the context of pandemic influenza	A Pennine Lancashire CCGs Business Continuity Plan has been developed which sets out the principles of business continuity arrangements for reductions in CCG staff. See appendix one that clearly indicates high level business continuity actions
Communicate plans with employees, contractors, and affiliated organisations	The full suite of Pennine Lancashire CCG Emergency Planning, Resilience and Response (including Business Continuity, Heatwave and Pandemic Influenza) are shared with members of staff and are accessible via each CCGs website
Participate in relevant planning groups to discuss, plan, exercise and share best practice.	The Pandemic Executive Lead is a members of the Lancashire Local Health Resilience Partnership. The CCGs, in partnership with providers across Pennine Lancashire undertook a joint Pandemic Influenza Exercise in 2015/16. The CCGs also meet on a regular basis with their providers
Ensure early engagement of communications professionals to devise, deliver and maintain internal, external and stakeholder/cross-partnership communications before, during and after a pandemic	CCG to liaise with the CSU Communications team to develop generic communications messages which can be used in each phase of a pandemic. See appendix two – Pandemic Influenza Communications Plan.
Work with commissioned service providers, in planning for surge in relation to elective work and the possible financial implications of potential disruptions to normal service levels	The CCG EPRR Leads (including AEO) meet on a regular basis to ensure continued compliance with the wide range of roles and responsibilities in relation to EPRR. This includes provider management of surge across the system
Participate in appropriate assurance processes and be assured that commissioned services have adequate provisions in place	The CCGs provide assurances to NHS England on a yearly basis in relation to a broad range of EPRR requirements via the Core Standards for EPRR framework. Recent changes have also led the CCG to be more directly responsible for formally receiving this assurance from providers and working with them on any areas of concern
Work with NHS England Teams to identify appropriate local providers to support the delivery of a response, particularly regarding the provision of antiviral collection points through community pharmacies	Work is already underway by NHS England, via the Lancashire and South Cumbria team, to identify pharmacies across Lancashire to act as antiviral collection points

5.4 Pandemic Phase

5.4.1 CCG Responsibilities – During a Pandemic

In the pandemic phase 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
- in line with other guidance, 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 their commissioned services as a result of increased activity as part of the overall response
- support NHS England Regional and Area Teams in the local coordination of the response, e.g. through tried and tested surge capacity arrangements, appropriate mutual aid of staff and facilities, and provision of support to the management of clinical queries
- as necessary share communications with locally commissioned healthcare providers through established routes
- participate in the multi-agency response as appropriate and agreed with NHS England Regional and Area Teams 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
- enact business continuity arrangements as appropriate to the developing situation 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
- throughout the pandemic, undertake and contribute to appropriate, timely and proportionate debriefs to ensure best practice is adopted through the response

5.4.2 CCG Actions –Pandemic Phase

In the pandemic phase the CCG will undertake the following actions in response to the aforementioned roles and responsibilities:

Responsibility	Action taken / to be taken
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	The CCGs will ensure all pre-pandemic actions are completed and provide support to the national and regional response as required
In line with other guidance, ensure 24/7 on-call arrangements remain robust and maintained, particularly with respect to surge and responding to major incidents	A robust Pennine Lancashire 24/7 on-call system is in place with contingency arrangements in place
Lead the management of pressure surge arrangements with their commissioned services as a result of increased activity as part of the overall response	Commissioners will work with commissioned services to ensure service continuity with the potential for executives to agree to relax activity arrangements
Support NHS England Regional and Area Teams in the local coordination of the response, e.g. Through tried and tested surge capacity arrangements, appropriate mutual aid of staff and facilities, and provision of support to the management of clinical queries	Existing support arrangements are in place to provide input into the regional response and aid local response coordination
As necessary share communications with locally commissioned healthcare providers through established routes	Pre-prepared communications will be shared with local providers through tried and tested routes. See appendix two
Participate in the multi-agency response as appropriate and agreed with NHS England Regional and Area Teams to ensure a comprehensive local response	Existing support arrangements are in place to provide input into the regional response and aid local response coordination
Maintain close liaison with local NHS England colleagues, particularly when considering changes to delivery levels of NHS commissioned services	Existing working relationships in place
Enact business continuity arrangements as appropriate to the developing situation to ensure critical activities can be maintained	Business continuity arrangements in place as part of the Pennine Lancashire Business Continuity Plan, also see appendix one
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	Arrangements in place to support reporting arrangements and existing teleconference systems in place
Throughout the pandemic, undertake and contribute to appropriate, timely and proportionate debriefs to ensure best practice is adopted through the response	Support to debriefs will be provided from internal teams

5.5 Post-Pandemic Phase

5.5.1 CCG Responsibilities – Post-Pandemic

In the post-pandemic phase 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 ongoing service level is sufficient to meet the demands of the system
- ensure the recovery of services to business-as-usual as soon as appropriate
- review response 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

5.5.2 CCG Actions –Post-Pandemic Phase

In the post-pandemic phase the CCG will undertake the following actions in response to the aforementioned roles and responsibilities:

Responsibility	Action taken / to be taken
Contribute to local, regional and national health post-pandemic debriefs and consider the implementation of recommendations from any subsequent reports	Support to debriefs will be provided from internal teams. In addition a review of lessons learnt will take place with recommendations of this, and any regional or national reports, will be implemented
Acknowledge staff contributions	Communications will be cascaded across the health economy to acknowledge the contribution of staff. See appendix two
Assess the impact of the pandemic on the provision of commissioned services and ensure that the ongoing service level is sufficient to meet the demands of the system	To be undertaken as part of the debrief and lessons learnt process
Ensure the recovery of services to business-as-usual as soon as appropriate	Internal CCG return to business as usual will be managed. Continued engagement with providers to ensure commissioned services are brought back on line as soon as is possible
Review response update plans, contracts and other arrangements to reflect lessons identified, particularly where these have been commissioned locally	To be undertaken as part of the debrief and lessons learnt process
Collect financial and contractual impact information from commissioned providers	To be undertaken as part of the debrief and lessons learnt process

5.6 CCG Coordination

The CCG will identify a team to lead their response to the pandemic. This will include:

- Pandemic Flu Leads
- Pharmacist Lead
- Urgent Care Lead
- Communications Lead
- Admin support

This team will have responsibility for ensuring all actions relating to the pandemic are carried out: reporting; briefing senior CCG staff and attending the local Influenza Pandemic Coordination Group and participating in teleconferences as necessary.

The CCG Pandemic Response Team will ensure they keep detailed records of all decisions made and actions taken. These records will need to be stored securely following the pandemic.

The CCG will set up regular teleconferences with their commissioned services to assess pressures and incidents. This function may be coordinated by NHS England during a pandemic. However as tactical commanders of the local health economy we would be initiating the command and control arrangements as per the CCG's Major Incident Plan and Operational Response Plan.

5.7 Communications and the Media

Any incident which may affect the health of the population will attract intense media interest. As with any major incident, it is important that the public are accurately and regularly warned and informed of risks and what they can do to minimise them. As detailed above pre-prepared key messages will be provided to the press as required in line with national processes. In addition communications will be issued to staff via team briefs and usual cascade mechanisms. Information for the public will be placed on CCG websites.

A detailed Communications plan for pandemic influenza is included at appendix two.

5.8 Reporting

The requirements for reporting will be set by NHS England as the pandemic emerges. Incident reporting is fundamental to the identification of risk and response management and all staff are actively encouraged to use the CCGs existing incident reporting mechanisms. As the pandemic reaches the UK and numbers of cases increases, there will be a requirement for regular situation reports (SitReps) from all organisations, including CCGs. The 'daily rhythm', i.e. how frequently these reports are required, will be defined depending on the severity of the pandemic as it progresses.

The CCG will maintain their usual incident reporting mechanisms for non-flu related incident to ensure these continue to be managed during a pandemic. Flu related incidents will report into the CCG Pandemic Response Team/Incident Control Team, where this has been initiated.

The CCG Pandemic Response Team will ensure there are robust processes in place to document and record decisions made and actions taken during the pandemic. A decision log will be used to record all communications and activities, including time the decision was made, who made it and the rationale behind the action or decision.

5.9 Mutual aid

Mutual aid may be varied in nature including but not exclusively confined to personnel and material. Many Trusts have pre-agreed processes in place as part of their major incident plans, however where this is not the case, or where these options have been exhausted NHS England (Lancashire and South Cumbria) will act as a broker both within Lancashire and South Cumbria and with other NHS England Regions. For critical care, the aim would be to prevent Trusts moving to 'triage for resource' for critical care (as opposed to triage for outcome) when accessible elective capacity or capability remains available elsewhere.

The CCG will support the health economy where possible seeking and supporting mutual aid requests as required.

5.10 Recovery

As the impact of the pandemic wanes, the UK will move into a recovery phase. The pace of recovery will depend on the residual impact of the pandemic, ongoing demands, backlogs, staff and organisational fatigue and continuing supply difficulties.

Health and social care may experience persistent secondary effects for some time, with increased demand for continuing care from:

- Patients whose existing illnesses have been exacerbated by the flu.
- Those who may continue to suffer potential medium or long-term health complications.
- A backlog of work resulting from the postponement of treatment for less urgent conditions.
- Possible increased demand for services through post-pandemic seasonal flu.

The CCG will work with local organisations and NHS England to return to normality as soon as is possible.

5.11 Primary Care

5.11.1 General Practice

General Practice is commissioned by the CCGs and therefore we will take the lead in the coordination of the General Practice response.

During a pandemic general practice will be expected to continue business as usual. The aim of planning is to respond in a practical and proportionate way and to use usual processes as far as possible. If a symptomatic patient comes

into a practice then they should separate that patient if it is possible to do so. Usual cleaning and infection control procedures should apply.

The National Pandemic Flu Service which enables the public to use a phone or web algorithm to determine whether their symptoms warrant antiviral treatment will be activated nationally when pressures on primary care indicate it is needed.

All practices should have business continuity plans in place and a local decision would have to be taken about practices sharing space or personnel ('buddying'). NHS England would not coordinate or direct this.

Communications to practices would go through the usual routes – CAS alerts plus primary care commissioning / Corporate Communications. All practices should ensure they are signed up to receive CAS alerts if they haven't done so already.

5.11.2 Dental, Optometry and Pharmacies

These elements of primary care are commissioned by the NHS England and therefore they will take the lead in the coordination of the response from these elements. However the CCG will work closely with all primary care providers in ensuring input into, and support of, the health economy response. In particular this would focus on pharmacies in relation to the provision of antiviral and any available immunisation.

5.12 Business Continuity

It is possible that a pandemic will result in higher than usual levels of staff absenteeism. Combined with summer holidays, maintaining essential services to the community may be a challenge. This will be especially true in organisations, or parts of organisations, where a pandemic is likely to cause an increased workload. Business Continuity plans need to be activated as required.

5.13 Community Engagement

It is recognised that in a pandemic where potentially a large proportion of the community will be affected, the co-operation and support of the public is essential. People will be asked to take steps to protect and help themselves and others, to look out for friends and relatives and to help the authorities to reach the vulnerable within the community.

5.14 Managing Excess Deaths

It is unlikely that the number of excess deaths resulting from a pandemic will necessitate special action. However this is dependent on the severity of the particular virus. Plans to manage excess deaths are in place across the County for such an eventuality. A key aim for planning and the response will be to minimise funeral delays and to treat those who have died with dignity and their families with consideration and respect.

5.15 Record Keeping

The importance of maintaining clear, concise and accurate records cannot be overstated.

The records should include:

- The range of options examined.
- The reasons for the chosen option.
- The reasons for rejecting other options.

6. Equality Impact Assessment

Because there have now been a significant number of judicial review (process under which unlawful action is subject to review by the courts) cases concerning equality duties, it is possible to identify some general principles which the courts will apply when they are considering a case of this nature. However, the courts have the authority to develop or modify these principles as new cases come before them. From the cases to date, it is clear that the equality duties are taken very seriously by the Courts. They stress:

- the need to consider equality issues thoroughly in the context of the duties before any significant individual decisions are made or any policy is introduced or subject to significant change
- equality impact assessments may provide important evidence as to whether the public authority has complied with its duties.
- that a public authority should refer to Equality Act guidance and codes of practice explicitly and keep records of its decision making. If it departs from the code or guidance, there must be clear reasons to do so.
- if another organisation or person is carrying out a function under guidance by the public authority, the responsibility for ensuring that the general duties are met remains with the public authority
- the duties apply not just to decision-makers but also to those who implement them

The Equality Analysis Checklist initial screening was used to determine the potential impact this policy might have with respect to the individual protected characteristics. The results from this initial screening indicate that this policy will not require a full Equality Analysis Assessment as there is no significant or disproportionate impact against any protected characteristic or at risk group.

7. Implementation and Dissemination

It will be arranged for all ratified policies to be added to the CCG Website and staff will be notified of all policy activity through the CCG's internal email communication system.

The CCG website will be the only point of access for up to date, version controlled CCG Policies.

8. Training Requirements

A major incident places extreme stress on the organisation and may pitch individuals into unfamiliar roles and sometimes into an unusual and possibly dangerous environment.

The Accountable Emergency Officer will ensure that testing of the plan takes place in conjunction with providers across the Pennine Lancashire health economy.

9. Monitoring and Review Arrangements

This plan will be reviewed:

- Following any incident when the plan has been activated.
- Following any major change to the operating arrangements of any of the participating NHS and social care organisations.
- Following issue of new national guidance from Public Health England or NHS England.

10. Consultation

Systems of communication with external stakeholders are in place to minimise reputational risk to the organisation. These include a public website, public meetings of the Governing Body and the Annual General Meeting, together with patient engagement activities and consultation.

List of Stakeholders Consulted

Date Sent	Name of Individual or Group	Designation	Were comments received, considered and incorporated Yes/no	If not incorporated record reason why
	Iain Fletcher	Head of Corporate Business (BwD CCG)		
	Pennine Lancashire Quality Committee			
	NHS England			

11. References and Bibliography

- Public Health England's 'Pandemic Influenza Response Plan – 2014'
- NHS England's 'Operating Framework for Managing the Response to Pandemic Influenza'
- NHS England guidance for CCGs 'Guidance on the Roles and Responsibilities of Clinical Commissioning Groups (CCGs) in preparing for and responding to an influenza pandemic'
- LRF Pandemic Influenza Plan
- Business Continuity policy
- Public Health England Department
<https://www.gov.uk/government/organisations/public-health-england>
- NHS England <http://www.england.nhs.uk/>
- Lancashire Local Resilience Forum <http://www.lancsresilience.org.uk/>

12. Associated Documents

- Severe Weather Plan
- Business Continuity Management Plan
- Major Incident Plan
- Penning Lancs Emergency Planning and Resilience Policy
- Senior Manager On-Call pack
- Operational Response Manual

13. Appendices

Appendix 1 – Business Continuity High Level Actions

Appendix 2 – Pandemic Influenza Communications Plan

Appendix One – Business Continuity High Level Actions

Please find below key actions to be taken against the potential key risks which could result from an influenza pandemic.

Risk Area / Issue	CCG Action
<p>Staff Absenteeism The number of staff will absent will depend on the spread of the pandemic. The length of time a member of staff would be absent from work could range from 7-10 days</p>	<p>Line managers and service leads to monitor staff absence and plan for absence.</p> <p>See CCG service continuation section below which will support issues experienced with staff absence</p>
<p>CCG Service Continuation This will be dependent on staff absenteeism levels as detailed above</p>	<p>Executives and Service Leads to ensure continuation of business critical services by focussing available staff on the following areas:-</p> <ul style="list-style-type: none"> • Contracting – ensuring service compliance with contract • Commissioning – ensuring service continuity • Finance – ensuring staff and providers are paid • Buildings – ensuring arrangements are in place for continuation of office accommodation <p>Please see the CCG's Business Continuity Plan for full detail of team/function specific critical services and arrangements in place.</p>
<p>Service Continuation – CCG Commissioned Services</p>	<p>Executives to review service delivery of commissioned providers to ensure service continuity. Dependent on the severity of the pandemic decisions need to be taken, in conjunction with providers, to prioritise service delivery. This could see the reduction in planned care and the focus on unplanned care and creating flow.</p>

Appendix Two – Pandemic Influenza Communications Plan

1. Introduction

This plan should be read in conjunction with the wider Pennine Lancashire Pandemic Influenza Plan.

Person responsible for this plan: Iain Fletcher, Head of Corporate Business (BwD)

2. Aims of the Pennine Lancashire Influenza Pandemic Communications Plan

The aims of the Pennine Lancashire Influenza Pandemic Communications Plan are:

- To convey accurate, consistent and timely advice and management information to all CCG staff, the CCG's member GP practices (independent contractors) and to partner agencies including other local trusts, our Out of Hours provider, the voluntary sector and the local authority
- To convey accurate, timely and consistent advice and local information to the public in East Lancashire and Blackburn with Darwen.
- Engage with the public using specially designed national leaflets and messages, and local equivalent where available
- To assist the CCG to maintain a state of readiness through monthly briefings and on call rota briefings.

3. Information Cascade

Communications from Government will be cascaded through NHS England to the CCGs.

3.1 Responsibility for Communications during an Influenza Pandemic

The Head of Corporate Business for BwD CCG has an overall responsibility for communication during a pandemic, supported by the CSU Communications Team and Head of Communications and Engagement from EL CCG.

3.2 Communication with independent contractors

Direct communication between the CCG and its independent contractors is normally managed either by the Primary Care Commissioning Team and the communications team (for GPs) and NHS England (for pharmacists, optometrists and dentists) or by our Service Provider (for community-based or jointly commissioned services). During a pandemic it will be vital to maintain single, clear and unambiguous lines of communication. To avoid confusion, all communications with independent contractors will continue to be issued by the Primary Care Commissioning Team, in close liaison with the communications leads. Input from the NHS England, Public Health and other members of the Pandemic Response Team will be essential.

3.3 Communication with partner agencies

The Head of Communications and Engagement and the Communications Team are responsible for developing and maintaining clear lines of communication with their communications counterparts during a pandemic with:

- Public Health
- NHS England
- Lancashire County Council
- CVS's
- Lancashire Care Foundation NHS Trust
- East Lancashire Hospital Trust and Airedale Acute NHS Trust
- East Lancashire Medical Services (Out of Hours provider)
- Other CCGs and Acute Trusts
- Emergency (blue light) services: police, fire and rescue, NW Ambulance Service
- Local Hospices i.e. Pendleside Hospice and East Lancashire Hospice

In regard to the above, the CCGs already have strong communications links with the following organisations:-

- Borough Councils of Burnley, Hyndburn, Rossendale, Pendle and Ribble Valley
- Lancashire County Council (Education, Public Health, Social Services, Corporate and Communities), Blackburn with Darwen Borough Council
- North West Ambulance Service
- Lancashire Fire and Rescue
- Lancashire Drug and Alcohol Team
- East Lancashire E-partnership
- East Lancashire Hospitals NHS Trust
- Lancashire Care Foundation NHS Trust
- Lancashire Constabulary
- East Lancashire Colleges of Further Education
- East Lancashire Leisure Trusts
- East Lancashire Medical Services (Out of Hours provider)

In addition to this NHS England provide an overview and are made aware of any developments locally.

The above communication links will be of great importance at each stage of the pandemic.

3.4 Communication with the public

It is important that the public are provided with clear, accurate and timely information during a pandemic. NHS England, and Public Health England will provide information nationally but the CCG will aim to supplement this with information on local management arrangements or the local situation, either provided directly to the public or via traditional, and social media. The Head of Communication and Engagement and the Communications Team are responsible for the timeliness of communication with the media and all media enquiries must be

referred to the CCG Communications Office. Public Health Lancashire, and Public Health England is responsible for the public-health content of all communications issued by or on behalf of the CCG, and any communication which provides health-related information or advice must be referred to Public Health Lancashire, and via them, Public Health England..

Nationally the message will be to advise all symptomatic patients to remain at home. This will include staying at home for their initial diagnosis via Fluline and for the majority of any treatment.

As with previous pandemics, the public will be urged nationally to designate a 'flu friend' to collect antivirals from a collection point if required.

4. Communications Pre-pandemic Period

4.1 Communication with CCG staff during the pre-pandemic phase

The Head of Communication and Engagement and the Communications Team will liaise with the CCG's Influenza Pandemic Planning group and cascade periodic updates for staff on:

- The current WHO Alert status for an influenza pandemic and any related concerns, e.g. spread of avian flu
- Public Health England, and Public Health Lancashire updates
- Current progress with pandemic planning in Pennine Lancashire
- The contents of the Pandemic Influenza Plan.

An up-date will be provided at least every six months during the inter-pandemic period. The content of updates will be the responsibility of Public Health or the designated Pandemic Influenza Operational Lead.

Information will be circulated to staff using:

- Weekly email bulletins
- Intranet/internet site
- Newsletter
- Senior Management Team / Ops Group
- Executive meetings
- Team Brief
- Staff roadshows
- Other staff forums

Contact details will be given so staff can make suggestions or raise any concerns.

4.2 Communication with independent contractors during the pre-pandemic period

The Head of Communication and Engagement and Communications Team will liaise with the CCG's Assurance and Delivery Manager and with the Primary Care Commissioning team to cascade periodic updates for independent service providers on:

- The current WHO Alert status for an influenza pandemic and any related concerns, e.g. spread of avian flu
- Sign-posts to the latest guidance from NHS England, Public Health England, and Public Health Lancashire
- The CCG's 'messages' to the general public and to groups of patients who may be at particular risk
- Current progress with pandemic planning in Pennine Lancashire, especially in relation to primary care and community healthcare services
- The contents of the Pennine Lancashire Pandemic Influenza Management Plan, especially in relation to issues directly affecting independent contractors
- Any other relevant information, for example relating specifically to Lancashire or to Pennine Lancashire.

An up-date will be provided at least every six months. The content of updates will be the responsibility of the Public Health England, or Public Health Lancashire, or the CCG Pandemic Influenza Operational Lead.

Information will be circulated to independent contractors using:

- The GP bulletin
- Group email
- GP forums on the intranet

Independent contractors will be encouraged to contribute to the development of the CCG Pandemic Influenza Plan. Contact details will be provided so that independent contractors and their staff can make suggestions or raise any concerns.

4.3 Communication with partner agencies during the pre-pandemic period

Public Health England, Public Health Lancashire and NHS England, via the organisational lead will share the following information across all partner agencies during the pre-pandemic period. The communications team will cascade as requested:

- The status of the pandemic contingency plans of the various organisations
- Plans made by the various organisations to scale-down or suspend services during a pandemic, and how these may impact on partners
- Any plans made by the various organisations to provide additional services during a pandemic (e.g. flu clinics)
- Identified areas where new procedures may need to be developed for use during the pandemic (e.g. local reporting of current status of NHS services)
- Identified areas where organisations may consider collaborating (e.g. influenza triage service at A&E departments)

- Information from the HPA, the System Resilience Forum and NHS England on sector-level plans
- Advice from the DH on recommended infection control and care procedures
- Identified vulnerabilities within the health and social care sector in Pennine Lancashire.

4.4 Communication with the public during the pre-pandemic period

Communication with the public during the pre-pandemic phase will be low-key to avoid unnecessary panic. When information is requested from the CCG, leaflets or other information approved by NHS England, or Public Health England will be used if possible.

The key CCG messages to be communicated will be:

- Avian flu is not currently a danger to people who are not in very close contact with infected birds
- The NHS is preparing both nationally and locally for a flu pandemic
- Pandemic flu is likely to be unpleasant but not fatal, except possibly to people in certain high-risk groups
- There will be life after pandemic flu
- Organisations should consider the possibility of a pandemic in their business continuity planning, as a significant proportion of their staff might be off work at the same time and public services could be disrupted.

The main means of communication will be:

- Providing articles for local newsletters and ebulletins with content provided/approved by Public Health England and NHS England
- Presentations at meetings in Pennine Lancashire by designated flu pandemic officers and leads
- CCG website and intranet site with content provided/approved by approved sources
- Voluntary sector communications networks

5. Communications Pandemic Anywhere in the World

5.1 Procedures for contacting all CCG staff at the onset of a pandemic anywhere in the world (WHO Alert Level 6, UK Alert Level 1)

An influenza pandemic is an example of a gradual-onset, 'rising tide' major incident. From the time the WHO declares a pandemic at level 6 it may be sometime before cases occur within Pennine Lancashire, depending on where in the world the pandemic starts and how quickly the virus spreads to the UK.

When a pandemic is declared anywhere in the world the Accountable Emergency Officer will declare the CCG to be on standby. Standby is a period of heightened awareness about the pandemic and begins to establish a state of local readiness to respond and act. The Human Resources Lead, working closely with all the Chief Finance Officer, and other members of the pandemic team, and under the guidance

of NHS England, and Public Health England will initiate the following procedures with the aim of contacting all CCG staff (including those on leave, off duty or absent for other reasons) within 24 hours to inform them that the standby has been declared and why, and to tell them to contact their managers for instructions. The HR lead is responsible for the content of the message and works with the Communications functions to ensure the cascade is effective.

5.2 Communication with CCG staff when a pandemic is first declared

The Pandemic Response Team, guided by the Public Health England, and NHS England along with the HR lead will provide staff with the following information:

- Recommended Infection Control procedures
- Instructions for members of staff on what to do if they fall ill at work or at home
- Advice for staff on how to care for themselves and their dependents
- Special procedures the CCG is implementing, including any prioritisation of services
- Special management arrangements which the CCG is implementing, for example enhanced absence reporting

The Communications Team will be essential as the cascade mechanism.

The main means of communication will be:

- Email
- CCG intranet
- CCG website
- Leaflets, posters and flyers for staff who do not regularly access computers
- Team Brief
- Staff roadshows
- Texting and phone will be considered, in addition, as well as private direct messaging via social media in extremis

Written materials will be available in other languages for staff whose first language is not English.

Telephone messages to managers will act as a back-up in the event of IT failure.

5.3 Communication with independent contractors when a pandemic is first declared anywhere in the world

The primary care commissioning team and locality managers will provide independent contractors with the following information which the Head of Communication and Engagement and Communications Team will coordinate and cascade:

- Recommended infection control procedures for independent contractors and their staff
- Information for the general public on infection control and self-care
- Information on which patient groups are thought to be at high risk from pandemic influenza
- Sign-posts to the latest information on the pandemic from Public Health England and NHS England
- Special procedures the CCG is implementing, including prioritisation of services
- Special management arrangements, including the procedure for notifying the CCG if an independent contractor is obliged to reduce or suspend service provision due to staff absences
- Arrangements for liaison with local acute trusts during the pandemic, for example in relation to their ability to accept referrals
- Arrangements for accessing up-to-date information on the current status of healthcare services in Pennine Lancashire during the pandemic.

The main means of communication will be:

- The existing CCG cascade system
- Email
- CCG intranet
- CCG website
- GP locality ebulletins
- Email alerts

Telephone calls to member practices (independent contractors), and their teams will be used as a back-up in the event of IT failure and also to contact contractors who do not have access to the CCGs intranet.

5.4 Communication with the public when a pandemic is first declared anywhere in the world

This will be coordinated locally by the Pandemic Influenza Executive Lead, Assurance and Delivery Manager and supported by the Communications Team.

Regional messages will also be cascaded out by NHS England and Public Health England, with local amplification.

This will be a key period for communication since people are likely to be extremely worried. The aim of the CCGs communication objectives will be to reinforce national messages and to provide concrete local information relating to the situation in Pennine Lancashire.

Key information to be communicated:

- How best to protect yourself and your family (infection control procedures)
- How to recognise the symptoms of pandemic flu
- What to do if you develop flu symptoms (low risk groups)
- What to do if you develop flu symptoms (high risk groups)
- What to do if your baby develops flu symptoms

- What to do if you already have or are waiting for an appointment with your GP, your dentist, a hospital etc. (which services are continuing, and how to find out if your treatment will continue or be deferred)
- What to do if you are pregnant
- What to do if you have an accident
- What to do if you develop a non-flu illness during the pandemic
- What to do if you need emergency contraception, dental treatment etc. during the pandemic
- NHS 111 number
- Where to access anti-viral treatment (if this is generally available).

The main means of communication will be:

- PR and media coverage
- Web-based communication
- Advertisements in local newspapers
- Advertisements on local radio
- Flyers and leaflets to local libraries, community centres, faith centres, schools etc.
- Posters for display in local shops (including translations)
- Voluntary sector communications networks
- Life Channel (programmes issued throughout region in GPs, schools and pharmacies with the aim of communicating health & well-being messaging to as many people as possible).

6. Communication Pandemic within UK

6.1 Communication procedures for pandemic alert issued during normal working hours (8am – 5pm Monday-Friday):

- At this point the CCG will have been on standby and should be in a state of readiness for this deeper challenge
- Communications for NHS England, Public Health England, and other key organisations will be guiding CCG actions at this point
- Pandemic Influenza Executive Lead,, the Assurance and Delivery Manager, and HR support, guided by Public Health England and NHS England, will lead on composing advice and, at their discretion forward to the Communications Team to issue a global email to all staff at work email addresses, instructing them to contact their line managers and to pass the message on verbally to colleagues who might not have received the email
- Telephone calls will be made to managers, instructing them to pass the message immediately to all staff in their service
- The Communications Lead, with advice on content from NHS England, and Public Health England, with local guidance via the Assurance and Delivery Manager will produce a script for switchboard operators and reception staff on how to deal with enquiries from staff, independent contractors and members of the public
- The Assurance and Delivery Manager, and HR, via the communications lead, will issue the message immediately to all staff on their database who are on medium or long term absence, which may include long term sick leave, maternity leave or career breaks.

6.2 Procedures for pandemic standby declared between 5pm and 8am, Monday to Friday weekends and bank holidays:

- The Pandemic Influenza Lead, Assurance and Delivery Manager or on call director/senior manager will assess the situation and decide whether or not to contact senior managers at home. **This will probably not be necessary** but this will depend on the time and on the urgency of the current situation
- The Communications Leads, if requested, will issue a global email to all staff at work email addresses, telling them to contact their line managers for instructions and to pass the message on verbally to colleagues who might not have received it. This message will be acted on as staff arrive for work the following morning
- The Communications Leads will brief central switchboard managers and operators on how to deal with enquiries from staff, independent contractors and members of the public, based upon advice from Public Health England, and NHS England
- The Communications Leads will contact HR support and with their input issue the message immediately to all staff on their database who are on medium or long term absence, which may include long term sick leave, maternity leave or career breaks.

7. Communications Pandemic in Pennine Lancashire

7.1 Procedures for contacting staff when a pandemic is declared in Pennine Lancashire

The Public Health England and NHS England, with local guidance via Public Health Lancashire, are responsible for formally declaring that a pandemic has reached Pennine Lancashire (or has begun in Pennine Lancashire) and for initiating the CCG's Pandemic Influenza Plan.

When a pandemic is declared in Pennine Lancashire the Accountable Officer of the CCGs or a nominated deputy will declare the CCG Pandemic Influenza Plan to become operational. The Communications Leads, working in partnership with the Assurance and Delivery Manager, HR support and senior managers, will initiate the following procedures with the aim of contacting all CCG staff (including those on leave, off duty or absent for other reasons) within 8 hours to inform them that a major incident has been declared and why, and to tell them to contact their managers for instructions.

The procedures for declaring the flu plan operational and assembling the Pandemic Response Team members are set out in the Flu Plan.

7.2 Procedures for pandemic declaring a Major Incident in the daytime (8am – 8pm any day, including weekends and Public Holidays):

- Communications Leads to issue global email (composed by the Assurance and Delivery Manager, and HR support and adopting advice from Public Health Lancashire and England) to all staff at work addresses, telling them

to contact their line managers for instructions and to pass the message on verbally to colleagues who may not have received it. If this message is issued out-of-hours it will be acted on as staff arrive for work.

- If the declaration of a flu pandemic is issued in working hours, telephone calls to site contacts and managers.
- If the declaration is issued out-of-hours the Senior Manager On-Call members will contact senior managers at home by telephone. Senior managers are then required to pass the message to key staff in their service/team, as appropriate.
- The communications team will provide switchboard / reception staff with a basic script approved by Public Health Lancashire and PHE, with Pandemic Influenza Executive Lead and the Assurance and Delivery Manager sign off, on how to deal with enquiries from staff, independent contractors and members of the public.

7.3 Procedures for pandemic declaring a Major Incident at night (8pm – 8am any day, including weekends and Public Holidays):

- Pandemic Response Team members are to contact their senior managers at home by telephone. Senior managers are then required to pass the message to key staff in their service/team, as appropriate.
- Communications Leads to issue global email (composed by Assurance and Delivery Manager, with input from HR support, and using advisory information from Public Health and NHS England) to all staff at work addresses, telling them to contact their line managers for instructions and to pass the message on verbally to colleagues who may not have received it. This message will be acted on as staff arrive for work.
- Telephone calls to site contacts and service managers to be initiated after 8am on next working day.
- Communications Leads to brief central switchboard operators on how to deal with enquiries from staff, independent contractors and members of the public. NHS England and Public Health England to advise on content.

7.4 Communication with CCG staff during a pandemic

The Communications Team will liaise with the NHS and Public Health (England and Lancashire) and other members of the Pandemic Response Team to provide staff with the following information:

- Current status of the pandemic: globally, nationally and across Pennine Lancashire
- Any changing advice about infection control from NHS England
- Any additional or amended information from NHS England or Public Health, about how to care for self and family
- Any changes in local management arrangements
- Current status of CCG services
- Current status of local hospital services
- Other relevant information (e.g. public transport problems, closure of schools)

The main means of communication will be:

- Email
- CCG intranet (up-dated daily)
- CCG Website
- Posters and flyers for staff who do not regularly access computers
- Team Brief
- Staff roadshows

Written materials will be available in other languages for staff whose first language is not English.

Telephone messages to managers will be used as a back-up in the event of IT failure.

Communications to recommend that all sites have at least one battery-operated / wind-up radio on site to use if power fails.

7.5 Communication with independent contractors during a pandemic

The primary care commissioning team and locality managers will provide independent contractors with the following information via cascade by the Communications Team:

- Current status of the pandemic: globally, across Lancashire and in Pennine Lancashire
- Any changing advice about infection control
- Any changing advice about which patient groups are likely to be at high risk
- Any additional or amended information from NHS England, on how to care for self and family
- Any changes in management arrangements
- Current status of local healthcare services, including local hospitals
- Other relevant information.

The main means of communication will be:

- Email
- CCG intranet and website
- Existing CCG Cascade System

Telephone calls to independent contractors will be used as a back-up in the event of IT failure, which does not impact on telecoms, and also to contact contractors who do not have access to the CCGs intranet.

7.6 Communication with the public when a pandemic is declared in Pennine Lancashire

As above, but with emphasis on:

- Local arrangements for GPs, pharmacies, dentists, hospitals
- The latest advice on infection control, self-care and who may be at high risk

7.7 Communication with the public during a pandemic

As above, but with emphasis on:

- The current state of health and social care services in Pennine Lancashire
- The latest advice on infection control, self-care and who may be at high risk
- Information on recovery rates, typical recovery times and any common after-effects (as this becomes available)
- Information on who should access anti-virals (if and when these become available), where, when and how
- Information on who should access vaccine (when this becomes available), where, when and how
- Information to symptomatic patients, in accordance with national leaflets, to stay at home and to contact 111/Fluline to find out how to access antiviral medication and subsequent treatments.

8. NHS 111 Input

8.1 111 helpline

Previously NHS 111 was commissioned during the Swine Flu to establish and manage the flu helpline. Their role is assumed in future pandemics to be:

- To apply the algorithm for the management of Swine Flu
- Advice on home care
- Refer when a face to face clinical consultation is essential.

8.2 Contingency Plans for FluLine

In the event of a flu pandemic arising prior to 111 being activated to support the pandemic via a flu helpful, or if the system experiences failure, the CCG will look to use an 0800 number as a fall back system.