

**Pandemic Flu Preparedness
Board Declaration
24 September 2009**

This statement provides a summary of the actions to date in response to the first wave of the Swine Flu pandemic and preparations for a predicted second wave.

The Lincolnshire Context

The World Health Organisation (WHO) declared a flu pandemic (Phase 6) on 11th June 2009. However a UK Alert Level has not been issued, the UK worked to a “containment” strategy before moving to a “treatment” (or “mitigation”) strategy on 2nd July 2009 following a significant increase in the number of cases.

In Lincolnshire the number of cases (estimated from antiviral issue activity) has been relatively low, peaking at around 2,000/week (for two weeks) and a maximum daily attendance in the order of 550. Until 3rd September 2009 the planning assumptions to be used in preparation for a second wave had been those published in the National Pandemic Flu guidance in 2007, ie for a 50% population clinically affected.

This equated in Lincolnshire to planning for 2 peak weeks of approximately 78,500 cases each week and in excess of 11,000 per day. In these peak weeks there could be more than 1,500 additional hospital admissions (ie more than 200/day) and almost 400 additional cases requiring admission to Intensive Care.

The revised planning assumptions (3rd September 2009) lowered the “reasonable worst case “ to 30% clinical attack rate and thus for Lincolnshire now having to plan for peak weeks of just under 32,000 to just over 54,000 case (depending on local profile), with , at peak, up to almost 8,400 additional GP consultations ,more than 550 extra hospital admissions and approximately 140 ICU admissions.

Those up to 15yrs of age have higher clinical attack rate and those aged 65yrs and over higher complication and hospitalisation rates. ICU admissions are the same (25%) all ages. The calculations take no account of a vaccination programme. The longer the onset of a second wave is delayed,(not expected until at least late October) the greater the chance of the vaccine having major impact on the spread of disease, and hence numbers and severity of cases. The “Lincolnshire Health and Social Care Community Flu Pandemic Contingency Plan”, is being revised accordingly.

Trust Response

The Trust has a Pandemic Influenza Guidance Policy which is linked to the Trust Emergency Plan and Divisional and Directorate Business Continuity Plans. These plans have been tested regularly with the last Trust-wide test having been carried out on 17th March 2009.

Trust representatives attended a county-wide exercise undertaken on 25th August 2009 by Emergency Planning leads, and colleagues, from across the Lincolnshire Health and Social Care Community and reflecting on lessons learned from the response to date to the pandemic.

The response to the first wave of Swine Flu, and planning for the anticipated second wave, have been, and continue to be, directed and co-ordinated in accordance with agreed multiagency command and control arrangements. This is led by the NHS (the Chief Executive NHS Lincolnshire, as NHS “Gold” Commander, and the Director of Public Health and Partnerships as Lead Director for Lincolnshire Teaching Primary Care Trust and Lead “Silver” Commander for the Lincolnshire Health Community).

The Trust has been represented at the Health Co-ordination Group (HCG) that has been meeting twice a week. The multi-agency Strategic Co-ordinating Group (SCG) has met twice and there have been two meetings of the “Health Gold” (NHS Chief Executives or designated deputy).

Leadership

The Trust has appointed the Director of Operations and the Director of Nursing and Strategy as joint leads for flu preparedness

Testing

Plans have been tested on 17th March, 18th and 25th August 2009. Plans to equip Charlesworth Ward and care for inpatients with physical healthcare needs as a result of swine flu are in place. Procurement of equipment, staff training and service redesign has yet to be completed.

Capacity Constraints

On 18th August 2009, operational managers and their teams attended an exercise that modelled increasing levels of staff sickness absence. The outcome of this test revealed that the Trust’s critical services could be maintained for the then predicted 50% clinical attack rate. On 3rd September 2009, this prediction was lowered to 30% thus giving us an added level of confidence that critical services can be maintained. Critical services are defined in the Trust’s Pandemic Flu Guidance Policy.

Staff Communication

Staff have been routinely briefed through the Trust’s Weekly WORD and via advice provided by their relevant professional bodies. In addition, a staff questionnaire has been completed by staff that identifies amongst other matters, their willingness to be immunised when vaccine is provided for front line health workers and vulnerable people. Staffside have been involved via the Joint Consultative and Negotiating Committee.

Partnerships

The Trust has been fully represented on the Lincolnshire Health Co-ordination Group that has been meeting twice weekly. This group includes representatives from all NHS bodies, GPs, Social Care, Education, Emergency Planning and Military Health Services.

Reporting

The Trust has responded to NHS Lincolnshire’s request to provide daily “FLUCON” situation reports by 10am. To date every report has been LEVEL 0 [i.e. no affect on Trust services].

Self assessment of preparedness

All NHS Trusts within NHS East Midlands were required to complete a self assessment of the organisation’s overall readiness for the flu pandemic against 55 criteria and is attached to this statement.

The notation used to signify readiness is as follows:

GREEN	ready now
AMBER	ready by 30 th September
RED	in progress

The majority of criteria are GREEN and reference to the evidence is provided in the final column of the template. The criteria marked AMBER have community-wide implications and no organisation can fulfil the requirements alone. NHS Lincolnshire is forecasting that these will have been resolved by the end of September.

Outstanding issues yet to be resolved

From the very early planning stage, it became apparent that Acute Trusts and Community Health Services would need to radically alter their service profile should up to 50% of the population contract swine flu. Not only would this increase the number of patients with respiratory complications but the level of staff sickness absence would affect service availability.

Because of this, it was agreed that patients on mental health wards who needed physical healthcare as a result of swine flu would, so far as it was safe and practical, remain on the Trust's in-patient unit. This led to the formulation of an action plan that included physical healthcare training, equipment specification and procurement, protocols and assessment criteria. This is summarised in Appendix 7 of the Trust's Pandemic Flu Guidance Policy.

Implementation of the above plans should be considered as work in progress.

Staff immunisation plans cannot be finalised until the availability of licensed vaccine is known. Arrangements are however in place with the occupational health provider, Team Prevent, to carry out the staff vaccinations.

**Appendix 2b
Winter and Flu Resilience plans checklist**

Winter and Flu Resilience plans checklist

Chief Executive Signature:



Organisation name: **Lincolnshire Partnership NHS Foundation Trust**

Board meeting date:

**24th September
2009**

Q	Action	Relevant to organisation (Y/N)	Included in resilience plan (Y/N)	Organisation overall assessment of readiness against criteria GREEN - assured and ready now AMBER - in progress complete by end Sept RED - in progress complete after end Sept	If RAG status is red - predicted completion date	Page / para ref in Flu and Winter resilience plans
1.0	Health economy wide issues					
Business continuity:						
1.1	- Evidence that organisation has a robust plan to respond to potential risks such as bad weather (snow)	Y	Y	GREEN		ps 10-11 Flu Plan, p3-5 Emergency Plan and BCP log
1.2	- Plan reflecting the scenario modelling contained in the National Framework document for pandemic flu preparedness	Y	Y	GREEN		p46 & p47 Flu Plan
1.3	- Documentation that identifies any gaps in the current plan and has an agreed action plan to address the gaps	Y	Y	GREEN		Appendix 7 Flu Plan
1.4	- Plans in place to ensure current service delivery is maintained and organisations continue to meet required performance targets	Y	Y	GREEN		Appendix 2 Flu Plan
Capacity modelling:						
1.5	- Demonstrate each health economy has taken account of worst case scenario set out by DH in July 2009 and has plans in place to respond to the peak weeks ('surge') of the pandemic.	Y	Y	AMBER		p11 Flu Plan
Leadership:						

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1.6	- Organisations in the Health Economy demonstrate joined up multi-agency approach to planning.	Y	Y	GREEN	p3 Multi Agency Emergency Plan
1.7	- Demonstrate Flu Resilience plans for each organisation in the Health Economy have been shared and agreed.	Y	Y	GREEN	Health Coordination Group Minutes
1.8	- Agreements in place on any local cross borough border issues to ensure patient care is seamless.	Y	N	AMBER	Via Contracting
1.9	- Engagement demonstrated with all partners in the Local Resilience Forum	Y	Y	GREEN	Health Coordination Group Minutes
Local leaders:					
1.10	- Demonstrate every organisation has a named Executive Director and senior leadership arrangements in place to manage flu and Winter resilience which is clearly documented.	Y	Y	GREEN	Chief Executive Team Minutes and BoD minutes
1.11	- Demonstrate that there is a reliable system in place for keeping the CEO, Board and Flu Lead Director apprised of progress, receiving exception reports and for escalating their involvement as required.	Y	Y	GREEN	p7 Flu Plan and BoD Minutes and Report and Communications Plan
SITREP reporting:					
1.12	- Demonstrate every organisation has in place robust procedures to comply with all SITREP reporting processes.	Y	Y	GREEN	p9 Flu Plan
Resilience plans tested:					
1.13	- Assurance that both Winter and flu resilience plans have been tested or exercised particularly known stress points in the plan have been considered with a clear action plan.	Y	Y	GREEN	17/03/09, 21/07/09, 18/08/09 & 25/08/09 and action plans
Infection control:					
1.14	- Plans take into account both Swine Flu and also major increase in activity in 'surge' conditions, with particular reference to Norovirus, HCAs and respiratory infections	Y	Y	GREEN	p20 Flu Plan and Infection Control Policies
Escalation processes:					
1.15	- Demonstrate that there is a clear well communicated multi-agency plan for health economy response to 'surge' demand that is owned and shared with all key health and social care partners in the health economy.	Y	Y	AMBER	Lincs Escalation Plan
1.16	- Demonstrate that the trigger points to move to each escalation level are well defined and understood by all agencies.	Y	Y	AMBER	Lincs Escalation Plan

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2.0	Patients					
Antiviral Collection Points:						
2.1	- Demonstrate that facilities are in place to ensure that anyone with suspected swine flu gets issued with antivirals within 48 hours, including those patients without a GP and vulnerable groups. This should form part of PCTs full roll out plan of ACPs.	Y	N	GREEN		via Limited Access Antiviral Collection Points for inpatients
Vaccination programme:						
2.2	- Robust Plan is in place to vaccinate priority groups and is flexible enough to respond to vaccine supply.	Y	N	AMBER		
Safeguarding:						
2.3	- Demonstrate that all aspects of patient safeguarding will be addressed and maintained in 'surge' conditions including processes for all organisations for reporting incidents and near misses	Y	Y	GREEN		Directly employed Safeguarding representative and dedicated Risk Manager responsible for reporting
2.4	- Plans in place to support patients with specialist home care needs, e.g. home oxygen services	Y	Y	GREEN		Business Continuity Plans (home services i.e. delivery of medication)
3.0	Winter/ Flu resilience plans					
Discharge processes:						
3.1	- Demonstrate multi-agency co-ordination to minimise the number of delayed transfers of care from all organisations.	Y	Y	GREEN		DTOC Plan
3.2	- Demonstrate a robust discharge process is in place for all service providers	Y	Y	GREEN		Normal Discharge Process
A&E performance:						
3.3	- Specific plans to cope with two known dips in A&E performance early December and early January clearly documented	N				
Prisons:						
3.4	- PCTs to provide assurance that all host Prison healthcare in their locality have an adequate flu resilience plan in place	N				

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4.0	Flu Pandemic second wave resilience					
Enhanced capacity in 'surge' demand:						
4.1	- Details of capacity that can be made available in each organisation for each key service including staffing and equipment resources.	Y	Y	GREEN		Appendix 7 Flu Plan
4.2	- Details of the trigger points to release this capacity into the organisation.	Y	Y	GREEN		Appendix 2 Flu Plan
4.3	- Plans to identify and regularly review key vital supplies, without which the trust could not function, and include local plans as to how these supplies can be maintained (e.g. utilities, food, linen, medical supplies).	Y	Y	GREEN		p10 & p22 Flu Plan
4.4	- Plans identify infection control equipment and personal protective equipment for staff	Y	Y	GREEN		p14 Flu Plan
Essential services:						
4.5	- Plan identifies clinical and non-clinical essential services that must continue to be provided and those that can be scaled back during a pandemic.	Y	Y	GREEN		Appendix 2 Flu Plan
Communication:						
4.6	- Plan for effective communication to staff, patients and the wider community before, during and after the pandemic.	Y	Y	GREEN		p20 Flu Plan
4.7	- Demonstration of raising staff awareness of plans and policies	Y	Y	GREEN		Weekly WORD and Briefings
Recovery from pandemic:						
4.8	- Demonstrate that plan includes detail on recovery from a pandemic with clear process in place to manage recovery.	Y	Y	GREEN		p24 Flu Plan
4.9	- Demonstrate plan includes detail on how the systems are in place to resume current planned activity levels, e.g. electives, if the emergency demand does not increase as expected	Y	Y	GREEN		p24 Flu Plan
5.0	Specific organisational capacity issues					
Acute hospital capacity:						
5.1	- Details for senior clinical decision making for initial assessment of emergency admissions / inpatient capacity / A&E - Urgent Care Centre interface / Maternity Services Capacity – clear policies exist which prioritise women who need hospital care and limit unnecessary admission.	N				
5.2	- Details of contingency arrangements made (including those with the private sector) to provide additional capacity at short notice	N				
Critical care capacity:						

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5.3	- Demonstrate organisation has been through and addressed issues raised through the critical care checklist provided by DH (circulated to all organisations August 2009)	N				
5.4	- Demonstrate organisation have specific plans to increase capacity by 100% to respond to Flu with clear and agreed prioritisation plans	N				
5.5	- Details of who the plan has been agreed with clearly documented, including the critical care networks	N				
Intermediate care capacity:						
5.8	-Details required on implementing simplified access criteria, enhancing admission avoidance and palliative care services.	N				
Social care capacity:						
5.9	- Details demonstrating streamlining placement process, understanding total potential nursing and residential home capacity in each area with ability to utilise capacity.	N				
5.10	- Demonstrate plans are understood and in place to ensure social care workforce resilience.	N				
5.11	- Assurance all providers are aware of how to access the services and demonstration that the information is published in all the appropriate forums	N				
Mental Health capacity:						
5.12	- Demonstrate robust acute psychiatric liaison Services to minimise A&E breaches and timely assessment of inpatients.	Y	N	AMBER		A&E Liaison plan being negotiated
Ambulance capacity:						
5.13	- Plans from each hospital to deliver the required 'hand over' waiting time targets are clearly documented	N				
Diagnostic and therapy capacity:						
5.14	- Demonstrate enhanced levels of services working 7 days per week in both primary and secondary care ensuring all patient needs are met	N				
6.0	Staffing					
Seasonal and Swine Flu vaccination plans:						
6.1	- Plans for organisation's staff to be offered vaccination.	Y	N	GREEN		via Occupational Health (Team Prevent)
Medical staff plans:						

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6.2	- Demonstrate that plans are robust to have recruited sufficient staff to cover EWTD rotas in all critical services, with particular reference to paediatrics, and that number of medical staff available take account of the period of the anticipated surge.	Y	Y	GREEN	On-Call rotas
6.3	- Demonstrate policies and procedures in place to act if the decision is taken nationally for a temporary derogation of WTD compliance to be instated, the terms and conditions of job offers to all medical staff are amended to reflect this.	Y	N	GREEN	Director of Public Health seeking clarification
6.4	- Demonstration that a regular review process is in place to monitor and report on this	Y	Y	GREEN	Deanery Reports
Maximise available staffing levels:					
6.5	Demonstrate plan for maximisation of staffing in all roles during an influenza pandemic, including arrangements for temporary postponement of all training, appropriate re-deployment of staff, re-employment of newly retired staff or staff who have left recently, flexible working arrangements (part-time to full-time, working at home, etc) and refresher course for staff who have a clinical background, but who no longer practice, training for relatives as carers, usage of 'bank' staff, increase CRB and professional registration checking capacity.	Y	Y	GREEN	p23 Flu Plan
Response to likely absence levels:					
6.6	- Plans for absence due to sickness, carer responsibilities and the impact of other pressures, that are not reliant on temporary staffing solutions.	Y	Y	GREEN	p13 Flu Plan
6.7	- Demonstrate cover arrangements are in place for all key members of staff who may be taken ill, such as CEO, Flu Resilience team, comms team, senior clinicians.	Y	Y	GREEN	Deputising in place
6.8	- Review of all policies that may affect staff attendance to ensure that they clarify how staff should report sickness during the pandemic demonstrated in policies	Y	Y	GREEN	Managing Attendance Policy PER 22
Engagement with the Trade Unions:					
6.9	- Demonstration of engagement to ensure their contribution and support for staff arrangements over the period of the pandemic with particular reference to staff redeployment	Y	Y	GREEN	Routine JCNC meeting minutes

Note:
PCTs may wish to complete separate checklist for Commissioning and Provider functions