

REPORT TO THE TRUST BOARD – 26th September 2013

Title	Winter Preparedness submission to the Trust Development Authority
--------------	---

Executive summary

The Trust Development Authority (TDA) has required all providers to complete and submit a winter preparedness template, approved by the Board by 30th September 2013. The template is designed to provide assurance to the TDA that the Trust has planned to deliver sufficient capacity for expected winter activity.

The attached winter contingency arrangements for 2013/14 outlines the plans, policies and process that are in place and provide the Trust's framework to respond to winter pressures:

- Service area business continuity plans
- LPT Emergency Plan
- On-call arrangements and LPT command and control
- Adverse Weather Policy
- Seasonal influenza planning
- Infection control and disease outbreak management policies
- Community Health Services (CHS) actions under the Leicester, Leicestershire & Rutland (LLR) Urgent Care Surge and Escalation Plan

In addition to the above, the City Clinical Commissioning Group (CCG) via the Urgent Care Board, is leading the review and revision of the Leicester, Leicestershire and Rutland Urgent Care Surge and Escalation plan. The aim is to develop a more effective whole health and social care community response to year round pressures. The CHS Division in particular and the AMH Division are contributing to this work. The Trust's emergency planning manager will be liaising with all divisions to ensure Trust's services are fully incorporated into the plan and capacity issues (if any) identified. The urgent care element of the Trust's winter contingency arrangements 2013/14 will be amended when the LLR Urgent Care Surge and Escalation Plan is revised. The Trust is represented on the Urgent Care Board which meets weekly.

There are two documents for the Board to consider:

- Winter planning 2013 TDA framework
- LPT winter contingency arrangements 2013/14

The format of the TDA framework covers demand and capacity; delivery; governance; partnership and investment priorities and requires the Trust to give summary answers to key questions in each section.

Recommendation

The Trust Board is recommended to:

- Approve the draft winter planning 2013 TDA framework for submission to the TDA by 30th September 2013
- Consider and comment on the Trust winter contingency arrangements 2013/14

Related Trust objectives	We will maximise opportunities to deliver the best possible integrated care in Leicester, Leicestershire and Rutland.
Risk and assurance	Risk 137: Emergency planning – failure to ensure that robust and comprehensive emergency preparedness, resilience and response (EPPR) arrangements are in place.
Legal implications/ regulatory requirements	Civil Contingencies Act 2004
Evidence for the Quality Governance Framework	This paper evidences suitable processes and structures to maintain services.
Presenting Director	Paul Miller, Chief Operating officer
Author(s)	Kevin Robotham, Emergency Planning Manager
*Disclaimer: This report is submitted to the Trust Board for amendment or approval as appropriate. It should not be regarded or published as Trust Policy until it is formally agreed at the Board meeting, which the press and public are entitled to attend.	

Leicester Partnership NHS Trust Winter Plan 2013/14 1st December 2013 to 31st March 2014



Signatories to agreement of Trust Winter Plan 2013/14

Name: Professor David Chiddick CBE Trust Chair	Signature Date:
Name: Sue Noyes Trust Chief Executive (Acting)	Signature Date:
Name: Lead Commissioner	Signature Date:



Winter plan guidance

- The winter plan specifically relates to the period between 1st December 2013 and March 31st 2014
- The plan should be focused on the modelling of winter demand and therefore what additional measures will be required to sustain safe and effective care during this period.
- A separate focus is required for the Christmas and new year period 21st December – 5th January due to the way the banks holidays fall

Winter Planning 2013/14



Demand & Capacity (1)

Bed Modelling

Could the Trust provide details to the following question:

- Could the Trust provide the model for bed requirements for assessment units, inpatient beds, Critical Care and any re-ablement capacity for the 2013/14 winter period?, Best practice would suggest the following assumptions should be considered:
 - Predicted admissions modelled at the 85th centile levels
 - Length of stay increase during winter for non elective admissions.
 - Bed Occupancy modelled at 92% across the inpatient hospital bed base

Leicestershire Partnership NHS Trust (LPT) Submission:

- Community hospital in-patient beds are contracted on a 'block' basis at 93% occupancy
- Increased demand for community hospital beds occurs between 2 January and continues to remain high over the following 4 weeks with occupancy consistently above 95%.

Demand & Capacity (2)

Additional Capacity

Based on the modelling exercise what additional capacity are you planning to put in place?

- This should include additional beds of any type, staffing both clinical and non clinical and any other support services already commissioned by the Trust.

LPT Submission:

- Within LPT's Community Health Services Division (CHS) additional adult community nursing and therapy services are being commissioned from October to facilitate transfer of patients from acute and community in-patient services (step down) and prevent admission (step up). The Intensive Community Support service will be supported by a senior clinician (Advanced Nurse Practitioner) and will provide medical management, nursing and therapy support to patients who can safely be cared for at home and who do not require 24 hour nursing care.
- A plan is in place, so that in the agreement with and release of funding by the commissioners Twelve additional capacity winter pressure beds can be made available at Loughborough Community Hospital within 48 -72 hours notice (an additional 12 beds are available , however at least one weeks notice will be required to ensure appropriate staffing can be arranged). All additional community hospital in-patient capacity will require additional resource and the decision to open them rests with commissioners.
- LPT's Families, Young Peoples and Children's Division (FYPS) are looking to work with University Hospitals of Leicester NHS Trust (UHL) and commissioners to develop a proactive plan for the use of DIANA and physiotherapy/Occupational Therapy staff to support discharge of and possibly prevent admission of paediatric patients through the provision of care and support for children and families requiring special nursing care in a community setting. Extra funding has been secured to extend the DIANA hours of service.

Demand & Capacity (3)

Workforce

Could the Trust provide us with your winter staffing plan and how this aligns to predicted demand for services?

LPT Submission:

- CHS community staff rotas will be planned to match known times of higher demand (eg there is a known increase in demand for Intermediate Care services after 2pm following GP home visits)
- Business continuity plans across all of LPT's divisions would be enacted as necessary should there be a surge in activity within community hospital and/or community services. This would involve releasing staff from non-critical services to support critical service provision within the community and /or within LPT in-patient facilities.
- Additional agency staffing will be required to support any additional capacity beds.

Demand & Capacity (4)

Patient Safety – managing peaks in demand safely

Could the Trust provide details of what actions have been undertaken during the development of the winter plans to ensure quality & patient safety is not compromised during times of surge and or when the ED(s) are full?

LPT Submission:

- Additional capacity beds (if commissioned) will be staffed with substantive staff from the permanent wards and agency nurses with agency nursing backfilling onto the permanent ward to ensure a mix of substantive and agency staff across the wards to ensure high quality care delivery is maintained
- Every adult in-patient will have a daily review of care (Mon – Fri) by a senior clinician (Advanced Nurse Practitioner (ANP))
- Community hospital ward managers will be supernumerary to coordinate, drive and monitor care delivery
- LPT and UHL have developed a vertically integrated model for the care of frail older people, supported by Consultant Geriatricians who will continue to attend ward rounds x2/3 week and provide daily telephone advice (with immediate assessment via the Acute Frailty Unit if required)
- Step up admissions from primary care are discussed with a Consultant Geriatrician prior to admission to ensure a non-acute setting is clinically safe and appropriate

Delivery



Delivery (1)

Effective models of Care.

Could The Trust describe its models of care / access standards in the following areas:

ED

Acute Medicine

Inpatient bed base

Confirmation of provision of Ambulatory Emergency Care

Access to diagnostics / pathology

LPT Submission:

- Access to a non-acute community hospital in-patient bed is between 8am – 9pm (7 days/week)
- Step down:
 - from UHL ED (facilitated by LPT Primary Care Coordinator)
 - from UHL assessment unit (as above)
 - from UHL base ward (facilitated through bed bureau)
 - from an out of County acute Trust (direct arrangement between acute Trust and neighbouring community hospital)
- Step up:
 - Direct admission from a GP to a community hospital arranged via Single Point of Access (following telephone consultation between GP and Consultant Geriatrician)

Delivery (2)

Seasonal Flu/ Pandemic Flu and Norovirus

Could The Trust send copies of updated Flu, Norovirus and infection outbreak management plans, including when the plans were updated or are proposed to be updated?

Could the Trust set out its plans for staff flu vaccination including a trajectory?

LPT Submission:

- **Policies attached**

- Management of an Increased Incident or outbreak of an infection (reviewed May 2012)
- Management of Known or suspected Diarrhoea and Vomiting (reviewed May 2012)

- **Flu**

During 2012/13, 51% of frontline staff were vaccinated.

LPT flu fighting team (developed 12/13) meeting to prepare for Flu season

Flu plan currently in development based on last year's success (including nomination for flu fighter award 2012/13)

Plan includes:

- Dedicated flu fighter champions
- Communications plan to 'get the message' across
- Use of flu campaign materials
- E-newsletter and team briefs
- Considering the options for technology use i.e. text, tweeting etc
- Photocall for local poster campaign
- Plan reviewed and continues to be developed on a weekly basis

Delivery (3)

2013/14 Christmas/ New Year arrangements

- Given the way Christmas and New Year Bank holidays will fall in 2013/14. Could the Trust in the space below provide assurances that arrangements are in place to cover the Christmas/ New Year period, including specifically a workforce plan for this period covering 21st December 2013 through to 5th January 2014.

LPT Submission:

- Staffing within community inpatient wards and community services will remain at usual levels over the Christmas and New Year period
- CHS rotas will be agreed and signed off for this period by 30 October. Adult Mental Health division (AMH) rotas will be agreed in readiness for this period. FYPS rotas for key services during this period have been agreed.
- Communication with social care is increased prior to the 21 December to ensure that all patients who may require a package of care are assessed and provisional arrangements put in place to ensure timely discharge
- Business continuity plans are activated as required to meet increasing demand
- The Trust has clear arrangements in place for adverse weather conditions and a policy to minimise the impact on workforce

Governance



Governance (1)

Governance Structure

Could the Trust provide details to the following questions within the space provided:

- How the board will review and formally approve the winter resilience and influenza plans?
- Can the Trust describe the accountability framework in place to manage winter performance and how the Board will hold the Executive team to account.

LPT Submission:

- This template and the LPT Winter Contingency Arrangements are to be signed off by the Trust board on the 26th September 2013.
- Staff seasonal influenza immunisation uptake is report to the Trust Board.
- Trust operational performance would be raised and discussed at the Operations Team. This is chaired by the Chief Operating Officer. Matters can be escalated to the Senior Management Team meeting or the weekly Executive Team if urgent.
- It is the responsibility of the Trust's Chief Operating Officer to update the Board on issues by exception reporting.

Governance (2)

Daily management and escalation

- Can you set out the process of daily / weekly performance and capacity management and your escalation process? this should also include the metrics you use to support this.
- Can you describe the process for engaging external partners in the escalation process

LPT Submission:

- LPT currently operates a manually produced daily bed state, but is developing an electronic bed management system which will be in place ahead of winter
- The Leicestershire, Leicester and Rutland (LLR) Urgent Care Surge and Escalation Plan sets out escalation processes
- Bed capacity is monitored daily and escalated through the senior management team if demand outweighs capacity, with actions taken in line with the LPT's component of the LLR Urgent Care Surge and Escalation Plan
- LPT Community Health Services has a daily bed capacity manager who manages demand and flow, and participates in daily teleconference with partner agencies
- All partner agencies participate in a daily teleconference where issues for resolution are discussed

Governance (3)

Quality & Patient Safety

Ensuring patient outcomes and experience do not deteriorate during winter pressures is a key challenge:

- What governance arrangements are in place to ensure Quality & Patient Safety is not compromised during winter period? Could the Trust outline these arrangements?
- Could the Trust describe what plans are in place to ensure operational standards are maintained consistently throughout the year e.g. A&E and Acute Medicine Clinical Quality Indicators, referral to treatment times, cancer operational standards, HCAs.

LPT Submission:

- Quality and safety metrics are monitored through LPT's Integrated Quality Performance Report (IQPR) monthly in Divisions, Trust Board Committees, Trust Board and the Contract Performance Meeting

Governance (4)

Additional Investment

Could the Trust provide details to the following questions within the space provided:

- If winter monies were made available in 2013/14 could the Trust give a clear outline of the areas where these monies would be targeted, this should be in addition to any planned investments / services already commissioned. The investments need to evidence the contribution to the Trusts capacity to deliver and sustain quality care.

LPT Submission:

- Additional winter capacity in-patient community hospital beds
- Additional community therapy for adults to expedite the rehabilitation of patients in the community and support increased throughput from acute and community inpatient beds

Governance (5)

Stress testing the plans

Could the Trust explain the process to stress test the plans and how will lessons from this testing be including in the winter plan?

LPT Submission:

- LPT will plan on holding a workshop in September / October to test the plans for responding to pressure on the Trust. Lessons from this will be built into LPT's planning for winter.

Governance (6)

Risk management

- What are the key risks / challenges currently regarding winter planning? Have they been placed on the corporate risk register?

LPT Submission:

- Key risks are listed below and managed in accordance with the associated policies / projects:
- **Inclement weather (snow) and associated HR issues**
 - All staff are requested to make an early assessment of travel plans during inclement weather
 - Staff accommodation for inclement weather will be supported by the Trust
 - Reduced staffing will be managed through service business continuity plan/Trust Major Incident Plan
 - The mutual aid agreement via the 4X4 volunteers will be enacted
- **Seasonal Influenza**
 - The seasonal Flu immunisation campaign for our staff will launch in September 2013 (see previous slide)
 - Staff are encouraged to remind relevant patients to have their flu jabs if they have not already done so
 - FYPC is involved in a pilot paediatric seasonal flu immunisation project in Leicester and East Leicestershire.
- **Norovirus – ward closure reducing bed capacity**
 - Outbreak Meetings will be held daily in line with existing Infection Control policy to manage the outbreak
 - No placements during an outbreak will be made from a closed ward
 - Staff with suspected viral gastro enteritis including Norovirus will follow infection control guidance. They will not attend for duty until clinically well and symptom free for 72 hours
- **General Bed Stock Capacity Issue – Normal Winter Planning**

Partnership



Partnership

Partnership Working

What arrangements are in place with the Urgent Care Board and key health economy partners?

LPT Submission:

- LPT are active partners in the Urgent Care Board and in all sub groups reporting to this Board

WINTER CONTINGENCY ARRANGEMENTS 2013/14

Key Words:	Major Incident Room, Major Incident, Business Continuity, Emergency Plan, Seasonal Plan	
Version:	1	
Adopted by:	LPT Ops Team Meeting	
Date adopted:	September 2013	
Name of originator/author:	Kevin Robotham Emergency Planning Manager	
Name of responsible committee:	LPT Health and Safety Committee	
Date issued for publication:	September 2013	
Review date:	April 2014	
Expiry date:	September 2014	
Target audience:	Members of the Exec Team and the Operational Group	
Type of Policy (tick appropriate box)	Clinical	Non Clinical √
NHSLA Risk Management Standards if applicable:	-	
State 00Relevant CQC Standards:	6	

CONTRIBUTION LIST

Key individuals involved in developing the document

Name	Designation
Bernadette Keavney	Head of Trust Health and Safety Compliance
Kevin Robotham	Emergency Planning Manager

Circulated to the following individuals for comments

Name	Designation
Paul Miller	LPT Chief Operating Officer
Rachel Bilsborough	CHS Divisional Director
Teresa Smith	AMH Divisional Director
Helen Thompson	FYPC Divisional Director
Jane Glover	AMH Divisional Business Continuity Lead
Jane McCarron	CHS Divisional Business Continuity Lead
Helen Perfect	FYPC Divisional Business Continuity Lead
Nikki Beacher	CHS Lead on Surge and Escalation Planning

Contents

1.0 Summary	1
2.0 Introduction	1
3.0 Purpose	2
4.0 LPT Assurances and Action Taken / Planned	3
5.0 Scope	4
6.0 Responsibilities	5
7.0 Specific Risks	7
8.0 Joint Working with Partner Agencies	8
9.0 Mutual Aid	8
10.0 Communications	9
11.0 Support to Vulnerable People	9
12.0 Testing of Plans for Winter Resilience	10
13.0 Review and Development Winter Resilience	10
Appendix 1: Winter Planning Leads	
Appendix 2: LPT Maintenance of Service Delivery and Response to Surges in Demand Winter 2013/14	
Appendix 3: Supporting Plans and Policies	
Appendix 4: Department of Health Cold Weather Plan	
Appendix 5: LPT component of LLR Urgent Care Surge and Escalation Plan	

Version Control and Summary of Changes

Version number	Date	Comments (description change and amendments)
1	September 2013	

All LPT Policies can be provided in large print or Braille formats, if requested, and an interpreting service is available to individuals of different nationalities who require them.

Did you print this document yourself?

Please be advised that the Trust discourages the retention of hard copies of policies and can only guarantee that the policy on the Trust website is the most up-to-date version.

For further information contact:

Kevin Robotham
Emergency Planning Manager
Leicestershire Partnership NHS Trust
T: 0116 222 7211
M: 07785 414404

E: kevin.robatham@leicspart.nhs.uk

Definitions that apply to this Plan

Business Continuity	The capability of an organisation to continue to delivery services at acceptable predefined levels following a disruptive incident.
Emergency / Major Incident	An event or situation that threatens serious damage to human welfare, or to the environment, or war or terrorism which threatens serious damage to the security of the UK. Within the NHS the term “major incident” is commonly used to describe such emergencies. These may include multiple casualty incidents, terrorism or national emergencies such as pandemic influenza.
Emergency Preparedness, Resilience and Response (EPRR)	The collective term utilised by the NHS to cover business continuity planning and preparing for emergencies.
Major Incident Plan / Emergency Plan	Clearly identified procedures to be used at the time of an incident, (external or internal) to implement an effective and co-ordinated response.
Business Continuity Plan	Documented procedures that guide organisations to respond, recover, resume and restore service delivery to a pre-defined level of operation following a disruption.
Severe Winter / Inclement Weather	Winter weather such as heavy snow and ice and inclement weather such as flooding, strong winds which disrupt the road network and public transport affecting the ability of staff to travel to work or see patients in the community.
Seasonal Flu	A highly contagious acute viral infection that affects people of all ages.

Equality Statement

Leicestershire Partnership NHS Trust aims to design and implement policy documents that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. It takes into account the provisions of the Equality Act 2010 and advances equal opportunities for all. This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (gender) or sexual orientation.

In carrying out its functions, Leicestershire Partnership NHS Trust must have due regard to the different needs of different protected equality groups in their area. This applies to all the activities for which Leicestershire Partnership NHS Trust is responsible, including policy development, review and implementation.

1.0 Summary

This document outlines the specific arrangements that LPT has in place in preparation for the challenges of winter and is part of a suite of plans and policies which ensure that Leicestershire Partnership NHS Trust (LPT) is resilient to disruptions to business continuity, being in a position to recover or maintain service delivery in the face of pressures and risks present during the winter period.

2.0 Introduction

Under the obligations of Emergency Preparedness, Resilience and Response (EPRR) guidance and the Civil Contingencies Act 2004, LPT is required to plan for and respond to a wide range of incidents and emergencies that could affect the health, of the wider community and impact on the care of LPT in-patients and the delivery of healthcare to service users.

Of the hazards which could affect LPT the majority of these could occur at any time of the year. Winter however can present a specific set of hazards which can have a severe impact on the ability of LPT to delivery its services. These can be considered to be:-

- Severe winter / inclement weather.
- Levels of seasonal influenza that could present as a 'Surge' in demand on healthcare services and/or a reduction in staff availability.
- Surge in demand on healthcare services due to other causes such as an increase in respiratory cases.
- An outbreak of infectious diseases such as Norovirus which could affect in-patient facilities.
- Any other unforeseen factors that could affect the delivery of healthcare services.

3.0 Purpose

The Purpose of this document is:-

- Outline how LPT is prepared for the challenges presented by winter 2013/14.

The Objectives of this document is to:-

- Provide assurance to the Trust Development Agency and commissioners that LPT is prepared for the challenges faced during the 2013/14 winter period.
- Provide assurance to the Board that the strands of an effective response are in place and can be deployed in response to winter pressures:-
 - Tested Command and Control arrangements.
 - Clinically led surge plans and escalation response capability.
 - HR policies to support the response to hazards.
 - Mutual aid and partnership working,
- Outline the plans, policies and protocols that are in place to ensure LPT responds, so far as is reasonably practicable, to maintain Trust services and protect the health, safety and welfare of person who may be affected by business interruptions over the winter period.
- Outline how LPT is engaged with partner agencies in planning the response to escalating pressure on the health community thereby increasing resilience and efficiency by adopting common approaches and system of working that provide resilience in depth.
- Outline how LPT is prepared to tackle seasonal flu and other infectious diseases.

3.1 Links to Other Plans

This document is linked to and mutually supported by LPT's emergency and business continuity plans and policies and should be read in conjunction with the following:-

- LPT Emergency Preparedness, Resilience and Response (EPRR) Policy
- LPT Emergency Plan
- LPT Director On-Call Pack.
- Service Area Business Continuity Plans
- LPT Adverse Weather Policy
- Leicester, Leicestershire and Rutland (LLR) Urgent Care Surge and Escalation Plan
- LPT Seasonal Influenza staff immunisation campaign 2013/14
- Infection Control and Outbreak Management Policies

All of the Trust's services are required to have service specific business continuity plans in place (**see Section 8**).

3.2 Standards

The development and maintenance of arrangements, plans and policies in preparation for winter will support LPT's compliance with:-

- Care Quality Commission Essential standards of quality and safety (6d)
- 2013/14 NHS Standard Contract Service Conditions (SC30)
- NHS England EPRR Core Standards

4.0 LPT Assurances and Action Taken / Planned

- LPT is committed to developing the current business continuity arrangements and plans into a comprehensive business continuity management system that follows the principles of ISO 22301 (International Standard for Business Continuity).
- LPT's Seasonal Flu Group will work to improve on the 2012/13 staff take up of the seasonal influenza vaccine campaign.
- LPT's major incident command and control arrangements have been revised, with training provided to all LPT Directors On-Call. LPT will aim to exercise these before the end of 2013.
- In July 2013 LPT participated in a health community wide workshop to review the effectiveness of the LLR Surge Capacity and Escalation Plan in preventing and managing demands on the health community. LPT is now working closely with the commissioners and partner agencies on the redevelopment of the LLR Urgent Care Surge and Escalation Plan with the aim of improving the effectiveness of the health communities surge management.

5.0 Scope

This plan is intended to cater for all foreseeable disruptions to business continuity and to manage any pressure on essential services that may materialise during the winter period.

LPT's winter planning applies to all areas of patient care, enabling services and other departments within the trust. LPT services are organised into four operational divisions: adult mental health services; adult learning disability services; families, young people and children's services; and community health services.

Adult Mental Health Services:

Provide both inpatient and community-based services. LPT offers a wide range of psychiatric care for adults of all ages at a number of inpatient units, including specialist units for psychiatric intensive care and low secure forensic patients. We also have specialist teams working in the community offering a range of services such as crisis intervention, psychotherapy, personality disorder therapy and care for people with Huntington's disease.

Adult Learning Disability Services:

For adults with a learning disability LPT's provide inpatient treatment as well as short-break residential services and support from community-based teams. We also offer specialist advice and support to others involved in caring for someone with a learning disability.

Families, Young People and Children's Services:

This includes health promotion, stop smoking, health visiting and school nursing, mental health services for children and young people, , community therapy services, paediatric medicine, specialist children's community nursing, sexual health, nutrition and dietetic services. The division delivers services in homes, community and neighbourhood centres, children's centres, health centres, hospitals, inpatient units, schools and nurseries.

Community Health Services:

The division includes adult nursing and therapy services, and mental health services for older people, delivering services in inpatient wards, and to people who are housebound, through many community teams who work in clinics, day services and people's own homes. Community Healthcare services also have specialist services, such as Podiatry, Speech and Language Therapy and Specialist Teams. All services are accessed and co-ordinated through a single point of access (SPA) divisional communication centre.

6.0 Responsibilities

The Chief Executive Officer has overall responsibility for:-

- Ensuring that the organisation will prepare, maintain, review and strive for continual improvement of business continuity plans in order to maintain or recover the delivery of critical activities during business continuity disruptions; and
- Ensure that the organisation has a Major Incident Plan in place for responding to a major incident or emergency.

The Chief Operating Officer is the organisation's designated Accountable Emergency Officer and is responsible for ensuring that the organisation:-

- Is compliant with the EPRR requirements as set out in the CCA, the Health and Social Care Act (2012), the NHS planning framework and the NHS standard contract as applicable;
- Is properly prepared and resourced for dealing with major incident, or emergencies;
- Has robust business continuity planning arrangements in place;
- Has a robust surge capacity plan that provides an integrated organisational response and that it has been tested with other providers and parties in the community served;
- Complies with any requirements of CCGs and NHS England, in respect of the monitoring of compliance;
- Is appropriately represented at, and effectively contributes to, any governance meetings, subgroups or working groups of the LHRP or LRF; and
- Can assure the Board that LPT is compliant with all its EPRR obligations.

The Head of Trust Health & Safety Compliance is responsible for ensuring:-

- That the Accountable Emergency Officer receives regular reports on resilience matters;
- That the Emergency Planning Manager is adequately supported to allow them to fulfil their role and responsibilities; and
- Adequate resources and funds are made available to allow LPT to effectively respond to a disruption to business continuity and to a major incident or emergency.

All Divisional Directors are responsible for:-

- Ensuring that business continuity becomes part of the everyday culture of the organisation; and
- That adequate resources from within their division must be made available to ensure that business continuity plans are developed and maintained.

On-Call Directors and On-Managers are responsible for:-

- Leading the LPT or divisional response to a significant disruption to business continuity or a major incident.

Divisional Business Continuity Leads are responsible for:-

- Supporting and assisting the Emergency Planning Manager in the development and maintenance of a Business Continuity Management System and plans and arrangements for responding to a major incident; and
- Ensuring that service area business continuity plans are developed, maintained and tested.

Head of Service are responsible for:-

- Ensuring that services under their remit have business continuity plans developed for the maintenance and recovery of critical activities; and
- Support the Divisional Business Continuity Leads and Emergency Planning Manager in the development, maintenance and further improvement of the BCMS and preparedness for major incidents and the testing of these arrangements and plans.

The Emergency Planning Manager is responsible for:-

- Ensuring that LPT meets its statutory obligations under the Civil Contingency Act 2004 and complies with all relevant EPPR guidance;
- Leading on LPT's overall preparedness for winter;
- Developing and delivering the LPT's emergency preparedness and business continuity planning, improving standards of emergency preparedness across LPT;
- Providing leadership on specialist winter preparedness, emergency preparedness and resilience issues;
- Keeping the Accountable Emergency Officer and Trust Head of Health and Safety Compliance up dated on matters related to emergency preparedness,
- Ensuring that the organisation maintains an up to date Major Incident Plan and has an incident Control Centre available;
- Co-ordinating the development and maintenance of LPT's BCMS;
- Liaising with emergency partners and within the organisation to ensure we can support the response to a major incident or emergency affecting the wider community; incidents affecting the healthcare system and pressures on the healthcare system; and
- Ensuring that business continuity, major incident and hazard specific plans such as pandemic flu are regularly tested.

The Health & Safety Committee is responsible for:-

- Providing a forum for the consideration of EPPR issues, approving actions as necessary to ensure LPT maintains effective emergency plans and Business Continuity Management System.

7.0 Risks

Under the obligations of Emergency Preparedness, Resilience and Response (EPRR) guidance and the Civil Contingencies Act 2004, LPT is required to plan for and respond to a wide range of incidents and hazards that could affect the health of the wider community and impact on the care of LPT in-patients and the delivery of health care services.

As a member of the Leicester, Leicestershire and Rutland (LLR) Local Resilience Forum (LRF) LPT co-operates with partner agencies in the risk assessment of the hazards that are present in the county. These include incidents such as fires on chemical sites, pandemic influenza and fuel disruption.

While many hazards are present at any time of the year, winter presents specific risks which LPT needs to be prepared for.

Severe Winter / Inclement Weather: The northern and more rural parts of Leicestershire can be affected by snow and ice which through the disruption to transport can impact on the delivery of community services and in-patient services.

There is also a clear link between periods of cold weather and increased presentation to the health community through respiratory and heart conditions and falls. This may require LPT to provide mutual aid to partner agencies under the Leicestershire, Leicester and Rutland (LLR) Urgent Care Surge and Escalation Plan.

LPT would also need to ensure in-patients and service users in the community are supported during periods of cold weather as required under the Department of Health Cold Weather Plan.

Seasonal Flu or other infectious disease outbreaks: Incidents of seasonal flu and other infectious diseases are traditional higher during winter. This can result in increased pressure on the wider health community. There is also the potential risk of increases in staff absenteeism due to seasonal infectious diseases.

8.0 Joint Working with Partner Agencies

Under the Civil Contingencies Act 2004 and NHS EPRR guidance LPT is required:-

- To co-operate with other responder organisations to enhance co-ordination and efficiency in planning for an emergency.
- Co-operate with other responder organisations to enhance coordination and efficiency when responding to and recovering from an emergency.
- Share information with other local responder organisations to enhance co-ordination both ahead of and during an emergency.

LPT achieves this through:-

- Representation at the Local Health Resilience Partnership (LHRP) and the LHRP operational sub-group.
- Membership of the LLR Local Resilience Forum (LRF) and sub-groups.
- Day to day co-operation between LPT Emergency Planning Manager and equivalents in partner agencies.
- Day to day co-operation on operational and clinical matters between LPT senior staff and equivalents with partner agencies, especially with regards to surge and pressure on the health community.
- Membership of the urgent care network responsible for planning for and co-operating in the response to surge and escalation planning in response to pressures on the healthcare system.
- Sharing appropriate information with partner agencies in planning for and responding to a major incident.
- Membership of time limited working groups or hazard specific groups in preparation for or response to hazards or incidents, such as pandemic flu or industrial action.

9.0 Mutual Aid

LPT will consider all requests for mutual aid from partner agencies, including the implementation of service area business continuity plans and the LPT Emergency Plan as is necessary.

Specific mutual aid is in place between LPT and University Hospitals of Leicester (UHL) and partner agencies under actions agreed in the **LLR Surge Capacity and Escalation Plan**. This is in operation all year round, but is frequently invoked in response to winter pressures, when if necessary LPT Community Health Services (CHS) provide support to UHL.

Under the LHRP Memorandum of Understanding NHS England is empowered to call upon the resources of LPT to assist in the response to a major incident.

10.0 Communications

The Trust has in place a media and communication response as part the LPT Emergency Plan. In the event of any significant reduction in services the LPT Lead for Communications would support the LPT's response to any incidents occurring during the winter period.

Main duties would be:-

- To facilitate the provision of advice and warning to staff of any particular concerns surrounding winter weather;
- To advise and support any nominated media spokespersons;
- To field and deal with initial press enquires;
- To organise press releases and other public statements;
- To organise media briefings where appropriate;
- To monitor and update the media spokesperson on information reported in the public domain;
- To ensure representation at any communication meetings with partner organisations; and
- To ensure statements are consistent with partner agencies.

11.0 Support to Vulnerable People

There is a requirement on LPT that staff maintain means of identifying, prioritising and being able to contact service users who may be vulnerable in an emergency. This would include means of making contact with those persons in the event of an evacuation due to flooding or chemical incidents or due to disruptions to community services such as through winter weather and fuel shortages.

Vulnerable service users can be identified through the service user care plans held by local teams and through interrogation of the clinical data systems.

The ability of LPT to identify vulnerable service users was tested during a multi-agency vulnerable persons exercise held in February 2013. Lessons were learnt by LPT and partner agencies. Work is on-going in LPT to further enhance the process for interrogating clinical data sets.

12.0 Testing of Plans for Winter Resilience

As required under the Civil Contingencies Act 2004 and NHS EPRR guidance LPT is required to test and regularly review its business continuity and major incident plans. Specific requirements regarding exercising of LPT plans are outlined in the EPRR Policy.

Testing of LPT's resilience to winter is based on tests and exercises of the various elements of the response:-

- Service area business continuity plans.
- Emergency Plan
- LPT support to partner agencies under the LLR Surge Capacity and Escalation Plan.
- LPT Director On-Call use of Major Incident Rooms

LPT will also participate in multi-agency exercises relating to winter pressures, business continuity and major incident response.

13.0 Review and Development of Winter Resilience preparedness

This document will be reviewed on an annual basis and will be shared with appropriate partner agencies, interested parties and stakeholders.

LPT plans and policies which underpin the response to winter will be reviewed in line with individual review periods or if necessary following the response to incidents or following changes to applicable legislation or guidance.

It is the responsibility of service areas to review any lessons learned during the response to service pressures, infectious diseases, winter weather and other disruptions to service provision and to incorporate these into their plans.

Appendix 1: Winter Planning Leads

The Winter leads for LPT for 2013/14:-

- Paul Miller: Chief Operating Officer (Accountable Emergency Officer)
- Rachel Bilsborough: Divisional Director for Community Health Services
- Teresa Smith: Divisional Director for Adult Mental Health
- Helen Thompson: Divisional Director for Families, Young People and Children's Services
- Nikki Beacher: Head of Service in Community Health Services (Leads on Surge Capacity and Escalation Planning for Community Health Services)
- Kevin Robotham: Emergency Planning Manager (Overall lead for winter planning)

Appendix 2: LPT Maintenance of Service Delivery and Response to Surges in Demand Winter 2013/14

LPT is committed to maintaining all services over the winter period with all in-patient units operating as normal and community services operating normal cover.

Within each division, service areas are required to have in place business continuity plans which outline how the service area would maintain or recover services following a disruption to service provision. These plans prepare LPT for maintaining service delivery during severe winter and inclement weather.

These plans, in the first instance, are designed so that an individual service can cope with normal business interruptions and pressures. However, where a situation develops whereby the service cannot or is unlikely to be able to cope with the disruption, within its own resources, the response can be escalated up the chain of command, ultimately to the LPT Director On-Call who may decide to trigger the Emergency Plan in response.

1.0 Out of Hours Arrangements and Chain of Command

Each division has on-call arrangements in place providing out of hours cover and management of clinical and operational matters. All of these can be contacted via the main LPT switchboard.

Rotas on-call arrangements and 24/7 services for the Christmas and New Year periods as of September 2013 have either been agreed or are under development, but will in place prior to Christmas.

Where necessary the divisions can escalate any concerns to the LPT Director On-Call who would provide strategic oversight and if necessary mobilise Trust wide resources. The LPT Director On-Call's Pack outlines the LPT Director's responsibilities. The Pack also outlines the out of hours cascade for alerting the Clinical Commissioning Group On-Call and NHS England On-Call to any particular issues concerning business continuity, winter pressures and major incident.

Director On-Call's Pack has out of hours contact details for LPT services and for all partner agencies.

Local service area business continuity plans require staff cascade contacts to be in place.

2.0 Surge and Escalation planning to respond to pressures on the health community

LPT is a member of the Leicestershire, Leicester and Rutland (LLR) Surge and Resilience Group. Lead by the Clinical Commissioning Groups, this group is responsible for maintaining and reviewing the **LLR Urgent Care Surge and Escalation Plan, ensuring that an effective whole health community system can response is implemented.**

The plan outlines the triggers which indicate rising or falling pressure on the health community. Actions would be implemented by this Trust and other organisations as is necessary to reduce the pressure on the health community and lower the escalation level. LPT for example would support the discharge into the community or into community hospital beds of patients from University Hospitals of Leicestershire NHS Trust (UHL).

Pressure on the health community and the support provided by LPT is usually through CHS. However, the other divisions within LPT would respond as is necessary to pressures on specific parts of the healthcare system.

The LLR Urgent Care Surge and Escalation Plan is under review with the aim of developing a more effective whole health community response. This work is on-going with the aim of revising the plan for winter 2013/14.

LPT's triggers and actions from the draft LLR Urgent Care Surge and Escalation Plan are included in **Appendix 5.**

3.0 Management of Impact of Severe Winter / Inclement Weather

Where severe winter or inclement weather disruptions public transport the service managers and duty managers have the responsibility to oversee and co-ordinate the actions of their staff to maintain the delivery of critical services and maintain clinical standards through:-

- Ensuring minimum safe staffing levels both clinical and non-clinical to deliver essential services.
- Revisit caseload so staff time can be focused on priority and vulnerable patients.
- Where necessary LPT will seek alternative over-night accommodation for staff in the private sector where that is practical and necessary to maintain services.
- Accessing 4x4 volunteer service through a mutual aid agreement to enable critical staff to access priority patients in the community and maintain in-patient facilities.
- Be prepared as part of service situation reports to forward that information to a central point if necessary, so it can be determined if those non-attending staff could attend work at another LPT premises.

4.0 LPT Adverse Weather Policy

The LPT Adverse Weather Policy provides guidance, advice and support to managers and employees in the event of adverse weather conditions which cause major disruption to travel services and in consequence affects the ability of employees to attend for work.

Clinical employees should in the first instance contact their Line Manager/Team Leader to agree that they will contact their nearest base to report for duty or to offer their assistance as appropriate in accordance with the arrangements set out in the local Business Continuity Plan(s).

Home visiting employees should contact their Line Manager/Team Leader to agree that they will contact their nearest base to offer their assistance. Employees will also need to discuss their caseloads with their Line Manager/Team Leader to identify any urgent and non-urgent visits, paying particular attention to patients needing drug therapy, palliative care or essential equipment.

5.0 LPT Premises Resilience to Winter

In line with contractual requirements Interserve (facilities management provider) is responsible for Monitoring weather forecasts and performing planned gritting and de-icing of external circulations routes, footpaths and entrances/exits during adverse weather.

LPT staff are responsible for immediately report any damage caused by severe winter or inclement weather to Interserve. Interserve is responsible for undertaking works to minimise or prevent the impact on service delivery.

6.0 Service Reduction Planning & Situation Reporting

Under normal situations, when service staff shortages occur, a particular service is expected to move staff within the service and take other measures to cope e.g. Use of Bank/Agency Staff.

It may be however, in the event of a major emergency or a surge in pressure on the health community that there is a need to rationalise staffing levels across the Trust and move staff between services.

Under LPT's business continuity planning, the Trust has in place a service reduction plan. In extreme situations this plan lays out a set of principles that would be adopted to ensure that decisions are prioritised towards those who are presenting the most significant risk of who would be at risk of deteriorating if care was not provided. Any decisions taken will be at executive / director level and will be prioritised towards those service users presenting the most risk and decisions taken will be risk assessments and clearly logged.

This may come about due for example to:

- Pandemic influenza or serious outbreak of infection resulting in staff sickness.
- Severe weather or any other incident that disrupts public transport and making it impossible to undertake car journeys.

- If staff have been temporarily transferred to support a neighbouring Trust's emergency situation under local mutual aid agreement.

In such situations there is a need to establish quickly, and on a regularly basis (perhaps daily or more frequently) the staffing position across the Trust so that staff can be mobilised to support hot-spots and thereby maintain the delivery of a 'safe service'. This also facilitates the provision of situation reports that LPT may be required to provide to NHS England and the commissioners

7.0 Specific Operational Arrangements

Community Health Services	<p><u>Single Point of Access (SPA)</u> The SPA operates 24-hours a day, 7 days a week. The service coordinates all urgent and non-urgent referrals for community nursing, intermediate care, therapy services and admission to community hospitals across Leicester, Leicestershire and Rutland. The SPA enables patients receiving care from our community health services to call one number for advice or care in between planned visits.</p> <p>It also enables healthcare professionals to call one number for advice on referrals, prioritising clinical need and matching a patient's needs to the right service, avoiding the need to navigate complex systems and multiple points of contact.</p> <p><u>Community Nursing Service</u> The service provides 24 hour nursing care in the community. This includes routine planned care as well as urgent unplanned care. Our nurses deliver care in people's own homes for those who are housebound, and in GP practices, health centres and community hospital clinics for those who are mobile.</p> <p>The rapid intervention and intermediate care teams can provide care for those who have a short term illness or deterioration of an existing condition, allowing the patient to be treated at home and avoid being admitted to hospital wherever possible.</p> <p>The service also provides short periods of rehabilitation at home to help patients regain maximum independence following an acute illness or injury. The teams are made up of nurses, healthcare assistants, physiotherapists and occupational therapists.</p> <p><u>Community Hospital and City Inpatient Rehabilitation</u> The service provides rehabilitation, palliative and end of life care in LPT's community hospitals and City In-patient rehabilitation.</p> <p>Additional adult community nursing and therapy services are being commissioned from October 2013 to facilitate transfer of patients from acute and community in-patient services (step down) and prevent admission (step up). The Intensive Community Support service will be supported by a senior clinician and will provide medical management, nursing and therapy support to patients who can safely be cared for at home and who do not require 24 hour nursing care</p> <p>Bed availability is assessed each morning and a review is carried out of all patients at daily ward/board rounds to identify patients' suitability for discharge. A Bed Capacity Manager manages demand and flow, and</p>
----------------------------------	---

	<p>participates in daily teleconferences with partner agencies. If demand outweighs capacity with pressure increasing on the healthcare system, this would be escalated through to the senior management team who would undertake actions as detailed in the LLR Urgent Care Surge and Escalation Plan.</p> <p>This may include discharge of patients from UHL to a community hospital or to home with a community nursing / social care package of support. Access to community hospital in-patient bed is between 8am-9m (7 days a week).</p> <p>If agreed with commissioners Twelve additional capacity winter pressure beds can be made available at Loughborough Community Hospital within 48 -72 hours notice (an additional 12 beds are available however at least one weeks notice will be required to ensure appropriate staffing can be arranged).</p>
<p>Adult Mental Health</p>	<p>Adult Mental Health Service Leads and Senior Managers continually monitor pressure on Adult Mental Health and Learning Disabilities.</p> <p>Local service areas would respond to pressures on services. Where necessary the situation would be escalated to Duty On-Call Manager / Senior Management Teams. Where necessary business continuity plans would be implemented, including staff mobilisation / transfer of staff to support services or rationalisation of service delivery.</p> <p><u>The Crisis Resolution and Home Treatment Team</u></p> <p>The Crisis Resolution and Home Treatment Team endeavours to provide a rapid assessment for those people who are experiencing a mental health crisis of such severity that without the intervention of the team, a hospital admission would be required. Following the assessment, if felt appropriate, intensive home treatment can be initiated for a short period of time, prior to being passed back to the GP or referred to other secondary services. The main route of referral is through the GP although people already receiving treatment from the trust can be referred by their mental health professional.</p> <p>The service includes nurses, psychiatrists, social workers, health care support workers and administration staff.</p> <p>The service operates 24 hours a day 365 days a year and receive nearly 4,000 referrals a year.</p> <p>The service is delivered:</p> <ul style="list-style-type: none"> • From people's homes • On the wards at the Bradgate unit • At the emergency department at the Leicester Royal Infirmary • At other mutually agreed venues, homes of friends or relatives, GP surgeries or other health care setting. <p><u>Forensic Mental Health Services</u></p> <p>The Forensic Service provides a community and inpatient service to adult men and women who pose a risk of harm to others in the context of their mental disorder. The service promote and demonstrate safe, sound and supportive practice based on comprehensive clinical and social risk assessment and management whilst promoting protection of the public. Whenever possible service users' mental health needs will be met by local services and would only be accepted by Forensic</p>

services if the complexity and / or severity of their therapeutic needs and risk necessitate this.

The Forensic Mental Health Service Team is a multidisciplinary team and consist of Consultant Psychiatrists, Nurses, (in-patient and Community Psychiatric Nurses) Social Workers, Psychologists, and Occupational Therapists.

Leicestershire Triage Car

This innovative partnership between Leicestershire Partnership NHS Trust and Leicestershire Police aims to provide mental health care as soon as possible, potentially reduce offending. The Triage Car sees mental health nurses accompany police officers to incidents where it is believed someone may need immediate mental health support.

The scheme helps people with mental health problems who are sometimes detained in the wrong environment, and helps to make sure people receive the treatment they need. It can also reduce demands on valuable police time.

Initial reports from this established triage scheme in Leicestershire, show that it can help to keep people out of custodial settings and reduce the demands on valuable police time.

The police officer can give expert advice on possible policing solutions to the situation, while the mental health nurse can become involved where advice or care is needed. Staff either go to incidents in the Triage Car, or advice is provided to other officers over the phone.

Operating as a pilot since January 2013, the Triage Car attends incidents where members of the public are in some form of mental health crisis, and gives expert advice to police officers on the spot. Its crew can also give phone advice to colleagues across Leicester, Leicestershire and Rutland.

The aim of the car is to assess and where necessary divert individuals to receive appropriate care or support, which in turn could reduce or stop their offending or self-harming behaviour.

Families, Young People and Children's Services

Service Leads and Senior Managers continually monitor pressure on their services. The division routinely provide specialist nursing support to paediatric patients in their homes following their discharge from UHL. Families, Young People and Children's Services would utilise service area business continuity plans and mobilisation of staff resources in response to incidents affecting children and younger adults such as an infectious disease outbreaks.

Local service areas would respond to pressures on services through the regular SPA meetings where referrals would be reviewed and considered as appropriate. Where necessary the situation would be escalated to Duty On-Call Manager / Senior Management Teams. Where necessary business continuity plans would be implemented, including staff mobilisation / transfer of staff to support services or rationalisation of service delivery.

Outbreaks of infectious diseases affecting children and young people such as Whooping Cough or Measles would require FYPC to co-ordinate a response with partner agencies, utilising business continuity contingencies to focus staff resources as necessary.

PIER Team (Psychosis Intervention and Early Recovery)

The PIER Team is a specialised service providing assessment, support and treatment to young people, aged 14-35 years who are experiencing psychosis for the first time. The service aims to assist individuals and their families in coping with the experience of psychosis.

The team consists of a range of mental health workers including psychiatric nurses, social workers, occupational therapists, psychologists, psychiatrists, support workers and youth & community workers. Service users benefit from a range of individual and group work depending upon their needs and all will have a named worker who will coordinate their care.

Diana Community Children's Service

The Diana Service provides care and support for children and families requiring special nursing care in a community setting

For Winter 2013/14 Families, Young Peoples and Children's Division is looking to work with University Hospitals of Leicester NHS Trust (UHL) and commissioners to develop a proactive plan for the use of DIANA and physiotherapy/Occupational Therapy staff to support discharge of and possibly prevent admission of paediatric patients through the provision of care and support for children and families requiring special nursing care in a community setting. Extra funding has been secured to extend the DIANA service 8am-8pm seven days of the week.

Oakham House

Oakham House is an in-patient unit which admits up to 10 children and young people between the ages of 11 - 18 who have mental health issues. The service provides assessment, treatment and diagnosis of a range of conditions including, psychosis, depression, anxiety related disorders, behavioural disturbances, eating disorders and Learning Disability associated with mental health. The team consists of trained psychiatric nurses, psychiatrists, Occupational Therapists, Family Therapist, teachers and Psychologists.

The service user can expect a comprehensive assessment of their physical and mental health needs. They will be seen daily by the nursing staff and will be involved in developing their care plan. The medical staff will see them individually at least once a week and will provide assessment and other psychological work to help them. The therapists will work with them individually and in groups.

Where demand outstrips capacity, the division would seek to place a service user in another suitable bed with LPT, or within another Trust's bed within the region or further afield.

8.0 Seasonal Influenza Planning

LPT's Seasonal Flu Plan for 2013/14 is to aid the effective implementation of the Influenza vaccination programme for healthcare workers and associated agencies and practitioners employed by the trust. It sets out the aims based on a coordinated and evidence based approach to both the planning and responding to the demand of seasonal flu across the LPT population and will be developed through the configuration of the flu group which will provide updates to the Infection Prevention and Control Committee and associated groups/meetings i.e. Health and Safety committee (as part of the emergency planning).

To aim of **the LPT Seasonal Flu Plan** is to ensure that LPT staffs that are eligible for the flu vaccine are vaccinated to reduce the impact of flu on patients, the public, themselves, families and other staff during the winter 2013/14 season.

LPT's Seasonal Flu Group will be convened in September 2013 to plan and co-ordinate the 2013/14 Seasonal Flu Plan. Led by the Senior Nurse Advisor for Infection Control, the group reviews the previous year's performance and develops the detail the specific plan for 2013/14. LPT will be looking to build on the success of the 2012/13 campaign when almost 51% of frontline staff were vaccinated and led to LPT being nominated for a Flu Fighter Award.

The Flu Season Plan focuses on the use of champions and a publicity campaign to highlight the importance for staff to be immunised. The Plan includes:-

- Dedicated flu fighter champions
- Communications plan to 'get the message across'
- Use of flu campaign materials
- E-newsletter and team briefings

The LPT's Occupational Health service provider organises immunisation sessions around the county, aiming to take immunisation sessions out to staff. The Seasonal Flu Group will meet regularly during the winter to review levels of immunisation take up, discussing and agreeing any necessary further measures to increase the staff take up of the vaccine.

LPT does not routinely vaccinate in-patients as it is expected that patients within at risk groups would have been vaccinated through their GP. However, where it is deemed necessary LPT would consider offering the seasonal flu vaccine to in-patients.

8.1 Immunisation of Children

In the run up to the winter of 2013/14 the FYPC division is participating in a pilot across parts of Leicestershire of the use of a nasal spray to immunise children against seasonal flu

Nurses from Leicestershire Partnership NHS Trust will visit every primary school in Leicester City, Rutland and in the boroughs and districts of Melton, Harborough, Blaby, and Oadby and Wigston to administer the nasal flu vaccine to 70,000 pupils. The vaccine is only offered to children aged between four and 10.

NHS England (Leicestershire and Lincolnshire) secured the chance to be one of seven geographical areas to spearhead the immunisation programme through a bid which was submitted to NHS England, Public Health England and the Department of Health. The pilot will test the practicalities of giving the vaccine to a large number of children in a school setting.

9.0 Infection Control and Infectious Disease Management

Increases in the incidents of infectious diseases often happen occur during winter such as norovirus which can lead to bed or ward closures.

All staff are responsible for following infection care policies to prevent the introduction and spread of infectious diseases within LPT clinical and non-clinical premises.

In the event of incidents of infectious diseases LPT policies for the Management of an Increased Incidence or Outbreak of Infection and for the Management of Patients with Suspected or Confirmed Diarrhoea and/or Vomiting are followed by staff to control and prevent the spread and reoccurrence of any outbreak.

These main infection control policies are supported by a number of policies related to the management of specific infectious diseases.

10.0 Cold Weather Planning & Severe Weather Warnings

In line with Department of Health Cold Weather Planning, LPT monitors the Met Office Cold Weather Alert System which operates during the winter period to ensure that the Trust has prior warning of any periods of cold weather.

LPT also monitors severe weather warnings issued by the Met Office to enable the Trust to make an assessment of the likely impact on service delivery and to determine whether contingency measures may need to be enacted.

Cold weather alerts and severe weather warnings are cascaded to key managers so they may act upon the information. Where necessary LPT's Emergency Planning Manager would liaise with the Met Office and partner agencies to determine if there were any specific implications for Leicestershire and Rutland and which could impact on service provision.

Appendix 4 outlines the actions that LPT would consider in response to an escalation of the Cold Weather Alerts. These will be reviewed once the Department of Health Cold Weather Plan for 2013/14 has been issued.

Appendix 3: Supporting Plans and Policies

A number of policies and plans underpin LPT's preparedness for winter.

Business Continuity:-

- LPT Emergency Preparedness, Resilience and Response (EPRR) Policy
- LPT Director On-Call Pack
- LPT Emergency Plan
- Service Area Business Continuity Plans
- Adverse Weather Policy
- LLR Urgent Care Surge and Escalation Plan
- Contract with Interserve (facilities management provider) for planned gritting and de-icing of external circulation routes at LPT premises

Infection Control / Infectious Disease:-

- Infection Prevention and Control Policy for the Management of an Increased Incidence or Outbreak of Infection in Community Health Services, Inpatient Facilities and Primary Care
- Infection Prevention and Control Policy for the Management of Patients with Suspected or Confirmed Diarrhoea and/or Vomiting in Community Health Services, Inpatient Facilities and Primary Care
- Seasonal Flu Plan 2013/14

Appendix 4: Department of Health Cold Weather Plan

Winter weather is associated with an increase in illnesses and injuries. Cold weather increases the risk of heart attacks, strokes, lung illnesses, flu and other diseases. People slip and fall in the snow or ice, suffering serious injuries.

Although there are several factors contributing to winter illness in most cases, simple preventive action could avoid many of the deaths as well as the attendant illness and injury associated with cold weather and living in a cold home.

Some groups are particular vulnerable to Cold Weather:-

- Older people.
- Very young children
- People with pre-existing medical conditions.

Linked to the Department of Health Cold Weather Plan is the Met Office's **Cold Weather Health Watch Alert System** which operates from the 1st November to 31st March. This system aims to provide the public and health and social care organisations with advance warning of cold temperatures or periods of snow and ice.

During the winter the system is always on Level 1, reflecting that we should be prepared to respond to cold temperatures. Dependent on forecast or actual temperatures, the Met Office would escalate the Alert Level from 1 through to 4.

As with severe winter weather, in the event that the Cold Weather Alert Levels are escalated the Met Office would use all media routes to inform the public

MET OFFICE COLD WEATHER HEALTH WATCH ALERT LEVELS

Level 0	Long-term planning <i>All year</i>
Level 1	Winter preparedness programme <i>1 November to 31 March</i>
Level 2	Severe winter weather is forecast – Alert and readiness <i>Mean temperature of 2°C and/or widespread ice and heavy snow are predicted within 48 hours, with 60% confidence</i>
Level 3	Response to severe winter weather – Severe weather action <i>Severe winter weather is now occurring: mean temperature of 2°C or less and/or widespread ice and heavy snow</i>
Level 4	Major incident – Emergency response <i>Central Government will declare a Level 4 alert in the event of severe or prolonged cold weather affecting sectors other than health</i>

COLD WEATHER: KEY ACTIONS FOR COMMUNITY HEALTH PROVIDERS

Level 0 Long Term Planning: *All year*

- LPT to engage with partners agencies on the development and maintenance of plans and arrangements to ensure vulnerable patients and service users are supported during periods of cold weather.
- Ensure that LPT knows those service users and patients who are most vulnerable to cold weather and where appropriate draw up plans for joined-up support with partner organisations.

Level 1 Winter Preparedness: *1 November – 31 March*

- LPT to undertake internal reviews to ensure that Cold Weather Alerts are going to the right staff and that appropriate actions are agreed and able to be implemented when received, especially to protect vulnerable patients and service users.
- Make sure that staff have or can identified all those service users who are vulnerable to cold weather and that arrangements are in place to support and protect them appropriately.
- LPT to work with partner agencies to coordinate planning for cold weather.
- LPT to ensure there are no barriers to sharing data on service users into to provide the appropriate care.
- Work to increase the up take by front line staff of seasonal flu vaccine (Undertaken under the LPT Seasonal Flu Plan.
- Service area business continuity plans to be available to respond to winter related disruptions
- LPT to co-ordinate surge capacity planning with partner agencies in order to respond to surges in demand on the health community

Level 2 – Severe Winter Weather is forecast – Alert and readiness: *Mean temperature of 2°C and/or widespread ice and heavy snow is predicted within 48 hours, with 60% confidence*

- Alerts to be cascaded to key staff so that they can ensure that local service area responses can be implemented if necessary.
- Implement local actions for the vulnerable service users as is necessary. Consider how to maintain regular contact as required.
- Staff to undertake appropriate home checks when visiting clients, e.g. room temperature; medications and food supplies.
- Consider carers' needs and the support they require.
- Maintain awareness of possible surges in pressure on the healthcare system, co-ordinating actions with partner agencies.

Hospitals and other in-patient facilities

- Ensure that rooms, particularly living rooms and bedrooms, are kept warm. Activate business continuity arrangements and emergency plans as required.

Level 3 – Response to Severe Winter Weather – Severe Winter Action: *Mean temperature of 2°C or less and/or widespread ice and heavy snow* Communicate

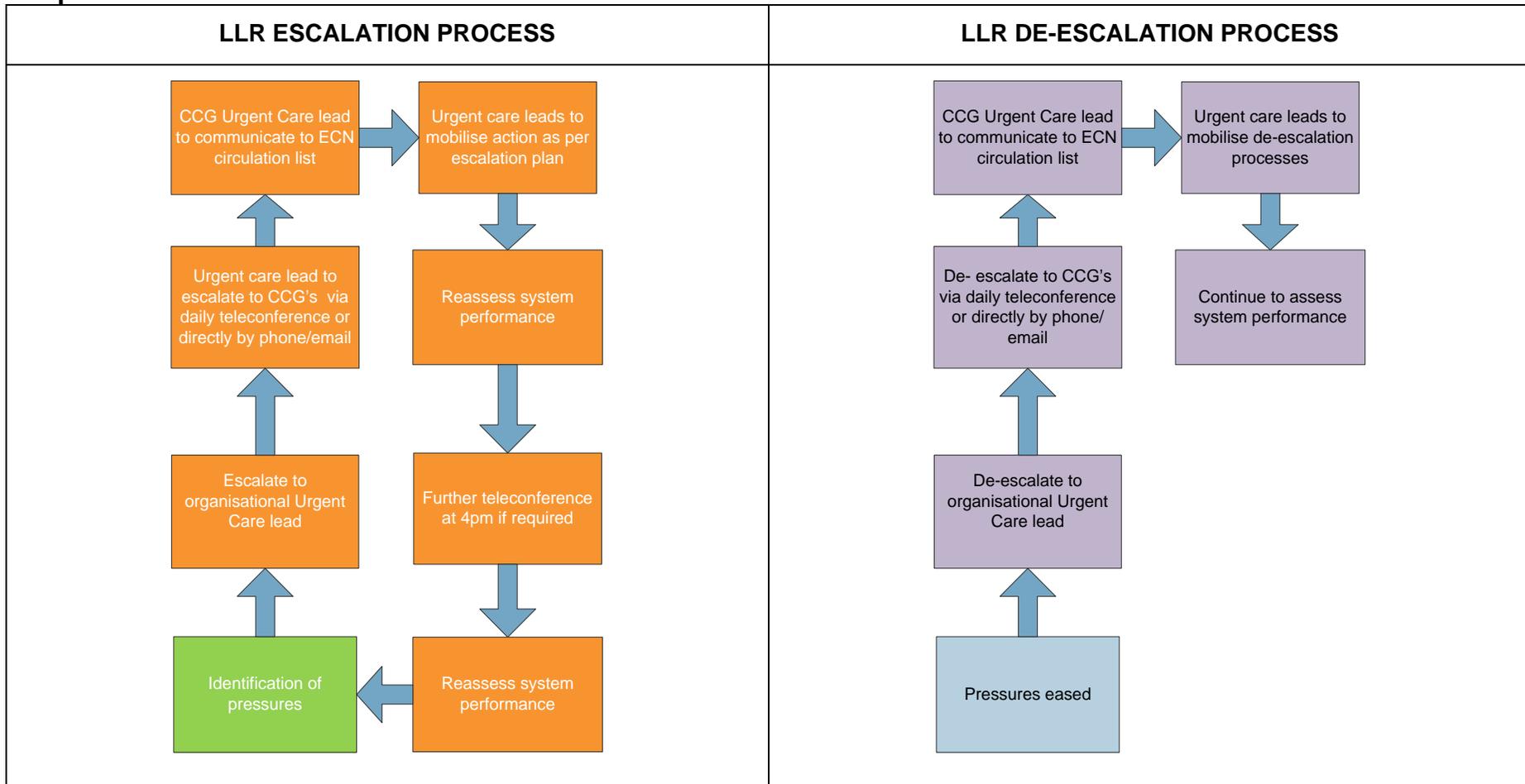
- As Level 2 plus ensure that locally agreed actions take place, especially those to protect vulnerable patients and service users.
- Implement local arrangements for contacting vulnerable patients.
- Consider daily visits or phone calls for high-risk individuals living on their own who have no regular contacts.
- Ensure carers are receiving appropriate advice and support.
- Carry out actions as is necessary to deal with any surge in demand.
- Implement business continuity arrangements if necessary.

Level 4 – Major incident – Emergency response: *Central Government will declare a Level 4 alert in the event of severe or prolonged cold weather affecting sectors other than health*

- As Level 3 but LPT Director On-Call to consider need to implement Major Incident Response.
- Ensure there is close co-operation with operational partner agencies and with NHS England and commissioners.

Appendix 5: Leicestershire Partnership Trust component of Leicester, Leicestershire & Rutland Urgent Care Surgeand Escalation Plan

NOTE: The current LLR Urgent Care Surge and Escalation Plan and the organisation specific actions are currently under review by the CCGs and health and social care providers, with the aim of developing a more effective whole health community response.



Escalation Triggers and Actions for LPT Community Health Services (Draft)

Level 1 – Normal Working	Level 2 – Moderate Pressure	Level 3 – Severe Pressure	Level 4 – Extreme Pressure
TRIGGERS			
Community Beds	Community Beds	Community Beds	Community Beds
1. Community bed availability is > 5% 2. No operational issues 3. Planned admissions > 5%	(Minimum of two triggers applicable) 1. Community bed availability is < 5% 2. Discharges are planned for today 3. Planned admissions < 5%	(Triggers 1 to 3 are mandatory) 1. No community bed capacity 2. Anticipated discharges by next day 3. Planned admissions by next day	(Triggers 1,2 & 3 are mandatory) 1. No community bed capacity 2. All additional capacity is open 3. No anticipated discharges within 48 hours
Community Services	Community Services	Community Services	Community Services
1. Able to deliver desirable routine, essential and critical services within the next 6 hours	1. Able to deliver routine, essential and critical services within the next 6 hours	1. Able to only deliver essential and critical services within the next 6 hours	1. Able to only deliver critical services within the next 6 hours
ACTIONS			
Community Services	Community Services	Community Services	Community Services
<ul style="list-style-type: none"> Review of all patients at daily ward/board rounds for suitability for discharge. Follow up of all actions from board rounds Delays reported at daily conference call to expedite management and discharge 	As Level 1: Plus <ul style="list-style-type: none"> Community team leads to identify cover arrangements across teams using business continuity plans Review suitability of patients for earlier discharge to ICS. 	As Level 2: Plus <ul style="list-style-type: none"> Community team leads to identify cover support across all teams within the locality. Identify additional bank and agency staff Prioritise caseloads Escalate delays to HoS to identify any action that can be taken. 	As Level 3: Plus <ul style="list-style-type: none"> CSM's to identify cross boundary working geographically and agree cessation of non-essential activity Inform Divisional Director to identify action that may need to be taken with regard to additional capacity beds. Provisionally book agency staff to support additional beds