

Thames Valley Local Resilience Forum

Pandemic Influenza Multi Agency Strategy

DATE AGREED	March 2009
NEXT REVIEW DUE	March 2010
AGREED BY	Thames Valley LRF
VALIDATION	Plan validated by annual multi-agency tabletop exercise and individual agency exercises as appropriate.
COVERAGE	This plan applies to the following areas: The geographic area covered by Thames Valley Police including the counties of Buckinghamshire, Oxfordshire and the unitary areas of Milton Keynes, Bracknell Forest, Reading, Royal Borough of Windsor & Maidenhead, Slough, West Berkshire and Wokingham
FOR FURTHER INFORMATION CONTACT:	Bethan Morgan, Emergency Planning, Slough Borough Council 01753 875131 emergencyplanning@slough.gov.uk

**Version 3
March 2009**

Thames Valley Local Resilience Forum

Amendment Schedule

Date	Version no.	Action	Section	Type of amendment
18 th August 2008	Version 1	1st rough draft	All	
25 th October 2008	Version 2	2 nd draft	All	Wide-ranging re-draft following multi-agency consultation. Agreed by TVLRF
19 th December 2008	Version 2.1	Minor amendments	Section 4; 1.8 Section 4; 1.9 Section 5; 1.10 Section 5; 1.11 Section 7; An 5	Additional paragraph Re-numbered paragraph Additional paragraph Re-numbered paragraph Removal of all draft figures subject to consultation
9 th March 2009	Version 3	Final draft	P3; action plan Section 4; 1.10 Section 4; An 1 Section 5; 1.11 Section 7; An 6	Include action plan Include reference to TOR Insert TOR as new Annex 1 and renumbering Additional paragraphs on operation of silver Outline of mass fats group General renumbering of paragraphs

Action plan for improvement of this document

This plan was first drafted in August 2008 in response to guidance from the Cabinet Office (CO). It was submitted to the Cabinet Office and Government Office of the South East (GOSE) in October and subject to a review by the CO and GOSE at the end of October 2008. Following the review, an action plan was agreed for updating and improving the plan. Below is a summary of the action plan and the progress made to date. However, it is worth noting that this is an evolving plan and will be subject to regular review and improvement however, the plan is available for activation at any time in the future.

Action	Progress
Membership and ToRs – to be in plan at next draft	Complete – see page 28
Mass Fatalities sub group to make progress on body management	Well underway – continuing liaison with private sector to identify and increase capacity. Completion date: Nov 2009
Training to be passed to Training sub group for incorporation into the 2009-2010 training plan and consideration be given to a peer review or quality assurance process when the plan is complete.	Complete – has been incorporated into LRF training plan for 2009/10. Seeking method of peer review on finalisation of plan and review process; possibly with neighbouring LRF. Completion date: Dec 2009
Incorporate an outline for the operation of the 5 local multi-agency pandemic influenza groups into the command and control section of the plan – complete by April 09	Complete – see pages 42 & 43 and 79-82
Communication – have an existing generic communication plan but will make it flu specific	Complete – Thames Valley Warning and Informing draft plan includes pandemic influenza strategy; this plan is being reviewed. Completion date: Dec 2009.
Further work is required regarding the identification of vulnerable groups and social measures to be undertaken and incorporated into the plan.	Well underway – passed to Humanitarian Assistance sub group; continuing progress being made. Completion date: Nov 2009.

Contents

	Section	Page	
Background information	1	Introduction	6
		Purpose	
		Aim	
		Scope	
		Audience	
		Strategic Objectives	
		Operational Response Arrangements	
		Ethical Framework	
		Planning Assumptions – Severity of the Illness	
	2	What an Influenza Pandemic Might Look Like	11
		<ul style="list-style-type: none"> Figure 1 Single Wave National Profile 	
		Infection rate calculators	
		<ul style="list-style-type: none"> Figure 2 Impact of Thames Valley of 25% infection rate Figure 3 Impact of Thames Valley of 50% infection rate 	
	3	WHO Global influenza preparedness plan	15
		WHO phases	
UK Alert levels			
Risk and effect upon the country			
LRF activity in relation to UK alert levels			
Planning Activities	4	Thames Valley Resilience area	18
		LRF Membership	
		TVLRF sub groups	
		<ul style="list-style-type: none"> Figure 4 TVLRF and its sub groups 	
		<ul style="list-style-type: none"> Figure 5 Roles of LRF sub groups in planning 	
		Roles & Responsibilities of agencies	
		<ul style="list-style-type: none"> Figure 6 Roles of agencies in planning and response 	
		<ul style="list-style-type: none"> Annex 1 Terms of Reference of Thames Valley pandemic influenza group 	
		<ul style="list-style-type: none"> Annex 2 Activities required in relation to planning for an influenza pandemic 	

Co-ordinating the response	5	Multi agency strategic co-ordinating group (SCG)	40
		<ul style="list-style-type: none"> • Figure 7 SCG membership / command and control 	
		Membership of the SCG	
		SCG administration support	
		Reporting schedule / battle rhythm	
		<ul style="list-style-type: none"> • Annex 3 Draft reporting model for local authorities 	
		Assessment of pandemic impact upon services	
		Data reporting format	
		<ul style="list-style-type: none"> • Figure 8 SCG information requirements 	
		<ul style="list-style-type: none"> • Annex 4 COBR reporting template 	
		<ul style="list-style-type: none"> • Annex 5a Draft local authority daily report 	
		<ul style="list-style-type: none"> • Annex 5b Draft Police daily report 	
		<ul style="list-style-type: none"> • Annex 5c Draft Fire Service daily report 	
Supporting the response	6	Communications	68
		Principles of TVLRF communications relating to pandemic influenza	
	7	Management of excess deaths	69
		<ul style="list-style-type: none"> • Annex 6 Management of excess deaths during pandemic influenza – summary of 	
		<ul style="list-style-type: none"> • Figure 9 A phased transition to Different Ways of Working in managing excess deaths • Figure 10 Prof forma for SCG request to RCC for implementation of Phase Three DWW 	
	8	Social measures	75
	9	Supporting the health response	78
<ul style="list-style-type: none"> • Annex 7 Health command and control arrangements 			
10	Useful information / links	83	

Section 1

1. Introduction

- 1.1 Influenza pandemics are natural phenomena which have occurred 3 times in the last century. Their severity has ranged from something similar to seasonal influenza to a major threat, with many millions of people worldwide becoming ill and a proportion of these dying. No country can expect to escape the impact of a pandemic entirely, and when it arrives people are likely to be at risk of catching the virus at some point. Influenza pandemics therefore pose a unique international and national challenge. As well as their potential to cause serious harm to human health, they threaten wider social and economic damage and disruption. Measures to prevent, detect and control them require coordinated international effort and cooperation, with one country's action – or inaction – potentially affecting many others.
- 1.2 Although it is highly likely that another influenza pandemic will occur at some time, it is impossible to forecast its exact timing or the precise nature of its impact. This uncertainty is one of the main challenges for policy makers and planners. Even if, as seems likely, a pandemic originates abroad, it will probably affect the UK within 2 to 4 weeks of becoming an epidemic in its country of origin, and could then take only one or 2 more weeks to spread to all major population centres here.
- 1.3 In addition to collaborating actively in multi-national prevention, detection and research, the Government's aims at a national level are to ensure that the UK is prepared to limit the internal spread of a pandemic and to minimise health, economic and social harm as far as possible.
- 1.4 This Plan sets out the Thames Valley Local Resilience Forum's (TVLRF) strategic approach to achieving these aims and is intended for use by all those involved in planning for and responding to an influenza pandemic.
- 1.5 An effective response will require the cooperation of a wide range of stakeholders and the active support of the public. As there may be very little time to develop or finalise preparations, effective pre-planning is essential. Many important features of a pandemic will not become apparent until after it has started (ie, when person-to-person transmission has become sustained), so plans must be:
 - constructed to deal with a wide range of possibilities
 - based on an integrated, multi-sector approach
 - built on effective service and business continuity arrangements
 - responsive to local challenges (eg, rural issues) and needs
 - supported by strong local, regional and national leadership.
- 1.6 Given the limited scope to avoid the increased risk of infection when the pandemic is in the UK, the national framework advises that in most circumstances the public should carry on with their daily lives for as long and as far as that is possible within the constraints the pandemic will impose, whilst adhering to government advice,

taking sensible personal precautions and adopting good hygiene measures.

- 1.7 The national framework also identifies some actions that, if taken now, could have a positive impact on health and the economy in advance of a pandemic, as well as during one. Good hygiene practices, for example, will play an important role in slowing the spread of a pandemic, whether people are attending work, socialising, traveling on public transport or using public places. Improving such practices has the potential to reduce ill health this year and every year.
- 1.8 Given the national scale, complexity and international dimensions of a pandemic, central government coordination, advice and support will be critical at the planning and response phases. However, in the UK, the primary responsibility for planning for and responding to any major emergency rests with local organisations, acting individually and collectively through, in this case the, Thames Valley Resilience Forum and its Strategic Co-ordinating Group (SCG). All public and private organisations need to work with and through their local planning fora to develop plans for maintaining services and business continuity during a pandemic and to respond to the wider challenges that will result.
- 1.9 The pandemic threat and the UK's level of preparedness are constantly evolving and this action plan is a **living document** that will be reviewed and updated regularly.

2. Purpose

- 2.1 This document describes the TVLRF's strategic approach to and preparations for an influenza pandemic. It provides general information on the likely impact and sets out some of the key assumptions for use in response planning. It also provides a national framework within which organisations responsible for planning, delivering or supporting local responses should develop and maintain integrated operational arrangements that are flexible enough to respond to local needs and circumstances, whilst providing the wider degree of consistency necessary for an effective, sustainable and equitable national approach.

3. Aim

- 3.1 The primary aim of this document is to guide and support integrated contingency planning and preparations for pandemic influenza across the LRF area, in health and social care and in public and private sector organisations. Additionally, it provides references to sources of more detailed information.

4. Scope

- 4.1 The arrangements described relate specifically to an influenza pandemic. They do not cover planning for or the response to seasonal influenza outbreaks or any incidents involving the prevention or control of avian (eg, A/H5N1) influenza or other animal influenza virus infection in birds or humans, which remain the responsibility of the

appropriate government departments and public health, animal health and local authority bodies in accordance with normal procedures.

- 4.2 A range of public and private sector organisations and agencies – acting individually and collectively – are responsible for supporting the health and social care response, managing a pandemic’s wider impacts, minimising social and economic disruption and maintaining business continuity. Whilst not intended to provide detailed operational guidance, this document provides general information and planning assumptions to inform and encourage each stakeholder / agency to develop their own in house pandemic flu plan.

5. Audience

- 5.1 This guidance is intended primarily for those responsible for developing policies and strategies or coordinating, managing, maintaining or testing contingency arrangements for responding to an influenza pandemic, e.g., Category 1 responders. Additionally, it will be of interest to those seeking general information or an overview of the LRF’s general preparedness for, and planned response to, a pandemic. E.g. Cat 2 responders and voluntary agencies

6. Strategic Objectives

- 6.1 In planning and preparing for an influenza pandemic, the Government’s strategic objectives are to:
- protect citizens and visitors against the adverse health consequences as far as possible;
 - prepare proportionately in relation to the risk;
 - support efforts to prevent and detect its emergence and prevent, slow or limit its spread;
 - minimise the potential health, social and economic impact;
 - organize and adapt the health and social care systems to provide treatment and support for the large numbers likely to suffer from influenza or its complications whilst maintaining other essential care;
 - cope with the possibility of significant numbers of additional deaths;
 - support the continuity of essential services and protect critical infrastructure as far as possible;
 - support the continuation of everyday activities as far as practicable;
 - uphold the rule of law and the democratic process;
 - instill and maintain trust and confidence by ensuring that the public and the media are engaged and well informed in advance of and throughout the pandemic period;
 - promote a return to normality and the restoration of disrupted services at the earliest opportunity.

7. Operational Response Arrangements

- 7.1 Achieving these strategic objectives will require the development, maintenance, testing and, when necessary, implementation of operational response arrangements that are:
- able to respond promptly to any changes in alert levels;
 - developed on an integrated basis, combining local flexibility with national consistency and equity;
 - capable of implementation in a flexible, phased, sustainable and proportionate way;
 - based on the best available scientific evidence;
 - based on existing services, systems and processes wherever possible, augmenting, adapting and complementing them as necessary to meet the unique challenges of a pandemic
 - understood by and acceptable to service providers and the general public;
 - adaptable to other threats, to the extent that this is practicable without compromising their effectiveness for pandemic influenza ;
 - implemented in advance of a pandemic if this action has significant potential to mitigate the effects of a pandemic and, where possible, other threats or hazards;
 - designed to promote the earliest possible return to normality.
- 7.2 Although the intention will be to maintain normal services for as long and as far as that is possible, the unique nature of the challenges presented by a pandemic and their likely duration will inevitably require the curtailment of some services and activities in order to limit the spread of infection, allow the diversion of resources or protect those who may be particularly vulnerable. The impact on the provision of healthcare in particular is likely to last well beyond the pandemic itself, and restrictions on elective and other activity will inevitably result in additional discomfort, pain and suffering for many people. Minimising the impact and securing the gradual resumption of services at the earliest possible opportunity are key planning aims. All organisations should take the potential effects on others of curtailing their services, and the impact on their own business continuity and response arrangements of curtailments by others, into account when developing their plans.

8. Ethical Framework

- 8.1 Given the expected levels of additional demand, capacity limitations, staffing constraints and potential shortages of essential medical material, hard choices and compromises are likely to be particularly necessary in the fields of health and social care.

People are more likely to accept the need for and the consequences of difficult decisions if these have been made in an open, transparent and inclusive way. National and local preparations for an influenza pandemic should therefore be based on widely held ethical values, and the choices that may become necessary should be discussed openly as plans are developed so that they reflect what most people will accept as proportionate and fair. At the request of the Department of Health, an independent

committee with cross-UK representation has developed an ethical framework to inform the development and implementation of response policy. The systematic use of the principles it contains can act as a checklist to ensure that all the ethical aspects have been considered at all levels.

Further details of the ethical framework are available at www.dh.gov.uk/pandemicflu.

9. Planning Assumptions – Severity of the Illness

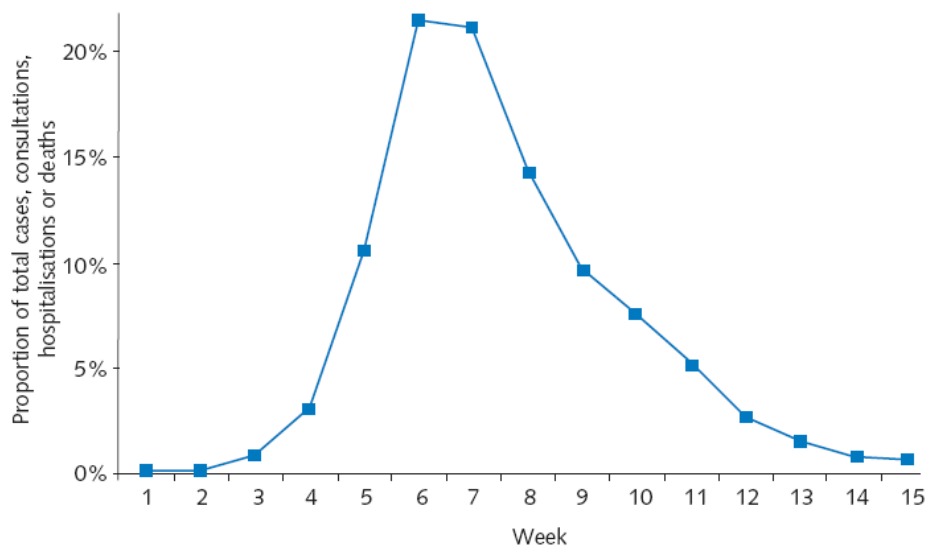
- 9.1 Up to 50% of the population may show clinical symptoms of influenza over the course of a pandemic, and up to 25% of those may develop complications.
- 9.2 Up to 2.5% of those who become symptomatic may die.
- 9.3 Up to 22% of influenza cases can be expected during the peak week of a pandemic wave.
- 9.4 Up to 28.5% of symptomatic patients (including children under 3) will require assessment and treatment by a general medical practitioner or suitably qualified experienced nurse.
- 9.5 Up to 4% of those who are symptomatic may require hospital admission if sufficient capacity is available. Average length of stay for those with complications may be 6 days (10 if in intensive care).

Section 2

1. What an Influenza Pandemic Might Look Like

- 1.1 Past pandemics have varied in scale, severity and consequence, although in general their impact has been much greater than that of even the most severe winter 'epidemic'. There have also been material differences in the age groups most affected, the time of year they occurred and the speed of spread, all of which influenced their overall impact. Although little information is available on earlier pandemics, the 3 that occurred in the 20th century are well documented. The worst (often referred to as 'Spanish flu') occurred in 1918/19. It caused serious illness, an estimated 20 – 40 million deaths worldwide (with peak mortality rates in people aged 20 – 45) and major disruption. Some residual health problems attributed to it lasted for many years thereafter. Whilst the pandemics in 1957 and 1968 (often referred to as 'Asian' and 'Hong Kong flu' respectively) were much less severe, they also caused significant illness levels – mainly in the young and the elderly – and an estimated 1–4 million deaths between them.
- 1.2 It is impossible to forecast the precise characteristics, spread and impact of a new influenza virus strain. Modelling suggests that from the time it begins in the country of origin it may take as little as 2 to 4 weeks to build from a few to around 1,000 cases and could reach the UK within another 2 to 4 weeks. Once in the UK, it is likely to spread to all major population centres within 1 to 2 weeks, with its peak possibly only 50 days from initial entry.
- 1.3 An influenza pandemic can occur either in one wave or in a series of waves, weeks to months apart. To inform preparedness planning, a temporal profile based on the 3 pandemics that occurred in the last century and current models of disease transmission has been constructed (see Figure 1). This shows the fastest overall national progression of a pandemic from the time it becomes the dominant form of influenza-like disease, when the number of cases rises above the background of such diseases. Although there is a significant number of pandemic influenza cases in week 1 of the profile, most recorded influenza-like infections at this stage will not be pandemic influenza. By week 2 most influenza-like infections will be pandemic influenza, which will overtake the background level of similar illness. The earlier stages of the UK epidemic, before pandemic influenza becomes the dominant respiratory disease, are much harder to predict because they depend on chance events. The epidemic may take off only a couple of weeks after the first reported case or it may take significantly longer. Local epidemics might be over more quickly (6 to 8 weeks) with a proportionately higher peak.

Figure 1: Single wave national profile showing proportion of new clinical cases by week



Vaccination or mass treatment with antiviral medicines can be expected to modify this profile, assuming their efficacy is similar to that against seasonal influenza.

1.4 Infection Rate Calculators

An infection rate calculator has been formulated for use by agencies within the TVLRF area to establish the infection rates in the local population. This is available as an excel spreadsheet separately from the TVLRF Secretariat.

- 1.5 Figures 3 and 4 show the infection rates at 50% and 25% for the Thames Valley population based on 2.1 million.

**Impact of pandemic influenza upon Thames Valley population
(Population figures taken from ONS)**

Fig. 2 Impact of Thames Valley of 25% infection rate	Population	25% infection rate in peak week	22% Peak week	GP visits 28.5%	A & E present ations 5%	4% hospital admissi ons	0.37% Case Fatality Rate	2.5% Case fatality Rate
Buckinghamshire County	480,000	25,920	Week 6 21.6%	7,387	1,296	1,037	96	648
Oxfordshire County	617,000	33,318	Week 6 21.6%	9,496	1,666	1,333	123	833
Milton Keynes	225,000	12,150	Week 6 21.6%	3,463	608	486	45	304
Berkshire (total)	806,000	43,524	Week 6 21.6%	12,404	2,176	1,741	161	1088
Bracknell Forest Borough	110,000	5,940	Week 6 21.6%	1,693	297	238	22	149
Reading Borough	143,000	7,722	Week 6 21.6%	2,201	386	309	29	193
Slough Borough	120,000	6,480	Week 6 21.6%	1,847	324	259	24	162
Royal Borough of Windsor & Maidenhead	139,000	7,506	Week 6 21.6%	2,139	375	300	28	188
West Berkshire District	144,000	7,776	Week 6 21.6%	2,216	389	311	29	194
Wokingham Borough	150,000	8,100	Week 6 21.6%	2,309	405	324	30	203
TOTAL	2,934,000	158,436	Week 6 21.6%	45,155	7,922	6,338	587	3,962
	2,128,000							

Fig. 3 Impact of Thames Valley of 50% infection rate	Population	50% infection rate in peak week	22% in peak week	GP visits 28.5%	A & E presenta tions 5%	4% hospital admissi ons	0.37% Case Fatalit y Rate	2.5% Case fatality Rate
Buckinghamshire County	480,000	51,840	Week 6 21.6%	14,774	2,592	2,074	192	1296
Oxfordshire County	617,000	66,636	Week 6 21.6%	18,991	3,332	2,665	247	1666
Milton Keynes	225,000	24,300	Week 6 21.6%	6,926	1,215	972	90	608
Berkshire (total)	(806,000)	87,048	Week 6 21.6%	24,809	4,352	3,482	322	2176
Bracknell Forest Borough	110,000	11,880	Week 6 21.6%	3,386	594	475	44	297
Reading Borough	143,000	15,444	Week 6 21.6%	4,402	772	618	57	386
Slough Borough	120,000	12,960	Week 6 21.6%	3,694	648	518	48	324
Royal Borough of Windsor & Maidenhead	139,000	15,012	Week 6 21.6%	4,278	751	600	56	375
West Berkshire District	144,000	15,552	Week 6 21.6%	4,432	778	622	58	389
Wokingham Borough	150,000	16,200	Week 6 21.6%	4,617	810	648	60	405
TOTAL	2,934,000	316,872	Week 6 21.6%	90,309	15,844	12,674	1,174	7,922
	2,128,000							

Section 3

1. International Alert levels

1.1 WHO Global influenza preparedness plan

In 2005, the World Health Organisation (WHO) revised its global influenza preparedness plan to redefine the phases of increasing public health risk associated with the emergence of a new influenza virus subtype that may pose a pandemic threat. The plan recommended actions for national authorities, and outlined measures to be taken by WHO during each phase. The purpose of this advice was aimed at providing greater predictability of the measures to be taken by the various partners involved, including WHO, during the different phases of the pandemic, and should improve international coordination and transparency in recommended national measures. Guidance was also provided to national authorities for developing their own pandemic plans in line with these phases.

1.2 The responsibility for management of the national risk of pandemic influenza rests primarily with the relevant national authorities. Every country was strongly urged to develop or update a national influenza preparedness plan according to the recommendations contained in the WHO document. Each national authority was advised to play its part towards achieving the international harmonization of preparedness measures, as this was identified as the key to success in reducing the risk of spread of an influenza pandemic.

1.3 WHO phases

The [WHO global influenza preparedness plan](#) identifies 6 alert phases and the actions to be taken by both the WHO as well as national governments in response to the changing circumstances. These are shown below, however, for a detailed explanation the plan can be read by accessing the link above.

Inter-pandemic phase	Low risk of human cases	1
New virus in animals, no human cases	Higher risk of human cases	2
Pandemic alert	No or very limited human-to-human transmission	3
New virus causes human cases	Evidence of increased human-to-human transmission	4
	Evidence of significant human-to-human transmission	5
Pandemic	Efficient and sustained human-to-human transmission	6

1.4 UK Alert Levels

In response to the WHO's plan, the UK Government embarked upon a review of its own plans and preparedness and has subsequently published its own alert levels and set of guidance documents relating to many public and private sectors. The documents are available at the [UK Resilience Pandemic](#) web-pages and are updated regularly. The UK alert levels are shown below; UK alert level 1 is initiated at WHO phase 6:

- Alert level 0 No cases anywhere in the world
- Alert level 1 Cases only outside UK
- Alert level 2 New virus isolated in the UK
- Alert level 3 Outbreak(s) in the UK
- Alert level 4 Widespread activity across the UK

Alert level 0 – No cases anywhere in the world

This refers to the period where there are no cases of human to human transmission in the world (pre-pandemic phase). Preparations for the onset of a pandemic become increasingly urgent as the likelihood of such transmission increases (e.g. larger local outbreaks of animal to human transmission). *At a local level, the priority at this stage is developing and testing contingency plans.*

Alert level 1 – Cases only outside the UK

This refers to the period in which the virus is established in a population outside the UK (the most likely scenario). Although there are uncertainties about the precise timescale it is considered inevitable that the infection will reach the UK population in a matter of weeks. It is likely that the Department of Health will require local plans to be activated as soon as Alert level 1 is declared. *The priorities at this stage are enhanced surveillance (detecting the first cases), and, at the local level, making urgent preparations for the impending pandemic (based on the expected infectiousness and severity of the virus).*

Alert level 2 - New virus isolated in the UK ** See below

This level is anticipated to last about two weeks, until cases are occurring in all major centres of population in the UK. Public and private sector organisations need to focus on essential activities, implementing pre-planned measures to maintain core service/business continuity and adjusting activity levels to cope with additional demand and allow for potential disruption.

Alert level 3 - Outbreak(s) in the UK ** See below

By the time outbreaks are occurring in centres of population, preparatory steps should have been completed. National and local response measures should be implemented proportionately as the pandemic spreads.

Alert level 4 - Widespread activity across the UK ** See below

It is anticipated that activity will rise to a peak across the UK about seven weeks from the first recognition of cases, following the pattern described. Initially, all organisations should monitor the impact on their service or business against planned expectations in order to modify responses appropriately, if necessary.

**** Alert level 2 to 4 – From first cases in the UK to widespread activity**

This refers to the period from which the first cases are identified in the UK to widespread activity in the UK population. It is uncertain how long this will take but it is likely to be quite short (unless it can be successfully contained). The level of response will vary according to numbers affected and the severity of virus. It is therefore difficult to predict precise actions at different alert levels. These levels (2 to 4) are therefore usually considered together in the action cards. *Priorities at these levels included attempting to contain the virus (alert level 2) and escalating the response to contain spread, manage cases, maintain service and business continuity and manage socioeconomic disruption. Civil Emergency responses are likely to be activated.*

1.5 Risk and effect upon the country

The likelihood is that the virus will have become established in a population outside the UK (Alert level 1) but it is considered inevitable that the first cases will be seen in the UK in a matter of months (Alert level 2) with outbreaks and widespread activity over the following few weeks (Alert levels 3 and 4).

1.6 LRF activity in relation to UK alert levels

LRF and local contingency plans to respond to an influenza pandemic will be initiated as soon as the Department of Health receives confirmation from the WHO of the likely onset of a pandemic. This plan recognises and uses the UK-set alert levels for its planning and response structure but the LRF and its component agencies also recognise that the response stage may need to be structured to respond to local circumstances, rather than national / generic alert levels.

Section 4

1. Thames Valley LRF

1.1 Thames Valley Resilience Area

The Thames Valley area consists of the 2,200 square miles of Berkshire, Buckinghamshire, Oxfordshire and Milton Keynes. It has a population of 2.1 million plus six million visitors every year who come in search of history, royalty and a day at the races! It has 196 miles of motorway some of which are the busiest in Europe. It covers a diverse area, from the new town of Milton Keynes in the north to the historic town of Windsor in the south, from the dreaming spires of Oxford to the silicon valley of Bracknell, and from the largest industrial estate in Western Europe in Slough to the open countryside of Lambourn and the Berkshire Downs.

- 1.2 The TVLRF area is made up of two county councils, seven unitary authorities and nine district councils. Its emergency services are provided by one Police Service, three county-based Fire and Rescue Services and the South Central Ambulance Service. Additionally the five Primary Care Trusts and five Acute Hospital Trusts of the NHS all provide front line services to the people of the Thames Valley. This complex array of agencies with different boundaries means that the co-ordination measures required for a scenario such as pandemic influenza can also be complex.

1.3 LRF Membership

Category 1 responders

Emergency services

- Police forces
- British Transport Police
- Fire & Rescue Services
- Ambulance services

Local authorities

- All principal local authorities (i.e. Counties, Districts, Unitaries)

Health bodies

- Primary Care Trusts
- Acute Trusts
- Foundation Trusts
- Health Protection Agency

Government agencies

- Environment Agency
- Health and Safety Executive
- GOSE

Category 2 responders

Utilities

- Electricity distributors and transmitters
- Gas distributors
- Water and sewerage undertakers
- Telephone service providers (fixed and mobile)

Transport

- Network Rail
- Train operating companies (passenger and freight)
- Airport operators
- Highways Agency

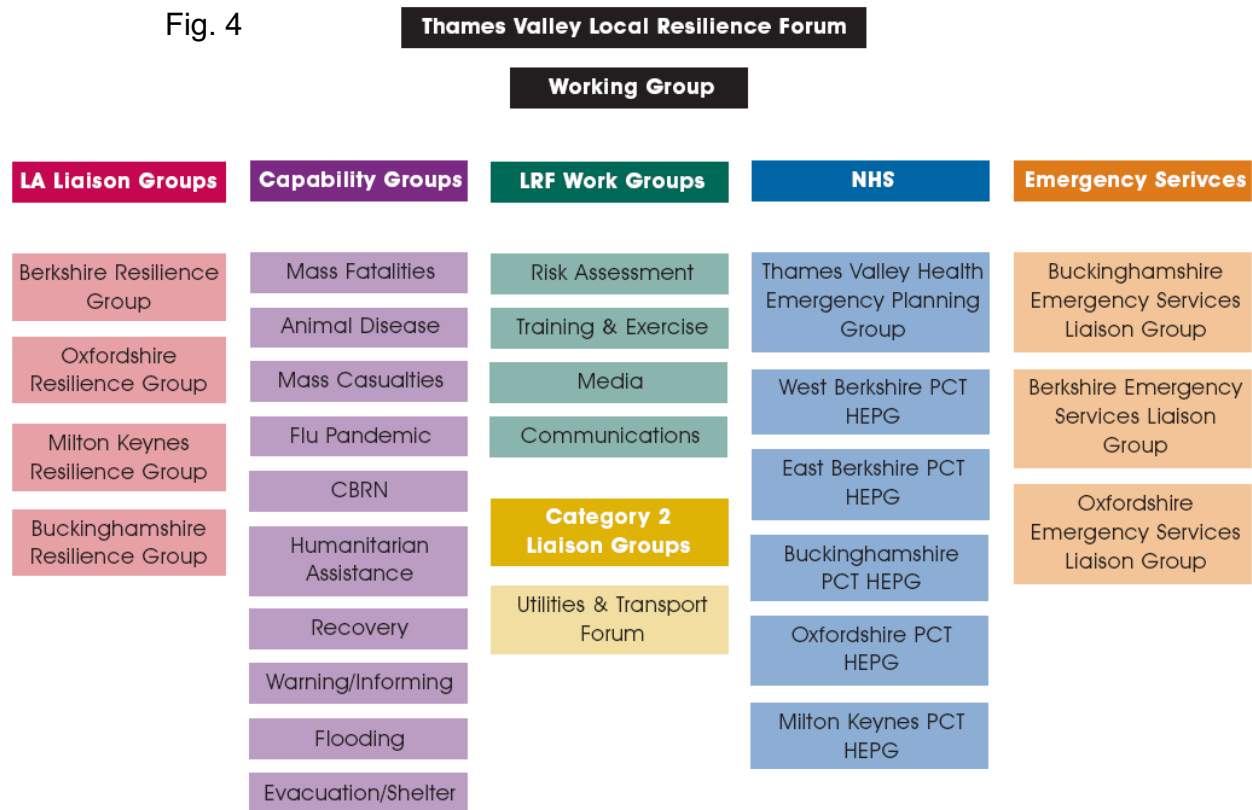
Health bodies

- Strategic Health Authorities

1.4 TVLRF sub groups

The multi-agency planning activities required relating to pandemic influenza will be largely undertaken by the LRF's sub groups and progress overseen by the Thames Valley LRF Working Group. The structure of the LRF and sub groups was reviewed in February 2008 to ensure that the work-programme of the LRF was aligned to the community risk register. Therefore, at the time of writing, the sub groups of the LRF are reviewing and re-aligning their work-programmes to ensure the outcomes included in this plan are achieved.

- 1.5 The structure of the TVLRF and its sub groups are described in Thames Valley Local Resilience Forum Strategic Plan 2008-11; an extract of which is shown below as Fig 4. N.B. Some groups have dual linkages; e.g. NHS bodies report to the SHA but contribute to LRF plans.



- 1.6 The groups which have a significant contribution to the planning and response stages of the pandemic are shown overleaf as Fig. 5. The purpose of this matrix is to illustrate:

- the range of activities undertaken;
- the complex nature of TVLRF due to the various boundaries of its component agencies;
- the involvement of category 1 and 2 responders in planning;
- the key objectives for each group in relation to pandemic planning.

Fig 5.

	Group	Objective
	Thames Valley Local Resilience Forum	<ul style="list-style-type: none"> To set the strategic aims of the LRF in regards to pandemic planning and approve plans and procedures.
	Thames Valley Local Resilience Forum Working Group	<ul style="list-style-type: none"> To consider the strategic objectives of the TVLRF and break these down into workstreams; allocate workstreams to the working groups with realistic deadlines Oversee working group output to ensure consistency of approach and continued progress Prepare TVLRF-wide, multi-agency plans / recommendations to the LRF for adoption.
LA Liaison Groups	Berkshire Resilience Group	<ul style="list-style-type: none"> Oversee county-wide multi-agency planning; Consider local command & control arrangements Review the local actions required to respond to the pandemic stage Monitor local progress on Local Authority- led activities including school closures, social care capacity planning; management of excess deaths and vulnerable groups.
	Oxfordshire Resilience Group	
	Milton Keynes Resilience Group	
	Buckinghamshire Resilience Group	
Capability Groups	Mass Fatalities Group	<ul style="list-style-type: none"> Consider the implications for large-scale body storage Consider and co-ordinate disposal plans with the private sector and coroners
	Mass Casualties Group	<ul style="list-style-type: none"> Consider the management of mass casualties including surge management strategies.
	Animal Diseases	<ul style="list-style-type: none"> Ensure that plans are in place to monitor and respond effectively to animal-disease outbreaks (avian influenza) which could be a pre-cursor to a pandemic.
	Flu Pandemic	<ul style="list-style-type: none"> To draw together working group activities and ensure plans are complementary
	Human Aspects	<ul style="list-style-type: none"> Consider the human aspects of pandemic influenza and in particular, arrangements surrounding vulnerable people.
	Warning/Informing	<ul style="list-style-type: none"> Prepare a strategy for public education and maintaining information flows throughout the pandemic period

	Recovery	<ul style="list-style-type: none"> Consider the aspects of recovery following a pandemic.
Work groups	Risk Assessment	<ul style="list-style-type: none"> Risk assessment of pandemic on TV area; mitigating activities and plans.
	Training & Assessment	<ul style="list-style-type: none"> To plan a training & exercise regime to test plans and planning assumptions.
	Media	<ul style="list-style-type: none"> Co-ordinate media management arrangements with lead agency identified.
NHS liaison groups	TV health emergency planning group	<ul style="list-style-type: none"> Co-ordinate the health emergency response across the Thames Valley; Identify a lead PCT to provide best practice advice Lead planning for the STAC Lead with HPA on health surveillance & data collection
	West Berkshire PCT HEPG	<ul style="list-style-type: none"> Plan for the health-impacts of pandemic Work with other agencies, including social care to consider secondary impact of NHS activities/pressures
	East Berkshire PCT HEPG	
	Buckinghamshire PCT HEPG	
	Oxfordshire PCT HEPG	
Milton Keynes PCT HEPG		
Emergency Services	Berkshire Emergency Services Liaison Group	<ul style="list-style-type: none"> Consider impact of pandemic on maintaining services Consider and review implications of reduced service cover at multi agency incidents.
	Buckinghamshire Emergency Services Liaison Group	
	Oxfordshire Emergency Services Liaison Group	
CAT 2 Liaison Groups	Utilities and Transport Forum	<ul style="list-style-type: none"> Ensure business continuity planning is undertaken Consider Cat 2 involvement and representation at STAC / SCG

1.7 Roles & responsibilities of agencies

This plan recognises that the roles and responsibilities of agencies contributing to the LRF's pandemic influenza plan will change between the planning and response stages. The involvement and contribution of agencies will vary according to local circumstances and the alert level reached.

- 1.8 All agencies and organisations will be required to consider and prepare their own business continuity plans separately. Guidance in formulating these plans can be obtained from the library of advice provided at the [UK Resilience Pandemic](#) web-pages.
- 1.9 The matrix in fig.6 below outlines the roles and responsibilities of agencies in the planning and response stages. Membership of these agencies in LRF working groups and is outlined in the LRF Terms of Reference and ensures that there is a

positive contribution from; and information exchange with, Category 1& 2 responders and supporting organisations such as the military and the voluntary sector. N.B. it is worth noting that sector specific guidance on many of these areas is issued and included in the UK Resilience website and will inform the activities of these agencies.

Fig 6

	Planning Stage UK Alert level 0-1	Response stage UK Alert level 2-4
LRF / SCG	<p>In the planning stage, it will be the task of the LRF to:</p> <ul style="list-style-type: none"> oversee the production, training and exercising of multi-agency plans to ensure the TV response to pandemic influenza is co-ordinated and effective throughout any pandemic influenza outbreak. 	<p>At the confirmation of UK alert level 1, Thames Valley will:</p> <ul style="list-style-type: none"> call a Strategic Co-ordinating Group to take over from the LRF and this body will provide strategic leadership throughout the pandemic period. The SCG will consider both response AND recovery in its discussions in an attempt to streamline the decision making process throughout a period of limited resources.
GOSE RRU / RCCC	<p>The Regional Resilience unit of GOSE will provide guidance and support; gathering and sharing best practice, identifying areas of work and resources that can be delivered on a regional or sub-regional basis to achieve economies of scale and will contribute to the quality assurance programme of plans and procedures.</p>	<ul style="list-style-type: none"> The RCCC will sit to provide regional co-ordination and intelligence gathering / dissemination across the South East. The RCCC will compile a daily report for COBR during the UK Alert levels 2-4 and it is to the RCCC that local issues needing regional /national attention should be addressed.

<p>HPA</p>	<ul style="list-style-type: none"> • Maintain and make available to local partners an expertise in predictions for pandemic and how these would affect local populations. • Ensure effective surveillance information will be available including working with local partners to ensure influenza outbreak detection and response in schools and nursing homes • Support and contribute to local pandemic influenza exercises • UK alert level 1 but WHO phase 5/6 - additional actions: • Communicate the national infection control guidelines and case management algorithms to local partners and support local training needs. • Support the management of cases and clusters or outbreaks of influenza-like illness • Assist NHS colleagues in developing framework for delivery of mass vaccination to target groups if available • Perform influenza surveillance in collaboration with NHS 	<ul style="list-style-type: none"> • Provide specialist health protection advice to civil emergency responders all levels of response, • Conduct initial case based surveillance and support implementation and coordination of aggregate surveillance as incidence rises. • Support investigation and response to outbreaks and assess the efficacy of control measures • Continue work through/with local Influenza Pandemic Control Committees / Regional Health Advisory Teams
<p>SHA</p>	<p>SHAs act as the regional headquarters of the NHS. SHAs provide a critical link to their respective regional Government Offices and, through designated pandemic influenza coordinators, ensure the development, maintenance and testing of effective and integrated health response plans across their areas.</p>	<ul style="list-style-type: none"> • Convene South Central pandemic control team and ensure that all local health agencies have implemented contingency arrangements when notified • Activate local communications network and issue communications with staff and public • Arrange frequent meetings of the pandemic control team communicating their decisions with rationale to staff and public (virtual meetings - ie teleconferencing will probably be needed) • Monitor the impact of the pandemic in each PCT and impact on Acute Trusts and support and co-ordinate their response • Modify actions in the light of experience, national guidance and other developments

Coroners	<p>In the planning stage Coroners will consider their BCM planning with regards to lack of staff. Also, they will confirm that plans are in place for changing working practices to the national “Different Ways of Working” plans. Normal business practices should be used in this stage.</p>	<ul style="list-style-type: none"> • Coroners will prepare to change working practices to “Different Ways of Working” with all safeguards in place to guard against misuse. • Planned business continuity measures should be adopted at this stage. • When it becomes necessary, an LRF agreed plan should be activated, which stipulates multi-lateral implementation of the “Different Ways of Working” across local business areas. • If necessary, changes in law will be available to make adoption of these change possible.
Funeral services	<p>In the planning stages Funeral Services will:</p> <ul style="list-style-type: none"> • Consider their BCM plans with regards lack of staff and body holding space, including transport of bodies. • Confirm mutual aid arrangements and confirm their plans with regards to the national “Different Ways of Working” plans, considering death certification, body holding and excess death practices. <p>Normal business practices should be used in this stage.</p>	<ul style="list-style-type: none"> • Funeral Services will prepare to change working practices to “Different Ways of Working” with all safeguards in place to guard against misuse. • Planned business continuity measures should be adopted at this stage. • When it becomes necessary, an LRF agreed plan should be activated, which stipulates multi-lateral implementation of the “Different Ways of Working” across local business areas. • If necessary, changes in law will be available to make adoption of these changes possible.
Neighbouring LRFs	<p>Cross-border discussions will take place throughout the planning process to ensure that decisions made by agencies are compatible across LRFs and consider opportunities for mutual aid and shared resources.</p>	<ul style="list-style-type: none"> • TVLRF will communicate with neighbouring LRFs throughout the pandemic and with GOSE to consider mutual aid arrangements (if possible), shared services and joint commissioning. • TVLRF recognises that pandemic influenza may not affect all LRFs at the same time or equally and support from neighbouring LRFs in these circumstances may be called upon in a reciprocal arrangement.
Lead PCT	<p>The lead PCT is the health link into the LRF and responsible for co-ordination of the health planning across the LRF area.</p>	<ul style="list-style-type: none"> • The Lead PCT will co-ordinate the health response across the LRF. The Lead PCT is the health link at the LRF (with the SHA linking into the CCC). • The lead PCT will coordinate the health situation reporting from the health system UP to the SHA and onwards to DOH.

<p>PCTs</p>	<p>Primary care trusts (PCTs) are responsible for assessing local risk and for commissioning, supporting and monitoring the development of integrated health response plans. They are also responsible for developing arrangements to maintain and support patients in a community setting and for ensuring that health plans take account of the needs of military bases, prisons or other establishments that may require specific planning in their area. Through designated pandemic influenza coordinators, PCTs provide a health input to LRFs via the Lead PCT. PCTs coordinate plans with those of neighbouring authorities and ensure that social care and other key partners - including private sector care and support service providers - are fully involved.</p>	<p>In the event of a pandemic, PCTs will coordinate and oversee the local health response and mobilise general practice and primary care resources, including a local “flu line”. They will also provide advice and public information, collate and report operational information to the Lead PCT who is the health link with local SCGs (with RCCCs via SHAs) and make contingency arrangements for the distribution or collection of antiviral medicines and delivering population-wide vaccination if required.</p>
<p>NHS orgs</p>	<ul style="list-style-type: none"> • Foundation and other hospital trusts, primary care trusts and specialist health trusts are directly responsible for the provision of a wide range of health services. • Those organisations should support local planning and develop their internal contingency arrangements for responding to the additional demands whilst maintaining essential healthcare throughout an influenza pandemic. Plans should pay particular attention to the projected requirement for significant surge capacity, increased demand for specialist beds, patient transport, support to maintain patients in community settings, redeployment of staff at short notice, staff protection and strict infection control. 	<ul style="list-style-type: none"> • In the event of a pandemic the whole health system will implement their plans to respond to the increase in demand of their services. • Organisations will support the locally agreed plans to respond to the surge in capacity and the impacts of the pandemic on their own business continuity. • Within organisational command and control systems there will be links to the PCT Emergency Operations Centres for formal reporting upwards to the SHA via the Lead PCT.

Social Service providers	In planning for pandemic influenza, social care providers will be required to work with their PCT colleagues in planning for the continuation of critical services to vulnerable clients. Consideration will be given to shared services, reducing duplication of effort, information and resource sharing and the management of new social care clients following discharge from NHS care.	Social Services providers will work closely with NHS agencies to ensure pre-agreed plans are carried out to ensure the delivery of essential services to critical clients. Social Care staff will contribute to the monitoring of the spread of the disease, especially in closed communities such as nursing homes.
Police	During the planning stage TVP will maintain normal services while confirming BCM plans with regards to police protective services, critical functions, command structures and reporting and communication regimes. TVP will also confirm safe working practices and PPE requirements for their service.	During the response phase, TVP will maintain normal services as long as possible. A police Gold will meet daily to confirm which functions can be carried out and changes in service are suitably communicated to staff members and the public.
Fire & Rescue Services	During the planning stage Fire and Rescue Services will maintain normal services while confirming BCM plans with regards to their critical functions, command structures and reporting and communication regimes. Fire and Rescue Services will also confirm safe working practices and PPE requirements for their service.	During the response phase, Fire and Rescue Services will maintain normal services as long as practicably possible and maintain essential services in accordance with their BCM plans. An Emergency Management Group will meet daily to ensure critical functions can be carried out and changes in service are suitably communicated to staff members and the public.
Prisons	All prisons will consider and confirm their BCM plans, especially with regards to lack of prison staff. They will also consider plans for dealing with infectious diseases in closed communities, antiviral sourcing and distribution in partnership with the relevant PCTs.	All BCM plans should be activated and any problems reported to the SCGs. Police will consider mutual aid plans to prisons if necessary.
Court Service	All sections of the CJS will check and confirm their BCM plans, especially with regard to lack of staff, evidence gathering and safe working practices (security, infection control, etc)	BCM plans should be activated. Some services may have to be suspended until safe working practices can be guaranteed.

Local Authority Environmental Health	Environmental Health services within local authorities will produce business continuity plans to maintain services as well as planning for additional burdens associated with the disease such as disposal of additional clinical waste; environmental surveillance measures; trading standards issues including animal health surveillance etc.	Environmental health personnel will contribute to the deliberations of the STAC; providing direct advice and commissioning other specialist work from contracts already in place via local authorities which may include specialist waste removal or decontamination services.
Local Authority Children's Services	Children's Services departments covering both education and social care will produce business continuity plans to maintain critical services; will plan for an increase in vulnerable or lone children as an immediate and long term result of pandemic influenza; prepare childcare and educational establishments to follow best practice and advice regarding continuation of the service through a pandemic and ensure education can be delivered if establishment closures are required.	Children's Services personnel will focus on the needs of vulnerable children and their families, providing a service to individuals on a priority assessment basis. Schools and childcare establishments will implement business continuity plans and (if necessary or possible) co-operate with each other to provide on-site schooling or care and if this is not possible, will refer to alternative methods to deliver education or care services.
Voluntary Sector	During the planning phases all voluntary agencies will confirm their BCM plans, especially with regards to lack of staff, mutual aid arrangements and contractual obligations to other agencies.	Voluntary agencies will activate their BCM plans. During the response, voluntary agencies will be invited to the SCG if necessary.
Relevant Cat 2s	During the planning phases all Cat 2 agencies will confirm their BCM plans, especially with regards to lack of staff, mutual aid arrangements and statutory duties.	Cat 2 organisation requested to activate their BCM plans and report any threats to service to the relevant SCGs in their area. Cat 2 organisations will be invited to all SCG meetings and will have a place in the STAC.

1.10 Thames Valley LRF Pandemic Influenza sub group

A sub group of Thames Valley Local Resilience Working Group has been established called the "Pandemic Influenza sub group" has been established to draft the LRF's plan for pandemic influenza and draw together all necessary groups and individuals to undertake planning in a co-ordinated way. The membership and Terms of Reference for this group are included overleaf as Annex 1.

1.11 Activities required in relation to planning for an influenza pandemic

Annex 2 overleaf outlines the activities to be undertaken by LRF member-agencies in relation to each stage of a pandemic. This annex provides a master-list of actions to be carried out throughout the pandemic. Whilst the LRF recognises that issues will emerge throughout the period of the pandemic, the actions listed in the table are a guide for agencies to plan towards. The LRF and its working group will monitor progress every 6 months, of these actions to assess the level of preparedness.

Annex 1, Section 4

Terms of Reference – Thames Valley Pandemic Influenza Pandemic working group

Membership

This sub group will contain nominated representatives of the following agencies:

Thames Valley Police		
Berkshire Fire and Rescue Service	}	
Buckinghamshire Fire and Rescue Service	}	May have 1 joint representative
Oxfordshire Fire & Rescue Service	}	
South Central Ambulance Service		
Berkshire Unitary Authorities		1 joint representative
Buckinghamshire County Council		
Milton Keynes Council		
Oxfordshire County Council		
Thames Valley Coroners' services		1 joint representative
Oxford PCT (as lead PCT representing all PCTs)		
Health Protection Agency		
Voluntary agencies		Red Cross as joint representative
Plus expert areas as necessary including:		
Social Care representatives of local authorities		
Education and children services representatives of local authorities		
Registrar, cemetery and crematorium representatives from local authorities		
Prisons and local court services		
Utility companies		
Environment Agency		

Aim

To produce and maintain a multi-agency document to inform the LRF's planning for and the SCG's response to an influenza pandemic.

Objectives

1. Draw together multi-agency representatives to consider the risk and effects of pandemic influenza upon the Thames valley area.
2. To review best practice and guidance in order to ensure the TVLRF meets government requirements for planning and response.
3. To consider the command and control implications of a pandemic covering the whole of the Thames Valley.
4. To propose methods of communication and information sharing to ensure a streamlined and timely reporting schedule to meet national expectations.
5. To gather together representatives to consider the wider (non-NHS) implications of pandemic influenza and plan for its effects.
6. To consider how to support the NHS and health agencies in planning for, and responding to pandemic influenza.
7. To produce and periodically maintain a pandemic influenza strategy document.

ANNEX 2, Section 4

UK Alert Level 0

Pre-pandemic stage. No cases in world

PROGRESS
Completed
Ongoing
Action Required

Serial	Action required	Agency				Progress
		Health	Local Authority	Emergency Services	All	
1.	Establish multi agency TVLRF steering group for pandemic influenza planning.				X	
2.	Establish planning committees in all PCT areas with input from multi-agency partners.	X				
3.	Develop TVLRF plan for direction of efforts throughout pandemic planning and response stage.				X	
4.	Monitor and evaluate guidance on pandemic and incorporate into plans and manuals as necessary.				X	
5.	Arrange a multi-agency exercise to test plans.				X	
6.	Review lessons learned from any exercises and ensure they are incorporated into planning.				X	
7.	Ensure all category 1 and 2 responders and voluntary organisations maintain business continuity plans.				X	
8.	All agencies to ensure that their Business Continuity Planning process takes into account high levels of staff absence due to Pandemic Flu.				X	
9.	Review current surge / escalation plans to include the possibility of Pandemic Flu.	X				
10.	Identify local health and non-health vaccination centres.	X				
11.	Identify immunization teams for vaccination centers if and when a vaccination becomes available.	X				
12.	Identify storage facilities for antiviral drugs which are then ready to receive stocks when issue instructions are received from the Chief Medical Officer (CMO). Initial delivery will be 2 weeks supply for a 50% infection rate. This will include a	X				

Serial	Action required	Agency				Progress
		Health	Local Authority	Emergency Services	All	
	percentage of paediatric doses.					
13.	Distribution Centres for antivirals have been identified PCTs need to take action on staffing issues.	X				
14.	Courier delivery service for those who are unable to collect their own antiviral medication.	X				
15.	Draft Infection Control guidance for all agencies and to all staff. Include guidance to closed communities.				X	
16.	Draft activation arrangements.				X	
17.	Identify critical / essential services which will be maintained.				X	
18.	Compile a register of minimum staff numbers required to support critical / essential services.				X	
19.	Ensure Contact / Call out lists are up to date.				X	
20.	Identify non essential services which could be suspended in the event of an outbreak.				X	
21.	Identify staff who could be re-deployed to support critical / essential services. Consider the recently retired; Consider re-training to support critical functions; Review suitability of indemnity cover including: <ul style="list-style-type: none"> • Staff support – each agency to consider staff support from the recently retired. • Skill enhancement for the staff from non essential services. • Skills audits to identify staff from non essential services that may have skills above/outside their current job role. 				X	
22.	Identify isolation and critical care facilities for: <ul style="list-style-type: none"> • Acute Units. • Community Units. • Military Camps. • Residential and Nursing Homes. • Prisons. • Universities (halls of residence). • Other closed communities. 	X				

Serial	Action required	Agency				Progress
		Health	Local Authority	Emergency Services	All	
23.	Identify and put into place plans to deal with the vulnerable people, especially the newly vulnerable as a result of carer infection.	X	X			
24.	Home use Oxygen contingency arrangements to be put into place to ensure robust home delivery service to current and new users.	X				
25.	Review Media Management arrangements to include information to the public: <ul style="list-style-type: none"> • Self treatment guidance. • Where can I obtain treatment? • Where can I obtain antiviral drugs. • Infection Control information. • Other guidance as issued. 	X			X	
26.	Prepare body holding and storage plans		X			
27.	Ensure all agencies have drafted HR policies to cover the pandemic scenario: <ul style="list-style-type: none"> • HONEST sickness / absence reporting policy as abuse could lead to infection control problems • 14 day self certificates for Pan Flu sickness. GP's may not be available to issue sick notes. • return to work policies to identify real reasons for absence without prejudice. 				X	
28.	Confirm PPE arrangements for each agency are in place and that these include sharing protocols.				X	
29.	Consider measures to try to mitigate the effect of childcare, school and college closures on staff attendance.		X			
30.	Volunteers could be considered for support during an outbreak. Agencies to consider what type of support could be supplied by the volunteer agencies and measures put in place to co-ordinate this support.				X	

UK Alert Level 1

Virus Cases only outside the UK

PROGRESS
Completed
Ongoing
Action Required

Serial	Action required	Agency			Progress
		Health	Local Authority	Emergency Services	
1.	Set-up a TVLRF SCG. Identify chair and deputies.				X
2.	Each agency to appoint a Pandemic Flu Coordinator of Director level who will represent their agency at the SCG.				X
3.	Set up a Local Pandemic Flu Committees (silvers) and make arrangements for the Board / Cabinet / Chief Executives of all agencies to be kept up-to-date.				X
4.	The TVLRF to instigate local plans to keep key staff mobile in the event of a fuel supply disruption during the course of an outbreak with reference to the TVLRF fuel shortage plan.				X
5.	Agencies to consider fuel economy measures: <ul style="list-style-type: none"> • Flexible shift patterns; • Car sharing; • Nearest site reporting for duty; • Home Working. 				X
6.	Implement robust outbreak detection procedures for early identification of suspected cases, including imported cases, eg, students returning from infected areas. Staff working with poultry, etc. All GP's, Ambulance and out of hours services to be made aware of the reporting criteria and protocols for early identification.				X
7.	Inform and update Category 1 & 2 responders of response process.				X
8.	Confirm Command and Control arrangements with all Category 1 responders.				X
9.	Identify the membership of the Strategic Coordinating Group				X

Serial	Action required	Agency				Progress
		Health	Local Authority	Emergency Services	All	
	for when level 1 is reached.					
10.	Confirm current surge / escalation plans to include the possibility of Pandemic Flu.	X				
11.	Check necessity of local health and non-health vaccination centres and put on standby if appropriate.	X				
12.	Confirm immunization teams for vaccination centres if and when a vaccination becomes available.	X				
13.	Check storage facilities for antiviral drugs to receive stocks when issue instructions are received from the Chief Medical Officer (CMO). Initial delivery will be 2 weeks supply for a 50% infection rate. This will include a percentage of paediatric doses.	X				
14.	Prepare Distribution Centres for antivirals; prepare staffing and distribution arrangements.	X				
15.	Confirm courier delivery service for those who are unable to collect their own antiviral medication.	X				
16.	Issue Infection Control guidance for all agencies and to all staff. Include guidance to closed communities.	X				
17.	Confirm activation arrangements.				X	
18.	Confirm critical / essential services which will be maintained.				X	
19.	Confirm non essential services to be suspended in the event of an outbreak.				X	
20.	Review staff numbers available to support critical / essential services.				X	
21.	Ensure Contact / Call out lists are up to date.				X	
22.	Prepare for staff deployment to critical / essential services. Re-run re-training sessions to support critical functions.				X	
23.	All agencies to inform LRF on the triggers and criteria for suspension of non essential service. <ul style="list-style-type: none"> All suspensions to be notified to Multi Agency Gold 				X	
24.	Review and confirm hospital admission protocol for GPs and the Ambulance Service.	X				
25.	Confirm Media Management arrangements to include information to the public:	X			X	

Serial	Action required	Agency				Progress
		Health	Local Authority	Emergency Services	All	
	<ul style="list-style-type: none"> Self treatment guidance. Where can I obtain treatment? Where can I obtain antiviral drugs. Infection Control information. Other guidance as issued. 					
26.	Review Mortuary and Body Storage arrangements.		X			
27.	Infection Control. Additional supplies of Infection Control Personal Protective Equipment (as specified in the National Plan) are available to all front line staff and GP's.	X				
28.	Confirm plans are place for the supply of essential stores and equipment especially for external suppliers.				X	
29.	Confirm arrangements for cascading information regarding the closure of childcare, education and college establishment and ensure staffing plans can account for these closures.				X	
30.	Review actions required at alert level 2 to prepare for pandemic spread.				X	

UK Alert Level 2

Virus isolated in the UK

PROGRESS

Completed

Ongoing

Action Required

Serial	Action required	Agency				Progress
		Health	Local Authority	Emergency Services	All	
1.	SCG chair to call an urgent meeting of SCG to test membership and agendas for UK Alert Level 3. Consider early activation of Multi-agency Gold if TVLRF is one of the first Counties to become infected				X	
2.	Prepare: <ul style="list-style-type: none"> Multi-agency Gold Control. Other agency Control Rooms for action. 				X	
3.	Confirm dissemination arrangements for HPA/health intelligence on progress of infection.				X	
4.	Prepare to inform the public and the media by means of leaflets / posters regarding self help initiatives and local arrangements.				X	
5.	Confirm triggers for suspension of non essential workloads.				X	
6.	Review arrangements for receipt of antiviral drugs and arrangements for distribution to key sites.	X				
7.	Confirm plans for the local Pandemic Flu Helplines across TVLRF area.	X				
8.	Confirm Oxygen delivery arrangements in the event of escalation to UK Alert Level 3.	X				
9.	Review actions required at alert level 3 & 4 to prepare for pandemic spread.				X	

UK Alert Level 3

Outbreaks in the UK

PROGRESS
Completed
Ongoing
Action Required

Serial	Action required	Agency				Progress
		Health	Local Authority	Emergency Services	All	
1.	Call members of TV SCG to an activation meeting and review "virtual" meeting arrangements for future meeting cycles.				X	
2.	Activate silver Command and Control Centres as required across the TVLRF area.				X	
3.	Confirm antiviral plan / programme and review multi-agency support requirements.	X				
4.	Advise the local population on self-care, when, where and how to seek medical advice / assistance.	X				
5.	Monitor and report local progress and development of the outbreak to GOSE / COBR / DH/SHA / HPA. Via the reporting template.				X	
6.	Activate any special arrangements if required for mortuary / body storage of victims and communicate system to agencies and commercial partners such as undertakers.		X			
7.	Ensure mutual aid arrangements if any and liaison with other agencies are effective and forthcoming.				X	
8.	Check arrangements are in place to cover bereavement, sickness reporting and other HR-related issues.				X	
9.	Review actions required at alert level 4 to prepare for worsening situation.				X	

UK Alert Level 4

Widespread activity in the UK

PROGRESS
Completed
Ongoing
Action Required

Serial	Action required	Agency			Progress
		Health	Local Authority	Emergency Services	
1.	Review SCG meeting requirements and availability of resources to support.				X
2.	Monitor antiviral plan / programme.	X			
3.	Advise the local population on self-care, when, where and how to seek medical advice / assistance.	X			X
4.	Monitor and report local progress and development of the outbreak to GOSE / COBR / DH / SHA / HPA. Via the reporting template.				X
5.	Monitor special arrangements for mortuary/body storage of victims.		X		
6.	Ensure mutual aid arrangements if any and liaison with other agencies are effective and forthcoming.				X
7.	Consider recovery issues for post-pandemic period and arrange for activity reviews so that lessons can be learnt for next wave.				X
8.	Review and reactivate Alert Level 3 for second wave.				X
9.	Assess deployment of staff infected during the first wave who are now ready to return to duty and are immune.				X

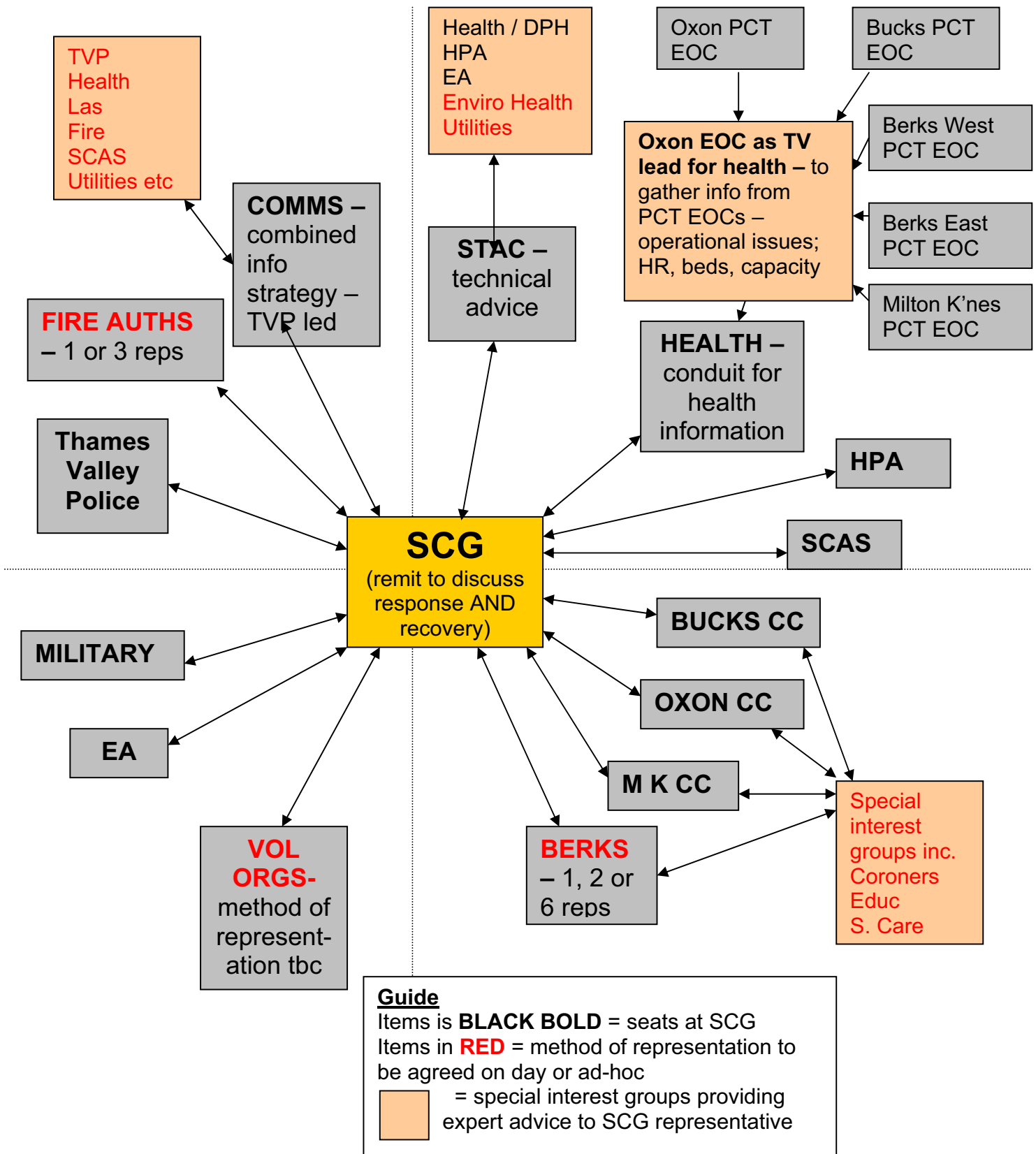
Post Event Actions

PROGRESS	
Completed	
Ongoing	
Action Required	

Serial	Action required	Agency				Progress
		Health	Local Authority	Emergency Services	All	
1.	Review the management of the outbreak.				X	
2.	Identify dates for the lifting of suspended targets for Health and Local Authorities and other agencies.	X	X		X	
3.	Reactivation of non-essential Services.				X	
4.	Restocking of supplies to pre-outbreak levels.				X	
5.	Assess the lessons identified and update plans accordingly.				X	

Section 5

Fig. 7 Influenza Pandemic SCG membership / command and control



Section 5

1. Multi-Agency Strategic Co-ordinating Group

- 1.1 A multi-agency strategic co-ordination group (SCG) will be required to oversee the activities of all of LRF agencies; both category 1 & 2; to ensure that the strategic aims of this plan are carried out. The range of activities and stages for activity are listed in ANNEX 3, with particular reference to health, local authorities and emergency services.
- 1.2 The SCG will take over from the LRF with a remit to co-ordinate the Thames Valley's response to a pandemic influenza outbreak. The transfer from LRF to SCG will be decided by a meeting of the LRF on receipt of notification that the UK alert level 1 has been achieved. At this time, the secretariat of the LRF will call a meeting of the LRF within 5 days. The LRF will agree triggers for transfer and the LRF, whose function it is to PLAN for the influenza pandemic will stand back and the SCG will assume responsibility for the co-ordination of the RESPONSE and initial RECOVERY activities.

1.3 Membership of the SCG

It is expected that membership of the SCG will not be static throughout the period of the pandemic. An outline structure of the SCG is shown as fig. 7 on the previous page. However, it is vital that all agencies are represented at discussions and have agreed in advance the personnel who might be asked to attend in order for them to be trained in their role.

- 1.4 The standard membership of the SCG is listed below but the SCG may also ask for specialist representatives to be in attendance to give additional or an expert opinion. A number of standing groups will also report to the SCG; acting as a technical or specialist sector providing specialist advice to the group:
- 1.5 Standard membership of SCG during the pandemic:

SCG Member agency	Initial representation
Thames Valley Police	Direct representation at SCG
Fire & Rescue Service(s)	May each send a representative or be represented by one authority
South Central Ambulance Service	Direct representation at SCG
Military	Direct representation at SCG
EA	Also part of the STAC
Voluntary Organisations	To be represented (if invited) to nominate one person to represent all
Health Protection Agency	Direct representation at SCG
Bucks CC	Direct representation at SCG
Oxfordshire CC	Direct representation at SCG
Milton Keynes CC	Direct representation at SCG

Berkshire LAs	Arrangements in place to send 1 Berks representative for 6 unitaries OR 1 per PCT area (2 reps). Ad-hoc service groups may be established to consider sector-wide issues such as education or social care.
Communications	TVP communications section to represent media units
STAC	The chair of STAC to represent group which contains: Health, DPA, HPA, EA, Environmental Health, Utilities.
Health	PCT based health information to be gathered by Oxon PCT, acting as the lead PCT to report to SCG
Category 2 responders	Part of STAC but may be directly or jointly represented at the SCG.

- 1.6 It will be up to each agency to decide how they are represented at the SCG throughout the pandemic period. All agencies need to make sure they are able to contribute to and receive information from the SCG meetings but they must consider how this contribution will be organised. The decision on whether to be present “in person” at every meeting / conference call or to be represented by another agency may need to be taken following a review of resources available on the day.

1.7 SCG administration support

Administrational support to the SCG will be provided initially by Thames Valley Police, and supported by other agencies on request. The administration team will be the:

- secretarial support to the SCG, providing agendas, minute taking and action notes following meetings;
- gathering point of information / situation reports (referred to later in this chapter);
- single point of contact for notification of attendance at SCG meetings / to where agency delegation decisions are notified;
- monitor and conduit of SCG-wide communications in order for a full record of information flows to be kept.
- Repository for up-to-date contact details and contact directories

- 1.8 In order to make contact with member-agencies in a clear and common approach, all agencies will establish a “flu” email address with their own internal delegates receiving communications from this source. The purpose of this single email address is to reduce the need of the SCG secretariat to change details as people change and it places the burden for updating recipient’s addresses on the agency’s internal systems which they are familiar with.

1.9 Reporting Schedule / Battle Rhythm

During the response stage to the pandemic, the SCG will be required to fit into the reporting schedule and model set by central government to ensure common strands of information are gathered at set times of the day to produce an accurate region-wide

and country-wide picture. This “battle-rhythm” for meeting and reporting has been set and communicated to LRFs via guidance in May 2008 and is based on an SCG daily meeting at 3pm each day. This meeting may be in-person or using tele-conferencing facilities.

Required activity to meet battle rhythm	Deadline (each day)	Local / individual agency activity to inform LRF reporting requirements
SCG meeting / gathering of intel for report	By 15.00	
SCG Report submitted to GOSE	By 17.00	Report back from SCG representative to agency to inform future activity.
GOSE report to CCC of situation at 17.00	By 19.00	
DoH / HPA report to CCC of situation at 15.00 day before	By 07.00	Internal business continuity measures; assessment of service availability / planning and information gathering for next SCG meeting. Sharing of intelligence across sectors/borders.
CCC (O) meeting	At 09.00	
CCC meeting	At 11.00	
SCG meeting / gathering of intel for report	By 15.00	
SCG Report submitted to GOSE	By 17.00	Report back from SCG to agency to inform future activity.
GOSE report to CCC of situation at 17.00	By 19.00	

1.10 Those agencies contributing to meetings of the SCG; and in cases where the SCG identifies that it requires status reports from category 2 responders or other organisations; will need to gather information to meet the 3pm SCG meeting. In this case, each organisation will be required to establish its own internal arrangements to ensure it gathers accurate information in a timely manner and has time to analyse this data to present a report following the SCG’s agreed reporting model / template. A timetable for data gathering in the local authority is shown as ANNEX 2 for guidance, but organisations will need to establish reporting structures suitable to their own structures and these will be included in this plan in due course.

1.11 “Silver”/ local tactical meetings which contribute to the SCG

Thames Valley recognises that due to its complex nature, tactical discussions about local issues will be taken at a “Silver” level in local multi-agency meetings. Local planning is undertaken on a county basis either through multi-agency county resilience groups or via specific multi-agency county pandemic committees (PICs).

1.12 Silver meetings are a familiar mechanism for responders to co-ordinate a multi-agency response to an emergency. For pandemic influenza, the purpose of the silver

meetings will be to consider local impacts of pandemic influenza and how a number of agencies working together can improve the local response. In this scenario however, there is a clear and comprehensive information sharing model established for agencies to contribute to SCG meetings and disseminate information from SCGs which is supplemented by reporting templates. Therefore, it will be up to local responders to establish whether a local multi agency silver will be required and if they are, to establish its remit and role.

1.13 Triggers for establishing multi-agency silvers

At the confirmation of UK Alert level 1 being achieved, the LRF Secretariat will convene a meeting of the LRF within 5 days to agree triggers for activation of the SCG and the response stage of activity. On receipt of the outcome of this meeting, the county-based planning groups will meet to discuss the local triggers and arrangements for establishing multi-agency “silver” or “tactical” meetings throughout the pandemic. The groups will consider:

- If a local multi-agency silver co-ordination group is required
- What UK alert level or local circumstance will trigger Silver meetings
- The location, timing, membership of silver meetings
- Who will chair meetings and how information from the meeting will be communicated to the SCG.
- Whether “virtual” meetings can be held to prevent travel and gatherings
- Standard agenda items and reporting templates
- Business continuity of the group; who will act if leading members are absent, training of alternative representatives etc.

1.14 If the decision is taken not to convene silver meetings, the county-based planning group must ensure there is a mechanism for gathering local information for onward transmission to the SCG and for managing information from the SCG; this may be via the individual agencies’ reports to the SCG or through the chair of silver.

Annex 3

Suggested internal reporting model for local authorities to meet SCG daily meeting (illustration purposes only)

No later than 7.00am	School and social care staff to report absence to respective Heads and Managers
No later that 7.30am	Head teachers and social care managers to report service status or requests for assistance to departmental management teams
No later that 7.45am	Departmental management teams to issue first service availability report to media teams and council's influenza co-ordinator (focus on local services open / closed)
At 7.45am	NHS & Local Authority media teams 1 st conference call to hit 8am local bulletins
No later than 8.30am	All other staff to notify absence, managers to review critical service resilience
No later than 9.00am	Local Authority departmental reports completed and passed to Council's Influenza Co-ordinator
At 9.30 am	Local Authority Influenza Co-ordination Group sits to review situation reports and define local authority status
At 10am	Local Authority conference call to share status reports, consider requests for mutual aid, brief Gold liaison officers and consider media issues.
At 11am	Local silver meeting / conference call where local authority issues are contributed.
3pm	SCG meeting / conference call where all agency reports are required and considered.
From 4pm	Daily service review by managers for recommendation to next day's departmental report.
By 5pm	Feedback received from SCG

1.14 Assessment of pandemic impact upon services

SCG members will be required to gather information on a range of areas within their organisations and then gauge their preparedness or ability to maintain critical services. This will require organisations to make objective assessments of critical services, resources and pressures in order to categorise the agency's current standing.

1.15 The Thames Valley LRF recognises that agencies and service areas will be required to make returns to various government departments or inspection agencies, either by following existing reporting lines or through new reporting structures which are set specifically for the pandemic influenza scenario. It is likely that methods of reporting will be different for different agencies and but will be based on 3 main types of reports:

- Quantitative/numerical accounts: Giving absolute numbers of cases in numerical or percentage terms. E.g. 53 reported cases of influenza recorded or 12% of the staff resources reported sick.
- Qualitative accounts: Descriptions/situation reports in words of the effects of the pandemic influenza. E.g. description of the measures taken to maintain schooling to children during the period.
- Categorized descriptions: Pre-set categories used to identify the level of effect upon the organisation. E.g. classifying an organisation's ability to undertake its critical services as Green, Amber or Red.

1.14 Data reporting format

Whilst the LRF would not wish to place an added burden upon agencies in their data gathering commitments, it is essential that common information is compiled and a common evaluation methodology is used. The LRF in its planning meetings will monitor government guidance on this issue, and is working with the template issued to LRFs in guidance issued in May 2008. The SCG will require a range of information in the format shown in Fig 8 using either a numerical system or "green / amber / red" format using the definitions below.

Green	Service operating at normal or near-normal capacity and can deliver its functions adequately / very small impact
Amber	Service operating below advisable levels; is prioritising service delivery. Minimum standards are being met. Pandemic influenza having impact but managing within current resources.
Red	Service operating at greatly reduced level. Resources directed to maintaining critical services. Risk of minimum standards not being met. Pandemic influenza having significant impact on the ability to deliver priorities.

- 1.15 A situation report template has been issued by the Cabinet Office for Government Offices to feed information into COBR. This uses a Green/Amber/Red system for reporting the status of a number of categories of interest within the Government Office area. This template is included as ANNEX 4 (below) and information on completing the template is included in the published guidance. It is anticipated that GOSE will require this template to be completed on an LRF basis for collation into the GOSE report to COBR.
- 1.16 The situation report template referred to in Annex 4 may not provide the SCG with the detail it requires to maintain an overview of the Thames Valley's response or the availability of resources. This is especially the case in evaluating whether mutual aid is available from within the LRF's membership. Therefore the SCG will require its members to gather data set out in the table (Fig 8) below, which should provide a consistent picture of the situation.
- 1.17 Reporting templates for Local Authorities, Police and Fire Service are attached at ANNEX 5 a-c; similar templates for all agencies will be included into this document as they are approved. These templates will form the basis of SCG reports and data will be extracted from them to complete the Cabinet Office template.

Fig 8

Agency	Reporting requirement	Reporting method
All organisations to provide	General status of the organisation / agency reporting to SCG	Green / Amber / Red
	Ability to deliver critical services	Green / Amber / Red
	Availability of staff to deliver services	Green / Amber / Red
	Availability of critical equipment to maintain services	Green / Amber / Red
	Availability of critical resources to maintain services	Green / Amber / Red
	Key issues for SCG consideration / reporting to GOSE for action.	Free-text description.
NHS – related organisations	Number of suspected pandemic influenza cases by area	Numerical report
	Number of antiviral doses available by area	Numerical report
	Number of calls to local flu line(s)	Numerical report
	Number of antiviral doses prescribed	Numerical report
	Availability of antivirals	Green / Amber / Red
	Availability of GP services by area	Green / Amber / Red
	Number of Pandemic-related cases admitted to hospital	Numerical report
	Availability of hospital resources	Green / Amber / Red
	Availability of critical care beds	Numerical report
	Availability of oxygen supplies	Numerical report
Status of mortuary capacity		

Fire & Rescue Services	Ability to receive 999 calls	Green / Amber / Red
	Ability to respond to emergency calls	Green / Amber / Red
	Availability of specialist appliances; <ul style="list-style-type: none"> • Aerial • Rescue Support Vehicles • Water Rescue • Hazmat & Environmental • Command & Control • High Volume Pump (ND vehicle) • Incident Response Unit (ND vehicle) • USAR (ND vehicle) 	Situational report
Ambulance	Ability to receive 999 calls	
	Ability to respond to emergency calls	
	Availability of specialist appliances	
Police	Ability to receive 999 calls	Green/Amber/Red/Black
	Number of flu related 999 calls to police	Numerical report
	Ability to respond to emergency calls (immediate and urgent)	Green/Amber/Red/Black
	Ability to hold prisoners	Green/Amber/Red/Black
	Number of prisoners with flu symptoms	Numerical report
	Ability to respond to major incidents	Green/Amber/Red/Black
	Ability to respond to major crime	Green/Amber/Red/Black
	Ability to respond to public disorder	Green/Amber/Red/Black
	Number of flu related public order incidents	Numerical report
	Ability to provide armed response	Green/Amber/Red/Black
	Ability to respond to Counter Terrorism and extremism incidents	Green/Amber/Red/Black
	Ability to service the Criminal Justice Service	Green/Amber/Red/Black
Local Authority Services	Impact upon closed communities	Green / Amber / Red
	Number of new community care cases	Numerical report
	Status of community care services	Green / Amber / Red
	Number of new residential care cases	Numerical report
	Status of residential care services	Green / Amber / Red
	Status of Mental health care services	Green / Amber / Red
	Number of new adult services care referrals	Numerical report
	Status of adult services	
	Number of new child protection / care cases	Numerical report
	Status of Child protection/care services	Green / Amber / Red
	Other care provision service	Green / Amber / Red
	Nursery(0-4yrs) establishments open / closed	Numerical report

	Primary (5-11yrs) establishments open / closed	Numerical report
	Secondary (12-19yrs) establishments open / closed	Numerical report
	Status of education delivery in area	Green / Amber / Red
	Status of Highway services	Green / Amber / Red
	Status of Public transport	Green / Amber / Red
	Status of Community Safety	Green / Amber / Red
	Number of Reported deaths	Numerical report
	Registration of death certificates issued	Numerical report
	Status of Registration Services	Green / Amber / Red
	Cremations completed	Numerical report
	Burials completed	Numerical report
	Status of Crematorium services	Green / Amber / Red
	Status of Cemetery services	Green / Amber / Red
	Status of funeral services in the area	Green / Amber / Red
	Body Holding area spaces filled - if established	Numerical report
	Spare capacity of body holding area(s)	Numerical report
	Status of statutory services	Green / Amber / Red
	Status of non-statutory services	Green / Amber / Red
Media cell / comms	New local media coverage of local flu-related issues	Situation report
	Emerging issues	Situation report
	New national advice/messages for local use	Situation report
	Availability of LRF spokespersons for coming week	Situation report
	Ability to operate a media cell (availability of multi-agency media reps)	Situation report
Military	TBC	
EA	TBC	
Utilities	TBC	
Transport	TBC	

- Page left blank -

Annex 4 Government Office / Central Government Situation Report (issued by the Cabinet Office, May 2008)

SITREP Number:	XX		
	DD-MM-YY		HH-MM
Lead Official:			
Alternate Contact:			

This situation report provides key information and data on the present situation it has validated by the relevant department / agency officials. The information contained herein can be disseminated to other agencies as necessary – where clarification is required the lead official should, in the first instance, be contacted,

New information is highlighted using [insert appropriate method]

1. Department / Government Office Key Issues

2. Key Issues for CRIP (Common Recognised Information Picture)

Contents

1. Departmental / Government Office Key Issues
2. Key Issues for CRIP
3. Current Situation
4. Operational Response
5. Resources and readiness
6. Forward Look
7. Political / Policy
8. Media / Communicating
9. Manpower and staffing issues
10. Other information not covered elsewhere
11. Background / overview
12. Next SITREP
13. Contacts

3. Current situation

Specific data information is likely to be requested on the following:

Essential Services

In the table below, please use a “traffic light” system to describe the local situation (the national picture will be provided by lead government departments):

R = pandemic influenza having significant impact on the ability to deliver priorities

A = pandemic influenza having impact but managing within current resources

G = very small impact

Please provide details to support the assessment where issues have been identified.

Service	Local / Regional Impact [detail of local or regional shortages, outages, panic buying, business continuity issues an projections going forward.]
Fuel	
Oil	
Gas	
Electricity	
Telecommunication network	
Postal services	
Food	
Water	
Broadcasting (inc. print media)	
Waste Management	

Cremation and burial services

In the table below, please use a “traffic light” system: Green = no problem; Green/amber = minor problems’ Amber = significant problems, but coping’ Amber/Red = major problems; Red = services at or near breakdown. Please provide details to support the assessment where issues have been identified.

LA name	Cremation	Funeral services	Burials	Coroners	Registrars	Funeral arrangements
Regional picture						

In addition ad hoc information will be required on issues/ concerns in the following areas:

Transport - Regional rail disruptions. Providing details of any station closures, line closures, cancelled services etc. Road Issues Details of regional or local road disruptions

Tourism - Details of impact on local/regional tourism industry – hotel cancellation, impact on visitors' attractions.

Animal Health - Details of impact on Animal health and welfare.

Judicial process - Details of impact on regional/local judicial processes.

Community cohesion - Details of community Safety/Community Cohesion Issues

Business Issues - Businesses affected

Social care/welfare Homecare, Vulnerable People/Groups

Mutual Aid / Military Support - aid requested and/or in place

4. Operational Response

Including specific data on:

Education

	Still open		Closed		Re-opened	
	Schools	Pupils	Schools	Pupils	Schools	Pupils
Primary						
Secondary						
Academy						
Special						
Indep't						

Notes:

1. Independent and non-maintained special schools should be recorded as 'special', not independent.
2. Middle schools deemed primary should be recorded as 'primary' and middle schools deemed secondary as 'secondary'.
3. PRUs should be recorded as 'secondary'.
4. Nursery schools should not be recorded in this table, but in that for early years and childcare settings below.
5. This will require input from each LA and collation by the GO

Early years and childcare settings

LA Name	No. settings still open	No. settings closed	No. settings re-opened

Plus information as deemed appropriate on any operational processes in place in the follow

- Transport
- Animal Health
- Judicial process
- Community cohesion
- Business Issues
- Social care/welfare Homecare, Vulnerable People/Groups

5. Resources and Readiness

6. Forward look

7. Political / policy

8. Media and Communications

- Media coverage
 -
- Media tone / Current themes
 -
- Key lines to take / public messages
 -
- Warning and Informing / public advice
 -
- Ministerial / VIP Visits
 -
- Good news
 -

- Forward Look
 -
- Other media issues
 -

5. Manpower and staffing issues

Provided on an exception only reporting basis.

Organisation	RAG status	Issues / Impact in. changes to priorities or other countermeasures

R = pandemic influenza having significant impact on the ability to deliver priorities

A = pandemic influenza having impact but managing within current resources

G = very little impact

10. Other information not covered elsewhere

- Point # 1
- Point # 2

11. Information Requirements / Requested Clarification

- IR-01: **Priority** : xxx
- RC-01: **Priority** : xxx
- IR-02: **Routine** : xxx
- RC-02: **Routine** : xxx

12. Background / overview

13. The next Sitrep will be provided at

15. Contacts

Departmental Operations Centre

Telephone:

Fax:

Email:

Other Key Contacts

(a) []

Telephone:

Fax:

Email:

(b) []

Telephone:

Fax:

Email:

ANNEX 5a: Local Authority Daily Report – Influenza Pandemic

To be completed by the local authority corporate influenza group to assess the daily preparedness of the local authority. This completed report should be provided to your Gold representative.

Local Authority:		Date:	
Author:		Contact Details:	
Overall Status: (delete as appropriate)	Green	Amber	Red
	Service operating at normal or near-normal capacity and can deliver its functions adequately	Service operating below advisable levels, is prioritising service delivery. Minimum standards are being met.	Service operating at greatly reduced level. Resources directed to maintaining critical services. Risk of minimum standards not being met.

1. Critical service levels - please estimate the % of council service availability:

Operational:		Suspended:	
Comments:			

2. Non-critical service levels - please estimate the % of council service availability:

Operational:		Suspended:	
Comments:			

3. Key Supporting Partner Businesses & Voluntary Organisation involvement

Comments:

4. Overall staffing levels - please report the overall staffing levels within your authority below (provide number and %):

Total no employees:		Available:	
At place of work	Alternative working site	Absent	Unaccounted

5. School closures - use the space below to list information regarding schools which have closed:

Establishments	Number closed	Additional information
Nursery (0-4yrs)		
Primary (5-11yrs)		
Secondary (12-19yrs)		

Comments:

6. Social Care services - use the space below to list information regarding social care services:

Service/facility	Status	Report
Closed communities	Green/Amber/Red	
Community care cases	Green/Amber/Red	
Orphans / temp orphans	Green/Amber/Red	
Residential care capacity	Green/Amber/Red	
Mental health care capacity	Green/Amber/Red	
Adult services care capacity	Green/Amber/Red	
Child protection/care		
Other care provision	Green/Amber/Red	
Other	Green/Amber/Red	

7. Other operations status - use the space below to list information regarding other services - to be defined between LAs as required:

Service/facility	Status	Report
EOC	Green/Amber/Red	
Highways	Green/Amber/Red	
Public transport	Green/Amber/Red	
Community Safety	Green/Amber/Red	
Legal	Green/Amber/Red	
Finance	Green/Amber/Red	
IT	Green/Amber/Red	
Other	Green/Amber/Red	

8. Deaths, registrars - use the space below to list provide information regarding these services:

Daily activity report	Number	Comment
Reported deaths		
Registration of death certificates issued		
Cremations completed		
Burials completed		

9. Capacity - use the space below to list information regarding capacity at crematoriums and body holding areas:

Establishment	Total capacity	Capacity available	Comments
Crematorium			
Cemetery			
Body Holding area (s) - if established			
Registration Services			

9. Vaccination Centres:

No. open		Daily visitor no.	
Details/comments:			

10. Social measures introduced:

Details/comments:

11. Supply chain / social impact report:

Fuel	
Food	
Transport	
Animal Health	

Community cohesion	
Judicial process	
Business Issues	
Tourism	
Mutual Aid	
Military Support	
PPE	
Utilities	
Telecomms	
Other	
Details/comments:	

12. Media output - append (if possible) and give summary of media contact and releases:

- Media coverage
 -
- Media tone / Current themes
 -
- Key lines to take / public messages
 -
- Warning and Informing / public advice
 -
- Ministerial / VIP Visits
 -
- Good news

13. Final Summary / other comments:

--

ANNEX 5b: Police Service Daily Report – Influenza Pandemic

To be completed by the local authority corporate influenza group to assess the daily preparedness of the local authority. This completed report should be provided to your Gold representative.

Agency:		Date:	
Author:		Contact Details:	
Overall Status: (delete as appropriate)	Green	Amber	Red
	Service operating at normal or near-normal capacity and can deliver its functions adequately	Service operating below advisable levels, is prioritising service delivery. Minimum standards are being met.	Service operating at greatly reduced level. Resources directed to maintaining critical services. Risk of minimum standards not being met.

1. Critical service levels - please estimate the % of service availability:

Operational:		Suspended:	
Comments:			

2. Non-critical service levels - please estimate the % of service availability:

Operational:		Suspended:	
Comments:			

3. Key Supporting Partner Businesses & Voluntary Organisation involvement

Comments:

4. Overall staffing levels - please report the overall staffing levels within your agency below (provide number and %):

Total no employees:		Available:	
At place of work	Alternative working site	Absent	Unaccounted

5. 999 Calls / response – please report on the service’s capacity to respond to calls, the number and nature of 999 calls received.

Number of flu-related 999 calls:		Number of non flu-related 999 calls:	
	Status	Note:	
Ability to receive 999 calls	Green/Amber/Red		
Ability to respond to emergency calls	Green/Amber/Red		
Ability to respond to major incidents	Green/Amber/Red		
Ability to respond to major crime	Green/Amber/Red		
Ability to respond to public disorder	Green/Amber/Red		
Ability to provide armed response	Green/Amber/Red		
Ability to respond to Counter Terrorism and extremism incidents	Green/Amber/Red		
Ability to service the Criminal Justice Service	Green/Amber/Red		
Ability to hold prisoners	Green/Amber/Red		
Number of prisoners with flu symptoms:		Number of flu related public order incidents:	
Details/comments:			

6. Supply chain / social impact report:

Fuel	
Food	
Transport	
Community cohesion	
Judicial process	
Business Issues	

Mutual Aid	
Military Support	
PPE	
Utilities	
Telecomms	
Other	
Details/comments:	

7. Media output - append (if possible) and give summary of media contact and releases:

- Media coverage
 -
- Media tone / Current themes
 -
- Key lines to take / public messages
 -
- Warning and Informing / public advice
 -
- Ministerial / VIP Visits
 -
- Good news

8. Final Summary / other comments:

--

ANNEX 5c: Fire Service Daily Report – Influenza Pandemic

To be completed by the local authority corporate influenza group to assess the daily preparedness of the local authority. This completed report should be provided to your Gold representative.

Agency:		Date:	
Author:		Contact Details:	
Overall Status: (delete as appropriate)	Green	Amber	Red
	Service operating at normal or near-normal capacity and can deliver its functions adequately	Service operating below advisable levels, is prioritising service delivery. Minimum standards are being met.	Service operating at greatly reduced level. Resources directed to maintaining critical services. Risk of minimum standards not being met.

1. Critical service levels - please estimate the % of service availability:

Operational:		Suspended:	
Comments:			

2. Non-critical service levels - please estimate the % of service availability:

Operational:		Suspended:	
Comments:			

3. Key Supporting Partner Businesses & Voluntary Organisation involvement

Comments:

4. Overall staffing levels - please report the overall staffing levels within your agency below (provide number and %):

Total no employees:		Available:	
At place of work	Alternative working site	Absent	Unaccounted

5. 999 Calls / response – please report on the service’s capacity to respond to calls, the number and nature of 999 calls received.

Ability to receive 999 calls	Green/Amber/Red	
Ability to respond to emergency calls	Green/Amber/Red	
Availability of specialist appliances:	Green/Amber/Red	
Aerial	Green/Amber/Red	
Rescue Support Vehicles	Green/Amber/Red	
Water Rescue	Green/Amber/Red	
Hazmat & Environmental	Green/Amber/Red	
Command & Control	Green/Amber/Red	
High Volume Pump (ND vehicle)	Green/Amber/Red	
Incident Response Unit (ND vehicle)	Green/Amber/Red	
USAR (ND vehicle)	Green/Amber/Red	
Details/comments:		

6. Supply chain / social impact report:

Fuel	
Food	
Transport	
Community cohesion	
Judicial process	
Business Issues	
Mutual Aid	
Military Support	
PPE	
Utilities	

Telecomms	
Other	
Details/comments:	

7. Media output - append (if possible) and give summary of media contact and releases:

- Media coverage
 -
- Media tone / Current themes
 -
- Key lines to take / public messages
 -
- Warning and Informing / public advice
 -
- Ministerial / VIP Visits
 -
- Good news

8. Final Summary / other comments:

--

Section 6

Communications

- 1.1 The communication strategy for an influenza pandemic will be based upon existing warning and information strategies and policies within the LRF and SCG. However, it is recognised that there are circumstances and requirements peculiar to pandemic influenza which require additional consideration:
- That national communication strategies will take priority for reassurance, information and strategy;
 - That leading role of the NHS agencies in communication
 - Avoiding giving alarming messages at the same time as providing sufficient detail to be useful
 - The internal and external information requirements of agencies to manage services and staff as well as residents/clients.
 - The deadlines and technological limitations set by the media and other communication streams to ensure maximum access and circulation.
- 1.2 The communication strategy issued by DoH will be used as a guide for the LRF / SCG. The reference for this strategy can be found in the useful information section of this strategy.
- 1.3 Principles of TVLRF communications relating to pandemic influenza**
- a) Thames Valley Police media team will take a lead role in co-ordinating the communications efforts relating to pandemic influenza;
 - b) A senior member of the TVP media team will chair the communication cell during the pandemic and will report direct to the SCG with updates.
 - c) Health-related messages will be supplied by the DoH and NHS with local NHS bodies supplying local intelligence;
 - d) Individual agencies will need to
 - identify and prepare spokespersons to represent their agency to the media
 - be prepared to issue on a daily basis information regarding their services
 - refer to centrally approved statements on issues identified by the media cell.
- 1.4 The Thames Valley Warning and Informing sub group has been tasked with producing the communication strategy for pandemic influenza. Their recommendations will be included into this strategy in due course.

Section 7

Management of Excess Deaths

- 1.1 The role of the **LRF** in planning for excess deaths is:
- To establish a commonly recognised set of planning assumptions
 - Ensure that planning across the LRF by agencies is complementary in drawing on resources
 - To encourage all partner agencies to co-operate in the management of excess deaths by sharing information, resources and property where at all possible.
 - Identify triggers for when different ways of working may be required
- 1.2 During the response stage, the role of the **SCG** will be to:
- Collate, monitor and report to GOSE capacity reports and arising issues
 - Identify when triggers for different ways of working have been met
 - Communicate requests for different ways of working to GOSE for consideration by Civil Contingency Committee.
 - Oversee capacity across the TVLRF area to broker mutual aid support if available.
- 1.3 The management of excess deaths in the TVLRF area is complex and difficult to achieve due to the fact that there are 4 coroners areas, 9 registration services and many more public and private cemetery and crematorium authorities all of whom have a significant role to play in the management of death. Of course, this does not consider the significant roles of both the NHS (who in the main manage the public mortuaries) and the funeral director sector that operates outside the geographic boundaries of the public bodies.
- 1.4 The LRF recognises that each of the agencies mentioned previously have a significant role to play in ensuring that the others can maintain operations during extreme circumstances and therefore maintain services. This may be undertaken by increasing capacity or by streamlining processes or by delaying activity to ensure no single agency becomes over-burdened. Whilst different ways of working, reduced choice and increased stress on systems are all expected, it is envisioned that only by working together to manage throughput will excess deaths be managed efficiently and with dignity for all those concerned.
- 1.5 Mass Fatalities Sub Group**
- The Mass Fatalities Sub Group of the LRF is drawing together the data relating to current and planning capacity to respond to excess deaths. This requires multi-agency and cross-sector co-operation to identify mass fatality solutions to fit each of the geographical area's individual circumstances. At the same time, the sub-group will ensure that there are complementary rather than competing demands on resources. Annex 6 overleaf outlines the areas of work being considered and a brief outline of some data is included.
- 1.6 Due to the fact the LRF contains 4 local authority planning groups (Milton Keynes, Buckinghamshire, Oxfordshire and the collective Berkshire unitaries who

- HM Coroner Service
- Public / NHS mortuaries
- Registration Services
- Cemetery and Crematorium operators
- Funeral Director sector
- Any specific temporary body storage establishment
- Plus, NHS-related reports on the death certification process

1.7 Requests for Different Ways of Working (DWW)

The purpose of the daily reports is to achieve a commonly recognised information picture of how well services are responding to additional demands placed upon them; to identify any pinch-points or areas struggling to manage; and to identify options for managing difficulties. Solutions may include considering alternative methods, mutual aid or if there are no there alternatives, to seek agreement from GOSE and Civil Contingency Committee for Phase 3 Different Ways of Working as outlined in government guidance published in guidance documents and in Annex 7 which shows the phased transition to different ways of working in managing excess deaths. Details of the stages and processes covered by each respective stage of the DWW are covered in guidance which is published at http://www.ukresilience.gov.uk/pandemicflu/guidance/sector_specific.aspx#deaths .

- 1.8 Requests for moving to DWW from any of the workstreams listed above must be approved by the SCG; the request signed by the Chair of the SCG and endorsed by the Regional Resilience Director for onward transmission to Civil Contingency Committee via the daily report. A copy of the pro-forma to be used by the SCG to request DWW is included at the end of this section as Annex 8. In order for the request to be made, there must be clear evidence that all other alternatives for increasing capacity (called phases 1 and 2) must have been exhausted before asking for the introduction of DWW. Therefore, local plans for the management of death must include the correct stages and triggers for moving to DWW. Due to the fact the SCG covers 4 such plans, it will be the responsibility of the reporting agency (Local Authority or Coroner) to provide evidence and reasons for the request.

Annex 6

Management of excess deaths during pandemic influenza – summary of information. This section is included for illustration purposes only.

This section of the plan looks at the capacity across the Thames Valley Region to cope with the expected excess deaths during influenza pandemic, looking specifically at the following 4 areas:

- Body holding capacity
- Coroner's resilience
- Registration services resilience
- Cremation/burial capacity

The Thames Valley Risk Register designates Pandemic Influenza as a 'very high' risk and this section details measures for the management of excess deaths from influenza pandemic across the Thames Valley Region and models the trigger points and capacities of identified bottlenecks in the disposal system.

As the tables in Section 2, page 12 of this plan show, the total population for the Thames Valley region is approximately 2,128,000. The tables also shows the expected case fatality rate based on an infection rate of 25% and 50% - the worst case scenario being 26600 deaths across the Thames Valley Region over a 16 week period. Consideration must also be given to the possibility of a second wave of the pandemic which, although is not predicted to cause as many deaths, may still put a considerable strain upon services.

Body holding capacity

Extra cold storage body holding capacity will, therefore, need to be sought to accommodate the excess deaths. Each of the 9 local authorities within the Thames Valley Region have signed a contract with a company called Kenyon International Emergency Services (KIES). These contracts are primarily to provide temporary mortuary capacity following a sudden mass fatality incident. However, the company also state that they can provide body holding capacity for up to 500 bodies as a result of influenza pandemic. This will obviously be on a 'first come, first served' basis so LA's should not rely on this as their only source of back-up.

Additional cold storage body holding facilities

Coroner resilience

Coroners have clearly identified that they will not be required to deal with many pandemic influenza deaths, as the majority of the deceased will have been under medical supervision and the death will be deemed to have occurred by natural causes.

There are currently 4 HM Coroners employed within the Thames Valley region, all of whom are part of the Thames Valley LRF Mass Fatalities sub-group that meet on a quarterly basis.

Confirmed guidance for Coroners from the Ministry of Justice is awaited around 'different ways of working' during a pandemic but the draft guidance encourages coroners to have

business continuity plans in place which includes the training/pooling of additional staff.

Registration resilience

The law states that '*deaths are required to be registered within five days*'. Death registration is completed via an online process – the registration service has a manual registration back-up system. On average it takes 30 minutes to register a death. It takes approximately 2-3 days to train new registrars.

Each of the 4 counties within the Thames Valley region have looked at the resilience of their Registration Service.

Cremation/burial capacity

Again, based on the Home Office framework reasonable worse case scenario we can estimate the expected shortfalls in the cremation and burial service:

Transport resilience

Faith communities

Figure 9 (Extract of A Framework for planners preparing to Manage deaths)

ANNEX G: Pro-Forma for SCG Request to RCCC for Implementation of Phase Three

To: [insert name] Regional Resilience Director GO [insert Region]
 From: [insert name] Chair, SCG [insert area]

MANAGEMENT OF EXCESS DEATHS – REQUEST TO MOVE TO PHASE THREE

I am writing further to my regular situation report to request that you endorse this request to CCC to Implement Phase Three according to the sequence of events set out in the Framework for Planners Preparing to Manage Excess Deaths and the LRF Plan for [insert area].

In line with the LRF Plan, the SCG has implemented the following Phase Two measures:

Phase Two Different Ways of Working	Date of Implementation

However, due to [insert local circumstances e.g. staff absenteeism in the registration service] and the number of excess deaths we are suffering locally these measures have not proven sufficient to manage the level of fatalities we are currently experiencing and [insert anticipated consequences and timescale for service failure] . I have the agreement of all the members of the SCG in making this request.

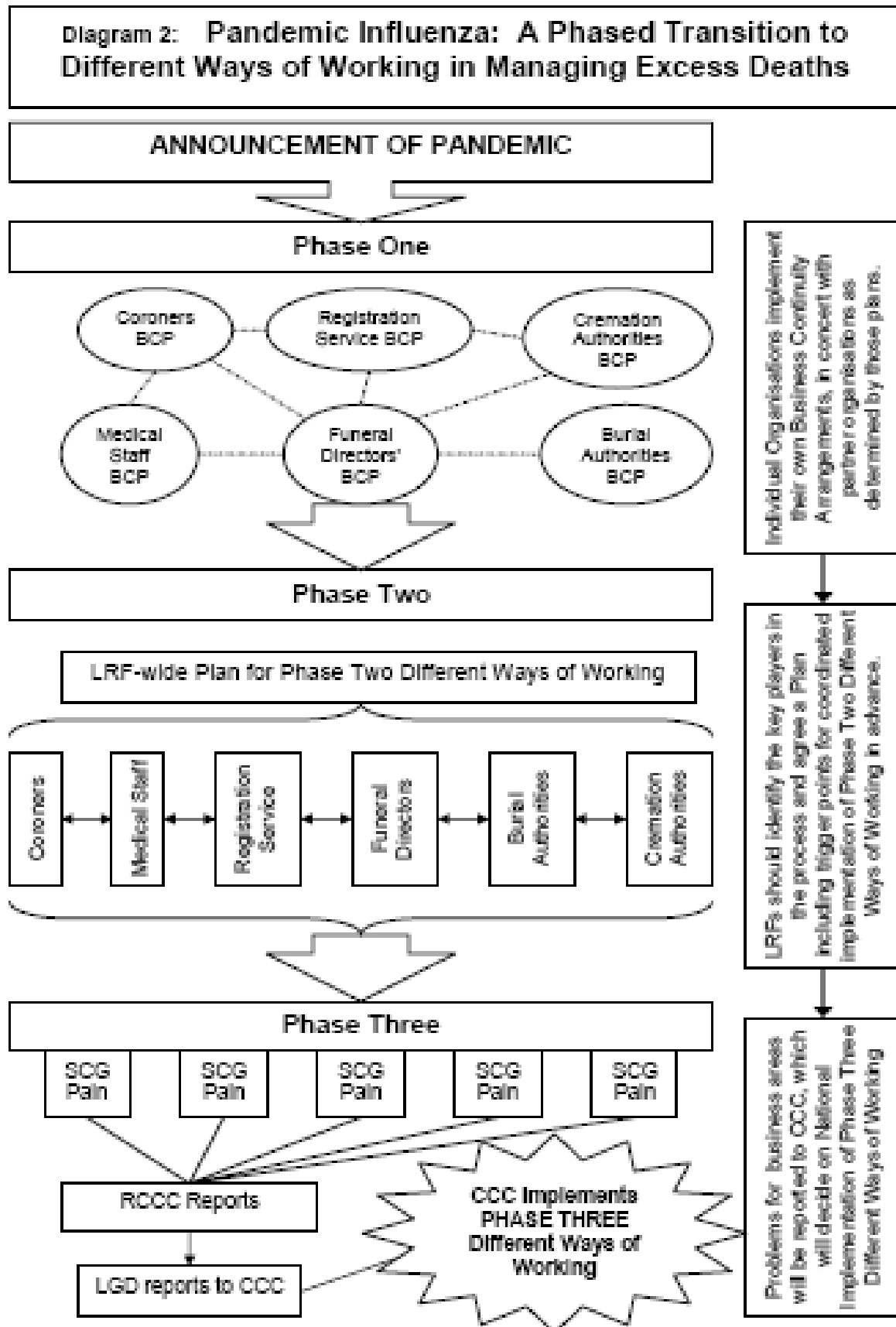
We further request the implementation of the following Phase Three Section Two Different Ways of Working:

Phase Three Section Two Different Ways of Working Requested

Signed: Chair of the [insert area] SCG
 Name:
 Date:

Endorsed: Regional Resilience Director GO [insert region]
 Name:
 Date:

Figure 10 (Extract of A Framework for planners preparing to Manage deaths)



Section 8

Social measures

- 1.1 LRF interest in social measures covers several distinct streams of work, namely:
- a) Education
 - b) Vulnerable people
 - c) Support to the NHS (covered separately in chapter 9)

The SCG will also be concerned with any activities, events or situations which impact upon the community; these will be reported to the SCG through the daily reports and could include issues such as interruptions to the supply chain. Issues identified in the report will require consideration if they have strategic implications for the general response. It may be the case they can be delegated to a single agency for attention or to a Silver group in a single area for tactical or operation attention.

1.2 Education

Supplementary guidance for LRF planners states that *“the Government will decide...whether to advise schools and group early years and childcare settings to close to children when the pandemic reaches their area. If evidence suggests that a pandemic will not be very severe, and the Government therefore issues no advice to close, there is probably no role for LRFs or SCGs in Department for Children Schools and Families (DCSF) sectors or devolved equivalents.”*

There is a clear indication that the SCG has a role to play if schools etc are advised to close. However,

1.2.1 Communicating the initial decision:

Communication of the advice to close will take place through the following route:

Civil Contingency Secretariat (CCS)
to
Government Office of the South East (GOSE)
to
Thames Valley Strategic Co-ordinating Group
to
Local Authority Chief Executives (of 9 LEAs in TV)
to
Director of Children’s Services
to
Schools and childcare settings

1.2.2. When confirmation is received that pandemic flu is in the LRF area, the HPA will notify the CCS who will use the same cascade as outlined above in 1.2.1. Swift reaction by the SCG will be required as there will be an expectation that schools will close at the end of the day that formal notification is received. In preparation for the pandemic, all LEAs will:

- Review its residential and out-of-borough education and care contracts to ensure that children who might require alternative care arrangements if schools are closed, are catered for;
- Review contact arrangements with all educational establishments within its area (both state and private sectors) to ensure information can be communicated quickly;
- Review additional communication methods including the use of the media so that parents are given the maximum early warning of prospective closures and are kept informed throughout the pandemic;
- Confirm data reporting models and schedules by schools to the education authority to report on a daily basis, the number of both children and staff on the premises; known/suspected cases of pandemic influenza in the school population etc in order to complete the local authority template outlined in chapter 5 of the document;
- Ensure schools have business continuity plans in place to continue providing education during school building closures;
- Review if staff, buildings, equipment and other resources could be used to contribute to the local authority's response during the pandemic.

1.2.3 Implications of school closures

The information cascade in Thames Valley will be received into the SCG and will be communicated out to the 9 Chief Executives of local authorities with Local Education Authority responsibility via its pandemic flu email address. However, this news will be a main discussion point on the next SCG meeting agenda for consideration by all agencies. In particular, consideration will need to be given to:

- the impact upon staffing levels when childcare settings are closed;
- the rolling out of plans to provide education to children when out of school (continuing education)
- impact on child social care streams including at-risk children, those in residential units and identification of unaccompanied children
- implications for residential units and boarding schools
- Impact upon any university population (if advice is to be extended to this group)

1.2.4 Re-opening of schools following closure

If wide-area school closures are endorsed by the government and enacted across the TVLRF area, the SCG will be required to not only communicate to the LEAs when schools can re-open but may be required to consider the implications and method of re-opening to support the LEAs. The method of communication for re-opening in Thames Valley will be the same as outlined in section 1.2.1 and other issues to be considered as part of the SCG's recovery discussions are:

- The use of the media cell to communicate re-opening arrangements
- Whether LEAs require additional resources drawn from mutual aid to support children and teachers if losses have been experienced from pandemic influenza
- Whether a phased opening of schools should be introduced to ensure support services are not over-burdened.

1.3 Vulnerable People

TVLRF's member agencies co-operate to identify vulnerable people in their planning for a range of risks and response plans. In preparation for the pandemic flu, the sub-groups identified in section 4 of this plan will identify potential vulnerable groups and prepare a database of potential vulnerable individuals and groups that are clients / customers / known to the agencies. The planning for pandemic influenza undertaken through area pandemic influenza groups are required to consider and plan for vulnerable people and to plan accordingly.

The SCG during the response and recovery stage will receive reports regarding support to vulnerable groups and individuals through the daily monitoring reports which identify; particularly in the NHS and local authority sectors; any areas for concern or action.

Data sharing and information requests will be processed following the normal practices of the LRF which observe national guidance; individual plans will take account of information needs and plan accordingly. It will be the role of the SCG to receive reports if failure to share information endangers the response to pandemic influenza. In these cases, the SCG will receive any issues and will seek to either find an alternative source of information which does not pose such difficulties or escalate the issue to GOSE for additional advice.

Section 9

Supporting the Health response

- 1.1 Thames Valley LRF recognises that the preparations and planning for an influenza pandemic is an issue for all agencies in areas of both business continuity and response planning. However, it is recognised that the NHS will play a significant part in this particular civil emergency. In particular, the NHS will be the repository for much of the intelligence and expertise in relation to planning for the pandemic and the NHS and social care sectors will be at the frontline in the response. Whilst all agencies will be effected and will need to prioritise or even ration services, it may be necessary to provide support to the NHS to ensure they can continue services, minimise the loss of life or long-term social impacts and reduce the impact of the disease on the wider community.
- 1.2 In order to understand the complex organisational structure that the health agencies will observe, an overview of health command and control arrangements is included in ANNEX 7. Requests for support from the SCG and its member organisations will be brought to SCG meetings by the lead PCT (Oxon PCT) for consideration.
- 1.3 Issues may include:
- Combining efforts/staff to avoid duplication
 - Combining of effort/common approach to work with close
 - Use of buildings, equipment and staff for any possible flu/vaccination centres
 - Provision of additional transportation for equipment, supplies
 - Co-ordination with and support of voluntary agencies
 - Body-holding space
 - Translation services and access to hard-to-reach groups

Further work in this area is being undertaken by the health emergency planning group, led by Oxford PCT.

Annex 7

Influenza Pandemic – Health Command and Control Arrangements Overview

1. **Introduction:** This document describes the system of multi-agency Command and Control that will be used to manage the response and recovery phases of a Influenza Pandemic (IP) emergency in the Thames Valley area. The aim is to ensure an effective and appropriate co-ordinated approach with Local Resilience Forum partners and key stakeholders and the necessary critical links with the national response.
2. **National Policy and Guidance:** Planning, preparation and response across Thames Valley to IP is based on the agreed national guidance. (*DH – Sept 2007. Pandemic flu: A national framework for responding to an influenza pandemic*). This paper should be read with the TV IP Plan which is currently being updated by the TV Health EP Group (TVHEPG).
3. **Thames Valley System of Command and Control:** There are well understood command and control arrangements for Thames Valley that are implemented when faced with emergencies and major incidents – depending on scale and circumstances. These arrangements will apply in an influenza pandemic, along with the supporting system and procedures described in this paper.
4. **Influenza Pandemic:** Influenza pandemic (IP) is an emergency of a scale far beyond what is normally expected. The widespread consequences of an IP disruption will not be confined to the health services. It is clear the emergency could extend over many weeks involving widespread illness, increased deaths, disruption to supplies, services and the business infrastructure and cause major public anxiety.
5. **Planning:** All agencies have plans and preparations for the serious threat to human welfare, social disruption and business continuity in the event of a PI emergency. The Local Resilience Forum (LRF) coordinates preparations and exercises across Thames Valley, supported by Oxfordshire Primary Care Trust (PCT) – the lead PCT for NHS EP across Thames Valley - with assistance from the HPA Health Protection Unit (HPU).

The TV Health EP Group (TVHEPG) coordinates EP preparations and response across the health organisations in Thames Valley. It reports to the Oxfordshire Primary Care Trust as the Lead PCT in Thames Valley and links into the TV LRF and for IP preparations has a sub committee called the TV Influenza Pandemic Committee (TVIPC). This committee is led by the Oxfordshire PCT's Director of Public Health (DPH)/ or his nominee.

The five PCTs across TV responsible for coordinating IP preparations are:

- Oxfordshire
- Berkshire West
- Berkshire East
- Buckinghamshire
- Milton Keynes

Each of the five PCT Directors of Public Health, operate a multi agency IP committee (IPC) and acts as or nominates a "PI Coordinator"

The role of the TVIPC is to link with the five TV PCT "IP Co-ordinators" (DsPH or their nominees) to ensure the health organisations across TV and their key partner agencies adopt a common approach to preparations and response, in keeping with the national IP guidance issued by DH and other national agencies.

The South Central Strategic Health Authority in their role as regional HQ of the NHS, will provide regional direction for the NHS and a key link with the Regional Resilience Forum and when

formed, the Regional Civil Contingencies Committee.

6. **Emergency Response: Gold Command/ Strategic Coordinating Group (SCG):** When an IP happens, the Government will implement the agreed alert arrangements – UK Alert level 1 (no cases in UK but heightened awareness given certainty UK will be affected) but could go straight to level 2 or 3, if outbreak starts in UK..

In Thames Valley, the police will maintain their normal co-ordinating role and procedures in an emergency response situation and will set up, support and chair the Gold/ SCG. The co-ordination of the longer Recovery phase of re-building communities and the supporting infrastructure would be led by the Local Authorities when appropriate.

In the initial stage of a IP alert, TVPIC would as a matter of urgency, be convened to “take stock” of the TV wide preparations and report to the TVHEPG. The lead PCT DPH as chair of TVHEPG, would report to and advise the Chief Executive of the lead PCT and the TV LRF and/ or TV SCG, on key issues and the system of emergency response and command and control for TV to be adopted – in accordance with national guidance, the TV IP Plan and as set out in this paper.

The “planning forums” would then be superseded by the agreed “emergency response” and “command and control” forums.

7. **Gold/ SCG “Health” Representation:**

There will be three levels of health representation at SCG:

- 7.1. “Health Management” – A senior executive level member of a PCT (usually Oxfordshire PCT). This person will work as a corporate member of SCG along with all other senior level partners on the SCG. They will advise on NHS capacity and resilience across Thames Valley health organisations. The senior executive level member of the PCT will be regular in contact with the Executive Director on Call at the Strategic Health Authority .
- 7.2. “Ambulance” – The normal default arrangements of the emergency services tri-partite response with a senior ambulance service rep would apply initially. The ambulance and PCT reps may, depending on circumstances, subsequently agree with SCG Gold Commander that ambulance stand down and “health” is represented by PCT
- 7.3. STAC – The chair of STAC would attend SCG (see next para)

8. **Scientific and Technical Advisory Cell (STAC):**

The chair of SCG – the Gold Commander - would set up a STAC, a specialist sub committee of SCG.

- 8.1. STAC would initially be chaired by the Director of Public Health from Thames Valley’s “lead PCT” (Primary Care Trust) – Oxfordshire PCT
- 8.2. Chairmanship would subsequently be carried out by nominated senior public health doctors and HPA Consultants in Communicable Disease Control (CCDC). While the generic STAC plan allows for chairs to be drawn from other agencies, in a IP the preceding would apply.
- 8.3. STAC would be supported by a “STAC Manager” and “STAC Admin” officer provided by the PCT/ HPA. *Note – this appears to be the likely outcome from a current national review of STAC guidance.*

9. **IP Silver Command: County and Unitary Authority Level Resilience Arrangements**

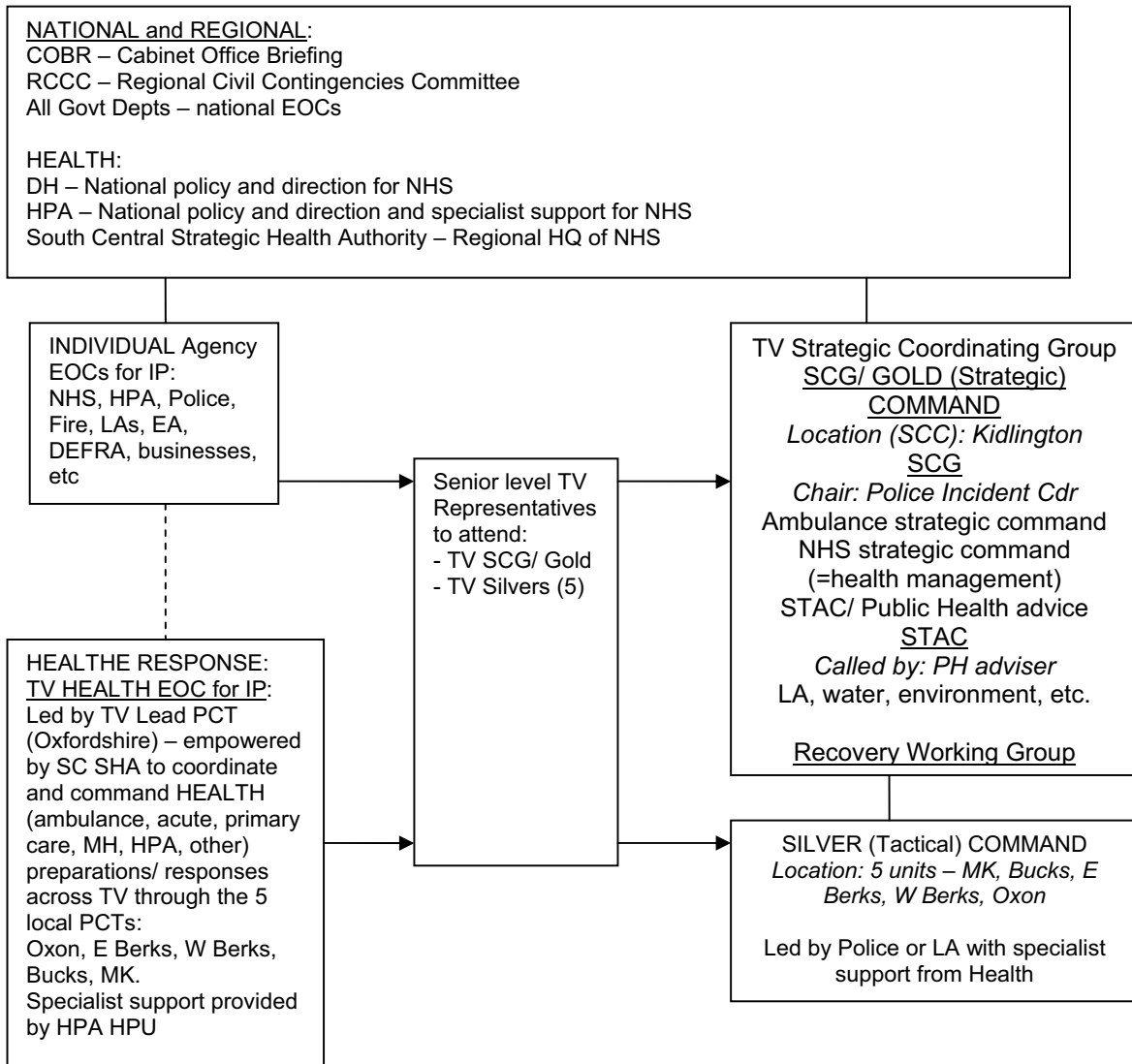
- 9.1. COBR, DH and other Govt departments will set policy direction and framework within which the RCCCs and LRF/ SCGs and all agencies will operate
- 9.2. Each of the TV IPCs would change to focus on NHS priorities and support each of the PCT IP Emergency Operation Centres (EOCs) – while maintaining appropriate links with key partner agencies.
- 9.3. Five IP Silvers would be set up by TV SCG as tactical level multi agency command centres – Oxon, E Berks, W Berks, Bucks, MK. These silvers would in effect mirror at

- 9.4. Each PCT would ensure suitable health representation at each Silver Command.
- 9.5. The chairing of the IP Silvers would be determined by Gold Command – who will set strategic direction and initial objectives. It appears likely that the chair would be drawn from the police or local authority. (*For discussion with LRF partners.*) The reasons for this are:
 - 9.5.1. The NHS and HPA – as with other agencies – will be implementing their own IP plans and implementing their own operational management and business continuity functions – within national policy and direction.
 - 9.5.2. Health advice will be available from STAC at SCG/ Gold, but with local expertise delivered to Silver by the PCT and HPA's Health Protection Unit (HPU)
 - 9.5.3. The major function of Silver is to look outward to assess requirements for responding agencies. Specifically, implications for business continuity across the agencies in relation to key supplies, services, supporting infrastructure and the implications for the local population.
 - 9.5.4. While the NHS and HPA will be responsible for providing their specialist advice and services, the LA and police agencies have a wider multi agency leadership/ coordination role – and as such should agree with the Gold Commander which of them should chair and service the Silver Command. It may be that Police lead at the outset with a relatively early handover to LA lead/ recovery
- 9.6. The IP Silver Commands will thus act as local Control Centres for the monitoring and coordination of local actions, resources and deployments. It will facilitate efficient communications between individual agencies for tactical/ silver and operational/ bronze level resources and to act as a single point of contact for non-medical enquiries

10. Thames Valley Command and Control Overview:

The following illustrates the command and control structure for Thames Valley

10). Thames Valley – IP Command & Control Structure



Authors:

Allan Bailey
Health Emergency Planning Advisor
TV Health Protection Unit

Linda Baker
TV PCTs Emergency Planning Officer,
Oxfordshire PCT)

Revised Version: October 2008

Section 10

Useful information / links

- [National](#)
 - [National framework for responding to an influenza pandemic](#)
 - [Explaining pandemic flu a guide from the CMO](#)
 - [Cabinet Office Scientific evidence paper](#)
- [International](#)
 - [WHO Global health preparedness guidance](#)
 - [FCO travel advice: Fact sheet for British National Overseas](#)
- [Regional / Local](#)
- [Sector Specific](#)
 - [Health and Social Care](#)
 - [Infection control guidance](#)
 - [Ethics](#)
 - [Management of Deaths](#)
 - [Education](#)
 - [Judicial Processes](#)

Health and Social Care

- [Pandemic influenza: surge capacity and prioritisation health services provisional guidance](#). Department of Health.
- [Pandemic influenza: guidance on preparing mental health services in England](#). Department of Health.
- [Pandemic influenza: Human resources guidance for the NHS](#). Department of Health.
- [Guidance on preparing acute hospitals in England](#). Department of Health.
- [Guidance on the provision of healthcare in a community setting in England](#). Department of Health.
- [An operational and a strategic framework planning for pandemic influenza in adult social care](#). Department of Health.
- [Guidance for social care staff: planning for pandemic influenza in adult social care](#). Department of Health.
- [Pandemic influenza and ambulance services guidance for ambulance services and their staffing England](#). Department of Health.

Infection Control Guidance

- [Infection control guidance for hospitals and primary care settings](#). Department of Health.
- [Infection Control Guidance for funeral directors](#). Department of Health.
- [Infection Control Guidance for cleaning staff and refuse collectors in non-health care settings](#). Department of Health.
- [Infection Control Guidance for the fire and rescue service](#). Department of Health.
- [Infection Control Guidance for the hospitality industry](#). Department of Health.
- [Infection Control Guidance for the police service](#). Department of Health.
- [Infection control guidance for day school and early years/ child care settings](#). Department for Children, Schools and Families.
- [Infection control guidance for childminders](#). Department for Children, Schools and

Families.

- [Infection control guidance in residential settings](#). Department for Children, Schools and Families.
- [Infection control guidance for Higher Education and Further Education](#). Department for Children, Schools and Families/ Department for Innovation, University and Skills.

Ethics

- [The Ethical framework for the response to pandemic influenza](#). Department of Health.

Management of Deaths

- [Planning for a Possible Influenza Pandemic – A Framework for Planners Preparing to Manage Deaths](#)
- [Guidance on the management of death certification and cremation certification](#) [External PDF, 330K]

Draft Guidance on the Operation of the Coroner System in England and Wales

- [Pandemic Influenza: Draft Guidance on the Operation of the Coroner System in England and Wales](#) [External website]

Local Registration Service Pandemic flu Guidance

- [Local Registration Service Pandemic flu Guidance](#) [External PDF]

Education / Childcare

- [Full guidance for schools, providers of childcare, early years and other children's services and Local Authority Children service departments](#). Department for Children, Schools and Families.
- [Summary version of guidance for schools](#). Department for Children, Schools and Families.
- [Summary version of guidance for childcare and early years providers](#). Department for Children, Schools and Families.
- [Model pandemic flu plan for schools](#). Department for Children, Schools and Families.
- [Model pandemic flu plan for further education colleges](#). Department for Children, Schools and Families/ Department for Innovation, Universities and Skills.
- [Guidance for further education colleges](#). Department for Children, Schools and Families/ Department for Innovation, Universities and Skills.
- [Guidance for Higher Education institutes](#). Department for Children, Schools and Families/ Department for Innovation, Universities and Skills.
- [Information for parents](#). Department for Children, Schools and Families. Department for Children, Schools and Families.
- [Infection control guidance for day school and early years/ child care settings](#). Department for Children, Schools and Families.
- [Infection control guidance for childminders](#). Department for Children, Schools and Families.
- [Infection control guidance in residential settings](#). Department for Children, Schools and Families.

Families.

- [Infection control guidance for Higher Education and Further Education](#). Department for Children, Schools and Families.

Judicial Processes

- [Pandemic Influenza Planning Guidance for agencies and others involved in the Justice System](#)