

FLU PANDEMIC UPDATE

30th SEPTEMBER 2009

1. INTRODUCTION

On 10th August 2009, Ian Cumming, Chief Executive, NHS West Midlands wrote to Chief Executives outlining the requirements for Board Assurance in September for preparedness on pandemic flu.

A part of fulfilling these governance requirements and keeping the Trust Board fully apprised of the PCT's progress on tackling swine flu, this paper summarises NHS Birmingham East & North's planning, response and activities in relation to the Flu Pandemic (swine flu) this year.

It forms the PCT Board assurance report on swine flu and contains an overview update on swine flu, a self assessment of board assurance, and a copy of the latest version of the Birmingham East & North Health & Social Care Economy Resilience and Capacity Plan, developed as an output of an extended Emergency Care Network event hosted by NHSBEN and facilitated by VISTA on 25th August 2009.

This report is structured in the following way:-

- Original Planning
- Governance
- Communications
- Response
- Organisational impact
- Key Lessons learnt so far
- Next steps- current planning
- Key Lessons learnt so far

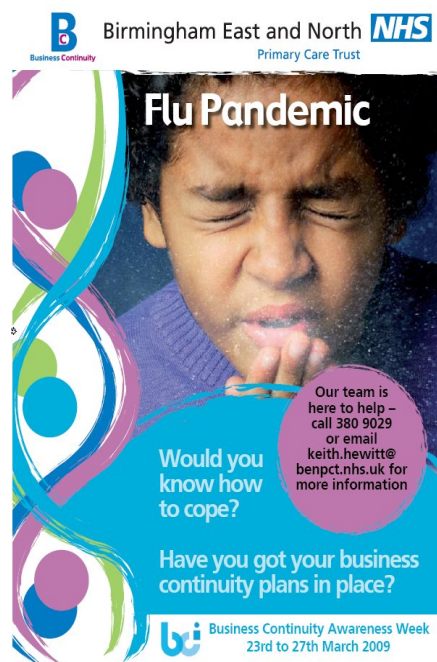
2. ORIGINAL PLANNING

2.1 The Pandemic Flu Plan

The Operating Framework for 2008/9 required the PCT to have plans in place by December 2008 -this was achieved. NHS West Midlands approved the PCT's Flu Pandemic plan. The original plan was reviewed in June 2009 with the PCT submitting additional assurance to NHS West Midlands on new and additional requirements.

The original plan incorporated modelling to identify the effect of likely and worst case scenarios, identification of the facilities planned use as Anti- Viral Distribution Centres and the most effective deployment of staff outside of their usual "day" jobs. The PCT ensured its plans aligned to hospital services and the City Council.

The PCT also worked with independent contractors to help them develop their flu pandemic plans. It is important to note that the original planning has been in place for over 2 years.



ASSUMPTIONS IN ORIGINAL PLANNING PHASE

- Up to 50% clinical attack rate
- 4% hospital admission rate
- 2.5% death rate
- 15% workforce absenteeism at some point during pandemic
- Demand for healthcare exceeding supply
- Different healthcare models being used e.g. National Flu Line, self care
- Personal Protective Equipment (PPE) required
- Antiviral medication being used for symptomatic cases not prophylaxis of contacts

2.2 Investment during the original planning phase- 2009

- Non-recurring funds were invested in increasing the number of individuals with media training and in small stockpiles of equipment and other supplies.
- The PCT, along with other PCTS in the NHS West Midlands area funded a Flu Pandemic training package which is designed to help all staff understand flu pandemic and what actions they can take. The Training Package is designed to be used online (or alternatively paper-based if there is no access to computers) and is designed for PCT staff and independent contractors. Copies were made available to Social Care.
- Addressing some of the issues raised during actual incidents and desktop exercises, the Control Room at Waterlinks was upgraded during February and March 2009

2.3 Flu Pandemic Desk top Exercise

This exercise focused on command arrangements for the PCT. The scenario was based on the flu pandemic virus targeting particular vulnerable groups and progressed through the early stages of Flu Pandemic Alert Levels, meaning that the team had to take responsive actions at both operational and command levels. The opportunity to explore and test assumptions against a specific scenario has informed work programmes and produced some useful recommendations.

2.4 Enhancing Business Continuity Arrangements

In preparation for pandemic flu the PCT raised the profile of business continuity planning and arrangements in order to ensure focus on business critical activities and successful re-deployment of staff to support requirements during a pandemic.



3. GOVERNANCE ARRANGEMENTS

3.1 Internal- NHSBEN

The PCT has had a Pandemic Flu Planning Group in place within its Emergency & Business Continuity Planning arrangements. The Emergency Planning Committee is chaired by Non Executive Director Susan Nixon. The Emergency Planning Committee formally reports to the Integrated Governance Committee, a sub committee of the PCT Board.

During the response phase this year (late April to date) the following arrangements have been in place:-

- The PCT's response to Swine Flu is being led by Nicola Benge, Director of Health Improvement and Flu Lead, supported by Louise Pritchard, Director of Performance & OD. There are weekly meetings incorporating a range of staff from across the organisation to monitor progress, identify and resolve issues, and ensure governance. The PCT has established working groups reporting to the weekly meeting in response to key issues e.g. Human Resources, Commissioning of flu assessment and treatment service, establishment of Anti Viral Collection Points (ACPs) and vaccination planning.

Internal updates on the planning and pandemic flu response have been given to the Integrated Governance Committee, the Professional Executive Committee, JNC, Local Emergency care Network and the PCT Board.

3.2 External

- Across the City, the 3 Birmingham PCTs have met together with Social Care representatives to identify and resolve cross-city issues and working. This is known as the "Health Matrix" group chaired by Chris Spencer Jones (DPH NHS South Birmingham) on a weekly basis and is attended by Val Jones, Director of Nursing and Clinical Development. There are currently 3 sub-groups of the Health Matrix – Immunisation (attended by Narinder Kular), Emergency Planners (attended by Dawn Roberts/Keith Hewitt), and Personal Protective Equipment Group (chaired by Val Jones, attended by Keith Hewitt).
- The PCT has also been represented at the ERMA 2 meetings/teleconferences (chain of command covering Birmingham and Black Country). Louise Pritchard usually attends, with Nicola Benge, Faisal Yunus or Dawn Roberts acting as deputies. This meeting has been chaired on a rotational basis by the CEO on call. Revisions to the citywide ERMA command and health matrix group were made in late August to ensure better use of resources.

3.3 Reporting requirements

NHSBEN is complying with a range of reporting requirements including daily FLUCON (overall situation reporting and stock management) workforce plans and vaccination plans. The CMO has also requested a reporting system for notifying deaths in the community where swine flu has been indicated.

4. COMMUNICATIONS

4.1 Communication Plan Pandemic Flu

A Pan Birmingham Communications Plan for Pandemic Flu was devised in December 2008. This was agreed across the 3 PCTs in Birmingham and reflects the main aims of the Government's communications and public engagement strategy set out in the November 2007 National Framework for Response to an Influenza Pandemic. The plan is supported by individual Birmingham PCT Pandemic Flu Communications Plans.

The Communications Plan details communications responsibilities Pre- pandemic, during Pandemic, at the end of the first wave and through subsequent waves.

The NHS BEN plan also covers:-

- Internal and external community communications
- Media Handling
- Q & As

- Key spokespeople
- Key communications out of hours
- Press conference venues
- Communication roles and responsibilities
- Key messages for the different WHO phases
- National Q&As
- Guides to Press conferences
- Media logging sheets

During the different phases (containment & treatment) the 3 Birmingham PCTs have worked together to pool capacity. City wide communications have been led by HoBtPCT. Updated communication plans are highlighted at a summary level within the draft resilience and capacity plan for the health & social care economy. This will ensure key messages are consistent and resources for communications are pooled.

5. RESPONSE / DEPLOYMENT – LATE APRIL 2009 TO DATE

Since the Swine Flu/H1N1 flu was identified as a pandemic flu strain in late April, NHSBEN's emergency planning team has been focussed on ensuring the organisation is able to respond.

Post notification of potential swine flu cases, the PCT responded according to its pandemic plan, within a dynamic environment of changing guidance and requirements.

- **Clinical Algorithms-** were disseminated together with sources of reference materials to all appropriate clinicians, independent contractors
- **Receipt management and distribution of stock-** (Anti Virals and Personal Protective Equipment) arrangements for receipt, stock management and onward distribution
- **Distribution of masks and swabs-** across Birmingham
Additional supplies have been obtained. Tamiflu and masks have been received from the Department of Health and systems put in place to ensure safe storage, distribution and use. Supplies have been distributed to PCT services and GPs. The PCT is required to act as host supplier to its acute and specialist trusts and has ensured that supplies of Tamiflu and masks have been appropriately distributed to them.
- **PCT and Community Health services briefings** and business continuity plans activated
- **HR Preparations – survey monkey of staff** groups to ensure effective redeployment and use of skills in areas of anticipated higher absenteeism
- **Daily Flucon reporting** to NHSWM was instigated during May 2009 to advise on the overall situation and stock management
- **Flu Communications-** central website in place for staff and contractors linked to other appropriate sites e.g. Health Protection Agency
Immediate dissemination of the national Flu leaflets to households during May Initial daily GP briefing across Birmingham updated on specific web site – now moved to weekly
Specific briefings for Pharmacists, Dentists and Optometrists
Formulation and implementation of agreed media campaigns, radio, posters, bus poster campaigns, endorsed by the ERMA group
Agreement of key communications plan including key messages for the public, Pooled resources city-wide

Public engagement plan – including communication with community groups, community leaders through established channels, a community presentation pack, public meetings

- **Agreement with BADGER Ltd- GP service provider** to undertake surveillance (swabs). Provision of PPE and transport media for swabs
- **Responded to request for staff to be deployed at the regional Flu Response Centre**
- **Rapid establishment of 3 school teams** to respond to containment, surveillance in 7 schools June/July
- **Commissioning of flu assessment and treatment service with BADGER-** at the Richmond Primary Care Centre to support Primary Care – implemented on 2nd July (subsequently decommissioned on 14th August due to greatly reduced activity)
- **Representation at the Overview and Scrutiny Committee** 2nd July 2009
- **The National Flu Line was launched on 23rd July**, the PCT established an anti-viral collection point (ACP) at Richmond Primary Care Centre where flu buddies have been able to collect anti-virals authorised by the National Flu Line. In addition to this, 3 pharmacies have been set up to provide anti-viral solution and provide local facilities for GPs to direct their patients to if using a normal prescription.
- **Extension of Urgent Care hours** Warren Farm Urgent care centre
- **Recruitment to a bank of additional staff-** 2 recruitment exercises resulted in the appointment of 38 non clinical bank staff
- **Letter to all clinical staff who have recently retired**

6. ORGANISATIONAL IMPACT

SUMMARY OF IMPACT TO DATE

Staff Sickness:

- NHSBEN Sickness absence has been circ 5% - this has been monitored weekly. During the last month (August) there has been a reduction in the number of absences due to flu like symptoms and an increase in staff absence due to stress. The recruitment to a central bank to support the ACP is expected to reduce sickness absence. During September staff sickness has returned to average levels with a reduction of sickness due to stress and an increase in sickness in non flu categories.

Staffing of the Richmond Anti-Viral Collection Point:

- Total nos on in hours and out of hours covered at ACP: 4,510 hours
- Total number of staff involved in covering hours: 595 shifts

Financial Impact:

- Direct costs incurred attributed to swine flu cost centres¹: £90,500²
This includes:-
- Payment to 3 pharmacies for administration of Tamiflu to date including locum pharmacy
- Stocks of Personal Protective Equipment (PPE) masks³, gloves, aprons,

¹ Provisional only, awaiting budget reports for August.

² Since the report to Integrated Governance & Performance Committee in September, this figure now includes Commissioning of Badger & alterations to the Richmond Anti-Viral Collection Point.

- Consumables- e.g. hand gels, vomit bowls tissues, stationary to support ACP & school prophylaxis teams.
- Communications campaigns across the city
- Commissioning Richmond Primary Care Centre early in order to establish anti-viral collection point
- Distributing Tamiflu to pharmacies & ACP
- Warehouse and distribution costs Kings Norton
- Alterations to Richmond Anti-Viral Collection Point
- Commissioning of BADGER to undertake initial swabbing pan Birmingham

This figure currently excludes the costs of:

- Commissioning of flu assessment and treatment service from BADGER
- Pay costs associated with the ACP- additional overtime hours, cleaning, security
- Opportunity costs of CHS and Corporate staff deployment to school teams
- Opportunity costs of staffing the ACP, undertaking operational and planning and operational activity related to swine flu e.g. meetings, information reporting, recruitment of the bank , PPI and Communications, financial recording, procurement and supply chain management, logistics, coordination of staff rotas for ACP, response to command and control structures in place, workforce redeployment, skills assessment, training for vaccination programme, training for operational shifts at the ACP

Swine Flu Activity (Assess & Treat, plus issuing of anti-virals):

- Numbers of patients treated in BADGER Flu assessment and treatment service at Richmond Treatment Centre 2/7/09- 6/8/09:

1,210 patients

- 66% BEN patients

- 34% non BEN patients

- Number of tamiflu issued through Richmond ACP 2/7/09 to 8th September 09 (excluding antiviral stock issued via pharmacies:

3,620

- Total PPE stock items issued to date:
 - GP Practices = 4,200 FFP 1 masks
 - CHS = 5,000 FFP 1 masks
 - CHS = 2,000 FFP 1 masks with visors
 - CHS = 250 Visors
 - Stocks of Aprons, gloves, large hand rub materials with tissues to 30 areas/teams
 - 3000 individual Alcohol Hand rub has also been distributed.

³ Excludes masks directly purchased and distributed by Department of Health; excludes PPE & consumables charged directly against Emergency Planning budget.

- Redistribution has also taken place of all DH pushed swab kits.

7. CURRENT PLANNING AND PREPARATION – AUGUST/SEPTEMBER 2009

The planning assumptions have been revised for the second phase of the swine flu since the 2008 plans, as follows⁴:

- Attack rate: Up to 30%:
 - Peak Clinical Attack Rate:
 - Nationally, up to 6.5% of the population per week
 - Locally, 4.5% - 8% of population per week.
 - Complications requiring GP Consultation: Up to 15% of clinical cases
 - Hospitalisation: 1%
 - ICU Cases (% of hospitalisations): 25%
 - % of Clinical cases Mortality: 0.1%
 - Peak absence rate: Up to 12% of workforce
- The PCT is now working on detailed plans to deliver H1N1 vaccinations and preparing for a second wave in the Autumn/Winter.
- NHSBEN hosted an extended Emergency care Network meeting on 25th August facilitated by VISTA. The purpose of this event was to inform the production of a local health and social care economy resilience and capacity plan for the next six months and to inform PCT Board assurance in September. This plan will combine preparations for the second wave of swine flu with other known and likely pressures in the system (winter and response to military action in Afghanistan and elsewhere).
- The Department of Health is requiring all NHS organisations to demonstrate robustness and for all Boards to receive a report at their September boards identify resilience and risk issues. The event held on 25th August will inform the self assessment and Board assurance report.
- In addition, the PCT was required to participate in “stress test” exercises (3rd Sept 09, with the SHA being “stress tested” by the DH on 21st Sept) alongside other PCT, acute, and SHA colleagues in order to demonstrate resilience. Lessons learnt will be fed into the local resilience and capacity plan.

8. LESSONS LEARNED TO DATE SWINE FLU

- **Communication with GPs** Balance of updating GPs and overloading practices with information - this is continually being reviewed
- **Expectations surrounding usage and supply of PPE**

⁴ Updated for “Swine Flu: UK Planning Assumptions”, 3rd September 2009. Cabinet Office & Department of Health. Note the fatality rate and hospitalisation rate have been amended based on latest evidence.

- **Not underestimating the work required to ensure a robust supply chain in a rapidly changing environment**
- **Shared resources including central communications across the city ensuring consistent messages**
- **Need for Local Contingency Plans within constantly changing environment**
- **Pace-** responding to new guidance, revised planning assumptions

The following extract is comments of attendees at the 25th August Extended Emergency Care Network workshop Participant list attached.

**SWINE FLU COMMENTS FROM EXTENDED EMERGENCY CARE NETWORK
WORKSHOP ON 25TH AUGUST 2009**

WHAT WORKED WELL	WHAT DIDN'T WORK
Badger Flu assessment and treatment service (treatment service in BEN)	DH- don't expect definite guidance
WIC South & HoB	- do expect performance management/assurance /achieve all
Swab and Lab process	DH stock management cell
Separation of Flu from non Flu	NHS Direct
PCT collaboration Pan Birmingham	NHSPFS Policy
Flexibility in use of FP10s	Vouchers
Creation of Flu Corridor at Heartlands Hospital – protocols for referral to ID patients	WIC at Solihull
ERMA2- Leadership and Command-involving all stakeholders in ERMA	Clear steer from PCT Clinical Lead – advice about pregnant women
HPA Process	Delay in decision to open Richmond Rd impact on A&E at BHH
Funding	Initial communications with GPs
Supplies of stock	Prescribing Tamiflu on FP10 with other items
Listening and acting upon advice of those at the coalface	Confusion on schools closures triggered demands in Primary & secondary care
A&E diversion to BADGER H1N1 service at the Richmond	Not all PCTs followed the same approach
Family Study	Communication between acutes, HPA, PCT, SHA
Pharmacy collection points and advice from PCT Prescribing Advisors	Triggers not clear
Development of Admin bank NHSBEN	Fax process clunky/transcription errors
Being prepared to do the right thing for our economy – challenge to DH from resilience perspective i.e. push to move Birmingham from containment to treatment phase	No additional finance for UCC- swabbing, etc
	Primary Care Services closing 22.00 hours
	HEFT A&E/ED overwhelmed overnight

KEY DOCUMENTS FOR REFERENCE

NHS Birmingham East & North Pandemic Flu Plan
Birmingham-wide Pandemic Flu Communications Plan
Draft Health & Social Care Economy Resilience & Capacity Plan
DoH guidance e.g. HR, surge capacity
Guidance on PPE for staff
Web page /links
Swine Flu daily updates for GPs and others (May - current)

Winter and Flu Resilience plans checklist

Organisation name: NHS Birmingham East & North

Board meeting date: 30th September 2009
(report written 18th September 09)

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
Health economy wide issues						
1	Leadership - organisations in the Health Economy demonstrate joined up multi-agency approach to planning. Flu Resilience plans for each organisation in the Health Economy have been shared and agreed. Agreements in place on any local cross borough border issues to ensure patient care is seamless.	YES		An extended Emergency Care Network event on 25th August was attended by senior managers and clinicians from a wide range of organisations including Heart of England Foundation Trust, NHS BEN, Solihull Care Trust, Birmingham Local Medical Committee, Birmingham Local Pharmaceutical Committee, BEN provider arm, West Midlands Ambulance Service (Capacity Management team), Birmingham City Council Social Care, Badger (out of hours provider), and Birmingham Children's Hospital, South Staffordshire PCT (outputs from the workshops are available). This event looked at flu pandemic planning AND winter planning and as a result a joint Resilience & Capacity Plan has been developed across the Birmingham East & North Health & Social Care economy with links to Solihull and South Staffordshire to address cross-border issues. Final plan & Escalation agreements to be agreed through ECN on 22nd September 09.		
2	Local leaders - every organisation has senior leadership arrangements in place to manage Flu and Winter resilience which is clearly documented. 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.	YES		For NHS BEN, Nicola Bengé (Director of Health Improvement) is the Flu Lead, she is supported at a Director level by Louise Pritchard, Director of Performance & OD (focusses on targets/performance, business continuity, links to Emergency Care/Winter Planning and internal PCT arrangements to respond to flu pandemic) and Val Jones, Director of Nursing & Professional Development (executive lead for vaccination programme, personal protective equipment, and advice to staff and is Deputy Chair of the Birmingham-wide Health Matrix Group, and Chair of the Birmingham-wide vaccination group). This provides continuity at a Director-level, and these Directors are supported by a team from across the PCT (including Community Health services, emergency planning, communications, primary care commissioning, medicines management) who meet on a weekly basis and are further supported by a number of sub-groups (eg HR). The Trust Board, Integrated Governance & Performance, PEC and JNC receive regular reports.		

3	<p>SITREP reporting - every organisation has in place robust procedures to comply with all SITREP reporting processes.</p>	YES		<p>Daily Flucon reports are done by the Emergency Planning Team, GP practices are sending daily sitreps to the PCT incident mailbox, the Information Dept do regular sitreps on deaths in the community, and the Medicines Management Team do daily stock management reports (Tamiflu/antivirals). Other reports (eg Workforce returns which are done on a monthly basis) are overseen by Louise Pritchard and Dawn Roberts, supported by relevant individuals (eg Michaela Bragg for the workforce returns). The PCT is complying with all requests for information from the SHA, ERMA 2, press and Freedom of Information requests. SITREPS are being completed by commissioned services.</p>		
4	<p>Resilience plans tested - assurance that both Winter and Flu resilience plans have been tested or exercised particularly known stress points in the plan.</p>	YES		<p>The Emergency Care Network undertook a desktop exercise in October 2008 to look at lessons learned from the previous winter. Since then it has looked at the analysis of last winter (report produced by the SHA) and incorporated this into it's event on 25th August 2009. In addition, further exercises have been undertaken to look at flu pandemic. This has then been brought together under the Emergency Care Network to look at how the economy works together and resulted in the Resilience & Capacity Plan. NHS BEN have also participated in swine flu stress tests on 3/9/09 and 21/9/09.</p>		
5	<p>Infection control - plans take into account both Swine Flu and also major increase in activity in 'surge' conditions.</p>	YES		<p>Infection Control advice is re-enforced at every opportunity and is included in the e-learning package which has been sent to all dentists and nursing homes. All PCT staff have access to infection control advice, and this has been further re-enforced by the Infection Control team and Clinical Quality Team providing additional demonstrations and training events on infection control, handwashing, use of personal protective equipment. NHS BEN leads a Birmingham-wide group on the use of personal protective equipment, including advice on usage and disposal of PPE. This group includes Infection Control nurses from across the 3 Birmingham PCTs and Acute Hospitals, and the DIPC leads clinical network across the economy.</p>		

6	<p>Escalation processes – 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. The trigger levels to move to each escalation level are well defined and understood by all agencies.</p>	YES		<p>The health economy has an escalation action plan which identifies what actions both the PCT and HoEFT (including Good Hope) need to take from "Trust Fully Operational - No Major Issues" through to level 4 ("Trust under extreme pressure, unable to maintain business continuity"). This includes identifying triggers. The Directors of Operations across the Birmingham area have now agreed a new escalation plan, but this needs wider input including from the PCT and West Midlands Ambulance Service. This is therefore work in progress. This is on the agenda for action and agreement at the next Emergency Care Network (22/9/09).</p>		
Patients						
7	<p>Antiviral Collection Points - facilities in place so that anyone with suspected swine flu gets issued with antivirals within 48 hours including those patients without a GP and vulnerable groups - include PCTs full roll out plan of ACPs.</p>	YES		<p>The Richmond Anti-viral collection point is fully open and opening hours adjusted to reflect demand. There is currently significant capacity there to cope with a sudden increase. The PCT also has plans in place regarding which ACPs to open within 24 hours if necessary.</p>		
8	<p>Vaccination programme for each PCT's patients is in place and is flexible enough to respond to vaccine supply issues and priority group issues.</p>	YES		<p>The PCT has a draft plan and is working with the other Birmingham PCTs to ensure consistency and collaboration to maximise resources. Within the last week, agreement has been reached at national level for General Practice to deliver the majority of the first phase of the vaccination programme and the implementation of this is now being followed through. The PCT is still awaiting confirmation of when & how much vaccine it will receive.</p>		
Winter resilience plans						
9	<p>Discharge processes – multi-agency co-ordination to minimise the number of delayed transfers of care.</p>	YES		<p>Delayed discharges continue to be a challenge in the economy and this therefore poses a risk to resilience during the winter. 2 wards (1 BHH, 1 GHH) will be piloted as step down units at the end of October/early November 09 with BCC. Further work on delayed transfers of care is being led on an economy wide basis through "Working Together for Health".</p>		
10	<p>A&E performance - specific plans to cope with 2 known dips in A&E performance early December and early January.</p>	HoEFT		<p>A&E performance targets at HoEFT have not been met and this therefore poses a risk during the winter months. The overall target has been met including Type 3 activity. The second Urgent Care Centre and GP led unit opening in Q3 and Q4 will support achievement of the target. Additionally, the new PCDU introduced at GHH in May will increase activity to support achievement of this target.</p>		

11	Business continuity - evidence that organisation has a robust plan to respond to issues such as bad weather (snow).	YES		The PCT has instigated business continuity arrangements as part of it's response to swine flu during the summer months. Each Directorate has been asked to prioritise it's services and identify how capacity can be released to be redeployed when required. Reflecting comments above, there still remains a number of risks to the economy (escalation triggers, delayed discharges, uncertainty about vaccine deliveries, unknown demand from H1N1 during the winter) which may prove challenging to the PCT's business continuity arrangements.		
Flu Pandemic second wave resilience						
12	Enhanced capacity in 'surge' demand - details of capacity that can be made available in each organisation for each key service including staffing and equipment resources. Details of the trigger levels to release this capacity into the organisation.	YES		The health economy-wide resilience plan does identify additional capacity that is being commissioned for this year and also asks all organisations to identify prioritised services. Escalation triggers need further work following changes agreed by Director of Operations (see section 6 above). To be discussed at ECN on 22nd Sept 09.		
13	Capacity modelling - 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 of the pandemic.	YES		The PCT has modelled, by weeks and by GP practice, a number of scenarios based on planning assumptions from the Department of Health and this is included in the Resilience & Capacity Plan.		
14	Essential services - plan identifies clinical and non-clinical essential services that must continue to be provided or that can be scaled back in a pandemic, as well as identifying critical and non-critical functions.	YES		Please see comments for section 11 - business continuity.		
15	Logistics - plans 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).	YES		Keith Hewitt, Emergency Planning & Business Continuity Manager has worked closely with the UHB warehouse to ensure a robust logistics chain for tamiflu, masks, and other stocks. This work needs to be extended and supported by BPCSSA to include other supplies such as food, linen and other medical supplies.		
16	Communication - plan for effective communication to staff, patients and the wider community before, during and after the pandemic.	YES		The PCT has a communications plan and works as part of the Birmingham health & social care community to deliver joint messages to it's providers (directly managed and commissioned) and communities. Evidence of how this has worked includes messages to schools (including the development of a DVD for schools), local communities, faith groups, press releases, care homes, GPs, PCT staff. Recent work between PCT and acute communication teams have resulted in optimal use of resources and alignment of key messages. A summary of communications is contained within the Capacity and Resilience Plan.		

17	Recovery from pandemic -plan includes detail on recovery from a pandemic.	YES	The PCT has a clear process in place and this is also linked to it's business continuity arrangements. However as the exact extent of the impact of both the pandemic and DH requirements during the forthcoming months is unknown, it is hard to quantify exactly what the PCT will need to "recover" from. This therefore has to be identified as a possible risk.		
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Specific organisational capacity issues					
18	Acute hospital capacity – senior clinical decision making for initial assessment of emergency admissions / inpatient capacity / A&E - UCC interface / Maternity Services Capacity – clear policies exist which prioritise women who need hospital care and limit unnecessary admission.	HoEFT		Whilst the responsibility for this lays with HoEFT, the PCT has highlighted this as a risk as A&E and ambulance performance is currently poor, and a service improvement notice has been served for maternity services.	
19	Critical care capacity – organisation has been through critical care checklist provided by DH (available early August) and have specific plans to increase capacity by 100% to respond to Flu and clear and agreed prioritisation plans.	HoEFT		Whilst not directly involved in the discussions, the PCT understands that the Critical Care Network have identified that capacity needs to be doubled and this is being actioned following instruction from the SHA. Assurance is being sought from HoEFT & BCH.	
20	Primary care capacity - including normal GP capacity and out of hours services. Plans in place to ensure that those most likely to access healthcare services have care plans to reduce the likelihood that they will be admitted.	YES		The PCT has plans in place and during the recent swine flu response commissioned additional services from Badger to support primary care, which worked well. The PCT has an active Birmingham Own Health, and Expert Patient programme to encourage self-care and avoid unnecessary admission; and also has an active Assertive Case Management programme to avoid unnecessary admission. Urgent Care continue to encourage the ambulance service to ensure that category C calls are taken to the Urgent Care Centre at Kingstanding; additional Urgent Care capacity is being developed at Sattley and a number of equitable access practices are currently being commissioned in time for winter. The Resilience Plan references the Primary Care Escalation processes, further work is being undertaken to ensure consistency across Birmingham and is an item on the internal swine flu planning group agenda (18th Sept 09).	
21	Intermediate care capacity – implementing simplified access criteria, enhancing admission avoidance and palliative care services.	YES		The PCT has further developed intermediate care and additional capacity is either in place or coming into place by Nov 09 (Primary Care Discharge Unit; extension of ACM service to 10 pm; new intermediate care day services at 2 care centres; expansion of intermediate care services by 25%; new enhanced assessment wards at GHH and Heartlands; additional urgent care capacity). However, as the success of intermediate care needs to be seen in the context of delayed discharges, early notification of admission/discharge problems, etc the PCT is highlighting this as a possible risk area.	
22	Social care capacity – streamlining placement process, understanding total potential nursing and residential home capacity in each Borough with ability to utilise capacity. Plans in place to ensure social care workforce resilience.	Social Care		Although the responsibility of Social Care, the PCT is highlighting this as a risk area as delayed discharges are still a challenge in the health economy.	
23	Mental Health capacity - robust acute psychiatric liaison services to minimise A&E breaches and timely assessment of inpatients.	Mental Health		Although the responsibility of Mental Health, psychiatric input into A&E is still an issue and has been raised several times at the ECN. This is therefore highlighted by the PCT as a risk area.	

24	Ambulance capacity - plans from each hospital to deliver the required 'hand over' waiting time targets.	HoEFT & WMAS		West Midlands Ambulance Service performance has deteriorated and this is therefore a significant risk area.	The PCT is fully engaged with the WMAS review & short life tasks groups established to progress recommendations. Caroline Nolan, Locality Director & Emergency Care Lead is involved in writing the new specification.	
25	Diagnostic and therapy capacity – enhanced levels of services working 7 days per week in both primary and secondary care.	HoEFT & PCT		Access to Primary Care services at weekends was highlighted as an area for improvement at the recent ECN workshop. Another area identified was for HoEFT to review diagnostic capacity.		
Staffing						
26	Seasonal and Swine Flu vaccination plans for organisation's staff, that prioritises staff to be vaccinated according to service needs.	ALL		The PCT now has a draft Vaccination Plan that identifies criteria for identifying staff with patient-facing roles that will be prioritised for the vaccination programme. This area is highlighted as a risk as the PCT is still awaiting details of how much & when the vaccine will be delivered.		
27	Medical staff plans - demonstrate that have recruited sufficient staff to cover EWTD rotas in all critical services and that number of medical staff available take account of the busiest times of day. 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.	HoEFT & PCT		Working Time Directive is included as a reminder to line managers when identifying staff for additional duties. HoEFT & BSMHT have arrangements in place.		
28	Maximise available staffing levels 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.	ALL		A HR policy has been developed, supported by other documents that identifies redeployment, and amendment of HR policies during a pandemic. Staff who have recently retired have been contacted. A survey monkey has been completed identifying clinical staff employed but no longer in clinical practice.		
29	Response to likely absence levels due to sickness, carer responsibilities and the impact of the anticipated closure of schools, that are not reliant on temporary staffing solutions. Cover arrangements are in place for all key members of staff who may be taken ill, such as CEO, the Board, senior clinicians, and Flu Resilience team. Review of all policies that may affect staff attendance to ensure that they clarify how staff should report sickness during the pandemic.	ALL		HR policies have been developed to cover these areas. Resilience for key individuals has been developed, including ensuring critical information is shared.		
30	Engagement with the Trade Unions to ensure their contribution and support for staff arrangements over the period of the pandemic	ALL		The JNC, PEC, LMC, and LPC have been regularly involved in discussions and proposals.		

Note:

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

RESILIENCE AND CAPACITY PLAN

BIRMINGHAM EAST AND NORTH HEALTH & SOCIAL CARE ECONOMY

SEPTEMBER 2009 - MARCH 2010

NHS Birmingham East & North
NHS Birmingham East & North Community Health Services
Solihull Care Trust
Heart of England NHS Foundation Trust
West Midlands Ambulance Service NHS Trust
Birmingham and Solihull Mental Health NHS Foundation Trust
Birmingham City Council Social Care and Health
NHS Direct
GP Out of Hours Providers
Primary Care Independent Contractors
Birmingham Local Medical Committee
Birmingham Local Pharmaceutical Committee
Birmingham Local Dental Committee
Solihull Local Medical Committee
Solihull Local Dental Committee
Solihull Local Pharmaceutical Committee

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1 PURPOSE

This health and social care economy plan sets out how individual organisations will work together across the system when pressures increase during the next 6 months. The plan has been produced by and with the organisations listed on the front cover, building on experience from the swine flu and retrospective analysis of winter 2008 to date. A specific OD event of the extended Emergency Care network, organised by NHS Birmingham East & North, was held on the 25th August 2009. This has ensured full involvement and sign up by all participating organisations. This document will assist PCT Board assurance for preparedness on Pandemic Flu, winter and overall capacity and resilience.

Objectives of this document:-

- 1.1 Reviews key lessons learnt, as applied locally, from last years retrospective winter's analysis (published by NHSWM)
- 1.2 Sets out what additional capacity will be in place by autumn 2009- March 2010 compared to last year.
- 1.3 References action plans and trigger points for specific pressures
- 1.4 Describes leadership availability and provides key contact information
- 1.5 Describes what additional services could be commissioned/put in place quickly in different parts of the system in response to significant additional pressures
- 1.6 Will ensure that patients move through the health and social care system to the most appropriate place for them to receive health and social care in a timely way.
- 1.7 Will ensure a communications plan is in place and effective communications links between different organisations are in place.
- 1.8 Ensures that organisations are aware of their responsibilities and priorities as individual organisations in response to pressures and as a health and social care economy.
- 1.9 Confirms that individual organisations have plans in place and confirms PCT and partnership response when plans have been implemented
- 1.10 Will ensure that capacity is sufficient to meet the demands anticipated

Exclusions

This document is not intended to replace individual organisations' emergency plans, business continuity or swine flu plans.

A specific Primary Care Capacity Challenge Escalation Strategy will be signed off within PCTs in response to the "Pandemic Flu: Planning and responding to Primary Care Capacity Challenges" document from the Department of Health. This will be referenced in Section 9 of this plan under Escalation.

2 LEADERSHIP AND RESPONSIBILITIES

The Chief Executive (or their delegated Executive Director) of each organisation has approved this Resilience & Capacity Plan.

The following personnel for each of the local organisations within this health & social care economy are

Organisation	Name	Title	Contact Number
NHSBEN	Nicola Bengé	Director of Health Improvement	0121 380 9279
	Louise Pritchard	Director of Performance & OD	0121 380 9099 07917 552 905
	Caroline Nolan	Lead for Urgent Care	
	Dawn Roberts	Head of Emergency Planning	0121 380 9029 07970 973312
NHSBEN Community Health Services	Marie Moore	Interim Director NHSBEN Community Health Services	0121 332 1900 07971 656 141
Heart of England Foundation Trust	Neil Rogers	Director of Medical Services	0121 424 2370
West Midlands Ambulance Service	John Ellison		
Birmingham City Council Social Care and Health	Sally Jellis	Head of Adult Services	0121 303 8468
Birmingham and Solihull Mental Health Trust	Bernadette Byrne Simon Lloyd	Operational Director	0121 678 2000
		Emergency Planning Officer	0121 301 1237
NHS Direct	Matthew Burke	Regional Head of Operations	
South Staffordshire PCT	Malcolm Thomson	Urgent Care lead	
BADGER Out of Hours	Fay Wilson Terry Peate Geri O' Neill	Director of BADGER General Manager Business Manager	0121 693 4100
PrimeCare	Lola Ramon	General Manager	07795 284117
LMC	Dr Bob Morley		
LPC	John Nicholls		
Solihull Care Trust	Vanessa Stuckley Clare Molloy	Director of Provider Services	
		Director of Commissioning & Strategy	
	Stephan Munday Michael Enderby	Director of Public Health Emergency Planning Manager, Solihull Council & Care Trust	

Useful contact details can be found in Appendix xxxx (to be inserted)

This Resilience and Capacity plan should be read in conjunction with the individual organisation operational plans and escalation plans. It should also be read in conjunction with the relevant

organisation's Major Incident Plan in the event that demand for services becomes so unprecedented that it warrants a major incident.

SITREP reporting

All organisations will be expected to establish SITREP processes including FLUCON, workforce and flu vaccination status reports.

3 VERSION CONTROL STATUS, DISTRIBUTION, MAINTENANCE AND REVIEW

At the time of writing, this document is an outcome of an extraordinary extended membership of the Emergency Care Network meeting held on 25th August 2009. It will be taken to the scheduled NHSBEN, Solihull and South Staffordshire local health economy Emergency Care Network in September 2009. It will also inform the PCT Board Assurance preparedness on Pandemic Flu in September 2009.

Throughout the period covered by this Resilience & Capacity Plan, the Emergency Care Network (ECN) will review how the Health & Social Care Economy responds to the demand for services during the period, whether individual organisational/collective response to key triggers identified have been successful and whether any additional supporting actions need to be taken. This will be coordinated via the monthly ECN meetings and ERMA arrangements as necessary.

Issues around demand and capacity and the partnership working arrangements and support between the NHSBEN and secondary care/ Mental Health and Community health services will also be reviewed through the Performance Quality & Safety Framework contract monitoring processes for commissioned services.

This document is co-ordinated and may only be modified by the Lead for Pressures Planning at Birmingham East and North PCT to ensure version control. The version and date are clearly shown on every page of the document.

Created on: August 2009
Modified on: 2 September 2009
Current Owner: Louise Pritchard
Director of Performance & Organisational Development
NHSBEN

4 LOCAL HEALTH ECONOMY EXISTING SERVICES

HEFT

- Critical care
- Elective – inpatient / day
- Diagnostic
- A&E – supported by Acute Medical Units (AMU) / Surgical Assessment Unit (SAU at HH) / Clinical Decision Units (CDU) – open 24.7, 365 days per year
- Improving patient flow – admission to discharge – reducing delayed transfers of care
- Improving discharge 7 days per week
- Enhanced infection prevention control
- Identification of patients suitable for interim, intermediate, urgent care
- Effective capacity management across 3 sites – use of agreed 'deflect' policies with WMAS and capacity management
- Enhanced mortuary services
- A&E diversion scheme (commissioned by NHS BEN, provided by Badger)
- Alcohol Screening at A&E sites, GHH, HH.

NHS BEN CHS

- Assertive case management / district nursing – single point of access – response to pressure in A&E
- IV therapy in the community
- Long term conditions management services
- Intermediate care – 7 day service open until 10pm
 - 32 beds Ann Marie Howes – Sheldon
 - 32 beds Perry Tree – Perry Common
- Intermediate care community services
- Falls prevention
- Intermediate care Liaison Nurses and mental health at GHH and Heartlands
- Urgent Care Centre – Warren Farm, Kingstanding – Cat C divert for WMAS – 7 days per week, 365 days per year, 0830 – 2000
(to change to 0900 – 2100 Mon – Sat, 1000 – 1900 Sun)

Primary Care

- 79 GP practices
- Pharmacies, OOH pharmacies – 100 hour
- Community pharmacy rota
- Out of hours GP services / Badger and Primecare
- General dental practices
- NHS Direct
- Birmingham Own Health telephone based service

Walk in Centre

- Birmingham City Centre, located in Boots the Chemist
Mon – Fri 0800 – 1900, Sat 0900 – 1800, Sun 1100 - 1600
- Solihull Healthcare and Walk In Centre – Solihull Hospital 365 days per year, 0800 – 2000, access to both registered and non-registered patients.

West Midlands Ambulance Services

- 24/7 – use of alternative pathways
- Additional capacity in the Emergency Operations Centre

- Divert Cat C cases to Urgent Care
- Voluntary Crews
- HALOs – Hospital Ambulance Liaison officers at GHH, Heartlands and Solihull
- Rapid turnaround at acute sites

Mental Health

- 3 home treatment Crisis Resolution teams - 24/7
- Assertive outreach
- CMHTs
- Primary Mental Health Care
- Emergency Duty Team – access to on-call
- Liaison psychiatry at GHH and Heartlands A&E – 0900 – 1700
- PALs 24/7
- Community Alcohol Teams

Birmingham City Council – Adults and Communities

- Hospital Social Work teams / Interim beds team
- Emergency duty teams – out of hours
- Access to interim beds – through interim beds coordinator
- Access to home care / support packages

NHS Direct

- 24/7, 365 days per year

SOLIHULL CT

- Single Point of Access for community services

5 PARTNERSHIPS / NEW SERVICES / PROCESSES IN 2009

NHS BEN / HEFT/ Social Care

- Primary Care Discharge Unit - admission avoidance pilot scheme based at Good Hope Hospital , Mon – Fri, 0830 – 1900.

NHS BEN CHS

- ACM service available to 10pm – implementation of Assistive Technology to support people at home / Admissions avoidance
- New intermediate care day services for prevention of admission at 2 care centres
- Expanded intermediate care community service by 25%
- New Enhanced assessment wards – GHH and Heartlands – Nov2009
- Urgent Care Centre Saltley opening Dec 2009, 7 days

Anti-Viral Collection Points

- Richmond Road Primary Care Centre
- Chelmsley Wood Library
- Solihull Library
- Additional ACPs to be opened Autumn 2009 as numbers warrant, e.g.
Sutton Cottage Hospital, 27a Birmingham Road, Sutton Coldfield
Warren Farm Health Centre, Kingstanding

Primary Care

- GP led health centre – Erdington
- GP urgent access appointments – Nov 09
- Equitable access GP practices:
Saltley – list size 6000, open Nov 2009
Hodge Hill – list size 6000, open
Kingstanding – list size 6000, open April 2010

West Midlands Ambulance Services

- HALOs

Mental Health

- Alcohol screening across Emergency Departments at Good Hope and Heartlands *
excludes Solihull
- Expanded services e.g. RAID City Hospital

Birmingham City Council – Adults and Communities

- Pathways to interim beds and support to new enhanced assessment wards at Good Hope and Heartlands sites.
- Scoping of Nursing Home initiatives to support admissions avoidance

6 LESSONS LEARNED FROM WINTER 2008 AND SWINE FLU SO FAR

6.1 Key lessons learned from Winter 2008

Summary from "Retrospective Analysis of Urgent Care Capacity Problems in Winter 2008" (report NHSWM) at a workshop meeting held on 25 August 2009. The key issues which need to be taken into account for the NHS BEN health and social care economy are summarised as:

- The need to work as an integrated team to tackle pressure together in order for there to be sustained impact
- Delayed discharges create major bottlenecks for Acute Trusts – clear discharge procedures need to be agreed with all
- Communication between ALL organisations was key to successful and collaborated winter pressure management
- The skills set of the workforce need to be assessed with the aim to empower staff to cross skill and flex up/down as needed
- Plans need to be agreed much earlier on to ensure they have time to be tested and mature so they are ready to be implemented at times of pressure.
- Some organisations felt this report would not be complete without fully understanding the management and planning of WMAS during the winter period.
- Impact of A&E advertising campaign appeared successful
- Balance between elective and emergency activity – focus of resource on elective
- GP instigated urgent access to secondary care – respiratory and GU
- Need further work on weekend discharge arrangements
- Use of seasonal (meteorological) forecasts and syndromic surveillance to estimate demand for urgent care

Our Experience so far – Winter 2008/09 (from extended ECN workshop 25 August 2009)

What worked?

- Contingency Fund for extra staffing (UCC)
- Flexing UCC capacity quickly
- Pilot of elderly care
- Assessment beds at Berwood Court – resulted in 50% people able to go home as opposed to long term care
- WMAS Cat C Scheme – up to 22.12.08 – diversion to Badger
- Funding additional GP Practice opening over holiday period
- Reduced length of stay in Care Centres (especially Ann Marie Howes)
- Increased capacity in Intensive Care (HEFT)
- Spot purchase of interim beds when triggered
- Acute focus on weekend discharge
- Assertive Case Managers
- WMAS Cat C divert to UCC (but volume too low)
- Dedicated staff bank
- Flexible capacity - acutes

What did not work?

- Different escalation systems covering different geographical areas e.g. West Midlands wide
- Escalating to the organisation least able to respond
- Practices opening for additional hours (process problems)
- WMAS Cat C – after 22.12.08 divert
- Repeat prescriptions – Christmas and weekends
- OOH divert scheme – WMAS underutilisation
- Lack of nimble response to requests for ambulance deflects
- Contractual issue re Birmingham City Council and care homes
- Reactive to escalation levels rather than proactive
- Expectation on community services to respond to escalation levels when reported
- Still problems to internal discharge processes and understanding of community service in HEFT (Comms need to take responsibility for this as well!!)
- Mental health referral difficulties
- Not knowing / having clear capacity escalation system in primary care
- Large winter plan! Need slim and clear resilience plan
- Not having Community Services capacity status or HEFT daily brief i.e. focus on beds not community capacity (Intermediate Care)
- Comms and agreement between WMAS and PCTs
- Capacity planning and relations with some non-NHS Providers.
- Expectations of ERMA 2
- Triggers / understanding of activation points
- Weekend primary care capacity
- Nursing homes not well prepared
- Repeat prescriptions issues
- WMAS inter hospital site deflects
- Additional GP surgeries not planned and targeted in areas most needed
- Some issues with discharges on Fridays
- Solihull Hospital – unable to accept patients from WMAS with specific conditions

THEMES:

- Delayed discharges / weekend discharge
- Flex capacity – acute – positive
- WMAS unable to deflect – alternative pathways, acute sites
- Services at weekends

6.2 LESSONS LEARNED TO DATE – SWINE FLU OUTBREAK

- Communication with GPs – Balance of updating GPs and overloading practices with information – this is continually being reviewed
- Expectations surrounding usage and supply of Personal Protective Equipment
- Not underestimating the work required to ensure a robust supply chain in a rapidly changing environment
- Shared resources including central communications across the city ensuring consistent messages
- Need for Local Contingency Plans within constantly changing environment
- Pace – responding to new guidance, revised planning assumptions.

Our experience so far - comments on swine flu from extended ECN workshop on 25 August 2009

WHAT WORKED WELL

- Badger Flu assessment and treatment service (treatment service in BEN)
- Walk in Centres South and HoB
- Swab and lab process
- Separation of flu from non-flu
- PCT collaboration Pan-Birmingham
- Flexibility in use of FP10s
- Creation of flu corridor at Heartlands Hospital-protocols for referral to ID patients
- ERMA 2 – Leadership and command – involving all stakeholders in ERMA
- HPA process
- Funding
- Supplies of stock
- Listening and acting upon advice of those at coal face
- A&E diversion to Badger H1N1 service at the Richmond
- Family Study
- Pharmacy collection points and advice from PCT Prescribing Advisors
- Development of admin bank at BEN
- Being prepared to do the right thing for our economy – challenge to DH from resilience perspective i.e. push to move Birmingham from containment to treatment phase.
- Flex capacity at acute hospital sites

WHAT DIDN'T WORK

- Department of Health – don't give definite guidance, do expect performance management, assurance and achievement
- DH stock management cell
- NHS Direct
- NHS PFS Policy
- Vouchers
- Walk in Centre at Solihull
- Clear steer from PCT Clinical Lead – advice about pregnant women
- Delay in decision to open Richmond Road, impact on A&E at Heartlands
- Initial communication with GPs
- Prescribing Tamiflu on FP10 with other items
- Confusion on schools closures triggered demands in primary and secondary care
- Not all PCTs followed the same approach
- Communication between acutes, HPA, PCT, SHA
- Triggers not clear
- Fax process clunky/ transcription errors
- No additional finance for UCC – swabbing etc
- Primary care services closing 2200 hours
- HEFT A&E overwhelmed overnight

7 PLANNING ASSUMPTIONS

Additional demands – Known and anticipated September 2009 – March 2010

7.1 Flu Pandemic Second wave

The planning assumptions have been revised for the second phase of the Swine Flu since the December 2008 plans, as follows:

- Attack rate: 30%
- Complications requiring GP consultation: 15%
- ICU cases (% of hospitalisations): 25%
- % of clinical cases mortality: 0.35%

Following the publication of "Swine Flu: UK Planning Assumptions" on 3rd September 09, the following planning assumptions are used as "reasonable worst case" scenarios:

- Clinical Attack rate: 30% (as before).
- Peak Clinical Attack rate:
 - Nationally up to 6.5% of population per week
 - Locally up to 4.5% - 8% of population per week
- Complications requiring GP consultation: up to 15% of clinical cases (as before).
- % hospitalisations: Up to 1% of clinical cases (down from previous assumptions)
- ICU (% of hospitalisations): 25% (as before)
- % of clinical cases mortality: Up to 0.1% of clinical cases (down from previous assumptions).
- Peak Absence Rate: Up to 12% of workforce

7.2 Planning Assumptions – Winter

That peak pressure in discharges from secondary care will be W/C 21 December

Peak pressure in primary care will be W/C 21 December and Tuesday 29 December and pre New Year Thursday 31 December.

Reference to the meteorological office will be made throughout October / November in order that Assertive Case Managers and telephone based health care is focused on those with long term conditions and in particular respiratory patients.

Daily sitreps will be in place throughout the winter period.

7.3 Planning assumptions – Response to RAMP – UHBT

In the event additional casualties are received from the war zones, HEFT will be required to take additional elective / emergency activity from UHBT in order that Selly Oak can maintain its focus. At the time of writing Chief Operating Officers of the Trusts are discussing the potential impact.

8. AGREED ADDITIONAL CAPACITY TO BE IN PLACE / ACTIVATED BY RESPONSIBLE ORGANISATION
AUTUMN 2009 – MARCH 2010

FLU PANDEMIC SECOND WAVE

Additional Response Required

- Implement additional anti-viral collection points
- Support to 'flu friendless'
- Consider arrangements for local 'helpline' to support national line
- Vaccination programme plan
- Vaccination programme plan

Responsible Organisation

NHS BEN
NHS BEN CHS
NHS BEN
NHS BEN

To be activated / Triggers

2nd and 3rd within 24 hours (plan in place)

Through PPI / Comms Plan

Plan submitted by 4 Sept 09

Consider additional commissioning requirements

NHS BEN
NHS BEN CHS
Primary Care
HEFT Occupational Health
HEFT Maternity services (pregnant)
All organisations for own staff

RAMP – MILITARY

Additional Response Required

- Response to UHBFT receiving additional military casualties at Selly Oak.

Responsible Organisation

HEFT COO elective and emergency admission to be taken from UHBT in order for Selly Oak to focus expertise on military casualties.

To be activated ?

Thresholds to be confirmed by COO at HEFT

SPECIFIC ORGANISATIONAL CAPACITY REQUIREMENTS

Additional Response Required

Acute

- Maternity services provision
- Critical care plans (DH checklist August 2009) plans to increase capacity by 100% (numbers of beds – in

Responsible Organisation

WMSCT
HEFT

To be activated ?

- capacity plans? To be confirmed by HEFT)
- Focus on discharge planning to respond to increase in delayed transfers of care
- Senior clinical decision making capacity for initial assessment of emergency admissions / inpatient capacity, A&E
- Plans to respond to dip in A&E performance
- Capacity in place to support WMAS 'handover' waiting time targets
- Medical staff plans in place to cover EWTD rotas, ability to respond to 'temporary' suspension of ETD in medical staff contracts
- Diagnostic capacity 7 days per week

HEFT

HEFT

HEFT

HEFT/ WMAS

HEFT / OOH providers

HEFT

Primary Care

- System in place for GP practices to escalate capacity issues to PCT
- Primary Care Escalation strategy to be agreed
- Potential to rapidly commission additional capacity to support General Practice e.g. domiciliary visits, telephone based healthcare, additional urgent care
- Urgent Care Centre: Washwood Heath from Dec 09
- Use of Equitable Access Practices whilst patient list sizes are low
- Agreed plan for additional GP opening hours during winter
- GP urgent appointments to be available
- Access to Pharmacy supplies OOH in place
- Address repeat prescriptions at weekends

NHS BEN
GENERAL PRACTICE

NHS BEN / SCT

NHS BEN
PRIMARY CARE
OOH PROVIDERS

NHS BEN CHS
BOH

NHS BEN

NHS BEN and SCT
Primary Care Commissioning

NHS BEN Primary Care
Commissioning and SCT

NHS BEN Primary Care
Commissioning and urgent care
commissioners

NHS BEN and SCT

IN PLACE

- When 25% additional pressure in each locality
- A&E experiencing sustained pressure

From December 09

Social Care – Care homes and care homes with nursing

- Arrangements in place to secure additional domiciliary homecare
- Business continuity in place to care homes / care homes with nursing – to cover staff absence
- Plans in place to secure rapid additional provision of care homes / care homes with nursing places if required e.g. closure of existing places due to infection.
- Plans in place to secure rapid additional provision of complex care services if required in case of staff sickness
- Support to Enhanced assessment wards at GHH / Heartlands sites
- Plans in place to respond to DTOC

BCC
Adult Social Care

BCC
Adult Social Care/ NHS BEN

BCC
Adult Social Care/ NHS BEN

In place by Nov 2009

Mental Health

Available liaison psychiatric services – GHH and Heartlands in place. Supported by on call services OOH.
Consider additional support clinic during December – January holiday period

BSMHFT
HEFT

Ambulance Services

Delivery of handover times
Operation of deflect / divert plans to support HEFT's capacity management across their three sites.
Use of pandemic flu toolkit for NHS Ambulance Services
Guidance

Community Services

Intermediate care – enhanced discharge response and prevention of admission

NHS BEN CHS

In place

Falls prevention
PCDU at GHH
Enhanced assessment – 2 wards GHH and Heartlands

In place by Nov 2009

Staffing

Medical Staff

- Ensure sufficient staff to cover EWTD rotas in all critical services.
- If national temporary derogation of EWTD agreed – terms and conditions reflect this.

HEFT
BSMHFT

Maximisation of staffing levels

- Temporary postponement of training
- Staff re-deployment
- Reemployment of newly retired staff
- Refresher training for clinical staff who no longer practise
- Recruitment to bank
- Response to absence levels
- Carer responsibilities, cover arrangements for key staff
- Staffing rosters / policies reviewed
- Engagement with Trade Unions

ALL

ALL

ALL

Logistics

- Confirm supply chain resilience
- Investigate external to NHS supply chain contingencies

ALL
NHS BEN EPO

Prioritised services
(Refer to Appendix A)

9. ESCALATION

**Proposed Escalation Procedure Sept 2009 for update
Link to agreed actions with PCTs**

NHS Anywhere Trust:		
<p>Actions required by social services</p> <p>Maintain normal working</p>	<p>Level 1 Normal Working</p> <ol style="list-style-type: none"> 1. A&E target of 98% and ambulance being maintained 2. Availability of bed stock across main specialties 3. Cubicles available in A&E and main assessment areas 4. No trolley waits over 4 hours 5. Elective lists proceeding as scheduled 6. No delays in ambulances offloading patients 7. Multiple resuscitation bays available <p style="text-align: right;">Management level by bed/night managers</p>	<p>Actions required by other agencies</p> <p>Maintain normal working</p>
<p>Actions required by PCT(s)</p> <p>Maintain normal working</p>	<p>Actions required by Acute Trust</p> <ol style="list-style-type: none"> a) Maintain monitoring 	<p>Actions required by WMAS</p> <p>Maintain normal working</p>

NHS Anywhere Trust:

<p><i>Actions required by social services</i></p>	<p>Level 2 Early Signs of Pressure</p> <ol style="list-style-type: none"> 1. A&E Target being maintained but breaches have occurred, 98% targets still achievable 2. No immediately available beds in main bed pool 3. Limited capacity in A&E and main assessment areas 4. Delays In 999s and GP urgents but target still achievable 5. Elective lists under review, potential for cancellations 6. Delays in handover of patients and risk of ambulance turnaround targets being missed 7. Single resuscitation bay available 8. PCT/Community provider units. No current Capacity for next 6 hours. 	<p>Actions required by other agencies</p> <p>Patient Transport service to prioritise discharges</p> <p>Management by bed/night managers supported by On Call Manager</p>
<p>Actions required by PCT(s)</p>	<p>Actions required by Acute Trust</p> <ol style="list-style-type: none"> a) A&E report all potential breaches to on-call manager b) Escalation level e-mailed to all departments for local expediting of discharges c) Review EMS and document estimate potential to escalate up or down within next 4 hours d) If think will escalate to level 3 instigate ECN Conference call 	<p>Actions required by WMAS</p> <p><u>Prioritise</u> 999s. Review outstanding calls.</p>

NHS Anywhere Trust:

<p><i>Actions required by social services</i></p>	<p>Level 3 Prolonged pressure</p> <ol style="list-style-type: none"> 1. A&E target breaches over 4 hours. Unable to Maintain 98%. 2. Demand for beds exceeds current capacity. 3. No immediate capacity in A&E assessment Areas. 4. 12 hour waits a possibility. 5. Cancellation of non urgent elective lists, urgent electives under review 6. Ambulances waiting for up to 30 minutes for handover and ambulance turnaround target being missed 7. 999 and GP urgent response times not being met. 8. PCT – Community Provider units have no Capacity available in the next 12-24 hours. Impacting on Diversion Schemes <p>Management by On-Call Manager/Divisional Director supported by On Call Director</p>	<p>Actions required by other agencies</p>
<p>Actions required by PCT(s)</p>	<p>Actions required by Acute Trust</p> <ol style="list-style-type: none"> a) Escalation levels notified to all departments to expedite discharges. b) Executive on-call director informed c) Relevant Heads of department to attend bed meetings. d) Liaison with capacity managers. e) Consider internal divert deflect? of cases to sister site (if applicable) – discuss with WMAS – Director/Director). Review use of all pathways CatCs. <p>*If level 3 expected to be maintained for prolonged period – Instigate ECN meeting.</p>	<p>Actions required by WMAS</p>

Health Organisations can only escalate to level 4 with agreement of On-call Chief Executive for Acutes

NHS Anywhere Trust:		
<i>Actions required by social services</i>	<p>Level 4 Extreme pressure</p> <ol style="list-style-type: none"> 1. A&E target breaches over 4 hours, 98% target cannot now be met for the week 2. No bed/cubicle capacity for next two hours or more, A&E / MAU full 3. 12-hour trolley waits imminent or have occurred 4. Cancellation of urgent electives 5. Ambulances waiting over 60 minutes to handover patient 6. 999s and GP urgent response times not being met. 7. No PCT Capacity at multiple sites. 	<p>Actions required by other agencies</p> <p>Management by On Call Director Confirmed by Chief Executive</p>
Actions required by PCT(s)	<p>Actions required by Acute Trust</p> <ol style="list-style-type: none"> a) Escalation level e-mailed to all departments Bed meetings convened b) ECN in place c) Ambulances diverted 1 hour ext nearest hospital. d) Depending on the reasons for the above pressures, consider declaring Internal Incident. 	Actions required by WMAS

* On-call Chief Executive for Acutes (what about using ERMA?) to establish conference call of appropriate representatives depending on the Health Organisation wishing to escalated to level 4.

10.COMMUNICATIONS PLAN

All communications activities carried out by NHS Birmingham East and North and the other organisations in the health and social care economy are to be carried out consistently with the trust's Communication and Engagement Strategy, accessible at www.benpct.nhs.uk, alongside those of the partner organisations.

Background

The period of September 2009 – March 2010 comes hard on the heels of a major peak in swine flu in Birmingham, which put considerable stress on services and communications needs. Birmingham primary care trusts worked closely together with acute trusts and Birmingham City Council to communicate and engage effectively with the local community in an integrated, consistent and

economic way. This paper proposes that this kind of approach will be extended across the organisations mentioned in this plan to ensure joined-up effective communications as we approach another period of pressure on services.

Key messages

The key messages may well need to be adapted depending on the causes of any particular issues in terms of resilience, but broadly, they are likely to be along the lines of the following:

- Keep yourself warm and well over the winter months
- Make sure you stock up on any prescription medications so you are not caught short over religious festival periods
- If you fall ill, use services appropriately
- Only go to A+E or call 999 if there is a real emergency
- Many different services are available, including walk-in centres, pharmacists, GPs and NHS Direct
- If you think you might have flu, call the flu information line
- If you have flu, stay at home and get a flu friend to pick up your treatment should it be necessary
- If you are part of a high risk group, make sure you respond to your GP request to get the seasonal and swine flu vaccines.

Communicating with the public/patients

There is already a plan to communicate the key messages outlined above across Birmingham as part of a partnership plan between the PCTs. Acute trusts are currently being approached to work with us on this campaign which will include a variety of methods, including:

- Cinema advertising
- Billboard posters
- Newspaper advertising
- DVDs and information packs for schools
- Radio advertising
- News releases for local media.
-

Communicating with staff and contractors

It is essential that staff and contractors are kept informed of all developments during the winter period, and this can be done in a variety of ways, including:

- Staff magazines
- Intranets
- Posters
- Emails
- Meetings

Reputation management

It is essential that all press enquiries around resilience plans and any pressures are directed to the appropriate communications team, who can deal with them appropriately and ensure that they are recorded.

Partnership working

It is essential if a communications issue occurs that impacts on a neighbouring trust that the communications teams work together to make best use of resources and local intelligence.

Major incidents

Any major incidents that occur should be handled consistent with each trust's major incident communications strategy.

11. KEY MESSAGES FROM EXTENDED ECN EVENT 25 August 2009

APPENDICES

A. Prioritised service list by Agency

B. ACTION IDEAS FROM EXTENDED ECN EVENT 25 August 2009

- | | | |
|----|---|--|
| 1 | Cross check staff banks (consistent approach to HR) | HR Network |
| 2 | Agree alternative pathways between primary and secondary care for capacity e.g. oncology | NHS BEN and HEFT |
| 3 | Explore using new Equitable Access practices to provide additional capacity in primary care | NHS BEN
SCT
NHS South Staffs |
| 4 | Agree plan of extended GP hours in each locality now | Primary Care Commissioners –
NHS BEN, SCT, NHS South
Staffs
Commissioners |
| 5 | Use prediction tools | |
| 6 | Joint Escalation Policy applied | |
| 7 | Central point of information for all information – website | |
| 8 | Intermediate Care – explore use of spare capacity to cover homecare if necessary until agency available | |
| 9 | Flex up interim beds in community using spot contracts | |
| 10 | Check supply chain external to NHS | NHS BEN EPO |