LONDON BOROUGH OF TOWER HAMLETS

Multi Agency Viral Pandemic Plan 2020

Document Control

This Multi-Agency Viral Pandemic Plan is prepared, maintained and updated by **Tower Hamlets Public Health.**

The intended audience of this plan is to all Category 1 and Category 2 Responders under the Civil Contingencies Act 2004 and key voluntary response organisations.

This plan will be updated on an annual basis. However new risk assessment, lessons identified from incidents or exercises, restructuring of organisations or changes in key personnel should also prompt updates to the plan. Therefore all responders must advise the team of any changes in circumstances that may materially affect the plan in any way.

Any updates and modifications of this plan will be approved by the Borough Resilience Forum (BRF)and the Public Health England North East and North Central London Health Protection Team. This is an updated version of the 2018 Plan and formal adoption is pending approval of the BRF- any further amendments should be sent to keith.williams@towerhamlets.gov.uk.

Contents

1. Introduction

This plan provides the framework for coordinating London Borough of Tower Hamlets' multi-agency response to a viral pandemic. The information within this plan is designed to both complement individual agencies' own arrangements and support integrated preparedness and response and is aligned to the London Resilience Partnership Pandemic Influenza Framework version 7.0.

The principles within this plan should be relevant to planning and responding to a variety of pandemic viral infections e.g. Coronavirus. However, any planning assumptions need to be carefully reviewed to ensure the routes of infection, incubation periods and responses reflect the nature of the specific pandemic.

1.1 Aim

The aim of this plan is to detail arrangements for managing the response in the London Borough of Tower Hamlets to a viral pandemic, and provide guidance to enable Category One and Category Two organisations alongside voluntary agencies to respond effectively.

1.2 Objectives

The main objectives of this plan are to:

- Identify trigger points for escalation
- Provide strategic leadership as part of a multi-agency response
- Identify the roles and responsibilities of partner agencies
- Provide a framework for communications between responding agencies to ensure an integrated response
- Detail procedures for determining pressure points that may arise during a pandemic

1.3 Relationship to other plans

This document supports, and should be read in conjunction with:

- London Resilience Partnership Pandemic Influenza Framework v 7.0(May 2018) and
- London Resilience Partnership Novel Coronavirus Response Framework v1 7 February 2020 (further update pending)
- Department of Health; UK Influenza Pandemic Preparedness Strategy (2011)
- Cabinet Office: Preparing for Pandemic Influenza-Guidance for Local Planners (2013)
- Individual organisations' pandemic influenza response plans London Recovery Management Protocol

(https://www.london.gov.uk/sites/default/files/london_recovery_management_protocol_2016-1.0.pdf)

- Faith Communities and Pandemic Flu: Guidance for faith communities and local influenza pandemic committees https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/7618/1219379.pdf
- London Pandemic Influenza Framework www.london.gov.uk/sites/default/files/london_pan_flu_framework_v7_may_2018_0.pdf (
- Pandemic influenza checklist for businesses (https://www.gov.uk/government/publications/pandemic-flu-checklist-for-businesses)
- Planning for a possible flu pandemic: a framework for planners preparing to manage deaths (https://www.gov.uk/government/publications/planning-for-a-possible-flu-pandemic-a-framework-for-planners-preparing-to-manage-deaths)
- Preparing for Pandemic Influenza Guidance for Local Planners (https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/225869/Pandemic_Influenza_LRF_Guidance.pdf)
- The UK Influenza Preparedness Strategy 2011 (https://www.gov.uk/government/publications/responding-to-a-uk-flu-pandemic) and supplementary guidance here (https://www.gov.uk/government/publications/review-of-the-evidence-base-underpinning-the-uk-influenza-pandemic-preparedness-strategy)
- UK Pandemic Influenza Communications Strategy 2012 (https://www.gov.uk/government/publications/communications-strategy-for-uk-flu-pandemics)

1.4 Plan Maintenance Procedures

Validation

This plan should be tested via exercise or other appropriate testing event with relevant stakeholders. The following evidence is required to prove this validation:

- Post exercise report including actions, recommendations, and record of attendees.
- Incident reports (after a real plan activation).

Training / Exercise

- Once validated, training requirements (i.e. content, skills, frequency, etc.) should be identified and an appropriate training package designed.
- Training and exercises should be scheduled and conducted on a frequency based on risk for all staff necessary to activate this plan.
- This plan can be exercised alongside other individual agency, and multi-agency plans.
- Organisations will ensure the appropriate number of staff are available to support the delivery and participate to meet expected outcomes in the above exercises.

2. Planning and Preparedness

Background

2.1. Infectious viral illnesses can spread rapidly from person to person when in close contact.

2.2. A future pandemic could occur at any time and originate anywhere in the world.

2.3. A pandemic may occur over waves, some weeks or months apart. The second or a subsequent wave could be more severe than the first.

2.4. A pandemic occurs when a novel virus emerges against which the human population has little or no immunity; global spread is thus considered inevitable.

2.5. The incubation period will vary depending on the virus and is an important consideration.

2.6. The infectious period is also important to inform action taken.

2.7. All ages are likely to be affected, but usually certain population groups will be at relatively greater risk. The exact pattern will only become apparent as the pandemic progresses.

2.10. The actual clinical attack rate of the virus will only become evident as person-to-person transmission develops however this number is likely to be higher in closed communities – depending on the virus, this include settings such as prisons, residential homes and boarding schools.

2.11. A range of pharmaceutical (antivirals, vaccines, other medicines) and non-pharmaceutical (personal protective equipment, hygiene measures, social distancing) interventions may be available. Vaccines are unlikely to be available at the beginning of a pandemic, and therefore the other interventions are particularly key for the first wave.

2.12. In addition to their potential to cause serious harm to human health, pandemics can cause wider societal and economic damage and disruption. Social disruption may be greatest when rates of absenteeism impair essential services.

3. Planning Assumptions

3.1. *Preparing for Pandemic Influenza – Guidance for Local Planners* (2013) lays out key planning assumptions. There are a number of issues raised within the assumptions which planners should note.

 The use of common assumptions across the resilience partnership is important to avoid confusion and facilitate an integrated approach to preparation. However, one of the main challenges faced by those planning for a viral pandemic is that the nature and impact of the virus cannot be known until it emerges and has affected a significant number of people

 All impact predictions are therefore estimates – not forecasts – made to manage the risks of a pandemic. The actual impact may be very different.

 Response arrangements must be flexible and able to deal with a range of possibilities and adaptable for a wide range of scenarios, not just the “reasonable worst case”.

3.2. Planners should not assume that the 2009/10 pandemic is representative of future viral pandemics. A more virulent strain of a virus, and therefore more severe pandemic, could still occur at any time.

3.3. As the 2009/10 influenza pandemic showed, the demands of the pandemic are unlikely to be uniform, and different areas may be under differing degrees of pressure at different times, requiring flexibility of approach.

3.4. Local epidemics may be over faster and be more highly peaked than the national average.

3.5. Whilst there is likely to be local variability, local planners should plan to the peak of the wave.

3.6. Specific pandemic guidance in respect of planning and response is available on Gov.UK for the following sectors

 Telecommunications

 Energy

 Finance

 Food

 Transport

 Water

2.3 Tower Hamlets Population

Tower Hamlets has the 11th largest resident population in London. Its daytime population grows significantly, due to a daily influx of visitors. This constitutes a 42% daily increase in population; an additional 116,500 people, largely commuters to the Canary Wharf Estate[1].

2.4 Tower Hamlets Pandemic Committee (PC) structure

[1] Greater London Authority. Daytime and Resident Population Estimates, 2014 round

When aIPC is required, it will be set up and chaired by the Director of Public Health, who will decide at what point and at what level this plan is activated. Preparedness, planning, and testing are carried out by the Tower Hamlets PC Multi-agency Planning Group, who will liaise with and report to the Tower Hamlets Borough Resilience Forum (BRF) and the Public Health England North East and North Central London Health Protection Team

It is recognised that whilst these fora and groups have different statutory and functional roles, the members who represent the attending agencies are usually the same people, so the communication lines, information gathering, and decision making is relatively simple.

The suggested PC membership for both planning and response is as follows:

London Borough of Tower Hamlets:

- Director of Public Health (Chair of the PC)
- Civil Protection Unit
- Corporate Director of Health, Adults, and Community
- Corporate Director of Children
- Corporate Director of Place
- Head of Environmental Health
- Divisional Director Communications

Tower Hamlets CCG

- Governance and Risk Manager

Tower Hamlets GP Care Group

- Chief Operating Officer

PHE Health Protection Team

- Consultant in Communicable Disease Control

NHS England (London)

Barts Health NHS Trust

- Director of Nursing
- Public Health Director
- Director of Communications
- Emergency Planning Lead

East London NHS Foundation Trust

- Borough Director
- Medical Director

Voluntary Sector

- *Representatives* from Tower Hamlets Council for Voluntary Service
- Representative from the Inter-Faith Forum

Emergency Services

- London Ambulance Service
- Metropolitan Police
- London Fire Brigade

It is recognised that not all members of the PC need to attend the full PC meetings.

2.5 Tower Hamlets PC Operational Group

As in a major incident, a team of people may be required to work at silver (tactical) level to co-ordinate the provision of services and staff as well as consider business continuity issues. The PC Operational Group (Ops Group) will assist the PC to provide a coordinated response within Tower Hamlets by assessing the provision of services, staffing levels and co-ordinating information on the effectiveness and provision of treatment. Once the epidemiology and nature of the pandemic are better known, the provision of services and treatment options may need to be revised. The Ops Group can also provide a conduit for voluntary and multi faith organisations to ensure that services can be targeted effectively in the local community.

The Ops Group's main purpose is to maintain essential services of a number of agencies and organisations within Tower Hamlets. As many services in Tower Hamlets are provided by a combination of Primary Care, Acute NHS Services, and London Borough of Tower Hamlets staff, representatives from each organisation will need to be seconded onto the group on a rota basis during the height of the pandemic.

Co-ordination of essential services (police, ambulance, and fire brigade) will be key to minimising the impact of the pandemic on these organisations. The loss of staff or reduction in services by any agency will have an effect on other partner agencies' ability to provide their services during the height of a pandemic.

The Ops Group will act at a multi-agency tactical (silver) level.

Ops Group Terms of Reference

- To reduce the impact of a pandemic on staff, services, and resources within Tower Hamlets
- To implement and disseminate decisions made by the PC during a pandemic
- To collate and disseminate information during the pandemic including staff availability and absence, number of infected people within the Borough and level of service provision
- To assist in the co-ordination of staff, services and resources during a pandemic affecting Tower Hamlets
- Co-ordinate training for staff seconded to non-normal duties and pandemic specific services (e.g. telephone advice services, vaccination centres)
- Maximise the ability of LBTH to provide essential services during a pandemic
- Advise on business continuity strategies and post-pandemic recovery measures. Communication to the business community should take into account the large (42%) daytime population increase

2.5.1 Surveillance and Record Keeping

The Ops Group will co-ordinate surveillance and record keeping on behalf of the PC. It will make available summaries and statistical information for use in assisting in targeting resources and services during a pandemic.

Information which may be of use to all agencies in a pandemic may include:

- Age, gender and residential area of individuals diagnosed with the pandemic virus
- Antiviral availability, distribution and indication of effectiveness
- Admissions to hospitals and treatment facilities
- Mortality rates and availability of funeral facilities
- Percentage of staff absences and staff welfare issues
- Increase, restriction or closure of services
- Requests for secondment or volunteer staff
- Availability of infection control resources and personal protective equipment (PPE)
- Availability of vaccines and swabs
- Information received from London and national pandemic groups

2.5.2 Meeting Arrangements

During a pandemic, social contact should be minimised in all areas of work to reduce the risk of infection (see 4.1 for definition of alert stages). The THPC Chair and the Ops Group Chair will agree the nature, frequency and duration of meetings and arrange virtual meetings where possible. In the post-recovery period, the PC Planning will reconvene its regular meeting pattern.

2.5.3 Information Sharing

All information submitted to the PC and the Ops Group is to be marked and treated as confidential, but may be required for disclosure as a result of legal action or subsequent inquiry. Documents and general information between PC members may also be published on the LBTH restricted Egress System. Information displayed on staff intranets and websites should be treated as information available to the general public and restricted where necessary to maintain patient confidentiality. Information passed to the general public and media must be agreed by the IPC before dissemination. Where necessary it should be referred to any appropriate bodies (PHE, Department of Health and Social Care (DHSC), Cabinet Office) before publication, to ensure it is in keeping with London and national strategy.

LBTH and Tower Hamlets CCG will share internet resources to provide general information to the public. All PC organisations will maintain information on their own websites and intranet sites to impart specific information to their respective organisations. PC internet communication will be co-ordinated by the Communications Team in conjunction with the IT department of each organisation. During a pandemic, LBTH will have a dedicated website on the pandemic and effects

on local services. This will include links to London and national websites, including the DHSC, Public Health England, and London Resilience, who will be the primary source of information to the public during the pandemic.

2.5.4 Training and Exercising

To be discussed at quarterly Borough Resilience Forum (BRF) meetings.

2.6 Pandemic Coordination and Command and Control Structure

To be reviewed during outbreak.

Responding to the health, social care and wider challenges of a viral pandemic requires the combined and coordinated effort, experience and expertise of all levels of government, public authorities/agencies and a wide range of private and voluntary organisations. To ensure an effective response, each organisation needs to understand its responsibilities and how its activities feed into and relate to the work being undertaken by other organisations contributing to the response.

National coordination:

Organisation / Group	National Coordination Responsibility
Department of Health (DH) / Public Health Engalnd	The lead government department and will lead on the health response in England
COBR	Wider cross-government response co-ordination
SAGE (Scientific Advisory Group in Emergencies)	Support COBR by providing the scientific and technical advice to inform decision making
Four Chief Medical Officers (England, Wales, Scotland, Northern Ireland)	Guide the health response for their respective countries, including advising on allocation of health countermeasures

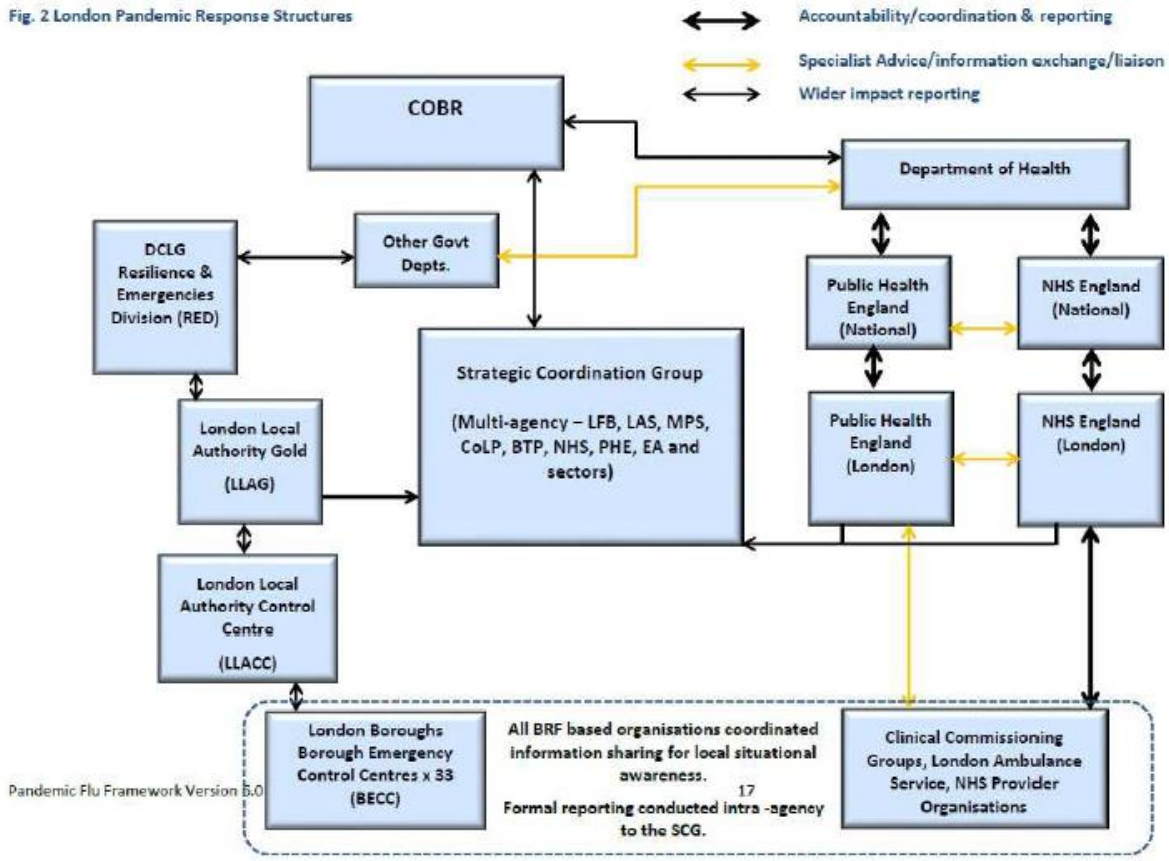
Regional (London) coordination:

Figure 2 displays the London pandemic response structures (including the London Boroughs) and illustrates the relationship between different groups/agencies. A London Strategic Coordination Group (SCG) will be convened, normally chaired by the Greater London Authority (GLA) or most appropriate agency. The role of a SCG meeting is to:

- Develop a shared understanding of the evolving situation;
- Assess the incidents actual and/or potential impact;
- Review the steps being taken to manage the situation, and any assistance that may be needed/ provided;

- Identify any issues which cannot be resolved at local or pan London level and need to be raised at national level (e.g. niche capability gaps).

Figure 2.



2.6.1 Situational Awareness

Information is crucial to the understanding and response to any major incident. The inter-dependencies of agencies on each other's continued resilience over potentially several months will become crucial.

During a pandemic, each organisation will be required to supply situation reports to their host Government Department which will be fed into COBR. Additionally, each organisation will provide reports to LRG, as secretariat to the London SCG or Partnership meeting, to produce an overall Common Operating Picture (COP). The London COP will provide key information and data on the present situation in London.

The London Situational Awareness Tool (LSAT) is the primary means by which a Common Operating Picture will be produced to support shared situational awareness. All partner organisations should upload their situational awareness information on LSAT. The London Resilience Group will oversee this process, set the reporting timeframes, and produce a COP to be shared with the partnership.

Examples of reportable intelligence are detailed below. Frequency (or battle rhythm) will be determined by the severity of the pandemic, the scale of the challenges arising, and available resources. In addition all will report on Public communications and media coverage.

Organisation	**Examples of possible reporting lines**
PHE	□ Enhanced surveillance and epidemiology □ Transmission and spread, e.g. circulating strain and severity
NHS	□ Surge, including primary care □ Impacts on elective work □ Critical care capacity □ Mortality and morbidity data □ Mortuary capacity – to Excess Death Steering Group
Local authorities	□ Impacts on local critical services □ Social care provision □ Impacts on cremation and burial services and mortuary capacity – to Excess Deaths Steering Group □ Local support to the health service/voluntary and community inputs and mutual aid issues and solutions □ Community concerns □ Business issues

London Resilience Group	□ Monitor and maintain a London wide overview of the situation and its impacts through a Common Operating Picture (using the London Situational Awareness Tool). □ Provide support to the Excess Death Steering Group by monitoring mortuary capacity.
Other organisations	□ Impacts

3. Infection Control

Spread of infection:

It is important to understand when adults and children are infectious. This may be different for children and adults. People can be before symptoms begin, whilst others may remain asymptomatic.

It is also important to understand how long the virus can survive outside the body on hand; clothing and hard services.

Tower Hamlets is covered by the Public Health (Control of Disease Act) 1984 (c.22) and the National Health Service Act 1977. Surveillance systems are in place and may be increased during a pandemic. The government is likely to rely on voluntary quarantine[2] and control measures during a pandemic unless it is deemed necessary to invoke emergency powers under the Civil Contingencies Act.

Infection control is everyone's business and there are measures which can be taken by staff working in all organisations across Tower Hamlets as well as the general public. To reduce risk of infection the messages are:

- **Wash hands frequently and thoroughly, particularly after contact with people who are ill**
- **Cover mouth and nose with tissue while sneezing or coughing**
- **Dispose of used tissues promptly and carefully – bag and bin them**
- **Wash hard surfaces (work tops, door knobs with a domestic cleaner regularly**
- **Avoid unnecessary travel**
- **Avoid crowds where possible**
- **Ensure children follow this advice**

This advice could vary depending on the virus.

[2] UK National Framework (p.17) Working Draft V6

Advice on infection control in the workplace, in hospitals and healthcare facilities and laboratories is available on the Health and Safety Executive website at: http://www.hse.gov.uk/biosafety/diseases/pandemic.htm

As more information is gathered on the characteristics of the virus more detailed information will be distributed by PHE.

3.1 Patient Pathways

Further details of patient pathways, antiviral distribution (if available) and telephone triage service will be specific to the outbreak in question and are detailed below for guidance only. Please note that these arrangements are subject to further development.

3.1.1 24/7 Telephone Triage

In line with UK national guidance, Tower Hamlets will provide a telephone triage to support its physical healthcare provision. This will primarily consist of an enhanced out of hours service which will operate on a 24 hour basis. In general, the public will be advised through national media communications to stay at home and contact a national number which will filter through to a local Tower Hamlets Service. The telephone triage may direct callers to other services and refer any requests for visits to the Home Visiting Team.

3.1.2 General Practice and Walk-in Centres

General Practices will continue to see patients where necessary, however this may be over the phone/digitally. In the event of closure, the Ops Group and Clinical Commissioning Group's pandemic incident team will co-ordinate business continuity in the locality to maximise access to primary care services for local residents. At Alert Level 4, it may be necessary to create 'Assessment Centres' as a fall-back position to provide a centre for assessment of symptoms and complications. The extended hours Primary Care hubs in Tower Hamlets are anticipated to operate during the pandemic as far as possible and may provide an element of business continuity in the event of practice closure.[3]

3.1.3 Pharmacy

Depending on the nature of the pandemic, antibiotics and other medicines may be effective for patients experiencing symptoms. Whilst the prescribing of antivirals will be co-ordinated through primary care services, dispensing and delivery may be co-ordinated through designated pharmacies.

3.2 Vulnerable Groups and Seldom Heard Groups

The virus is likely to put vulnerable groups, such as the elderly, at greater risk that the general population..

[3] https://www.gpcaregroup.org/section/464/Extended-Hours-Service-at-GP-Hubs/

The Ops Group will need to assess the impact on the pandemic on various groups and prioritise services accordingly.

Within Tower Hamlets the following facilities provided for specific age ranges, medical conditions or vulnerable groups may need additional support in the event of a pandemic as the level of care provided will impact on an individual's ability to manage pandemic symptoms and complications:

- Local Link [4]
- Mental health inpatient facilities (Mile End Hospital)
- Residential homes
- Children's homes (fewer than 10 homes in Tower Hamlets)
- Schools for children with special needs

Vulnerable people may be less able to help themselves in an emergency than self-reliant people. Whilst this will continue to be the case during a pandemic, the impact of a pandemic may also mean that there are more individuals and groups who become temporarily vulnerable. The following list identifies a number of individuals and groups that could be classified as vulnerable or hard to reach (permanently or temporarily). This list is not exhaustive, some individuals may fit into more than one category and some groups may not be at risk, dependent on the virus:

- Those with mobility impairment
- Those with a sensory impairment
- Those with a mental/cognitive impairment
- Non-English speakers
- Children
- Those living alone
- Older people
- Those who are clinically at risk
- Those whose good health is dependent on taking regular medicines
- Those whose good health is dependent on using medical support equipment (e.g.
- oxygen)
- Those who are not registered with a GP
- The homeless
- Travellers
- Those in residential institutions (residential homes, prisons, nursing homes, sheltered accommodation, halfway houses, boarding schools, colleges etc.).

4. Plan activation, response stages, communication and action plans

Both internationally and nationally processes are in place to ensure that information will quickly start to circulate throughout the resilience community about an emerging issue that could lead to a pandemic. This information in the UK will follow the DATER

[4] http://local-link.org.uk/

process described in the UK Influenza Pandemic Preparedness Strategy 2011[5] with various agencies taking the lead as below:

Stage	Lead Organisation
Detection	Public Health England
Assessment	Public Health England
Treatment	NHS England
Escalation	NHS England
Recovery	See London Recovery Management Protocol[6]

+

These stages 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 stages. Transition between stages will be determined at the time, considering local variations and epidemiological evidence.

Information flow

Movement through the UK stages will be cascaded to partner agencies using the normal communication routes.

PHE will continue to undertake surveillance throughout each of the UK stages, this information will be circulated within the London partnership and up to central government. Borough specific information will be provided using the agreed local mechanism.

Communications

PHE will provide public communications utilising the 'London Gold Communication Strategy' to deliver a consistent London message. Locally tailored messaging is the responsibility of local organisations. See 4.2 – Communication.

In Tower Hamlets, as information becomes available the Director of Public Health will decide when and how to call the PC together (meeting, teleconference, e-mail), to review the current Tower Hamlets position as per the UK Proportionate Response Levels in 4.1 below, and then the local action plans. Each of the five action plans (Communications, Health and Social Care, Education, Excess Deaths, and Human Resources) will be systematically reviewed as appropriate. Where action is needed this may be carried out by the PC or relevant subgroups may be established. Members of the PC will take on strategic lead responsibilities for each area to ensure activities are carried out, and report progress back to the PC within agreed timescales.

Each action plan should be read in conjunction with organisational business continuity plans and emergency preparedness plans. Each organisation is responsible for the development of their individual operational business continuity plans, which will be implemented during a pandemic.

[5] Department of Health; UK Influenza Pandemic Preparedness Strategy, 2011. 2013, pages 27-29

[6] https://www.london.gov.uk/sites/default/files/london_recovery_management_protocol_2016-1.0.pdf

PHE will undertake the following at a regional level providing a consistent response across London.

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Stage	Lead	PHE Activity
Detection	PHE	• Intelligence gathering. • Enhanced surveillance. • Diagnostic development. • Provision of communications to public and professionals
Identification of the novel virus in patients in the UK.		

Assessment	PHE	• Collection of clinical and epidemiological data including FF100 cases.
		• Estimates of impact and severity in the UK.
		• Reducing risk of transmission by;
		  ○ Actively identifying cases.
		  ○ Treatment.
		  ○ Antiviral prophylaxis for close / vulnerable contacts if available.

Evidence of sustained community transmission.		
Treatment	NHS England	Support response
Escalation	NHS England	Support response
Recovery	All	Support Recovery

Detection and Assessment form the initial response and may be combined due to the speed with which the virus spreads or severity with which individuals and communities are affected NHS England (London) has a number of roles and responsibilities during a future pandemic. These are summarised below and are available in more detail in the national NHS England Pandemic Influenza Operating Framework (October 2013) (www.england.nhs.uk/wp-content/uploads/2013/12/framework-pandemic-flu.pdf) and the NHS England (London) Pandemic Influenza Operating Arrangements.

Stage	Lead	NHS England Activity
Detection	PHE	• establish pandemic response arrangements at NHS England • review and finalise directly-commissioned response arrangements (eg Antiviral Collection Points (ACPs), pandemic specific vaccination arrangements, NHS delivery locations for the national stockpile)
Identification of the novel virus in patients in the UK.		
Assessment	PHE	• as described above, plus • establish regular engagement regime with NHS commissioners and providers in London • establish a recovery working group

		• oversee and coordinate the NHS response in London
Evidence of sustained community transmission.		
Treatment	NHS England	• as described above, plus • provide regular situation reports on the status of the NHS in London to central government, sharing with regional partners as appropriate • ensure business as usual NHS services are maintained as far as appropriate • ensure treatment of cases through NHS services • enhance the health response to deal with increasing numbers of cases • activate directly-commissioned response arrangements (e.g. ACPs) • potentially prepare for pandemic specific vaccination through directly-commissioned services • oversee the distribution of national stockpiles to frontline NHS providers
Escalation	NHS England	• all points described in Treatment • escalate surge management arrangements in partnership with Clinical Commissioning Groups/ Commissioning Support Units (as per winter arrangements) • prioritise and triage service delivery to maintain essential services • enact business continuity arrangements to maintain own services as necessary
Recovery	All	• restore business as usual services • debrief the NHS and NHS England responses • maintain readiness for a subsequent wave or significant winter pressures • address staff exhaustion and recognise endeavours

4.1 UK Proportionate Response Levels to a Pandemic

UK Proportionate Response Levels to a Pandemic				
Event Type	**Nature and scale of illness**	**Healthcare delivery impacts**	**Impact on wider society**	**Public messages**
Initial Phase	Reports of sporadic cases in the community	Response led by public health services supported by primary care and pharmacy services.	Possible public concern arising from media reporting of cases. Possible school	Advice on good respiratory and hand hygiene. Advice about how to obtain further

	and/or Limited local outbreaks in schools, care homes, prisons etc. and/or Increased ratio of cases in critical care.	Detection, diagnosis and reporting of early cases through testing and contact tracing. Normal health services continue.	closures to disrupt the spread of local disease outbreak, based on public health risk assessment. Review and update of pandemic response plans.	information e.g. to consult government and NHS websites and other channels for up to date information. Establish transparent approach to communicating emerging science, the level of uncertainty about severity and impact, and the likely evolution of the situation.
Event Type	**Nature and scale of illness**	**Healthcare delivery impacts**	**Impact on wider society**	**Public messages**
Low Impact Event	Similar numbers to moderate or severe seasonal outbreaks. In the vast majority of cases, mild to moderate clinical features.	Primary and hospital services coping with increased pressures associated with respiratory illness. No significant deferral of usual activities. Intensive care units (ICUs) nearing or at maximum pressure. Antiviral Collection Points (ACPs) established in hotspots only (if available).	Increase in staff absence due to sickness – similar to levels seen in seasonal influenza outbreaks. Consider arrangements for sickness absence surveillance. No significant or sustained impact on service and business capacity.	As above plus: Information about antiviral medicines (if available) and tailored messages for at risk groups (in liaison with expert bodies and support groups). Employers planning in advance for sickness absence, service reprioritisation and alternative ways of working.
Event Type	**Nature and scale of illness**	**Healthcare delivery impacts**	**Impact on wider society**	**Public messages**
Moderate	Higher number	Health services no longer able to	Potential disruption to gas,	As above plus:

Impact Event	of cases than large seasonal epidemic. Young healthy people and those at-risk groups severely affected and/or More severe illness	continue all activity. Local and regional decisions to cease some health care activity. ICUs under severe pressure. National and local ACPs activated (if available). Contingency plans for supporting care at home and respite care.	electricity and fuel supplies if peak staff absence coincides with technical or weather related supply difficulties. Prepare to implement business continuity arrangements for the management of excess deaths, if necessary. Widespread teacher and pupil absence in educational settings. Supply chain disruption.	Information on NFPS. Information on collection of medicines. Infection control and business continuity advice for specific occupations e.g. funeral directors, registrars, cemetery and crematoria managers, Police etc. Managing expectations of critical care
Event Type	**Nature and scale of illness**	**Healthcare delivery impacts**	**Impact on wider society**	**Public messages**
High Impact Event	Widespread disease in the UK. Most age groups affected and/or severe debilitating illness with or without severe or frequent complications.	GPs, community pharmacies, district nurses and social carers, independent sector, residential homes and voluntary organisations fully-stretched trying to support essential care in the community. Consequential pressure on secondary care. Hospitals can only provide emergency services.	Emphasis on maintaining supplies and staffing. Transport, schools, shops affected by sickness and family care absences. Numbers of deaths putting pressure on mortuary and undertaker services. Possible implementation of national	As above plus: Messages about progress of the pandemic, availability of healthcare and other services. Advice on how to minimise risks of transmission. Information on how to support family members and neighbours. Advice on where to get help for emergencies. Truth about how

		Demand outstripping critical care services supply even at maximum expansion NPFS working to capacity and ACPs under pressure.	legislative changes to facilitate changes in working practice (e.g. death certification, drivers' hours, sickness self-certification requirements, Mental Health Act, benefits payments).	services are coping and what they are doing to cope. Explanation of triage systems to align demand and capacity.

Action Plan 1: Communications (also see Section 4.)				
	Recommended Action	**Assigned to**	**Target date**	**Current status**
	Responsibilities			
1	Link to London Resilience Forum communications strategy/plan.			
2	Identify who will be the local media spokesperson.			
	Resourcing			
3	Include a protocol for pooling limited communications resources to form a joint communications team and maintaining a minimum presence overnight.			
4	Provide protocol / plans to 'requisition' staff from other areas with suitable skills to help with communications.			
	Messages			
5	Prepare templates for messages to be completed and issued at each alert level (internal, partners, public, media), to include health and non-health messages (e.g. around impact on food, fuel, transport).			
6	Distribute local posters to publicise messages borough-wide.			
7	Confine preparation of local messages to cover only situations where situation is not covered by national messages – e.g. to indicate specific local arrangements for collection of medicines.			
8	Ensure messages do not replay all the background information on the virus (which should be available from			

	national sources).			
9	Provide a holding statement for issue when the first case(s) are reported / confirmed within the Borough.			
10	Ensure that initial communications around unconfirmed cases are confined to reporting known facts, avoiding speculation.			
11	Prepare for local reaction to national announcements before they are made.			
12	Disseminate messages for updating situation and providing reassurance once second and subsequent cases have been identified.			

Action Plan 1: Communications				
	Recommended Action	**Assigned to**	**Target date**	**Current status**
	Systems			
13	Provide information on where to access pandemic materials.			
14	Make and record arrangements for poster distribution.			
15	Investigate options for providing teleconference facilities for the control group and implement solution.			
16	Ensure no local announcements are made prior to consultation with centre and partners.			
	Target groups			
17	Make arrangements to brief local media editors around pandemic planning arrangements.			
18	Provide scripts for reception and other front line staff e.g. switchboard.			
19	Target those staff remaining at work to maintain morale, contact those who are off sick regarding welfare considerations returning to work.			
20	Contact providers of outsourced services to ensure their business continuity arrangements are in place.			
21	Prepare messages for those that have been in contact with or in close proximity to suspected or actual cases.			
22	Prepare and document process by which messages are to be passed on by schools, nurses, Public Health, education committee when cases are identified in schools.			
23	Include specific arrangements for reaching those with 'No Fixed Abode', those in closed communities such as health care facilities, hard to reach groups, faith and community groups and bereaved.			

4.3 Action Plan 2: Health and Social Care

Action Plan 2: Health and Social Care				
	Recommended Action	**Assigned to**	**Target date**	**Current status**
	Responsibilities			
1	This plan should be read in conjunction with agency and organisational business continuity plans.			
2	LBTH is responsible for coordinating the social care response to viral pandemics locally, in the context of their wider responsibilities under the Civil Contingencies Act 2004.			
	Resourcing care homes			
3	Advice to care homes on influenza has been published by the UK Care Homes Association http://www.ukcha.co.uk/flu/ and this should be reviewed in line with this plan and the specific virus. Membership to the UKCHA is on an individual care home basis, and is not held by London Borough of Tower Hamlets as a commissioner.			
4	Ensure that a minimum level of service is sustained within care homes e.g. continuity of meal provision, continuity of other essential supplies such as cleaning of linen.			
5	Due to additional pressures on residential and intermediate care facilities to operate at full capacity during a pandemic, care in the person's home should be encouraged and offered wherever possible unless there are complications.			
6	Monitor staffing levels in care homes. Where staffing becomes stretched, consider plans to house some workers onsite to enable extended shifts and minimise travelling from outside.			
7	It is recommended that care homes should consider 'pairing up' with other care homes in the area and agree staff-sharing arrangements.			
	Resourcing home care			
8	Ensure provision for additional home visiting service during the pandemic (that will not take GPs out of their surgery). Out of hours service providers maintain a record of all the GPs who are part-time, perform extra sessions and who may be prepared to assist in supporting the additional requests for attending home visits.			

Action Plan 2: Health and Social Care				
	Recommended Action	**Assigned to**	**Target date**	**Current status**
9	In cases of staff shortages, also consider the use of Nurse Practitioners who work for out of hours services, who could be utilised to support potential staff shortages where suitably qualified to do so.			
10	For the increased numbers of people likely to need support from home, some assistive technologies and community equipment, e.g. community alarms, 'careline', grab rails, may help people to manage in the short term in their homes.			
11	The Council will need to seek assurance and regular updates from a number of other services that support people in the community, on their abilities to continue to deliver their core functions, such home shopping schemes.			
12	Domiciliary care providers will need to prioritise their services and staff, and consider postponing some services such as general cleaning, and replace them with basic personal care, infection control, and ensuring access to food.			
13	There will be a need to contact clients before undertaking home visits to determine: • Whether people within the household have symptoms of the virus • Discussing the postponing of non-essential services with the service users • Assigning staff who have already contracted and recovered from the virus (dependent on immunity).			
	End of life care			
14	The provision of support for end of life care should be monitored during the pandemic. Most support for the dying will likely be provided at home, and consideration should be given (at the earliest opportunity) as to how this can be delivered if / as this requirement increases.			

Action Plan 2: Health and Social Care				
	Recommended Action	**Assigned to**	**Target date**	**Current status**
	Day Care			
15	For planning purposes the provision of day care should cease during the pandemic and staff available for work should be redeployed elsewhere, for example to support domiciliary care services, to support usual day care attendees at home or to join peripatetic networks.			
	Reduction in services			
16	Agencies / Organisations will need to monitor their Business Continuity arrangements. It is essential that such monitoring of their services is carried out to ensure the changing level of service provision is continued, in response to demands, during the pandemic.			

4.4 Action Plan 3: Education, Business, and Social Measures

a) Education

Action Plan 3: Education, Business, and Social Measures a) Education				
	Recommended Action	**Assigned to**	**Target date**	**Current status**
	Responsibilities			
1	These actions to be read in conjunction with School Emergency Plans and Human Resources policies.			
2	Individual schools, and other education and childcare providers will be individually responsible for the children in their care, and will need to undertake risk management activities prior to, during and following the pandemic period.			
3	In the early stages of a pandemic, taking into consideration a public health risk assessment, Directors of Public Health may advise localised closures. Head teachers (and their board of governors if relevant) and Deans / Principals of Universities / Colleges etc. may take the decision to close on this instance.			
	Resourcing			
4	As part of normal practice within schools and other education and childcare providers, capacity mapping will be carried out to assess the ability of staff to cover members of staff if they are absent.			
5	Minimum staffing levels need to be assessed. Student-teacher ratios and maximum numbers of children per child-minder govern the minimum staff required in order for an education or childcare provider to operate, given the number of children being taught or minded.			
6	In the event that minimum staffing levels are threatened, internal staff re-assignment or the acquisition of temporary staff should be considered (as set out in the HR section of the Tower Hamlets Multi-agency Pandemic Plan).			
7	Service reprioritisation will be considered dependent on which areas of education and child care are most severely affected. The Council will make an internal assessment of the need to reprioritise in order to make best use of the available resources (all as per business continuity arrangements).			

Action Plan 3: Education, Business, and Social Measures a) Education				
	Recommended Action	**Assigned to**	**Target date**	**Current status**
8	Where schools have been closed and will be reopening, consideration will also be given to a staged re-opening to prioritise re-entry of particular student groups.			
	Messages			
9	Unless otherwise stated, schools will remain open during a pandemic and staff will be expected to attend. Symptomatic staff should not attend school and staff that become symptomatic while at work, should return home.			
10	If children, or staff, become symptomatic whilst at school / nursery, they will be cared for separately from other children according to infection control guidance, until arrangements can be made for them to be returned to their parent / carer.			
11	In the event of school closure(s), parents or carers will be informed so that alternative arrangements can be made for children normally in attendance.			
12	The Council will maintain an up-to-date list of child care facilities / child-minders which provides a vehicle for publishing the available provision within Tower Hamlets, and which can be referenced by those who are seeking alternative child care provision.			
13	Remote working is available via London Grid for Learning (LGfL) so that (in the event of an emergency) it should be possible to continue the curriculum to those who have a PC at home. Instruction will be available to those who may need to use the system.			
	Supply chain resilience			
14	In the event that school catering facilities are suspended, parents / carers will be requested to supply children with packed lunches.			

Action Plan 3: Education, Business, and Social Measures a) Education				
	Recommended Action	**Assigned to**	**Target date**	**Current status**
	Systems			
15	Staff absence reporting will record staff absences. Staff will be responsible for reporting their absence and anticipated date of return to work (or as per agency / organisational procedures).			
16	During the pandemic, there will be a need for (daily) situation reports (*SitReps*) and the Council's Children`s Services Directorate will be required to supply information, such as is available from each education or child care provider, for inclusion in the SitRep. Submissions may also be required to the Department for Education and Skills (DfES) or other institutions as requested during the pandemic.			

b) Business

LBTH will liaise with the London Resilience Forum to implement appropriate local measures and strategies.

Canary Wharf

- Canary Wharf has a high density population which, due to the nature of businesses on the Estate, includes international travellers from all backgrounds.
- Canary Wharf Resilience are responsible for the response of Canary Wharf Group and the Estate. Tenant organisations are responsible for their own response, which may occur in conjunction with advice or guidance from Canary Wharf Resilience.
- The Resilience Team can communicate directly with all resident organisations at Canary Wharf (and therefore their staff), and to any visitors/tourists to the Estate.
- Engagement with the organisations present on the Canary Wharf Estate should be conducted through Canary Wharf Resilience.
- Canary Wharf Resilience can act as a specific source of 'business' information and reaction.

To contact the Canary Wharf Resilience Team please use resilience@canarywharf.com or via the LBTH Resilience Forum.

c) Social Measures

Following national guidance and policies, the PC will need to implement local social

measures in order to reduce the impact on the pandemic. This may include restriction of social gatherings, sporting and cultural events. UK national guidance suggests that the government will be unlikely to recommend a blanket ban on public gatherings although international events with countries that are experiencing a high level of infection may be postponed. Therefore LBTH must ensure that their Licensing and Events Departments and related bodies are kept informed of any changes in government or medical advice.

d) Business Continuity – Essential Services and Non-Virus Priorities

Essential and non-essential services are detailed within each organisation's business continuity plans. During a pandemic, the PC may need to make provision to reduce or increase services in order to maximise necessary service provision with reduced staff and resources.

Non-essential staff may be released from normal duties to support services specifically implemented for pandemic patients after receiving appropriate training and health and safety awareness to ensure that the seconded role can be carried out safely and effectively.

e) Finance

Finance directors will need to identify additional resources to meet potential demand for extra services and increased staffing levels, as well as to agree spending protocols.

4.5 Action Plan 4: Excess Deaths

Reference document (Restricted marking): Tower Hamlets Report to IPC - *'Investigation into Excess Death Capacity of providers serving the London Borough of Tower Hamlets (2010)'.*

Action Plan 4: Excess Deaths				
	Recommended Action	**Assigned to**	**Target date**	**Current status**
1	Tower Hamlets has no cremation or burial facilities and its Coroner's area also covers Camden, Islington, and Hackney. Management of excess deaths will be coordinated at a regional level.			
	Lead agencies			
2	• **LBTH:** lead for Environmental Health • **PHE**: Infection control advice. • **NHS England (London)**: Liaison with NHS • mortuaries. • **Medical Examiners**: Certification			
	Key Contacts to identify			
3	• Medical certification - GPs • Coroner's Office • Registration • Mortuary services • Funeral services • Cremation and burial services			
	Key Information (planning assumptions for SitReps and tempo on deaths / deaths rate)			
4	Check clinical attack rates and forecast death rates. . The pandemic period will potentially be a single period, but could occur in waves.			
5	**Check and monitor resource capacity**			
6	**Check and monitor mortuary spaces**			

Action Plan 4: Excess Deaths				
	Recommended Action	**Assigned to**	**Target date**	**Current status**
7	**Check and monitor doctors' availability**			
8	**Check and monitor funeral directors' capacity** The mortuary and funeral staff should be informed			

	that the patient had the pandemic virus and standard infection control principles followed, although there may be a risk of droplet spread. Advice should be sought from Public Health England as to the handling of bodies once the cause and nature of the actual spread of infection is known. LBTH provides a parish funeral service in accordance with its duties under Section 46 of the Public Health (Control of Disease) Act 1984 although there are no burial or cremation facilities currently with Tower Hamlets.			
9	**Last Offices** Ministers of religion, visitors and staff should observe standard infection control measures when dealing with terminal patients, especially if there is a risk of splashes of blood and bodily fluids, secretions (including respiratory secretions) and excretions on to the facial mucosa. The body should be fully wrapped in a sheet and transfer to a mortuary or similar facility should happen as soon as possible.			
10	**Post Mortem** During Alert Levels 2 & 3, post-mortem facilities may be required to further investigate the cause of death and determine clinical and pathological information to assist in prevention and treatment of infection. The post-mortem should be carried out in a high risk post-mortem room and a powered respirator and full PPE should be worn. Advice from PHE may be given as to the details of post-mortem and burial arrangements depending on the nature of the strain.			

Action Plan 4: Excess Deaths				
	Recommended Action	**Assigned to**	**Target date**	**Current status**
11	**Registration of Death** LBTH may implement revised procedures for registering deaths during the pandemic which may be as a result of local or national guidance or for business continuity purposes. There is a mutual aid arrangement with London Borough of Newham and Tower Hamlets, currently, has 13 Registrars available. The number of registered deaths may need to be collected as part of the information gathering undertaken by the Ops Group on behalf of the PC. Leaflets on dealing with bereavement are available from the LBTH website and from the Registrar's office. The Communications Subgroup may need to develop information for relatives of local residents whose bodies may be moved to the temporary mortuary or other facilities during the pandemic.			
12	**Check and monitor transport arrangements** Provision of need for collection and transportation of bodies in an emergency must be planned, as this does not fall within the scope of the Coroners' Contract.			
13	**Check and monitor registrars' availability** The registration period for death may need to be extended to accommodate registration of excess deaths.			
14	**Check and monitor casket availability** Allowing for variation in practice between faiths, it is expected that a casket of some form will be required for each additional burial or cremation.			
	Likely shortfall issues and possible remedial measures			
15	**Mortuary space** The Borough is within the Camden Coroner's area. Temporary mortuary space may need to be acquired. It should be noted that Excess Death does not trigger National Emergency Mortuary Arrangements (NEMA), and the message from the Department of Health has indicated that this scenario should be handled through business continuity arrangements rather than storage of bodies.			

Action Plan 4: Excess Deaths				
	Recommended Action	**Assigned to**	**Target date**	**Current status**
16	**Rebalancing demand** Discussions / advice will be required to determine what latitude there may be for increasing burials to relieve pressure on the crematorium.			
17	**Transport and drivers** Discussions will need to be held between the Council, NHS and private concerns to determine the availability of suitable transport and qualified drivers for transporting the deceased.			
18	**Registration staff and coroners** The Council will consider the impact of the increased registrations and implement national guidance to alleviate this.			
19	**Caskets** Consultation with funeral directors is needed in order to determine the lead time for the acquisition and potential stockpiling of caskets against the need to cope with the peak weeks 7-9.			

4.6 Action Plan 5: Human Resources

Action Plan 5: Human Resources				
	Recommended Action	**Assigned to**	**Target date**	**Current status**
	Responsibilities			
1	This action plan draws information from existing HR protocols and provides guidance and a framework for planning and decision making at Borough level.			
	Introduction			
2	A viral pandemic is likely to be more sustained and widespread than other types of emergency situations. The duration of the demand for healthcare and services and the levels of staff absence and stress on staff may be unprecedented. This Human Resources action aims to ensure that an appropriate balance is maintained in each of the organisations in respect of supporting staff during a pandemic and the personal impact it may have on them and continuing to provide essential services to the community. The action plan aims to detail how the organisations will be able to achieve flexibility within the workforce to ensure appropriate service provision. This may mean varying the application of current employment policies, terms and conditions and duties of staff.			
	Supporting Staff			
3	**Flexible Working**: During a viral pandemic the organisations covered by this action plan will require their staff to work flexibly, both in terms of their role and working arrangements (please see Redeployment section). However, the organisations also recognise that staff may require additional flexibility during a pandemic and that this flexibility may mean that the member of staff is able to remain at work. The duration of the change should be agreed in advance. Written records should be kept of any changes to working arrangements, however any amendments to salary will be organised after three months and staff will repay any overpayments			

Action Plan 5: Human Resources (Continues)				
	Recommended Action	**Assigned to**	**Target date**	**Current status**
	made in a mutually convenient timescale. This will not affect specific staff's statutory right to request flexible working.			
4	**Transportation** Most staff employed in the organisations covered by this action plan will be viewed as key workers and given priority access to fuel should there be a shortage. In respect of staff who are not key workers or use public transport, it is anticipated that during a pandemic the public transport network will be affected, in that a reduced service is likely to be provided. Staff will therefore be encouraged to identify and use car sharing arrangements. In order to support this, the organisations covered by the action plan could vary staff's start and finish times, where reasonably practicable, when this will mean that a car sharing arrangement can be made. In addition, should the Estates Services of the organisations covered by this action plan be staffed to the necessary level, arrangements may be made for vehicles owned by the organisations to collect and return staff to central points where public transport continues to be accessible.			
5	**Accommodation** There may be need to organise accommodation near places of work if transportation severely affected.			
6	**Counselling** Counselling services and religious facilities may be in high demand during a viral pandemic. The availability of these services may also be adversely affected during a pandemic. The organisations covered by this action plan could agree to share any resources they have in respect of these services during aa pandemic. Assistance from partner organisations could also be requested via existing Mutual Aid agreements.			

Action Plan 5: Human Resources (Continues)				
	Recommended Action	**Assigned to**	**Target date**	**Current status**
7	**Occupational Health Services** Staff may be able to access support from the Occupational Health Service that each organisation covered by this action plan contracts with. During a Pandemic, the Occupational Health Service will be able to advise staff regarding their own health and fitness to work. It is likely therefore that Occupational Health Services may be in high demand; however their availability may also be adversely affected during a pandemic. The organisations covered by this action plan could agree to share any resources they have in respect of these services during a pandemic. Assistance from partner organisations could also be requested via existing Mutual Aid agreements.			
	Working Hours			
8	During a pandemic, organisations may need staff to be flexible in respect of their working hours to ensure that the necessary services can continue to be provided.			
9	**Part time staff** If the need arising in specific staffing areas/groups part time staff may be invited to increase their contractual hours for a specified period of time. Staff will not however be obliged to do so.			
10	**Flexible working arrangements** Staff on other types of flexible working arrangements may be asked to temporarily alter these arrangements if the need in specific staffing areas/groups arises. Staff will not however be obliged to do so.			

Action Plan 5: Human Resources (Continues)				
	Recommended Action	**Assigned to**	**Target date**	**Current status**
11	**Additional Hours** The organisations covered by this action plan do not normally allow staff to work for them in excess of 48 hours per week. However if the need arises in specific staffing areas/groups during a pandemic, this rule and the organisations' policies covering this area may be wavered. Staff, if they are in agreement, will be able to work in excess of 48 hours per week, so long as their working, when averaged over a 17 week period does not exceed 48 hours per week and therefore breach the Working Time Regulations. This therefore means that staff exceeding the 48 hour working limited cannot be considered until week 4 of the pandemic, when the peak of the pandemic should become evident. Managers and staff must take a shared responsibility in monitoring working time to ensure that is does not exceed the statutory maximum and also that the health and safety of the member of staff, the community and their colleagues is not adversely affected. Should this start to occur the hours should be reduced immediately to the usual contracted amount. If the need arises, staff, if they choose, can agree to opt out of the 48 hour working hours limit. They must complete an opt out form that will only be relevant for the duration of the pandemic. Managers must ensure that staff who have opted out do not work hours that put their or other's health and safety at risk.			
12	**Reimbursement for additional hours** Staff who have worked additional hours during the Pandemic may be entitled to time off in lieu (TOIL) in accordance with organisations' normal provisions. If the time cannot be taken back during the normal time period because of the Pandemic, it will be paid at the appropriate rate.			

Action Plan 5: Human Resources (Continues)				
	Recommended Action	**Assigned to**	**Target date**	**Current status**
13	**Rest Breaks** Staff will continue to receive the appropriate rest breaks or compensatory rest.			
	Leave arrangements			
14	Staff may need to be flexible about their leave arrangements so that adequate operational cover is maintained. **The following will apply at alert level 3 and 4 of the pandemic:**			
15	**Annual Leave** Every effort will be made to ensure that all annual leave agreed in advance of the Pandemic will be honoured. However, it is possible that staff will be required to cancel leave to maintain adequate cover arrangements. Any staff who wishes to cancel pre-booked leave may do so. In accordance with the Working Time Regulations all staff must take a minimum of 20 days of annual leave. Annual leave will be managed according to the individual contracts of the member organisations.			
16	**Special Leave** Authorised leave (paid/unpaid) which must be provided by law will continue to be granted. This includes: Public duties; Jury service; Political purposes; Service in non-regular forces Given the pressures on service provision, staff should keep time off for public duties to a minimum during the Pandemic. Personal leave – compassionate, carers, domestic, etc. It is recognised that during a Pandemic, staff are likely to need more time off to cope with their personal circumstances. All Special Leave arrangements (paid and unpaid) that currently exist will continue to apply. Management will need to balance operational needs with staff's personal situations. It is possible therefore that managers may need to prioritise requests with bereavement leave for a close relative taking precedent over other special leave requests. Requests for carers leave for dependents will also be deemed a high priority.			

Action Plan 5: Human Resources (continues)				
	Recommended Action	**Assigned to**	**Target date**	**Current status**
17	**TOIL** Staff who are entitled to TOIL and who work additional hours during the Pandemic will continue to be able to have time back. If the time cannot be taken back during the normal time period, it will be paid at the appropriate rate.			
18	**Flexitime** Where flexible working hours has been agreed, the 4 week settlement period and/or the 10 hour credit excess may be adjusted so that staff working longer hours during the Pandemic do not lose time worked. Time worked before 8.00am or after 18.30pm or at any time on Saturday and Sunday is not recorded under existing flexible working rules. However, this may be reviewed in the event of a Pandemic if staff are having to work outside of the band width.			
	Health and Safety at Work			
19	Health and safety precautions to be taken during a pandemic are outlined in a separate guidance document. Arrangements must be put in place to address health and safety concerns at work. Advice on infection control in the workplace, in hospitals and healthcare facilities and laboratories is available on the Health and Safety Executive website at: http://www.hse.gov.uk/biosafety/diseases/pandemic.htm			
	Redeployment			
20	**Internal redeployment:** During a pandemic, it may be necessary to deploy staff or reallocate work to ensure resources are concentrated in priority areas of greatest need. Existing contracts of employment and job descriptions do allow some flexibility in requiring staff to undertake other duties than those contained within their job profiles/descriptions.			
21	**Sharing staff across organisations at local level** It may be necessary to move staff between organisations to ensure, in particular, that essential services and care are provided to vulnerable patients, customers and clients. Such movements of staff will only happen in very			

	limited situations and, **in addition to the caveats outlined above, the following recommendations will apply:**			
	Recommended Action	**Assigned to**	**Target date**	**Current status**
	Sickness Management			
22	It is expected that sickness absence will be far higher for staff during a pandemic. In addition, our organisations will need to be able to provide robust, timely information to their host Government Department as well as to their own organisations Boards and Senior Leadership Teams. We should also liaise directly with our Occupational Health Services to establish whether they can provide telephone support to staff who may need advice about whether they are currently fit enough to come to work.			
	Retirees			
23	Staff who have recently retired will be an obvious resource to call on during a pandemic. Employers will be familiar with these ex-staff and their skills will be relatively up to date. HR will contact all staff as they retire or who have retired in the last twelve months, and ask them whether they would be willing to assist during a pandemic. Any retirees who volunteer will be entered on to a register. Employers will keep in contact with all volunteers and should consider offering refresher training, at appropriate intervals. If professional registration or training has lapsed, retirees will not be asked to undertake duties for which either would be a requirement.			
	The maintenance and continuation of some Human Resource Policies and Processes may well be impracticable during a pandemic. For example, existing disciplinary and grievance processes may be delayed. It will be necessary for the timescales in each organisation's Disciplinary and Grievance Policies to be extended as necessary in light of service needs. Any timescales found in any other policies, that are not determined by statute will also be extended as necessary. It is also likely that undertaking Appraisals and Performance Development Reviews will be deferred until after the pandemic. Staff will not suffer any detriment as a result and any			

	Gateways that have been met will be backdated as necessary.			
	Recommended Action	**Assigned to**	**Target date**	**Current status**
	Human Resource Policies and Procedures			
24	The maintenance and continuation of some Human Resource Policies and Processes may well be impracticable during a pandemic. For example, existing disciplinary and grievance processes may be delayed. It will be necessary for the timescales in each organisation's Disciplinary and Grievance Policies to be extended as necessary in light of service needs. Any timescales found in any other policies, that are not determined by statute will also be extended as necessary. It is also likely that undertaking Appraisals and Performance Development Reviews will be deferred until after the andemic. Staff will not suffer any detriment as a result and any Gateways that have been met will be backdated as necessary.			

5. Recovery

The PC need to take the actions required in the Recovery Phase of the Department of Health Strategy. This encompasses normalisation of services, restoration of business as usual services, evaluation of the pandemic, planning and preparation for a resurge in activity, and targeted vaccination, when available.

Second and subsequent pandemic waves have occurred in some previous pandemics, weeks or months after the first. In anticipation, all sectors should recognise the need to revise and maintain response plans to respond to further waves. Recovery may occur between waves or at the end of the pandemic.
All organisations, and the wider community, will have to recover from the health, social and economic impacts of the pandemic. The nature of these impacts – and whether and at what level action needs to be taken – will depend in large part on the scale and severity of the pandemic.

Health and social care services may experience persistent secondary effects for some time, with increased demand for continuing care from:

- Patients whose existing illnesses have been exacerbated by the virus
- Those who may continue to suffer potential medium or long term health complications
- A backlog of work resulting from the postponement of treatment for less urgent conditions

The pace of recovery will depend on the residual impact of the pandemic, on-going demands, backlogs, staff and organisational fatigue, and continuing supply difficulties in most organisations.

Pan-London coordination of recovery from a pandemic will utilise the London Recovery Protocol (https://www.london.gov.uk/sites/default/files/london_recovery_management_protocol_2016-1.0.pdf) to develop and implement an agreed recovery strategy (this process will begin during the response phase). The protocol draws on the National Recovery Guidance and details the Recovery Management arrangements for London when dealing with an "emergency" as defined in the Civil Contingencies Act 2004.

A pan-London debrief process will be instigated, informed by feedback from local PC members.

TBC 2020