

**NHS England**  
**Midlands & East**

**Pandemic Influenza**  
**Concept of Operations**

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Version 1.0

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# **NHS England Midlands & East Pandemic Influenza Concept of Operations**

## **EPRR Planning Document**

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From 1 April 2013, with the agreement of the Secretary of State for Health, we adopted the name NHS England. This name gives people a greater sense of our role, scope and ambitions. Although in statute we remain the National Health Service Commissioning Board, we operate under the name of NHS England and will be referred to as such throughout the remainder of this document/contract.

This procedural document forms part of NHS England's commitment to create a positive culture of respect for all individuals including staff, patients, their families and carers as well as community partners. The intention is to identify, remove or minimise discriminatory practice in the areas of race, disability, gender, sexual orientation, age and 'religion, belief, faith and spirituality' as well as to promote positive practice and value the diversity of all individuals and communities.

Every corporate procedural document must include an assessment of the impact it will have on inequalities and on addressing health inequalities.

# Contents

- 1 POLICY STATEMENT..... 3
- 2 SUMMARY OF KEY LEGISLATION AND GUIDANCE ..... 5
- 3 NATIONAL FRAMEWORK..... 5
- 4 ROLES AND RESPONSIBILITIES..... 9
- 5 COMMAND AND CONTROL ..... 11
- 6 RECOVERY ..... 13
- 7 GOVERNANCE AND ASSURANCE ..... 14
- 8 DISTRIBUTION AND IMPLEMENTATION..... 15
- 9 MONITORING ..... 15
- 10 EQUALITY AND HEALTH INEQUALITIES ANALYSIS ..... 15
- 11 ANNEX 1 – Communications ..... 17
- 12 ANNEX 2 - Directorate and Team Activity..... 20

## 1 POLICY STATEMENT

The NHS needs to be able to plan for and respond to a wide range of incidents and emergencies that could affect health or patient care. These could be anything from extreme weather conditions to an infectious disease outbreak or a major transport accident. This is underpinned by legislation contained in the Civil Contingencies Act 2004 and the Health & Social Care Act 2012. This work is referred to in the health service as 'emergency preparedness, resilience and response' (EPRR)

Influenza pandemics have occurred at irregular intervals throughout history, three in the last century. Each of these events was associated with illness, deaths and general societal disruption far in excess of that experienced in a 'normal' winter. The H1N1 (2009) pandemic does not reduce the likelihood of a future pandemic virus appearing; a further pandemic is thought to be inevitable. There may not be much warning and therefore advanced planning is essential for a smooth response. An influenza pandemic arises when an entirely new strain of influenza virus emerges to which most people are susceptible. Thus it is able to spread widely.

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

## 2 SUMMARY OF KEY LEGISLATION AND GUIDANCE

- The Civil Contingencies Act 2004 and associated Cabinet Office Guidance
- The Health and Social Care Act 2012
- The NHS Constitution
- The requirements for EPRR as set out in the NHS Standard Contract(s)
- NHS England EPRR guidance and supporting materials including:
  - NHS England Core Standards for Emergency Preparedness, Resilience and Response
  - NHS England Business Continuity Management Framework (service resilience)
  - Operating Framework – Response to pandemic influenza (October 2013)
  - Pandemic Influenza – NHS guidance on the current and future preparedness in support of an outbreak (November 2014)
  - Roles and Responsibilities of CCGs in pandemic influenza (December 2013)
- Public Health England - Pandemic Influenza response plan and strategic framework (August 2014)
- National Occupational Standards for Civil Contingencies
- BS ISO 22301 Societal security – Business continuity management systems

## 3 NATIONAL FRAMEWORK

The NHS England “NHS guidance on the current and future preparedness in support of an outbreak” outlines the following assumptions and structures.

### 3.1 Baseline planning assumptions

Plans must be sufficiently flexible to cope with a range of possible outcomes. Planning assumptions are based on a reasonable worst-case-scenario of:

Clinical Attack Rate	Once established in the UK, sporadic cases & clusters will be occurring across the county in 1-2 weeks.  Up to 50% of the population could experience symptoms of pandemic influenza during one or more pandemic waves lasting 15 weeks, although the nature and severity of the symptoms would vary from person to person  Age-specific impact is difficult to predict in advance. In the UK in 1918 & 2009 pandemics, there was a shift in terms of morbidity and mortality towards younger adults.
Peak Attack Rate	During the peak around 10% of local population could become ill per week
Hospital Admission	Up to 4% of those symptomatic may require hospital admission
Case Fatality Rate	Up to 2.5% of those with symptoms dying as a result of influenza, assuming no effective treatment was available  Younger age groups may account for proportionally more mortality in influenza pandemics than in seasonal influenza epidemics.
Absentee Rate	Up to 20% in peak weeks (up to 35% in smaller teams)  Up to 50% of staff may be affected over the period of the pandemic, either directly by the illness or by caring responsibilities, creating potential pressures on the response.
Vaccine	No vaccine will be available for 4-6 months

### 3.2 Pandemic Influenza stages

The UK National Framework for Pandemic influenza identifies the following stages in the development of a pandemic.

### 3.3 Initial phase - pandemic impact unknown at this stage

At this stage, the nature and scale of the illness may be sporadic influenza cases reported from the community. Possible limited local outbreaks in schools or care homes. Possible increased proportion of critical care cases with influenza.

### 3.3.1 Low impact

Similar numbers of cases to moderate or severe seasonal influenza outbreaks AND In the vast majority of cases – mild to moderate clinical features

### 3.3.2 Moderate impact

A higher number of cases than a large seasonal epidemic. Young healthy people and those in at-risk groups severely affected AND/OR more severe illness

### 3.3.3 High impact

Widespread disease in the UK AND/OR most age-groups affected AND/OR severe, debilitating illness with or without severe or frequent complications

## 3.4 Phases

Whatever the impact or whatever the international position, a UK approach to the indicators for action in a future pandemic response has been developed. This takes the form of a series of phases, named:

### **Detection, Assessment, Treatment, Escalation and Recovery.**

The phases are not numbered as they are not linear, may not follow in strict order, and it is possible to move back and forth or jump phases. It should also be recognised that there may not be a clear delineation between phases.

## 3.5 Detection

This phase would commence on either the declaration of the current WHO phase 4 or earlier on the basis of reliable intelligence.

The focus in this stage would be:

- Intelligence gathering from countries already affected.
- Enhanced surveillance within the UK.
- The development of diagnostics specific to the new virus.
- Information and communications to the public and professionals

### 3.6 Assessment

The focus in this stage would be:

- The collection and analysis of detailed clinical and epidemiological information on early cases, on which to base early estimates of impact and severity in the UK.
- Reducing the risk of transmission and infection with the virus within the local community by:
  - actively finding cases;
  - self-isolation of cases and suspected cases; and
- Treatment of cases / suspected cases and use of antiviral prophylaxis for close / vulnerable contacts, based on a risk assessment of the possible impact of the disease.

The indicator for moving from this stage would be evidence of sustained community transmission of the virus, i.e. cases not linked to any known or previously identified cases.

### 3.7 Treatment

The focus in this stage would be:

- Treatment of individual cases and population treatment via the National Pandemic Flu Service (NPFS), if necessary.
- Enhancement of the health response to deal with increasing numbers of cases.
- Consider enhancing public health measures to disrupt local transmission of the virus as appropriate, such as localised school closures based on public health risk assessment.
- Depending upon the development of the pandemic, to prepare for targeted vaccinations as the vaccine becomes available.

### 3.8 Escalation

The focus in this stage would be:

- Escalation of surge management arrangements in health and other sectors.
- Prioritisation and triage of service delivery with aim to maintain essential

services.

- Resiliency measures, encompassing robust contingency plans.
- Consideration of de-escalation of response if the situation is judged to have improved sufficiently.

### 3.9 Recovery

The focus in this stage would be:

- Normalisation of services, perhaps to a new definition of what would constitute 'normal service'.
- Restoration of business as usual services, including an element of catching-up with activity that may have been scaled-down as part of the pandemic response e.g. reschedule routine operations.
- Post-incident review of response, and sharing information on what went well, what could be improved, and lessons learnt.
- Taking steps to address staff exhaustion.
- Planning and preparation for resurgence of influenza, including activities carried out in the Detection phase.
- Continuing to consider targeted vaccination, when available
- Preparing for post-pandemic seasonal influenza

## 4 ROLES AND RESPONSIBILITIES

This document will provide a foundation on which to establish the command and control of an influenza pandemic. It is essential that the structure is kept as streamlined as possible whilst ensuring there are clear lines of command control and co-ordination for all of the issues likely to arise. The usual processes for strategic and tactical co-ordination at local levels will be followed. A number of organisations will have additional and specific roles and responsibilities. These include:

### 4.1 NHS England

NHS England will

- Convene Incident Management Team (IMT) at the appropriate levels with appropriate representation to oversee command, control, coordination and communication with the public, NHS and partners during a pandemic

response appropriate to the current and predicted impact of the event. See **Annex 1**.

- provide leadership to the NHS response, coordinate the strategic response across the health portfolio locally, and oversee the local response
- agree the appropriate level of response for the NHS locally and ensure the NHS and relevant partners are kept appropriately apprised of the evolution of the situation
- ensure the most effective deployment of available resources through adapting the response according to capacity and managing the NHS response to surge, including ensuring the commissioning additional NHS capacity where required (e.g. ICU (through CCGs), ECMO (through NHS England Specialised Commissioning)). **See Annex 2**.
- maintain the on-call systems and capacity in the event of concurrent major incidents
- provide support and guidance to local NHS organisations and partners as necessary
- oversee the local management of ACPs, including confirmation of locations, and ensuring local stock management, ACP governance and reporting information to the centre
- oversee PPE storage, stock management and distribution to local providers reach agreement on the vaccine delivery arrangements including the contract arrangements with GPs
- appropriately enact any agreements with independent or voluntary health sector providers to support local NHS providers
- manage any pandemic influenza specific vaccination campaign
- monitor and collate information from providers of NHS funded care through regular situation reports (SitReps) as directed and as appropriate to the situation
- act as a conduit for information from DH, NHS England National, regional teams, LRFs and other fora to the local NHS and other partners
- convene a recovery team with appropriate representation to oversee a return to normal business functioning both within NHS England and across providers

## 4.2 Clinical Commissioning Groups

The Clinical Commissioning Groups (CCGs) will:

- support the national pandemic response arrangements as laid out in Department of Health and NHS England guidance issued prior to or during a pandemic occurring
- in line with other guidance, ensure 24/7 on-call arrangements remain robust and maintained, particularly with respect to surge and responding to major incidents

- lead the management of pressure surge arrangements with their commissioned services as a result of increased activity as part of the overall response
- support NHS England Regional Teams in the local coordination of the response, e.g. through tried and tested surge capacity arrangements, appropriate mutual aid of staff and facilities, and provision of support to the management of clinical queries
- as necessary share communications with locally commissioned healthcare providers through established routes
- participate in the multi-agency response as appropriate and agreed with NHS England Regional Teams to ensure a comprehensive local response
- maintain close liaison with local NHS England colleagues, particularly when considering changes to delivery levels of NHS commissioned services
- enact business continuity arrangements as appropriate to the developing situation to ensure critical activities can be maintained
- maintain local data collection processes to support the overall response to the pandemic, including completion and submission of relevant situation reports and participation in coordination teleconferences
- throughout the pandemic, undertake and contribute to appropriate, timely and proportionate debriefs to ensure best practice is adopted through the response

## 5 COMMAND AND CONTROL

Full detail of the command and control of the NHS in England are detailed in the EPRR Framework available from the NHS England website; in the case of “hot-spot” pandemic activity usual surge and escalation systems will be used. Due to the potential impact on the NHS, Pandemic Influenza will be declared a Level 4 Incident as defined in the framework. Responses at Alert Level 4 will require national NHS England command, control and coordination of the NHS across England. Tactical command will remain with local responding organisations, as appropriate (including during the emerging stages of a pandemic).

Midlands and East will have a single Incident Co-ordination Centre function that will be the conduit for communication between the national team and the tactical / county / local level response being led by CCGs, and may include ICCs on Local Team footprints. The nature, location and staff required for this ICC will be dependent upon the impact of the pandemic across the region (i.e. this may be based upon local hotspots early in the pandemic, and multiple locations may be needed in the event of a full pandemic with large numbers affected). Application of business continuity plans will ensure that the regional workload is shared across the regional team to ensure critical functions are maintained.

The PI-IRT will be responsible for a number of activities to deliver the NHS response. In line with the national strategy, these will be flexed to meet demands, and some may not be relevant to all DATER stages. These include (but are not limited to) to:

- oversee and coordinate the response of the NHS appropriate to the current and predicted impact
- ensure the NHS and partners are kept apprised of the evolving situation
- oversee the most effective deployment of available resources through adapting the response according to capacity
- ensure that NHS England (Midlands & East) Directorates and Teams enact their business continuity plans and mobilise resources appropriately as necessary
- ensure prompt and timely establishment of a Pandemic Influenza Recovery Working Group (PI-RWG – see section 6) to run in parallel with the response
- set the strategy for the PI-RWG
- provide progress updates and assurance regarding the NHS response in the Midlands & East to the NHS England (Midlands & East) Regional Executive Team (RET)
- liaise with NHS England National, and neighbouring Regional and Local Teams to support the local response, securing mutual aid if required
- act as a central point of contact for stakeholders and partners (i.e. NHS provider and commissioning organisations, NHS England (National), the Department of Health, Public Health England (PHE), and the wider multi-agency partnership through Local Resilience Fora
- ensure appropriate escalation and two way communication of relevant issues and decisions
- oversee the delivery of pandemic-specific aspects of the response; this includes, but is not limited to, antiviral distribution, pandemic specific vaccination campaign, and personal protective equipment (PPE) distribution
- manage the NHS response to pandemic-related surge; ensuring the commissioning of additional NHS capacity where required (e.g. intensive care capacity (through Clinical Commissioning Groups (CCGs) and extra corporeal membrane oxygenation (ECMO) capacity (through NHS England Specialised Commissioning))
- oversee the management of Region-wide critical care resources and surge capacity demands through appropriate discussion, escalation and resource allocation
- with communications colleagues, coordinate Region-wide NHS messages to ensure consistent, clear and timely dissemination of information and guidance to the NHS, partners, the public and the media
- collate and analyse information for submission to NHS England (Central) and other bodies as appropriate related to pressures and capacity within the NHS in Midlands & East

The initial Pandemic Influenza IRT (PI-IRT) may be composed of on-call staff, however similar roles will be required throughout the response. As a minimum, the following should be identified:

- Incident Director

- Incident Manager
- EPRR lead
- Communications lead/ liaison
- Administrative Support
- Operations & Delivery lead
- Data Analyst

The PI-IRT will need to be supported by staff from across the organisation, for example, within the Medical and Nursing Directorates and HR team. Staff with additional skills will be co-opted to support the PI-IRT as and when necessary. The Incident Director will need regular meetings with the representatives of supporting Directorates and Teams to ensure coordinated management of external and internal issues. The frequency of such meetings will be determined by demand.

There will be regular engagement with Public Health England locally and regionally and multi-agency partners to ensure the best possible response for patients. This may be through regular meetings/ teleconferences or embedded liaison officers as appropriate to reflect pressures and escalation arrangements.

## 6 RECOVERY

A Pandemic Influenza Recovery Working Group (PI-RWG), with appropriate representation from Directorates and Teams, will be established to enable a timely return to business as usual within NHS England (Midlands & East) and across NHS providers and commissioners in London. The PI-RWG may continue to be supported by the PI-IRT or may wish to establish parallel systems (either is appropriate) however it is essential that the potential for future waves of activity is reflected in recovery management.

The PI-RWG will:

- oversee a timely return to business as usual within NHS England (Midlands & East) and Midlands & East's NHS providers and commissioners
- determine who represents the NHS on local multi-agency recovery groups (from NHS England (Midlands & East) and from local organisations)
- represent the NHS at the regional multi-agency Recovery Steering Group

All Directorates and Teams will need to:

- acknowledge the contributions of staff and review their welfare
- seek to return to business as usual processes (both internally and for those provider and commissioning organisations they interact with)
- undertake comprehensive debrief activities to identify lessons to update incident response arrangements
- address overdue activities that were put on hold during the response, without

- compromising ongoing delivery
- review pan-London and local resources and capabilities
- ensure an appropriate level of preparedness is maintained in the event of subsequent waves or of increased seasonal influenza activity

Detailed recovery activities that may not apply to all Directorates / Team(s) include, but are not limited to:

- reviewing SLAs with providers
- considering mutual aid within and between regions
- ensuring retrospective finance governance arrangements if necessary and that accounting and finance reporting meets national requirements
- being prepared to provide detailed reports to NHS England (National) regarding overall costs of the pandemic
- maintaining monitoring of staff absence and for any increase in influenza like illness
- assessing the recall of public health messaging by the public and key stakeholders
- maintaining reporting and surveillance monitoring as required
- reviewing the effectiveness of antiviral and personal protective equipment distribution, and of vaccination campaigns
- ensuring provision of advice is available to patients on how to access influenza treatment (if required) once the NPFS has been deactivated
- reviewing activities relating to mitigating a resurgence, e.g. vaccination campaigns
- overseeing the step down of the ACP system
- maintaining readiness to respond to any secondary public health situations/ outbreaks (e.g. a localised communicable disease outbreak)
- emphasising the benefits of the vaccination campaign to staff and the public to reduce the likelihood of secondary waves of infection
- working with independent sector providers as necessary to reduce any case backlogs, for example in areas of specialised commissioning

## 7 GOVERNANCE AND ASSURANCE

The minimum requirements which NHS funded organisations must meet are set out in the “NHS England Core Standards for EPRR”. These standards are in accordance with the CCA and the HSCA 2012 and the Cabinet Office “Expectations and Indicators of Good Practice set for category 1 and 2 responders”. An elements of pandemic influenza response are contained within these standards and in collaboration with LHRPs NHS England will ensure that an annual assurance program is undertaken to assure organisational and system ability to respond.

## 8 DISTRIBUTION AND IMPLEMENTATION

This Concept of Operations applies to NHS England Midlands & East and the NHS and NHS-funded organisations in the Midlands & East region. It will be published via the Regional Head of EPRR.

## 9 MONITORING

<b>Q1. Strategic Plan</b>
All strategic processes will be monitored
<b>Q2. Position responsible for monitoring</b>
Regional Head of EPRR
<b>Q3. Method</b>
Supervision will be conducted by the Regional Executive team via regional EPRR Leads Network
<b>Q4. Frequency</b>
Monitoring take place annually
<b>Q5. Reporting arrangements – Committee/Group that monitoring is reported to, including responsibility for action plans</b>
The regional EPRR Leads Network will provide a bi-annual progress report to the regional executive team.

## 10 EQUALITY AND HEALTH INEQUALITIES ANALYSIS

This procedural document forms part of NHS England’s commitment to create a positive culture of respect for all individuals including staff, patients, their families and carers as well as community partners. The intention is to identify, remove or minimise discriminatory practice in the areas of race, disability, gender, sexual orientation, age and ‘religion, belief, faith and spirituality’ as well as to promote positive practice and value the diversity of all individuals and communities.

Significant and major incident planning and response arrangements consider all sections of society: relationships, race, disability, gender, sexual orientation, age,

beliefs and diversity. Further advice can be obtained from the Equality & Health Inequalities Team.

# ANNEX 1 – Communications

## Background

There are important differences between ‘ordinary’ seasonal flu and pandemic flu. These differences explain why the Government regards pandemic influenza as such a serious risk. Influenza pandemics present a real and daunting challenge to the economic and social wellbeing of any country, as well as a serious risk to the health of its population.

Pandemic influenza is one of the most severe natural challenges likely to affect the UK, but sensible and proportionate preparation and collective action by the Government, essential services, businesses, the media, other public, private and voluntary organisations and communities can help to mitigate its effects.

Effective communications – at national, regional and provider level – will form a key part of the NHS response to any future outbreaks of pandemic influenza, or similar infectious disease, in order to keep staff, patients and the wider public well informed about the steps the NHS and its key health partners are taking to manage the pandemic and how best to access NHS services.

## Communications Challenges

An outbreak of pandemic influenza presents specific challenges for communication that are not common to other major incidents/emergencies or campaigns:

Consistency of messaging will be a major challenge because of the large number of organisations – inside and outside the NHS – who would be involved in the response – which creates a real risk of different organisations releasing conflicting information that confuses key audiences and undermines confidence in the response. It is therefore essential that all organisations understand their role in a response to an influenza pandemic – both operationally and in terms of communications.

It is also likely that there will be many myths and misconceptions about the virus, its impact, and treatment/ vaccine interventions. These may well be followed with criticism and negativity about the response as audiences challenge the proportionality of a response. This situation is likely to be exacerbated by the proliferation of communications and social media channels – and will require a proactive, multi-faceted communications strategy to ensure we engage effectively across all these channels.

There will be significant uncertainty, particularly at the start, and our understanding of the virus and patients affected will evolve over time as we glean more information. The extended duration of a pandemic (anticipated to be around three months) and the potential for repeated waves of activity. This in itself presents challenges in keeping key audiences interested and well informed for the duration of the pandemic.

## Purpose

The purpose of this strategy, and its supporting documents, is to guide NHS communications and engagement with the public, wider NHS and Local Resilience Fora partners in the event of an outbreak of pandemic influenza, and therefore address the following issues:

### Roles and responsibilities:

- To set out the communications responsibilities, at an organisational level, between NHS England and other key health partners including the Department of Health and Public Health England.
- To provide a clear communications framework within NHS England and the wider NHS, in order to deliver the NHS dimensions of any communications response to an influenza pandemic as effectively as possible.

### Communications objectives

- To provide a clear set of communications objectives that should help to shape the NHS's response to an influenza pandemic, whilst still being flexible and applicable to different circumstances, given that an outbreak of pandemic influenza could develop in different ways.

### Audiences

- To identify the key audiences that NHS England and the wider NHS will need to engage will effectively in order to support the operational response to an influenza pandemic.

### Risks

- To identify the key communications risks that NHS England, and the wider NHS will need to be aware of and able to mitigate, during influenza pandemic.

### Resourcing

- To ensure that all NHS organisations understand the resourcing implications and demands an influenza pandemic would place on their communications teams
- To ensure that all organisations have robust business continuity systems in place and can continue to communicate effectively during an influenza pandemic

### Messaging:

- To provide a comprehensive set of template messages and supporting web-pages and other digital tools that can be adapted and utilised if necessary.
- To set out a clear sign off framework, so that NHS organisations understand what aspects of communications they have autonomy over and what requires approval

### Delivery

- To identify the key tools and channels that NHS England will need in order to communicate effectively with all its key audiences.
- To provide an outline NHS England communications plan that can be implemented in the event of a pandemic influenza outbreak

### Activation

- To provide a clear process for putting this strategy, and related communications plans, in motion in a manner that is fully in line with the wider operational response, and synchronised with key partners within the health system.

The Strategy and supporting documentation can be found at [ ]

## ANNEX 2 - Directorate and Team Activity

Individual Directorates and Teams in NHS England (Midlands & East) have identified specific roles and responsibilities that will be required of them before, during and after a pandemic. The table below identifies the anticipated key roles and responsibilities at the Detect, Assess, Treat and Escalate stages of the response.

DIRECTORATE	ACTIVITY	D	A	T	E
ALL DIRECTORATES	Ensure consistency with NHS England national pandemic guidance	x	x	x	x
	Maintain core business functions as identified in the NHS England (Midlands & East) Business Continuity Plan (BCP)	x	x	x	x
	Facilitate flexible working for all staff members as appropriate			x	x
	Participate in Region-wide NHS command, control, communication and coordination (C4) arrangements through liaison with the PI-IRT	x	x	x	x
	Provide support, guidance and information to local NHS organisations and partners as appropriate	x	x	x	x
	In partnership with PHE, disseminate scientific, epidemiological and operational guidance and strategic direction to all NHS organisations	x	x	x	x
	Enact agreements with third and private sector as necessary			x	x
	Ensure any conflicting loyalties do not hinder the response	x	x	x	x
CORPORATE / BUSINESS OFFICE	Support PI-IRT through internal BCP functions	x	x	x	x
MEDICAL	In partnership with PHE, provide leadership to networks regarding national strategies around clinical countermeasures, e.g. antivirals, vaccination etc.	x	x	x	x
	With primary care commissioning, ensure arrangements are in place to identify, investigate, report and manage suspect cases in the UK, according to PHE protocols and operational plans	x	x		
	Ensure equipment distributed to practices from national stockpiles has clear instructions for use			x	x
	Provide a single point of contact for practices to discuss issues with NHS England	x	x	x	x
	With nursing, identify and investigate any patient safety related serious incidents related to delivery of the pandemic response	x	x	x	x
	Ensure equitable monitoring and operational response mechanism is in place for any move to triage by resource (as opposed to triage for outcome) for critical care demand		x	x	

DIRECTORATE	ACTIVITY	D	A	T	E
<b>NURSING</b>	Provide leadership and support for nursing leaders across all NHS funded organisations	x	x	x	x
	With primary care commissioning, ensure arrangements are in place to identify, investigate, report and manage suspect cases in the UK, according to PHE protocols and operational plans	x	x		
	Use clinical and professional networks to communicate routine and targeted messages	x	x	x	x
	With medical, identify and investigate any patient safety related serious incidents related to delivery of the pandemic response in London'	x	x	x	x
	Provide advice on nursing issues, training etc.	x	x	x	x
<b>FINANCE</b>	Be prepared to provide reports to NHS England (National) regarding cumulative costs of the pandemic response			x	x
<b>HUMAN RESOURCES</b>	Support NHS provider organisations with the dissemination and interpretation of HR guidance	x	x	x	x
	Work with the employee assistance programme provider to maintain sufficient capacity to support staff	x	x	x	x
	Monitor staff shortages across the NHS in the South Region	x	x	x	x
<b>PATIENTS AND INFORMATION</b>	Support Region-wide and local media handling and the provision of information to patients, public, partners and NHS staff	x	x	x	x
	Activate regional and local arrangements to ensure clear and timely dissemination of information to health organisations, the public and the media	x	x	x	x
<b>Communications</b>	In partnership with PHE, agree and distribute coordinated public health messages to staff, the public and patients	x	x	x	x
	Roll out national communications campaign materials and messages as directed	x	x	x	x
	<i>Coordinate messages in line with other emergency response partners and NHS organisations locally and/ or regionally to ensure the NHS is speaking with 'one voice'</i>	x	x	x	x
	Provide support to NHS spokespeople, including providing the latest lines to take and FAQs	x	x	x	x
	Following agreed protocols, issue regularly updated information to media and stakeholders to help manage demand for information and inform media coverage	x	x	x	x
	Enact the communications major incident plan	x	x	x	x
	Ensure public facing campaigns clearly identify appropriate contact routes to 111			x	x
	Provide support for public awareness campaigns, e.g. to encourage 'worried-well' or people with mild			x	x

DIRECTORATE	ACTIVITY	D	A	T	E
	symptoms, to choose appropriate services				
<b>OPERATIONS AND DELIVERY</b>					
	Through commissioning, ensure the 111 directory of services (DOS) accurately reflects provision of services (including Antiviral Collection Points (ACPs)) across the Region		x	x	x
	With NHS England (Midlands & East), Trust Development Agency and Monitor, agree and enact appropriately any target changes			x	x
	Through commissioners, move 111 call centres to pandemic influenza pathways			x	x
<b>Assurance</b>	Review information from CCGs in relation to A&E and other key performance indicators and manage surges in pressures			x	x
	Devise and monitor, if required, further short term special project performance indicators to track service delivery			x	x
	Ensure CCGs work collaboratively, including cross regionally as appropriate, to deliver the most effective deployment of available resources to manage demand			x	x
	Facilitate decision making on the provision of NHS services, service priorities and suspension of targets			x	x
	Undertake regular conversations with CCGs to ensure system-wide awareness of pressures and capabilities			x	x
<b>Business Intelligence</b>	Support uptake and monitoring of data to provide timely and accurate reports to NHS England (National) and partners		x	x	x
<b>CCG rectification</b>	Facilitate decision making on the provision of NHS services, service priorities and target suspension	x	x	x	x
	Consider temporary reconfiguration of service provision to reflect local need	x	x	x	x
<b>EPRR</b>	Convene a PI-IRT to oversee NHS command, control, communication and coordination and partner engagement	x			
	Align Midlands & East strategies and tactics with national guidance and processes, communicating change when necessary	x	x	x	x
	Act as the headquarters of the Midlands & East - wide NHS response, coordinate the strategic response across the health portfolio in Midlands & East	x	x	x	x
	Maintain the ability of NHS England (Midlands & East) and the NHS in the Region to respond to major incidents/ emergencies through maintaining on-call systems	x	x	x	x

DIRECTORATE	ACTIVITY	D	A	T	E
	Maintain links with LRFs and contribute to the Region-wide common recognised picture of information	x	x	x	x
<b>Primary Care Commissioning</b>	Work with colleagues in the nursing and medical directorates as appropriate to engage with the range of primary care provider staff	x	x	x	x
	With medical and nursing, ensure arrangements are in place to identify, investigate, report and manage suspect cases in the UK, according to PHE protocols and operational plans	x	x		
	Manage ACPs, including confirmation of locations, managing stock, running the ACPs, governance and information to the centre	x	x	x	x
	Oversee PPE storage, stock management and distribution to local providers			x	x
	identify and investigate any breaches of contractual agreements related to the delivery of the primary care aspects of the pandemic response in London	x	x	x	x
	Manage any pandemic influenza specific vaccination campaign			x	x
<b>Public Health &amp; Offender Health</b>	Support PHE in managing initial outbreaks at the very start of a pandemic	x	x		
	Support vaccination and antiviral delivery	x	x	x	x
	Monitor and collate information about vaccine uptake and antiviral distribution			x	x
	Support providers of Offender Health through the dissemination of scientific, epidemiological and operational guidance	x	x	x	x
	Prioritise vaccines and mass healthcare immunisations			x	x
<b>Specialised commissioning</b>	Monitor ECMO capacity			x	x
	Activate ECMO surge plan when required			x	x
	Identify whether staff can be relocated between sites/ trusts to areas of greatest need re provision of specialised services e.g. ECMO			x	x