

## APPENDIX 1

### Swine Flu Timeline – Hereford Key Activities

Date	International/National/Regional/Local Information	Herefordshire Key Activities
Mid March 2009	<ul style="list-style-type: none"> <li>Outbreak started in Mexico</li> </ul>	
3 <sup>rd</sup> April	<ul style="list-style-type: none"> <li>Earliest confirmed case in Mexico</li> </ul>	
24 <sup>th</sup> April	<ul style="list-style-type: none"> <li>WHO issues first disease outbreak notice</li> </ul>	
26 <sup>th</sup> April	<ul style="list-style-type: none"> <li>Emerging Infectious Disease Outbreak Top Lines Briefing No 1</li> </ul>	
27 <sup>th</sup> April	<ul style="list-style-type: none"> <li>Earliest cases of H1N1 in UK (Scotland)</li> </ul>	<ul style="list-style-type: none"> <li>PHIT stands up, Established Terms of Reference</li> </ul>
28 <sup>th</sup> April	<ul style="list-style-type: none"> <li>WHO escalates to Phase 4</li> </ul>	<ul style="list-style-type: none"> <li>Room 105 set nominated as the Control Room</li> <li>Board Room Set aside as the Local Swine Flu Advice Line</li> <li>Swine flu inbox set up</li> </ul>
29 <sup>th</sup> April	<ul style="list-style-type: none"> <li>WHO escalates to Phase 5</li> </ul>	

For further information on this report please contact: Sue Doheny (Director of Quality & Clinical Leadership) on 01432 383466

1 <sup>st</sup> May	<ul style="list-style-type: none"> <li>• First human to human transmission in UK</li> <li>• NPFS Information Line activated</li> </ul>	<ul style="list-style-type: none"> <li>• First Developments of a Dataset by Dr Alison Merry's Team</li> <li>• Faith Communities and Pandemic Flu: National Guidance released</li> <li>• Antivirals Single point Delivery Address requested from SHA</li> </ul>
4 <sup>th</sup> May	<ul style="list-style-type: none"> <li>• 985 cases confirmed worldwide</li> </ul>	
5 <sup>th</sup> May	<ul style="list-style-type: none"> <li>• National Door Drop Commences</li> </ul>	<ul style="list-style-type: none"> <li>• Herefordshire Silver Group Sits</li> </ul>
6 <sup>th</sup> May	<ul style="list-style-type: none"> <li>• Ian Dalton appointed National Director of NHS Flu Resilience</li> </ul>	
7 <sup>th</sup> May	<ul style="list-style-type: none"> <li>• FluCon reporting activated</li> </ul>	<ul style="list-style-type: none"> <li>• Herefordshire Public Health start reporting to the lead PCT</li> </ul>
12 <sup>th</sup> May	<ul style="list-style-type: none"> <li>• WM Flu E-Learning Module</li> </ul>	<ul style="list-style-type: none"> <li>• Deemed not compatible with Local Infection Control Approach</li> </ul>
18 <sup>th</sup> May	<ul style="list-style-type: none"> <li>• Flu Case tracing service (to become FRC) piloted</li> </ul>	<ul style="list-style-type: none"> <li>• Herefordshire asked to support</li> </ul>
21 <sup>st</sup> May	<ul style="list-style-type: none"> <li>• Flu Response Centre set up</li> </ul>	<p>PHIT – Local Swine Flu Call Handling Centre established</p> <p>Preparing Head teachers for a school Outbreak</p> <p>Staff Training in preparation</p> <p>The concepts of Multi-agency intelligence Cell discussed.</p> <p>PPE Delivery date sought</p>
22 <sup>nd</sup> May	<ul style="list-style-type: none"> <li>• Welford School Outbreak confirmed</li> </ul>	

For further information on this report please contact: Sue Doheny (Director of Quality & Clinical Leadership) on 01432 383466

26 <sup>th</sup> May	<ul style="list-style-type: none"> <li>• Community Outbreak Level reached in UK</li> </ul>	
27 <sup>th</sup> May	<ul style="list-style-type: none"> <li>• HPA cease UK Airport Border Screening of returning passengers</li> </ul>	
5 <sup>th</sup> June	<ul style="list-style-type: none"> <li>• Warwickshire PCT conduct test of ACP</li> </ul>	
11 <sup>th</sup> June	<ul style="list-style-type: none"> <li>• WHO escalates to level 6</li> </ul>	
12 June		<ul style="list-style-type: none"> <li>• Down's School reports children and teacher cases</li> </ul>
15 <sup>th</sup> June	<ul style="list-style-type: none"> <li>• First Confirmed H1N1 UK Death</li> </ul>	
16 <sup>th</sup> June	<ul style="list-style-type: none"> <li>• West Midlands Conurbation activate ERMA2</li> </ul>	
22 <sup>nd</sup> June	<ul style="list-style-type: none"> <li>• Modified Containment Strategy agreed for restricted postcode areas – Birmingham and Sandwell in the West Midlands</li> </ul>	
26 June		<ul style="list-style-type: none"> <li>• 2/3<sup>rd</sup> case confirmed in Herefordshire</li> </ul>
29 <sup>th</sup> June	<ul style="list-style-type: none"> <li>• First global case of Oseltamivir resistance identified (Denmark)</li> </ul>	
2 <sup>nd</sup> July	<ul style="list-style-type: none"> <li>• National decision to move from containment to treatment phase</li> </ul>	

For further information on this report please contact: Sue Doheny (Director of Quality & Clinical Leadership) on 01432 383466

6 <sup>th</sup> July	<ul style="list-style-type: none"> <li>SHA Directors initiate bi-weekly meetings to review Swine Flu response and ensure swift transmission to ERMA 3 is required.</li> </ul>	
8 <sup>th</sup> July	<ul style="list-style-type: none"> <li>Revised UK Planning Assumptions released</li> </ul>	
10 <sup>th</sup> July	<ul style="list-style-type: none"> <li>Flu Response Centre closes</li> </ul>	
16 July		Anti viral collection Points via local Pharmacies commenced
23 <sup>rd</sup> July	<ul style="list-style-type: none"> <li>NPFS Antiviral Assessment and ACPs launched</li> </ul>	
11 <sup>th</sup> August	<ul style="list-style-type: none"> <li>SOC Established</li> </ul>	
13 <sup>th</sup> August	<ul style="list-style-type: none"> <li>Priority Groups for first phase of vaccination programme announced</li> </ul>	
26 <sup>th</sup> August		<ul style="list-style-type: none"> <li>DH audit of Flu Preparedness</li> </ul>
21 <sup>st</sup> September	<ul style="list-style-type: none"> <li>Vaccine deliveries started</li> </ul>	
25 <sup>th</sup> September	<ul style="list-style-type: none"> <li>Pandemrix receives EMRA license</li> </ul>	

For further information on this report please contact: Sue Doheny (Director of Quality & Clinical Leadership) on 01432 383466

2 <sup>nd</sup> October	<ul style="list-style-type: none"> <li>• Celvapan receives EMRA license</li> </ul>	
21 <sup>st</sup> October	<ul style="list-style-type: none"> <li>• UK Mass Vaccination Campaign begins</li> </ul>	
22 <sup>nd</sup> October	<ul style="list-style-type: none"> <li>• Revised UK Planning Assumptions released</li> </ul>	
30 <sup>th</sup> October		<ul style="list-style-type: none"> <li>• Herefordshire's first delivery of vaccine</li> </ul>
2 <sup>nd</sup> November		<ul style="list-style-type: none"> <li>• Ambulance National Snapshot reporting commences</li> <li>• Distribution of vaccine to GPs</li> </ul>
5 <sup>th</sup> November		<ul style="list-style-type: none"> <li>• WMAS commence administration of H1N1 vaccine</li> </ul>
20 <sup>th</sup> November	<ul style="list-style-type: none"> <li>• Person to Person transmission of Oseltamivir resistant H1N1 confirmed</li> </ul>	
2 December	<ul style="list-style-type: none"> <li>• SOCCON reporting starts</li> </ul>	<ul style="list-style-type: none"> <li>• Herefordshire CYPD start reporting SOC-CON</li> </ul>
7 <sup>th</sup> December	<ul style="list-style-type: none"> <li>• West Midlands Adult Critical Care Transfer Team Piloted (2 weeks)</li> </ul>	<ul style="list-style-type: none"> <li>• FLUCON reports stopped</li> </ul>
<b>20010</b>		
11 <sup>th</sup> February	<ul style="list-style-type: none"> <li>• NPFS Stood down</li> </ul>	<ul style="list-style-type: none"> <li>• ERMA 2 reports stopped</li> </ul>
25 <sup>th</sup> February		<ul style="list-style-type: none"> <li>• ERMA meetings stood down</li> <li>• SIT REP reports stopped</li> </ul>
18 <sup>th</sup> March	<ul style="list-style-type: none"> <li>• Regional de-brief event</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>
22 <sup>nd</sup> March		<ul style="list-style-type: none"> <li>• PPE stock recall from DoH</li> </ul>

For further information on this report please contact: Sue Doheny (Director of Quality & Clinical Leadership) on 01432 383466

		<ul style="list-style-type: none"> <li>• Antiviral Stock recall from DoH</li> </ul>
1 <sup>st</sup> April	<ul style="list-style-type: none"> <li>• Stand down of the distribution of anti-virals</li> </ul>	
30 <sup>th</sup> April	<ul style="list-style-type: none"> <li>• Regional Strategic Operation Centre, stock management, flu incident and NICC manager mailboxes closed.</li> </ul>	
24 <sup>th</sup> May		<ul style="list-style-type: none"> <li>• E-mail Message to all staff regarding next flu season and availability of swine flu vaccination</li> </ul>
26 <sup>th</sup> June		<ul style="list-style-type: none"> <li>• CMO letter circulated to GPs regarding Seasonal/Swine flu programme and guidance for 2010/11</li> </ul>
30 <sup>th</sup> June		<ul style="list-style-type: none"> <li>• Local Swine flu inbox and telephone service cease.</li> </ul>

- The Health Protection Agency (West Midlands) virology surveillance report from week 40/2009-to week 30/2010 indicated 1330 specimens have been submitted for the region.
- GPs have been asked to continue swabbing patients presenting with flu-like illness throughout the summer months. So far 368 specimens have tested positive for pandemic influenza (H1N1) 2009 virus, of which 19 were also positive for another virus.

For further information on this report please contact: Sue Doheny (Director of Quality & Clinical Leadership) on 01432 383466

## Herefordshire Swine Flu Debrief Report

### Executive Summary

#### Communication :

Overall stakeholders felt that the Department of Health (DH), Health Protection Agency (HPA) and Strategic Health Authority (SHA) guidance was seen to be useful and supportive in carrying out their tasks. However, some found the tools and guidance provided by the SHA slow in being disseminated or difficult to use, e.g. SHA professional web site.

The NHS Herefordshire Joint Communications team delivered effective and timely information locally, including communications across all stakeholders and the general public through their media conduits. However, there was concern that the pace of national press releases to the media left many professionals in Herefordshire in 'catch up' mode on several occasions; improved links to and monitoring of national media would address this.

The work and dedication of those working within the Public Health Swine Flu team is recognised. However, the survey yields a number of learning opportunities which centre on how improvements could be made in its establishment and gearing commensurate throughout the Pandemic levels.

Concern was raised with the delay and uncertainty surrounding the deployment of the National Pandemic Flu Service (NPFs) which resulted in extreme task loads being placed on local teams to develop contingency plans.

Furthermore, poor or the absence of systems within the NPFs resulted in GP practices unaware which of their patients had been issued with anti-virals.

#### Co-operation:

The survey suggests that NHS Herefordshire (PCT) demonstrated effective joint working and intelligence was appropriately shared with multi-agency partners. Strong links and partnerships have now been forged between NHS Herefordshire, the Herefordshire Hospitals Trust, Adult Social Care and other Council Directorates. There is a need to develop how external partners e.g. Adult Social Care providers can be drawn closer to the business continuity assurance process; contractual arrangements through the commissioning process are seen to be the key driving force.

For further information on this report please contact: Sue Doheny (Director of Quality & Clinical Leadership) on

01432 383466

Well established day to day business mechanisms exist or communication and co-operation between GP practices and NHS Herefordshire, however, the survey data suggests that these mechanisms were perceived to function less well when tested under the strain of the Pandemic.

A Strategic Flu plan had been the foundation of many response elements throughout the Swine Flu Pandemic. However, despite this plan being subject to validation locally and regionally, there appears to be a lack of awareness of this plan with stakeholders. A review of this plan and it's applicability in a multi-agency environment should be a key priority; new and improved mechanisms of raising its awareness across the health economy should be sought and an abridged version with supporting documents published on the Local Resilience Forum (LRF) website.

One of the key benefits that came out of the Swine Flu Pandemic was imparting an urgency on all stakeholders to review their Business Continuity Plans and in particular their Business Impact Assessments. Despite these arrangements being subject to numerous local and regional validation tests there is still a need to seek reassurance from all Directorates and partners that sound Business Continuity practices are being adopted and maintained.

#### **Vaccination / Personal Protective Equipment (PPE):**

Responders felt that guidance issued on vaccination and vaccination consumables supported their tasks, however, there were concerns expressed on the numbers of trained staff available to provide a surge vaccination service and the delivery mechanism. Additional effort should be put into securing and maintaining a pool of clinically skilled staff which could be deployed as part of identified vaccination teams.

Staff up take rates of the Swine Flu vaccines is currently running at 42% which is the national average. Due consideration of an invigorated local vaccination campaign strategy will be necessary to increase this further in line with the Department of Health's expectations.

A successful programme of PPE awareness was incorporated within infection control training, however, the survey suggested that guidance on appropriate use led to confusion. Stock management across the health sector also gave cause for concern. A more resilient stock management process within the PCT should be considered.

For further information on this report please contact: Sue Doheny (Director of Quality & Clinical Leadership) on

01432 383466



**Data Collection:**

The survey suggests that many responders felt excessively burdened by data requests, made worse by systems not being in place, inadequacies of the systems and or temperamental software.

The burden of Situation Reporting (SITREP) was eased through reporting by exception, however, errors were made through task ownership changes.

During the initial phases of the Pandemic significant effort was placed into establishing critical information that would support a local tactical (Silver) or multi-agency incident commander. To make use of such information sources would have required committing re-deployable staff into a central intelligence hub. The triggers for this process should be addressed in any revision of the Strategic Swine Flu plan.

**Command and Control:**

Survey responders believed that NHS Herefordshire command and control arrangements worked well and were strongly led by the Director of Public Health from the initial containment phase of the pandemic who gave direction across the local health economy. Command and Control within Herefordshire was seen to function effectively within the West Midlands ERMA Concept of Operations (CONOPs). Battle rhythms that incorporated teleconferencing were felt to enhance the multi-agency approach to Command and Control, enabling a robust multi-agency Local Resilience Forum (LRF) approach to intelligence and information sharing.

However, some uncertainty as to the role and responsibility of PHIT in relation to ERMA 1, centred on whether or not the incident commander declares an emergency. Changes to the ERMA CONOPs to address “slow burn incidents” such as Swine Flu should provide an improved level of clarity and allow for the establishment of pre ERMA1 meetings, in alignment with pre Silver meetings. Due to the established deep partnership working in Herefordshire, the term ERMA not only applies to the PCT organisation as it may in other regions within the West Midlands, but to the whole local health economy which encompasses the Local Authority. There is a further need to increase the awareness of ERMA and its roles across the health economy.

NHS Herefordshire has well established on-call duty manager arrangements. The Joint Emergency Planning Unit (JEPU) has taken a number of these managers through training and exercising, including an awareness of the multi-agency environment. Although the Local Authority has identified and carried out initial training for equivalent duty managers, it is yet to formalise their on-call arrangements.

For further information on this report please contact: Sue Doheny (Director of Quality & Clinical Leadership) on

01432 383466

The Herefordshire Hospitals Trust (HHT) operates formalised on-call rotas for senior managers and Directors. NHS Herefordshire provides Directors for the ERMA on-call rota, and works co-operatively within the Herefordshire and Worcestershire Public Health consultant on-call rota. The Joint Management Team (JMT) is invited to consider a formalised approach to the Local Authority duty on-call manager system and the establishment of a duty on-call Director rota.

For further information on this report please contact: Sue Doheny (Director of Quality & Clinical Leadership) on  
01432 383466