

# Leicester, Leicestershire & Rutland




## Local Resilience Forum

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### CONCEPT OF OPERATIONS (CONOPS) FOR THE CONTROL OF PANDEMIC INFLUENZA

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Operational Date:	20 August 09

Plan Owner  LEICESTER, LEICESTERSHIRE AND RUTLAND	
Linked to CRR ref:	Human Health H23 Influenza (Pandemic)
LRF Plan Ref:	4.5

Version:	2.0
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## **DOCUMENT MANAGEMENT**

### **DOCUMENT DISCLAIMER**

This document is issued in confidence only for the purpose for which it is supplied.

### **DOCUMENT OWNER**

This document and associated policy(ies) are produced and owned by NHS Leicester, Leicestershire and Rutland.

### **DOCUMENT CONTROL**

This document is controlled and maintained according to the documentation standards and procedures of the Leicester, Leicestershire and Rutland Local Resilience Forum (LLR LRF). All requests for changes to this document will be sent to the author(s).

Any new issues of this document can be obtained via the LRF website. Members of the LRF will be made aware via the standing management groups of the LRF.

Requests for additional copies of this document should be sent to the author(s) to ensure that alterations or amendments to the distribution list are properly controlled.

The plan will be distributed via the Member's area of the LLR LRF Website, [www.localresilienceforum.org.uk](http://www.localresilienceforum.org.uk).

### **FREEDOM OF INFORMATION**

As the LLR LRF is not a public authority the Freedom of Information Act (FOI) does not apply to information which it holds. However, requests can be made to any signatory which is a public authority, which should respond to the request in an appropriate manner following consultation with the LLR LRF. In the first instance please send any requests to the LRF

### **EQUALITY IMPACT ASSESSMENT**

This document will be subject to an Equality Impact Assessment (EIA).

## **REVIEW AND AMENDMENTS**

### **LRF REVIEW POLICY**

Unless otherwise stated every LRF plan will be subject to a Bi-annual review. This will encompass the plan being distributed to the General Working Group for consultation and comment. Once any alterations have been made the revised edition should be approved by the Programme Board and validated by the Executive Board.

Once a plan has been used for an incident any points that come from the de-brief process must be presented at the General Working Group for approval and the incorporation of the de-brief points into the plan. Once this is complete the revised edition should be approved by the Programme Board and validated by the Executive Board.

## **DOCUMENT REVIEW**

<b>Date of Review</b>	<b>Type of Review</b> After Use (A) Scheduled Review (S) Training (T) Exercising (E)	<b>Suitable / Unsuitable</b> (S/U)	<b>Details</b>
August 10	A	U	Changes to structures

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Minor changes to this document will result in the appropriate page(s) being updated and the obsolete page(s) being destroyed, confirmation of which must be supplied to the author(s).

Major changes will result in the whole document being replaced and the obsolete document being destroyed, confirmation of which must be supplied to the author(s).

### **VALIDATION OF AMENDMENTS**

Any substantial changes, which is defined as a complete re-write of the plan, a section of the plan or changes to the integral infrastructure or command structure of the multi-agency response, must be consulted and actioned at the General Working Group and Programme Board and validated by the Executive Board.

Any minor changes such as contact details, internal department arrangements, updates of tables/diagrams etc do not need to be ratified by the Executive Board and can be signed off by the Programme Board once consulted at the General Working Group.



## **FOREWORD**

Following instruction from the Leicester, Leicestershire & Rutland Local Resilience Forum (LLR LRF) Programme Board this document has been developed to assist LRF partner agencies to prepare for, and respond to a major incident regardless of cause at a tactical and/or strategic level.

This document should be used in conjunction with other existing LRF plans and procedures; see section **6.2** for full list of related LRF plans.

## **DISCLAIMER**

This plan has been prepared and published in good faith by Leicester, Leicestershire & Rutland Local Resilience Forum (LLR LRF) and is believed to comprise of accurate and up-to-date information regarding all matters contained within the document at the time of writing. This document is a 'live document' and is reviewed and updated on a Biennial basis unless otherwise specified.

- However, no guarantee, warranty, nor binding assurance or representation of any kind given by virtue of the preparation and publication of this plan on behalf of LLR LRF, its employees or agents or anyone acting on their behalf;
- That the plans, intentions, procedures and information herein are complete and without defect or error of any kind;
- That any action or series of actions, processes, or procedures described herein as to be taken will be taken by the person or person herein described or by any other person or persons acting on his, her or their behalf;
- That all or any of the persons, resources, equipment, facilities or services described herein will be available at all or any time or times; and
- That any person or persons other than members, employees or agents of LLR LRF who act or fail to act in reliance upon this procedure or any part of it do so entirely at his, her or their own risk.

## BACKGROUND

Influenza pandemics have occurred at irregular intervals throughout history, three in the last century. Each of these events was associated with illness, deaths and general societal disruption far in excess of that experienced in a 'normal' winter. A further pandemic is thought to be inevitable. There may not be much warning and therefore advanced planning is essential for a smooth response. An influenza pandemic arises when an entirely new strain of influenza virus emerges to which most people are susceptible. Thus it is able to spread widely.

The World Health Organisation (WHO) monitors influenza across the world. Once a new influenza virus has been identified and shown to have pandemic potential, the WHO will announce the various phases of a pandemic and inform national Governments. The UK Government will then put its own plans into action through the Department of Health, supported by the Health Protection Agency.

For planning purposes, the **base scenario** is for:

- a. A cumulative clinical attack rate of 25% of the population over one or more waves, each of around 15 weeks duration, weeks or months apart. The second wave may be the more severe. This compares with a usual seasonal influenza attack rate of 5-10%.
- b. A case fatality rate of 0.37% (analogous to the 1957 pandemic).
- c. This combination would give rise to an estimated 53,700 excess deaths in the UK across the whole period of the pandemic, spread across one or more waves, compared with 12,000 excess deaths per year from seasonal flu. For Leicester, Leicestershire and Rutland this implies 925 excess deaths and 1,400 additional hospitalisations.

For planning purposes, the **reasonable worst-case scenario** is for:

- a. A cumulative clinical attack rate of 50% of the population, again spread over one or more waves.
- b. A case fatality rate of 2.5% (analogous to the 1918 pandemic).
- c. This combination would give rise to an estimated 750,000 excess deaths in the UK across the whole period of the pandemic, spread across one or more waves, compared with 12,000 excess deaths per year from seasonal flu. For Leicester, Leicestershire and Rutland this implies 11,500 excess deaths and 17,500 additional hospitalisations.

The Concept of Operations (CONOPS) document has been designed to allow those chairing the relevant Strategic and Tactical Co-ordinating groups to have a structure by which to manage the response to the event at hand. It was deemed necessary that such a document be drawn up by the initial work done by the Leicestershire/Leicester City PCT.

## **LEGISLATION**

With the expectation of the Civil Contingencies Act 2004 there is no specific legislation for the mitigation of the effects of a Pandemic Influenza.

The Civil Contingencies Act 2004 places a statutory duty upon key responding and supporting agencies to prepare for and respond to emergencies.

Part 1 of the Act establishes a clear set of roles and responsibilities for those involved in emergency preparation and response at the local level. The Act divides local responders into two categories, imposing a different set of duties on each.

**Category 1 Responders** are those organisations at the core of the response to most emergencies (e.g. Emergency Services, Local Authorities, NHS bodies, Port Health Authority and Environment Agency). Category 1 Responders are subject to the full set of civil protection duties.

They will be required to:

- Co-operate with other local responders to enhance co-ordination and efficiency.
- Share information with other local responders to enhance co-ordination
- Assess the risk of emergencies occurring and use this to inform contingency planning.
- Put in place Emergency Plans.
- Put in place Business Continuity Management arrangements.
- Put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency.
- Provide advice and assistance to businesses and voluntary organisations about Business Continuity Management (Local Authorities only).

**Category 2 Responders** include the Health and Safety Executive, Transport, Utility Companies and the Voluntary Sector Organisations. These “co-operating bodies” are less likely to be involved in the core planning work but may be heavily involved in incidents.

Category 1 and 2 Organisations will come together to form “Local Resilience Forums” (based on police areas) which will help co-ordination and co-operation between responders at local level. The Leicester, Leicestershire & Rutland Local Resilience Forum was created to meet this requirement. Please see the LRF Constitution, available on the LRF website, for further details.

## **CONCEPT OF OPERATIONS (CONOPS) FOR THE CONTROL OF PANDEMIC INFLUENZA**

### **1. INTRODUCTION**

**1.1** This plan outlines the action to be taken to produce a robust local response to an outbreak of pandemic influenza in Leicester, Leicestershire and Rutland (LLR). It is developed by the LLR Pandemic Influenza Project Executive (PIPE), ultimately accountable to the LLR Local Resilience Forum (LRF). The focus of this plan is on the healthcare response, which will inform the pandemic influenza plans from other agencies in LLR.

In making this response, the LRF will contribute to the national aims of:

- a. Ensure clear leadership
- b. Reducing illness and saving lives
- c. Identifying pandemic flu and monitoring its spread and impact, to inform actions
- d. Containing the spread of infection to the extent that this is possible
- e. Creating the organisational arrangements for an effective response

**1.2** This document will also provide a foundation on which to establish the command and control of an influenza pandemic within the LRF area and beyond.

In the event of pandemic influenza there will be severe constraints on all category 1 and 2 agencies in responding to the impact of the pandemic whilst managing the effects on their own organisation. The co-ordination arrangements set out here attempt to reduce the burden on any individual agency and to provide clear guidance on roles, responsibilities, chain of command and lines of communication.

This document is a concept of operations and as such may be varied to reflect what is likely to be a rapidly changing environment during some stages of a pandemic situation.

### **2. ACTIVATION**

**2.1** Authorisation for the activation of this plan will be given by the chair of the LRF (or their deputy) following consultation with Directors of Public Health.

On activation of the plan a Strategic and Tactical Co-ordinating Groups will be convened by the LRF Office. At these meetings the Chair of the groups will be decided by those present.

**2.2** This document identifies work streams for organisations in maintaining and developing their readiness for a pandemic. By the nature of the threat, the plans of these organisations will be constantly developing. They are:

- a. Developing effective internal and external communications
- b. Developing data systems for the monitoring of a pandemic
- c. Good infection control
- d. Interpandemic vaccination campaigns and pandemic flu vaccination when possible
- e. Resilience in Primary and Secondary Care
- f. Distribution and application of clinical guidelines, including the use of antivirals
- g. Flexible use of workforce in all organisation
- h. Business continuity planning

**See Annex M for work stream matrix**

### **3. COMMAND & CONTROL STRUCTURE**

**3.1** It is essential that the structure at local level is kept as streamlined as possible whilst ensuring there are clear lines of command and control for all of the issues likely to arise.

***See Annex A for the command and control flow chart***

## **4. ACTION CARDS**

**4.1** A set of action cards have been produced which set out in detail how each element of the command and control structure will operate. These include following details:

- a. Membership
- b. Chair
- c. Location
- d. Roles and responsibilities
- e. Relationship with other groups
- f. Resilience

***See Annex D-J for the Action Cards***

## **5. RECOVERY PLANNING**

**5.1** Part of emergency preparedness is the capacity for recovery. Component parts of recovery are:

- a. Social impacts – disruption to daily life, utilities, public order
- b. Health impacts – deaths, physical and psychological impacts
- c. Economic impacts – businesses, infrastructure and local economy
- d. Environmental impacts – waste and pollution, built environment

Each organisation will have to participate in the overall recovery programme. It will be the responsibility of the LLR Health group to identify process for this (for the NHS) while the response is underway. Other sectors will undertake similar reviews.

**5.2** There are two possible planning assumptions for after a pandemic phase; that there either will, or will not be a subsequent wave. In the case of the former, local plans will be revised to take into account lessons learned in the first phase, as well as revisions to national guidance and available countermeasures, including a specific vaccine.

**5.3** In the event of no imminent threat of a further wave, the recovery phase will come into action. Specific plans will be required to deal with issues that have arisen. The objective will be to return services to a pre-pandemic level of function as soon as possible. The speed at which this can be achieved will be determined by a number of factors, including the residual impact of the pandemic, staff and organisational absence and fatigue and interruptions to supply chains.

Residual and dormant demand in Health and Social Care services will include the backlog of work postponed during a pandemic, and the specific health issues as a result of the pandemic, such as post-viral encephalitis. An assessment will need to be made of any impact on commissioned services. Similar impacts will occur in all organisations, including both financial and non-financial loss

## 6. TRAINING & EXERCISING

6.1 This plan is subject to the training and exercise programme managed by the Training and Exercising Sub Group and the General Working Group of the LRF. For further guidance, please contact the LRF Resilience Support Officer.

## 7. FURTHER INFORMATION

7.1 Questions relating to this procedure should be directed to –  
[andrew.kelly@leicestercity.nhs.uk](mailto:andrew.kelly@leicestercity.nhs.uk)

### 7.2.1 SUPPORTING PLANS

- a. A national framework for responding to an influenza pandemic (DH 2007)
- b. Pandemic Flu East Midlands CONOPS (GOEM December 2007)
- c. Mass Vaccination and Treatment Contingency Plan (LRF 2008)
- d. A framework for planners preparing to manage deaths (Home Office 2007)
- e. Supplementary Information August 2009
- f. LRF Management of Excess Deaths due to Pandemic Influenza September 2008
- g. LRF Antiviral Collection point plan
- h. LRF Pandemic Specific Vaccination plan

### 6.3 FURTHER READING

LRF Website	<a href="http://www.localresilienceforum.org.uk">www.localresilienceforum.org.uk</a>
UK Resilience	<a href="http://www.cabinetoffice.gov.uk/ukresilience.aspx">www.cabinetoffice.gov.uk/ukresilience.aspx</a>
Emergency Planning College	<a href="http://www.epcollege.gov.uk">www.epcollege.gov.uk</a>
Civil Contingencies Act (2004)	Available for download on the UK Resilience website
Civil Contingencies Act (2004) – A Short Guide	Available for download on the UK Resilience website
Emergency Preparedness (Guidance on Part 1 of the CCA (2004))	Available for download on the UK Resilience website
Emergency Response and Recovery Non-statutory guidance to complement Emergency Preparedness	Available for download on the UK Resilience website

## 7. GLOSSARY & ACRONYMS

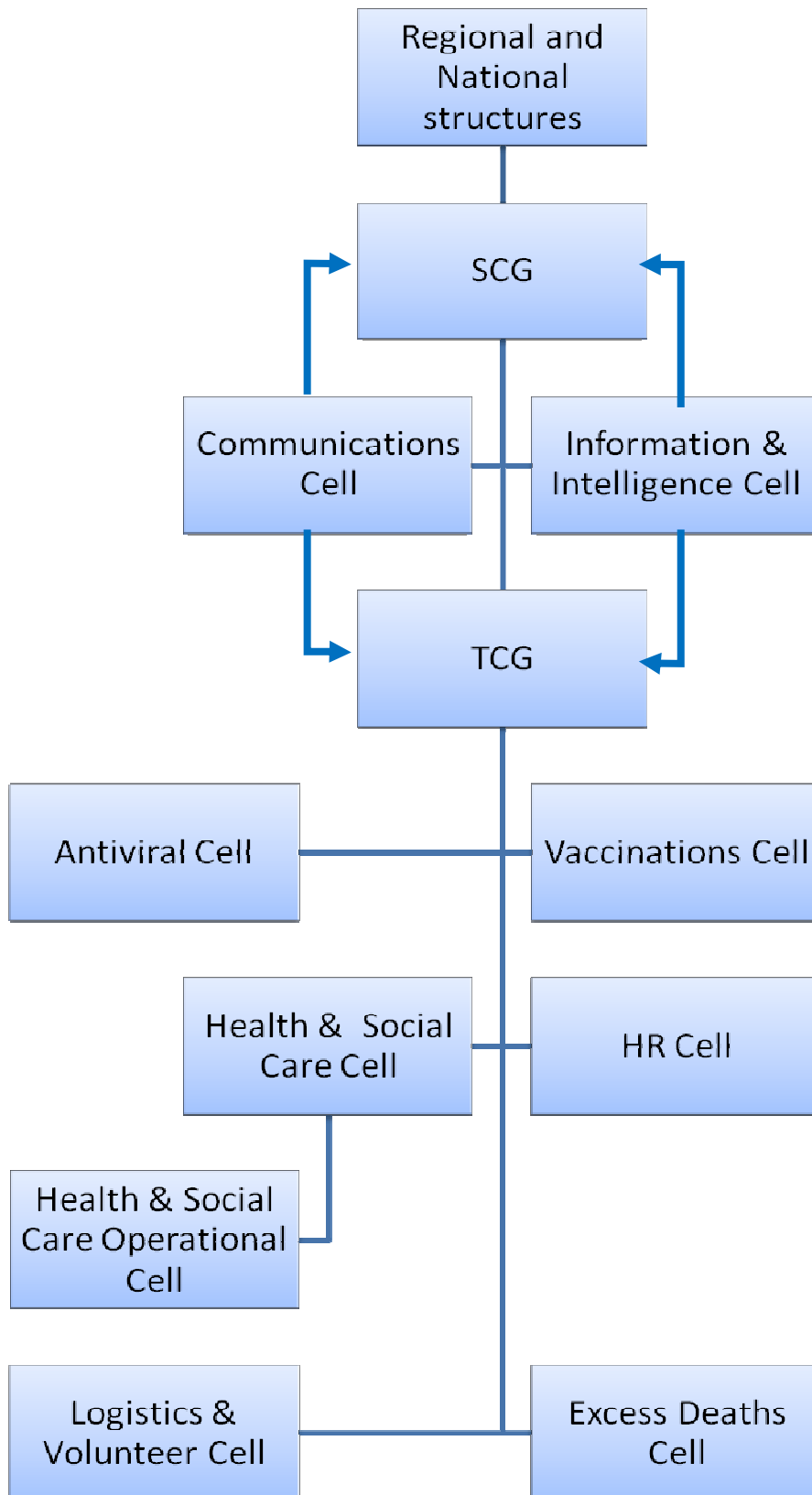
CCA	Civil Contingencies Act (2004)
CCS	Civil Contingencies Secretariat

COBR	Cabinet Office Briefing Rooms
GOEM	Government Office for the East Midlands
HPA	Health Protection Agency
LLR	Leicester, Leicestershire and Rutland
LRF	Local Resilience Forum
PCT	Primary Care Trust
RCCC	Regional Civil Contingencies Committee.
RCG	Recovery Coordinating Group
SCG	Strategic Coordinating Group
SHA	Strategic Health Authority
STAC	Science and Technical Advice Cell
TCG	Tactical Coordinating Group

## **8. INDEX OF ANNEXES**

- a. ANNEX A Flu Pandemic Command & Control Structure
- b. ANNEX B Strategic Co-ordinating Group
- c. ANNEX C Tactical Co-ordinating Group
- d. ANNEX D Excess Deaths Cell
- e. ANNEX E Vaccination Cell
- f. ANNEX F Anti-viral Cell
- g. ANNEX G Communications Cell
- h. ANNEX H Logistics and Volunteer Cell
- i. ANNEX I Human Resources Cell
- j. ANNEX J Health and Social Care Cell
- k. ANNEX K Health and Social Care Operational Response Cell
- l. ANNEX L Information and Intelligence Cell
- m ANNEX M Work Streams readiness

**FLU PANDEMIC  
COMMAND AND CONTROL STRUCTURE**



## **STRATEGIC CO-ORDINATING GROUP**

### **1. MEMBERSHIP**

All relevant Category 1 and 2 responders  
GOEM

### **2. CHAIR**

PCT in first instance

### **3. LOCATION**

Leicestershire Police HQ Conference Room

### **4. ROLES AND RESPONSIBILITIES**

This group's role will be to define the local implementation of regional and national policy decisions. Its responsibilities will be to:

- a. Establish a policy framework for overall management
- b. Prioritise the demands of TCG and allocate personnel and resources
- c. Formulate and implement local media and public communication plans
- d. Consider planning and operations beyond the immediate response phase to facilitate recovery.

### **5. RELATIONSHIP WITH OTHER GROUPS**

The SCG will maintain close links with the TCG and receive daily briefings from the TCG chair or representative. The SCG will also liaise with RCCC at Government Office or through the GLO at SCG.

### **6. RESILIENCE**

The chair will be responsible for assessing the vulnerability of the group and ensuring that appropriate levels of representation are maintained.

## **TACTICAL CO-ORDINATING GROUP**

### **1. MEMBERSHIP**

All relevant Category 1 and 2 responders

### **2. CHAIR**

PCT in first instance

### **3. LOCATION**

LRF Training Centre Ashby or Leicestershire Police HQ where relevant

### **4. ROLES AND RESPONSIBILITIES**

This group's role will be to implement the Strategic Aims and Objectives of the SCG by developing an effective and robust tactical plan. Its responsibilities will include:

- a. Assess the operational requirements of responding agencies.
- b. Recognise the strategic aims and objectives set by SCG.
- c. Formulate and manage the tactical response to the pandemic.

### **5. RELATIONSHIP WITH OTHER GROUPS**

The TCG will maintain close regular links with all of the groups identified in ANNEXES D-J.

### **6. RESILIENCE**

The chair will be responsible for identifying potential weaknesses in maintaining the group and liaise with the chair of the SCG if their risk assessment highlights any key of concern.

**EXCESS DEATHS CELL**

**1. MEMBERSHIP**

Local Authorities (City, County and District)

Police

PCTs

Voluntary Sector

**2. CHAIR**

Leicestershire County Council

**3. LOCATION**

Romulus Court

**4. ROLES AND RESPONSIBILITIES**

This group's role will be to manage the consequences of an increased number of deaths in a pandemic. Its responsibilities are to ensure that people who die from pandemic influenza are dealt with in a prompt but respectful way and are buried or cremated within the legislation that will be in force at the time.

**5. RELATIONSHIP WITH OTHER GROUPS**

This group will be required to ensure that the TCG are provided with all necessary data for the LRF daily situation report relating to excess death issues.

**6. RESILIENCE**

The chair will be responsible for identifying potential weaknesses in maintaining the group and liaise with the chair of the TCG if their risk assessment highlights any key areas of concern.

## VACCINATION CELL

### 1. MEMBERSHIP

PCTs

HPA / HPU

Local Authorities (City, County and District)

Police

Voluntary Sector

### 2. CHAIR

PCT

### 3. LOCATION

Lakeside House

### 4. ROLES AND RESPONSIBILITIES

This group's role will be to plan and oversee any large scale vaccination of the population with a pandemic specific vaccine. Its responsibilities will be the "end-to-end" management of the process. This will include plans to arrange receipt, storage and distribution of the vaccine, to points where it will then be administered to the public. This may include opening pre-identified centres across the Local Resilience Area.

### 5. RELATIONSHIP WITH OTHER GROUPS

This group is not likely to be meeting during a pandemic, unless availability of pandemic specific vaccine coincides with a second or subsequent wave of a pandemic. This group may then operate without the existence of a Tactical or Strategic Co-ordinating Group.

### 6. RESILIENCE

Administration of vaccines will require, and be dependant upon, the availability of appropriately trained persons. The limiting step in any mass vaccination programme is likely to be that availability of such people.

## ANTI-VIRAL CELL

### 1. MEMBERSHIP

PCTs  
Police  
UHL  
Local Authorities

### 2. CHAIR

PCT

### 3. LOCATION

St John's House

### 4. ROLES AND RESPONSIBILITIES

This group's role will be to ensure the consistent availability of antiviral drugs across the Local Resilience Area. Its responsibilities will include:

- a. planning the system for distribution of antiviral drugs
- b. identification and assessment of potential antiviral distribution sites
- c. ensuring appropriate links between the authorisation processes and the distribution sites
- d. identifying training needs for staff and ensuring these needs are met
- e. advising the SCG on the need to open or close distribution points
- f. monitoring of stocks at antiviral distribution points
- g. ensuring that both routine and urgent requests for resupply are passed on
- h. monitoring the public order issues around these centres, and withdraw to pre-arranged back-up sites if required.
- i. providing situation reports to the SCG and the centre, as required.

### 5. RELATIONSHIP WITH OTHER GROUPS

This group will work closely with Logistics cell, Communications cell, and Health & Social Care Cell

### 6. RESILIENCE

The chair will be responsible for identifying potential weaknesses in maintaining the group and liaise with the chair of the SCG if their risk assessment highlights any key areas of concern.

**COMMUNICATIONS CELL**

**1. MEMBERSHIP**

Police  
UHL  
PCTs  
Local Authorities (City, County and District)  
Fire  
HPA  
Chair  
PCTs

**2. LOCATION**

Virtual / Teleconference

**3. ROLES AND RESPONSIBILITIES**

This group's role will be to locally deliver the key messages as defined by national and regional government. Its responsibilities will include:

- a. Providing the public with up-to-date and clear information about the availability of local services.
- b. Providing consistent, clear and up to date information to all LRF organisations for them to use in their staff briefings and key partners briefings
- c. Providing consistent, clear and up to date information to independent contractors of the PCTs (GPs, community pharmacists, dentists, optometrists, local businesses, universities, colleges, schools and the voluntary sector)
- d. Providing pro-active media briefings
- e. Responding to media enquiries
- f. Providing regular situation reports on media activity to the SCG
- g. Providing recommendations to the SCG on the messages to be disseminated and the most effective ways of doing this
- h. Ensuring that up to date information is conveyed in an appropriate way to groups with particular communication needs and to hard to reach groups (e.g. BME groups, people with hearing or visual impairment, homeless people)

**4. RELATIONSHIP WITH OTHER GROUPS**

This group will liaise with all other groups on a daily basis to identify and co-ordinate key public messages.

**5. RESILIENCE**

The chair will be responsible for identifying potential weaknesses in maintaining the group and liaise with the chair of the SCG if their risk assessment highlights any key areas of concern.

## LOGISTICS AND VOLUNTEER CELL

### 1. MEMBERSHIP

All relevant category 1 and 2 responders, including Volunteer / Faith groups

### 2. CHAIR

EPO – LA

### 3. LOCATION

Romulus Court / Wellington House

### 4. ROLES AND RESPONSIBILITIES

This group's role will be to provide logistical support to the other cells. Its responsibilities will include the co-ordination and management of support in transport, fuel, supplies and human resources (including those of volunteers) to all partner agencies

This group's role will also be to co-ordinate the delivery of services normally provided by Local Authorities. Its responsibilities will also include

- a. Ensuring that there is an equitable and consistent delivery of such services (such as refuse collection, etc) across the LRF area
- b. Provide logistical support to the other cells
- c. Co-ordination and management of support in transport, fuel, supplies and human resources to all partner agencies

### 5. RELATIONSHIP WITH OTHER GROUPS

This group will maintain regular communication with all groups requiring logistical support.

### 6. RESILIENCE

The chair will be responsible for identifying potential weaknesses in maintaining the group and liaise with the chair of the SCG if their risk assessment highlights any key areas of concern.

## **HUMAN RESOURCES CELL**

### **1. MEMBERSHIP**

All relevant category 1 and 2 responders, including Volunteer / Faith groups

### **2. CHAIR**

LA

### **3. LOCATION**

Romulus Court / Wellington House

### **4. ROLES AND RESPONSIBILITIES**

This group's role will be to ensure the most effective use of human resources across agencies in a pandemic. Its responsibilities will include:

- a. ensuring, as far as practicable, consistency of HR policies across organisations, including, but not limited to, sickness absence reporting, managing refusal to work, and management of staff welfare including psychological support
- b. collating information on staff in organisations that is necessary to effectively plan deployment of staff in a pandemic
- c. considering arrangements for mutual aid between member organisations and establish a process for implementation.
- d. building HR capacity including:
  - (1) use of voluntary sector
  - (2) resourcing of operational plans
- e. forward planning the use of human resources
- f. providing regular reports to the SCG

### **5. RELATIONSHIP WITH OTHER GROUPS**

This group will liaise closely with all other groups and may be amalgamated with the Logistics and Volunteer Cell.

### **6. RESILIENCE**

The chair will be responsible for identifying potential weaknesses in maintaining the group and liaise with the chair of the SCG if their risk assessment highlights any key areas of concern.

## **HEALTH AND SOCIAL CARE CELL**

### **1. MEMBERSHIP**

PCTs  
UHL  
LPT  
HPA (HPU)  
LA Social Care  
EMAS

### **2. CHAIR**

LA

### **3. LOCATION**

Fosse House

### **4. ROLES AND RESPONSIBILITIES**

This group's role will be to provide information and advice to the PCT Chief Executive for representation at SCG and to provide links between the local health community and the SHA Incident Team. Its purpose is to ensure a coordinated and mutually supportive NHS and Social Care response locally, and to interpret national and regional guidance into local action, particularly around public health issues and advice from the STAC. This group will also cover the port health response at East Midlands Airport.

### **5. RELATIONSHIP WITH OTHER GROUPS**

This group would act as a co-ordination for the Health and Social Care operational groups across L, L&R. As such it would link into any other cell that could give the necessary support. It would provide an assessment of the position of the Health and Social Care organisations response at least daily for the TCG / SCG. It will also provide information to NHS East Midlands for the regional NHS Co-ordination Group

### **6. RESILIENCE**

In the event of significant shortage of staff to provide representation at the meeting, this group could meet remotely, or via conference calls. Local co-ordination groups would be set up at Community Hospitals and main PCT facilities.

**HEALTH AND SOCIAL CARE  
OPERATIONAL RESPONSE CELL**

**1. MEMBERSHIP**

NHS LCR Provider Director or Deputy  
NHS Leicester City Provider Director or Deputy  
UHL Chief Operating Officer or Deputy  
LPT Chief Operating Officer or Deputy  
Leicestershire County Council Director of Adult Social Care or Deputy  
Leicester City Council Director of Adult Social Care or Deputy  
Rutland County Council Director of Adult Social Care or Deputy  
NHS LCR Director of Primary Care or Deputy  
NHS Leicester City Director of Primary Care or Deputy

**2. CHAIR**

Representative of the organisation that initiates the Cell meeting.

**3. LOCATION**

To be decided upon depending which organisation convenes the group.

**4. ROLES AND RESPONSIBILITIES**

- a. To ensure co-ordinated decision making across the Health and Social Care System within the strategic framework set by SCG. The Cell may need to meet up as frequently as daily.
- b. If an individual organisation is under pressure that has implications for other organisations they would convene this group.
- c. Members of the Cell must have delegated authority from their Chief Executive to make decisions and commit resources.

**5. RELATIONSHIP WITH OTHER GROUPS**

This group is the operational response for the Health and Social Care Cell and reporting to the SCG Chair weekly or after each meeting (whichever is less frequent) as a minimum.

**6. RESILIENCE**

In the event of significant shortage of staff to provide representation at the meeting, this group could meet remotely, or via conference calls. Local co-ordination groups would be set up at Community Hospitals and main PCT facilities.

**INFORMATION AND INTELLIGENCE  
CELL**

**1. MEMBERSHIP**

Primary Care Trust(s)  
Police  
Local Authority  
Health Protection Agency (HPU)

**2. CHAIR**

PCT

**3. LOCATION**

St Johns House, Leicester

**4. ROLES AND RESPONSIBILITIES**

This group's role will be to provide information and intelligence support to SCG/TCG and the other cells in understanding public perceptions locally, nationally and internationally to the pandemic.

Its responsibilities will include the co-ordination and management of community impact assessments, the impact on primary care, anti viral distribution and where necessary vaccine distribution.

To provide information and intelligence from SHA's, Police and other agencies in respect of public order, crime related to the pandemic and community tensions.

To support NHS Gold where necessary

**5. RELATIONSHIP WITH OTHER GROUPS**

This group will maintain regular communication with all groups requiring information and intelligence support and in particular with the Anti Viral cell and Vaccination cell.

**6. RESILIENCE**

The chair will be responsible for identifying potential weaknesses in maintaining the group and liaise with the chair of the SCG if their risk assessment highlights any key areas of concern.

WORK STREAM ACTION MATRIX							ANNEX M	
Objective	Phase 1 / 2  (Risk of human cases)	Phase 3  (No or limited human to human transmission)	Phase 4  (Increased human to human transmission)	Phase 5  (Significant human to human transmission)	Phase 6 – UK Phase 1  (Sustained human to human transmission – outside the UK only)	Phase 6 – UK Phase 2  (Sustained human to human transmission – isolated cases in the UK)	Phase 6 – UK Phase 3+  (Sustained human to human transmission – outbreaks / widespread activity in the UK)	
<b>Command and Control framework</b>	Develop framework	Communicate framework to partners	Test communications for activation	Initial meeting at Gold	Initial meeting at SCG – regular meeting at TCG	Meet at SCG Level – regular meeting at TCG	Full activation – SCG meets 2 – 3 times per week, TCG daily	
<b>External Communications</b>		Develop Comms framework	Test communications for activation	Regular contact within group and with media. National outputs to include public information film, national door drop, and advertising campaign	Activate Comms hub. National outputs to include Video News Release to camera, TV / Press / Radio advertising campaign. Others to include travel advice, treatment advice leaflet, antivirals leaflet and information via Teletext / internet			

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<b>Internal Communications</b>		Raise staff awareness of pandemic flu		Weekly briefings for staff	Increased frequency of briefings	Initiate daily contact between organisations and teams	
<b>Surveillance systems</b>		Ensure arrangements in place to identify, report and manage any novel influenza virus					End of specific surveillance stage – move to cohort surveillance
<b>Capacity &amp; demand monitoring</b>		Develop requirements of monitoring	Testing of framework in sample practices	Confirm functionality of system across community	Enhanced daily reporting on capacity and demand introduced		
<b>Social distancing</b>		Develop plans for dealing with consequences of closures	Check, refine and prepare to activate plans		Activate plans as required in response to situation		
<b>Infection Control guidelines</b>		Ensure current version of guidelines available to all staff		Reconfirm guidelines		BMA GPC Guidelines come into force	
<b>Mass vaccination plans</b>		Develop plans for setting up mass treatment / vaccination centres			Prepare to set up centres if vaccine available		

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<b>Interpandemic influenza vaccinations</b>		Annual influenza vaccination campaigns implemented and reviewed			Consider withdrawal of routine vaccination – on HPA advice		
<b>Primary Care resilience</b>		Develop systems for buddying / clustering of GP Practices		GPs to ensure vulnerable patients identified		Cancel nonessential services	
<b>Out –of Hours services resilience</b>		Ensure all providers of out of hours services work together to ensure resilience					
<b>Secondary Care resilience</b>		Prepare and distribute Acute Trust resilience plan		Confirm admission avoidance plans			Activate plan
<b>Use of clinical Guidelines</b>		Ensure current version of guidelines available to all staff		Confirm guidelines are in place and clinicians awareness raised		BTS / HPA guidelines come into operation	
<b>Antiviral Medication systems</b>		Develop systems for storage and distribution of antivirals	Prepare to receive AV supply		Receive and distribute AV supply as required	Commence supply and administration of Antivirals	

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<b>Caring for people at home</b>		Develop systems for supporting people in their homes	Commence identification of vulnerable groups				
<b>Planning for higher number of deaths</b>		LRF Capability group to develop plan			Activate plans to avoid backlog in systems		Activate full plan
<b>Supporting closed communities</b>		Work with communities to develop plans for dealing with pandemic		Organisations to confirm with communities on preparedness			
<b>Supporting clinical services by use of additional skills</b>		Skills audits within organisations	Review audit results – identify staff for redeployment			Commence redeployment of staff	
<b>Business continuity planning</b>		Promote the development of BCP within organisations	Organisations to review and reconfirm Business Continuity plans			Activate Business Continuity Plans	
<b>Recovery planning</b>		Identify systems for recovery following a pandemic			Initiate group for recovery planning		