

West Midlands Conurbation Local Resilience Forum
Strategic Co-ordinating Group's



arrangements for responding to
pandemic influenza

Version 5.0 (July 2009)

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Introduction

Assumptions and presumptions about an outbreak of pandemic influenza suggest the impact is likely to be very severe. At the date of publication of this document pandemic influenza is considered to be the number one risk nationally.

Pandemics possess potential to affect the lives of everyone. It is therefore highly likely that some officers, trained to play a role in implementing the Strategic Co-ordinating Group and other emergency response co-ordination structures, will be affected and therefore entirely or partially absent. These arrangements have therefore been written with the understanding that those called to co-ordinating the strategic response may be less familiar with the contents of this document. To provide added assistance advice has been provided in the appendix to help guide new officers through the process of strategic co-ordination.

This plan details a set of procedures and arrangements for ensuring the democratic co-ordination of Strategic Co-ordinating Group organisations, and for achieving a successful, efficient and effectively co-ordinated response¹.

This plan has been written to dovetail with generic and or specific response arrangements developed in and for each of the local authority footprint areas by (Birmingham, Coventry, Dudley, Sandwell, Solihull, Walsall and Wolverhampton) Local Resilience Groups.

This plan has been referenced throughout in order to ensure consistency and integration with the latest guidance and arrangements to which this document is subordinate.

¹ Preparing for pandemic influenza – Supplementary guidance for Local Resilience Forum planners, Civil Contingencies Secretariat, Cabinet Office, May 2008, p.8

1.0 Aim

The aim of this document is to provide a detailed (scalable) co-ordination **framework** for West Midlands Conurbation Strategic Co-ordinating Group to respond specifically to the impacts of an influenza pandemic as defined by the national planning assumptions and presumptions².

2.0 Objectives

The above aim will be achieved by:

- a. providing links to the **national planning assumptions and presumptions** upon which all impact assessments and response measures are based as well as providing a set of tables detailing the expected impact across the conurbation and each of the seven local authority footprint areas
- b. providing a key, statement of strategic considerations and vulnerabilities affecting the West Midlands conurbation and by extension local authority areas within it
- c. providing an agreed statement of the main purpose of the Strategic Co-ordinating Group when formed to respond to pandemic influenza
- d. providing an overview of the national response framework within which the West Midlands Strategic Co-ordinating Group will be expected to operate
- e. providing an overview of the policy and strategic framework within which the Strategic Co-ordinating Group will operate which will include documents and instruments normally associated with strategic frameworks, such as:
 - an agreed vision statement
 - a mission statement/strategic aim that defines what is being done
 - the strategies that will zero in on key success approaches
 - goals and action plans that will guide daily, weekly and monthly activities during pandemic phases
 - an outline of the values and eight guiding principles shaping all actions, initiatives and decision making
- f. detailing the **formalised decision making process and the tools** that will ensure mutually agreed strategic aims, objectives and action plans are workable and can be implemented at tactical and operational levels. This will include:

² See, *Pandemic Flu – A national framework for responding to an influenza pandemic*, p.23-41

- detailing the role and responsibility of the chair and secretary
 - providing an outline of the generic **roles and responsibilities** of members/representatives
 - providing **role and responsibility details of specific individuals** designated to work with or be a representative member of the Strategic Co-ordinating Group
 - detailing the **core agenda** (containing standard and dynamic items) for meetings and rational behind agenda items
 - detailing the purpose, structure and process of **situation reports/reporting** known as sit-reps
 - explaining the concept of **battle rhythm** and its use in the response
 - providing a **sit-rep template** to be used during the influenza pandemic
 - the **frequency with which meetings** are expected to be held during pandemic phase
- g. providing a **list of organisations** who will sit as members on the Strategic Coordinating Group during pandemic influenza phases and subsequent recovery periods
- h. collating, documenting and/or referencing information relating to the roles and responsibilities of all relevant partner agencies in respect of **each agencies specific contribution/response to pandemic influenza**
- management of excess deaths
 - management of vulnerable people
 - communication
 - school closures
 - social services
 - data collection and surveillance
- i. specifying **triggers** for when the Strategic Co-ordinating Group will be established
- j. details of how **call out and notification** will be undertaken
- k. outline arrangements for **convening** the group

- i. **physically** – by way of face to face **meetings**
 - ii. **virtually** – by way of video or **telephone conferencing** systems
 - iii. or a mixture of both **physical and virtual mechanisms**
- l. detailing the process to be followed if key representation is not received from a member agency
 - m. details of how **resources will be co-ordinated** and a matrix for capturing guide strategies for the management of a number of pre-identified risks and issues
 - n. providing a **set of arrangements able to be adopted by local resilience with minimal change** ensuring local level planning and response synchronizes with the Strategic Co-ordinating Group
 - o. detailing how **information will be recorded and disseminated** via the communication strategy and Joint Information Cell
 - p. providing **contact details for relevant individuals and their organisations**
 - q. providing **contact details** for individuals identified to undertake the role of **chair** and the role of **secretary**
 - r. stating the **roles, responsibilities and Terms of Reference** for committees sitting below the Strategic Co-ordinating Group
 - s. providing a **comprehensive bibliography** and suggested further reading materials

3.0 National planning assumptions

The precise character and impact of an influenza pandemic will only become apparent as the virus emerges. However, some assumptions have been made in order to quantify the impact Government and local planners are planning for. These national assumptions are detailed below along with specific planning assumptions for the West Midlands Conurbation and each of the seven local authority areas within the conurbation in order to provide Strategic Co-ordinating Group representatives with a picture of the possible impact of pandemic across the conurbation.

3.1 National assumptions and planning presumptions³

- Up to 50% of the population may show clinical symptoms of influenzas over the entire period of a pandemic and up to 25% of those may develop complications
- Up to 2.5% of those who become symptomatic may die
- Up to 22% of influenza cases can be expected during the 'peak week' of a pandemic wave
- Up to 32% of symptomatic patients (including all children under seven) will require assessment and treatment by a general medical practitioner or other health professional
- Up to 4% of those who are symptomatic may require hospital admission. Average length of stay for those with complications may be six days (ten if intensive care)
- Antiviral medicines should initially be available to all patients who have been symptomatic for less than 48 hours within 12-24 hours of reporting symptoms
- Absentees from work may reach 25%, up to 50% for smaller businesses and units
- Mass vaccination is a process that will be planned for and delivered primarily by PCTs, in concert with NHS West Midlands, Local Health Protection Agency and Local Authorities in accordance with central government guidance
- All Primary Care Trusts (PCTs), Mental Health Trusts, Combined Care Trusts, Hospital Trusts including Foundation Trusts, Ambulance Trusts, HPA West Midlands and Strategic Health Authorities (SHAs) will have their own operational plans designed to complement and coordinate with the regional, and national response
- This plan is intended to be used in concert, as appropriate, with elements of both the regional and local Communications and Mass Casualty plans; and with influenza pandemic response arrangements created by agencies working within and on behalf of communities within local authority footprint areas

³ Key planning assumptions and United Kingdom wide planning presumptions are detailed in the document, *West Midlands Health Sector Pandemic Influenza Regional Plan, Version 3.4 (April 2008)*, p.6, Section 2.1.

The following tables outline assumptions and planning presumptions for the West Midlands and each of the seven local authority areas, in relation to:

a) the expected demands over the course of the pandemic and

b) the expected demands during the peak week of a pandemic,

Details of capacity shortfalls are also provided.

3.2 National and specific conurbation wide assumptions and planning presumptions⁴

Table 1.0 Expected healthcare demands over the course of a pandemic for the West Midlands conurbation

Population: 2,603,900	25% attack rate		35% attack rate		50% attack rate	
	Per 100k population	West Midlands	Per 100k population	West Midlands	Per 100k population	West Midlands
Clinical cases	25,500	663,995	35,000	911,365	50,000	1,301,950
GP consultations	8,000	208,312	11,200	291,637	16,000	416,624
Hospital admissions	1,000	26,039	1,400	36,455	2,000	52,078
Deaths (fatality rates)	625	16,274	875	22,784	1,250	32,549

Table 1.1 Expected healthcare demands during the peak week of a pandemic for the West Midlands conurbation

Population: 2,603,900	25% attack rate		35% attack rate		50% attack rate	
	Per 100k population	West Midlands	Per 100k population	West Midlands	Per 100k population	West Midlands
Clinical cases	5,500	143,215	7,700	200,500	11,000	286,429
GP consultations	1,800	46,870	2,500	65,098	3,600	93,740
Hospital admissions	220	5,729	310	8,072	440	11,457
Deaths (fatality rates)	140	3,645	200	5,208	280	7,291

Note: All conurbation statistics taken from: http://www.wmro.org/resources/res.aspx?p=/CmsResource/resourceFilename/1645/SORU-2009-Demographics_v1.0_Dataset_NW.xls (accessed 14 July 2009).

⁴ Key planning assumptions for the West Midlands Conurbation, specific to the health of the conurbation's population, are detailed in the document, *West Midlands Health Sector Pandemic Influenza Regional Plan, Version 3.4 (April 2008)*, p.7, Section 2.2

Table 1.2 Surge capacity

Hospital bed capacity across West Midlands	
Number of beds normally vacant occupancy at any given time	
Estimated number of beds required at worst case 50% attack rate	
Additional bed capacity required	
Estimated number of beds required at worst case 35% attack rate	
Additional bed capacity required	
Estimated number of beds required at worst case 25% attack rate	
Additional bed capacity required	

Note: All conurbation statistics taken from: http://www.wmro.org/resources/res.aspx?p=/CmsResource/resourceFilename/1645/SORU-2009-Demographics_v1.0_Dataset_NW.xls (accessed 14 July 2009).

3.3 Specific assumptions and planning presumptions for Birmingham

Table 2.0 Expected healthcare demands over the course of a pandemic for Birmingham

Population: 1,010,200	25% attack rate		35% attack rate		50% attack rate	
	Per 100k population	The city of Birmingham	Per 100k population	The city of Birmingham	Per 100k population	The city of Birmingham
Clinical cases	25,500	257,601	35,000	353,570	50,000	505,100
GP consultations	8,000	80,816	11,200	113,142	16,000	161,632
Hospital admissions	1,000	10,102	1,400	14,143	2,000	20,204
Deaths (fatality rates)	625	6,314	875	8,839	1,250	12,628

Table 2.1 Expected healthcare demands during the peak week of a pandemic for Birmingham

Population: 1,010,200	25% attack rate		35% attack rate		50% attack rate	
	Per 100k population	The city of Birmingham	Per 100k population	The city of Birmingham	Per 100k population	The city of Birmingham
Clinical cases	5,500	55,561	7,700	77,785	11,000	111,122
GP consultations	1,800	18,184	2,500	25,255	3,600	36,367
Hospital admissions	220	2,222	310	3,132	440	4,445
Deaths (fatality rates)	140	1,414	200	2,020	280	2,829

Note: All conurbation statistics taken from: http://www.wmro.org/resources/res.aspx?p=/CmsResource/resourceFilename/1645/SORU-2009-Demographics_v1.0_Dataset_NW.xls (accessed 14 July 2009)

Table 2.2 Surge capacity

Hospital bed capacity across Birmingham	
Number of beds normally vacant occupancy at any given time	
Estimated number of beds required at worst case 50% attack rate	
Additional bed capacity required	
Estimated number of beds required at worst case 35% attack rate	
Additional bed capacity required	
Estimated number of beds required at worst case 25% attack rate	
Additional bed capacity required	

Note: All conurbation statistics taken from: http://www.wmro.org/resources/res.aspx?p=/CmsResource/resourceFilename/1645/SORU-2009-Demographics_v1.0_Dataset_NW.xls (accessed 14 July 2009).

3.4 Specific assumptions and planning presumptions for Coventry

Table 3.0 Expected healthcare demands over the course of a pandemic for Coventry

Population: 306,700	25% attack rate		35% attack rate		50% attack rate	
	Per 100k population	City of Coventry	Per 100k population	City of Coventry	Per 100k population	City of Coventry
Clinical cases	25,500	78,209	35,000	107,345	50,000	153,350
GP consultations	8,000	24,536	11,200	34,350	16,000	49,072
Hospital admissions	1,000	3,067	1,400	4,294	2,000	6,134
Deaths (fatality rates)	625	1,917	875	2,684	1,250	3,834

Table 3.1 Expected healthcare demands during the peak week of a pandemic for Coventry

Population: 306,700	25% attack rate		35% attack rate		50% attack rate	
	Per 100k population	City of Coventry	Per 100k population	City of Coventry	Per 100k population	City of Coventry
Clinical cases	5,500	16,869	7,700	23,616	11,000	33,737
GP consultations	1,800	5,521	2,500	7,668	3,600	11,041
Hospital admissions	220	675	310	951	440	1,349
Deaths (fatality rates)	140	429	200	613	280	859

Note: All conurbation statistics taken from: http://www.wmro.org/resources/res.aspx?p=/CmsResource/resourceFilename/1645/SORU-2009-Demographics_v1.0_Dataset_NW.xls (accessed 14 July 2009).

Table 1.2 Surge capacity

Hospital bed capacity across Coventry	
Number of beds normally vacant occupancy at any given time	
Estimated number of beds required at worst case 50% attack rate	
Additional bed capacity required	
Estimated number of beds required at worst case 35% attack rate	
Additional bed capacity required	
Estimated number of beds required at worst case 25% attack rate	
Additional bed capacity required	

Note: All conurbation statistics taken from: http://www.wmro.org/resources/res.aspx?p=/CmsResource/resourceFilename/1645/SORU-2009-Demographics_v1.0_Dataset_NW.xls (accessed 14 July 2009).

3.5 Specific assumptions and planning presumptions for Dudley

Table 4.0 Expected healthcare demands over the course of a pandemic for Dudley

Population: 305,400	25% attack rate		35% attack rate		50% attack rate	
	Per 100k population	Borough of Dudley	Per 100k population	Borough of Dudley	Per 100k population	Borough of Dudley
Clinical cases	25,500	77,877	35,000	106,890	50,000	152,700
GP consultations	8,000	24,432	11,200	34,205	16,000	48,864
Hospital admissions	1,000	3,054	1,400	4,276	2,000	6,108
Deaths (fatality rates)	625	1,909	875	2,672	1,250	3,818

Table 4.1 Expected healthcare demands during the peak week of a pandemic for Dudley

Population: 305,400	25% attack rate		35% attack rate		50% attack rate	
	Per 100k population	Borough of Dudley	Per 100k population	Borough of Dudley	Per 100k population	Borough of Dudley
Clinical cases	5,500	16,797	7,700	23,516	11,000	33,594
GP consultations	1,800	5,497	2,500	7,635	3,600	10,994
Hospital admissions	220	672	310	947	440	1,344
Deaths (fatality rates)	140	428	200	611	280	855

Note: All conurbation statistics taken from: http://www.wmro.org/resources/res.aspx?p=/CmsResource/resourceFilename/1645/SORU-2009-Demographics_v1.0_Dataset_NW.xls (accessed 14 July 2009)

Table 4.2 Surge capacity

Hospital bed capacity across Dudley	
Number of beds normally vacant occupancy at any given time	
Estimated number of beds required at worst case 50% attack rate	
Additional bed capacity required	
Estimated number of beds required at worst case 35% attack rate	
Additional bed capacity required	
Estimated number of beds required at worst case 25% attack rate	
Additional bed capacity required	

Note: All conurbation statistics taken from: http://www.wmro.org/resources/res.aspx?p=/CmsResource/resourceFilename/1645/SORU-2009-Demographics_v1.0_Dataset_NW.xls (accessed 14 July 2009).

3.6 Specific assumptions and planning presumptions for Sandwell

Table 5.0 Expected healthcare demands over the course of a pandemic for Sandwell

Population: 287,500	25% attack rate		35% attack rate		50% attack rate	
	Per 100k population	Borough of Sandwell	Per 100k population	Borough of Sandwell	Per 100k population	Borough of Sandwell
Clinical cases	25,500	73,313	35,000	100,625	50,000	143,750
GP consultations	8,000	23,000	11,200	32,200	16,000	46,000
Hospital admissions	1,000	2,875	1,400	4,025	2,000	5,750
Deaths (fatality rates)	625	1,797	875	2,516	1,250	3,594

Table 5.1 Expected healthcare demands during the peak week of a pandemic for Sandwell

Population: 287,500	25% attack rate		35% attack rate		50% attack rate	
	Per 100k population	Borough of Sandwell	Per 100k population	Borough of Sandwell	Per 100k population	Borough of Sandwell
Clinical cases	5,500	15,813	7,700	22,138	11,000	31,625
GP consultations	1,800	5,175	2,500	7,188	3,600	10,350
Hospital admissions	220	633	310	891	440	1,265
Deaths (fatality rates)	140	403	200	575	280	805

Note: All conurbation statistics taken from: http://www.wmro.org/resources/res.aspx?p=/CmsResource/resourceFilename/1645/SORU-2009-Demographics_v1.0_Dataset_NW.xls (accessed 14 July 2009)

Table 5.2 Surge capacity

Hospital bed capacity across Sandwell	
Number of beds normally vacant occupancy at any given time	
Estimated number of beds required at worst case 50% attack rate	
Additional bed capacity required	
Estimated number of beds required at worst case 35% attack rate	
Additional bed capacity required	
Estimated number of beds required at worst case 25% attack rate	
Additional bed capacity required	

Note: All conurbation statistics taken from: http://www.wmro.org/resources/res.aspx?p=/CmsResource/resourceFilename/1645/SORU-2009-Demographics_v1.0_Dataset_NW.xls (accessed 14 July 2009).

3.7 Specific assumptions and planning presumptions for Solihull

Table 6.0 Expected healthcare demands over the course of a pandemic for Solihull

Population: 203,600	25% attack rate		35% attack rate		50% attack rate	
	Per 100k population	Borough of Solihull	Per 100k population	Borough of Solihull	Per 100k population	Borough of Solihull
Clinical cases	25,500	51,918	35,000	71,260	50,000	101,800
GP consultations	8,000	16,288	11,200	22,803	16,000	32,576
Hospital admissions	1,000	2,036	1,400	2,850	2,000	4,072
Deaths (fatality rates)	625	1,273	875	1,782	1,250	2,545

Table 6.1 Expected healthcare demands during the peak week of a pandemic for Solihull

Population: 203,600	25% attack rate		35% attack rate		50% attack rate	
	Per 100k population	Borough of Solihull	Per 100k population	Borough of Solihull	Per 100k population	Borough of Solihull
Clinical cases	5,500	11,198	7,700	15,677	11,000	22,396
GP consultations	1,800	3,665	2,500	5,090	3,600	7,330
Hospital admissions	220	448	310	631	440	896
Deaths (fatality rates)	140	285	200	407	280	570

Note: All conurbation statistics taken from: http://www.wmro.org/resources/res.aspx?p=/CmsResource/resourceFilename/1645/SORU-2009-Demographics_v1.0_Dataset_NW.xls (accessed 14 July 2009)

Table 6.2 Surge capacity

Hospital bed capacity across Solihull	
Number of beds normally vacant occupancy at any given time	
Estimated number of beds required at worst case 50% attack rate	
Additional bed capacity required	
Estimated number of beds required at worst case 35% attack rate	
Additional bed capacity required	
Estimated number of beds required at worst case 25% attack rate	
Additional bed capacity required	

Note: All conurbation statistics taken from: http://www.wmro.org/resources/res.aspx?p=/CmsResource/resourceFilename/1645/SORU-2009-Demographics_v1.0_Dataset_NW.xls (accessed 14 July 2009).

3.8 Specific assumptions and planning presumptions for Walsall

Table 7.0 Expected healthcare demands over the course of a pandemic for Walsall

Population: 254,500	25% attack rate		35% attack rate		50% attack rate	
	Per 100k population	Borough of Walsall	Per 100k population	Borough of Walsall	Per 100k population	Borough of Walsall
Clinical cases	25,500	64,898	35,000	89,075	50,000	127,250
GP consultations	8,000	20,360	11,200	28,504	16,000	40,720
Hospital admissions	1,000	2,545	1,400	3,563	2,000	5,090
Deaths (fatality rates)	625	1,591	875	2,227	1,250	3,181

Table 7.1 Expected healthcare demands during the peak week of a pandemic for Walsall

Population: 254,500	25% attack rate		35% attack rate		50% attack rate	
	Per 100k population	Borough of Walsall	Per 100k population	Borough of Walsall	Per 100k population	Borough of Walsall
Clinical cases	5,500	13,998	7,700	19,597	11,000	27,995
GP consultations	1,800	4,581	2,500	6,363	3,600	9,162
Hospital admissions	220	560	310	789	440	1,120
Deaths (fatality rates)	140	356	200	509	280	713

Note: All conurbation statistics taken from: http://www.wmro.org/resources/res.aspx?p=/CmsResource/resourceFilename/1645/SORU-2009-Demographics_v1.0_Dataset_NW.xls (accessed 14 July 2009)

Table 7.2 Surge capacity

Hospital bed capacity across Walsall	
Number of beds normally vacant occupancy at any given time	
Estimated number of beds required at worst case 50% attack rate	
Additional bed capacity required	
Estimated number of beds required at worst case 35% attack rate	
Additional bed capacity required	
Estimated number of beds required at worst case 25% attack rate	
Additional bed capacity required	

Note: All conurbation statistics taken from: http://www.wmro.org/resources/res.aspx?p=/CmsResource/resourceFilename/1645/SORU-2009-Demographics_v1.0_Dataset_NW.xls (accessed 14 July 2009).

3.9 Specific assumptions and planning presumptions for Wolverhampton

Table 8.0 Expected healthcare demands over the course of a pandemic for Wolverhampton

Population: 236,000	25% attack rate		35% attack rate		50% attack rate	
	Per 100k population	City of W'ton	Per 100k population	City of W'ton	Per 100k population	City of W'ton
Clinical cases	25,500	60,180	35,000	82,600	50,000	118,000
GP consultations	8,000	18,880	11,200	26,432	16,000	37,760
Hospital admissions	1,000	2,360	1,400	3,304	2,000	4,720
Deaths (fatality rates)	625	1,475	875	2,065	1,250	2,950

Table 8.1 Expected healthcare demands during the peak week of a pandemic for Wolverhampton

Population: 236,000	25% attack rate		35% attack rate		50% attack rate	
	Per 100k population	City of W'ton	Per 100k population	City of Wolverhampton	Per 100k population	City of Wolverhampton
Clinical cases	5,500	12,980	7,700	18,172	11,000	25,960
GP consultations	1,800	4,248	2,500	5,900	3,600	8,496
Hospital admissions	220	519	310	732	440	1,038
Deaths (fatality rates)	140	330	200	472	280	661

Note: All conurbation statistics taken from: http://www.wmro.org/resources/res.aspx?p=/CmsResource/resourceFilename/1645/SORU-2009-Demographics_v1.0_Dataset_NW.xls (accessed 14 July 2009)

Table 8.2 Surge capacity

Hospital bed capacity across Wolverhampton	
Number of beds normally vacant occupancy at any given time	
Estimated number of beds required at worst case 50% attack rate	
Additional bed capacity required	
Estimated number of beds required at worst case 35% attack rate	
Additional bed capacity required	
Estimated number of beds required at worst case 25% attack rate	
Additional bed capacity required	

Note: All conurbation statistics taken from: http://www.wmro.org/resources/res.aspx?p=/CmsResource/resourceFilename/1645/SORU-2009-Demographics_v1.0_Dataset_NW.xls (accessed 14 July 2009).

3.10 Strategic considerations and vulnerabilities

The West Midlands is a region of contrasts. It includes the second largest urban area in the country, covering Birmingham, Solihull and the Black Country, as well as some of the most remote countryside in areas like the Welsh Marches.

The population of the West Midlands is 5,381,800. This equates to 9% of the United Kingdom's total population. Birmingham sits at the heart of both the region and conurbation and is the second largest city in the UK with a population of over 1 million people.⁵

There are 2,511,000 people employed in the West Midlands and 166,000 unemployed, an unemployment rate of 6.2% (claimant count rate of 3.4%). There are 2,686,000 economically active and 720,000 economically inactive people in the West Midlands.⁶

The West Midlands conurbation has over 9 colleges and 5 universities that act as a magnet to foreign students.

Transport

The West Midlands is located at the hub of the UK's road and rail network. This allows vehicles to reach 75% of the UK's population within 5 hours and all major European cities within 48 hours.

Birmingham International Airport (BHX) is the second largest airport in the UK outside London and serves over 100 destinations in Europe, North America, Asia and the Middle East. Additionally, Coventry Airport serves 15 European cities.

The Midland Metro light rail service operates between Birmingham and Wolverhampton, the 20km stretch of track serving 23 stations in Birmingham and the Black Country.

Tourism

Tourist attractions range from the historic sites to modern attractions and centre of special interest. The region also boasts many hectares of National Park countryside and land designated as Areas of Outstanding Natural Beauty⁷.⁸

The West Midlands is home to many prestigious sporting events including Premiership football, test match cricket at Edgbaston, Ryder Cup golf at the Belfry and Davis Cup tennis, as well as arts organisations such as the Royal Shakespeare Company, the Birmingham Royal Ballet and the City of Birmingham Symphony Orchestra.

⁵ Source: Mid Year Population Estimates, 2007, ONS

⁶ Source: Labour Market Statistics April 2008, ONS

⁷ Source: English Heritage

⁸ Information taken from <http://www.advantagewm.co.uk/the-west-midlands-region/regional-statistics.aspx> and

All of the above factors increase the level of human activity and interaction across the conurbation. In turn these factors may have a part to play in increasing the likelihood and speed of virus transmission, and impact across the conurbation.

4.0 Pandemic specific role of the Strategic Co-ordinating Group

4.1 Multi-agency management

In incidents that have an, *'especially significant impact, substantial resource implications, involving a large number of organisations or lasts for an extended duration... the purpose of the Strategic Co-ordinating Group is to take **overall responsibility for the multi-agency management** of the emergency and **establish the policy and strategic framework**'⁹ for the response and recovery phases.*

4.2 Local and national response structure

With regard to the specific nature of an influenza pandemic, the Department of Health's Pandemic Flu national framework states that, *'the purpose of the Strategic Co-ordinating Group is to take **overall responsibility for the multi-agency management** of an [influenza pandemic] outbreak at local level'*¹⁰.

Although the Strategic Co-ordinating Group is expected to take overall responsibility, it must be noted that the Strategic Co-ordinating Group does not have the collective authority to issue executive orders. Each organisation represented retains its own responsibilities and exercises control of its own operations in the normal way¹¹. The role of the Strategic Co-ordinating Group should therefore be seen as being tasked with adding value to the operations being undertaken by an array of organisations at the lowest possible level¹², and of providing a capacity for information management, and inclusive decision making that could not be achieved by responding in a more isolated manner.

In order to function effectively Strategic Co-ordinating Group members must have a clear appreciation of the local and national response structure of which the Group forms a part. Members will also need an overview of the national generic and specific agenda to which all agencies will be co-ordinated. The following section provide a basic outline of the:

4.2 Management structure

- **management structure** in which the Strategic Co-ordinating Group will be called to operate in the event of an influenza pandemic outbreak; and the

4.2 Policy and strategic framework

- **policy and strategic framework** for the response and recovery phases (as with all strategic frameworks this will include:

⁹ Emergency Response and Recovery, Non-statutory guidance to complement Emergency Preparedness, p.23, section 4.20 and 4.22

¹⁰ See, *Pandemic Flu – A national framework for responding to an influenza pandemic*, p.55 Section 4.10.2.

¹¹ *Emergency Response and Recovery*, Non-statutory guidance to complement Emergency Preparedness, p. 23, pp. 4.27.

¹² *Subsidiarity – Responding to Emergencies*, p. 7, pp. 2.9

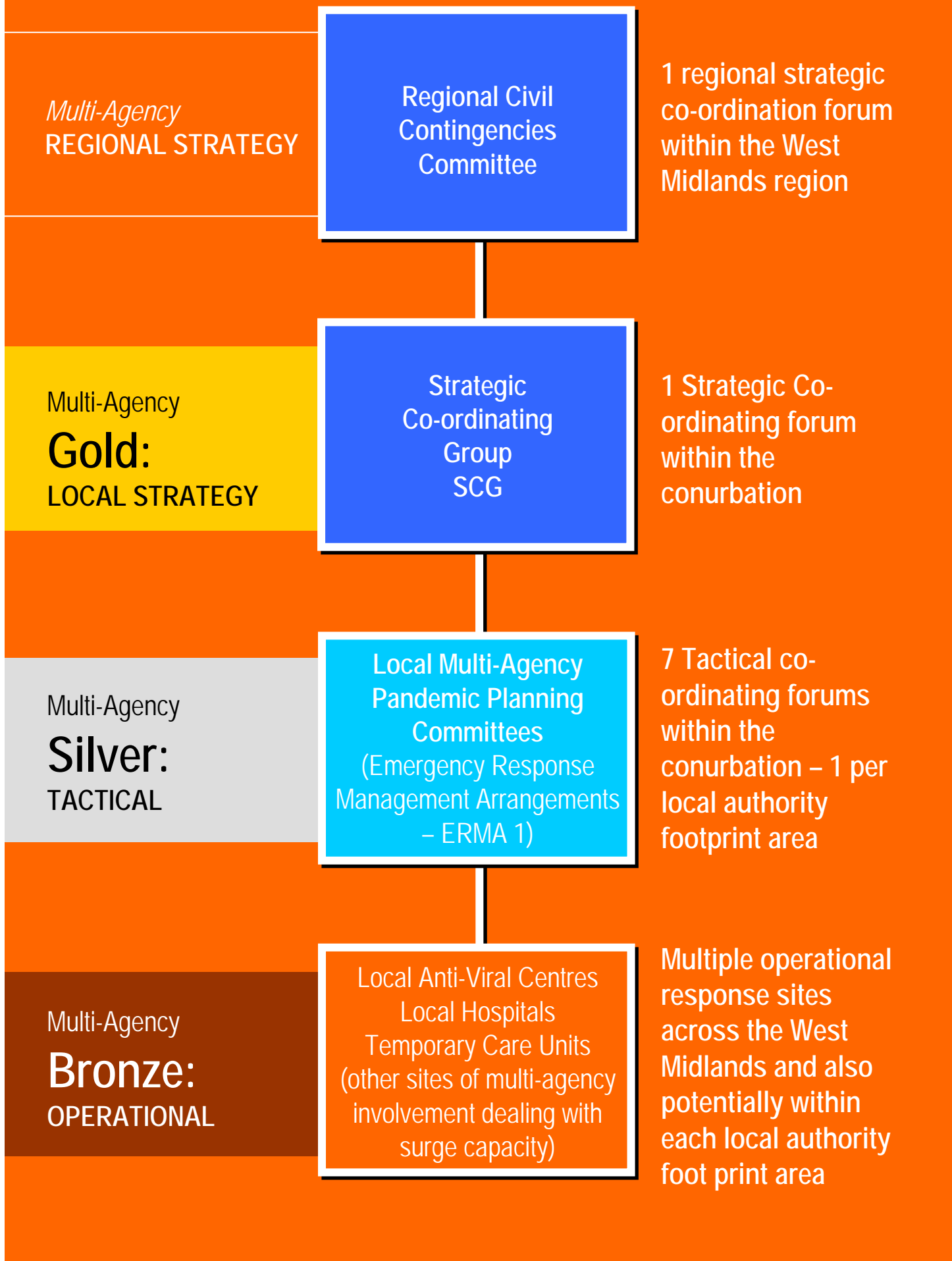
- i. an agreed vision statement;
- ii. a mission statement that defines what the Strategic Co-ordinating Group is doing;
- iii. values that shape the Group's activities and interventions;
- iv. the strategies that will zero in on the chosen key success approaches;
- v. and details of the goals and action plans that will guide the Group's daily, weekly and monthly activities during pandemic phases).

Appreciation of these structures will place the right level of importance on the need for accurate and timely information sharing both locally and nationally. It will also contextualise where requests should be made for key resources or information.

Similarly, a sound, common, 'realistic' understanding of what is to be achieved will mitigate against strategic drift and wrongly prioritising vital information¹³.

¹³ See section - information flow and decision making

Figure 1.0 Pandemic Influenza Response Structures mapped to Gold, Silver and Bronze Co-ordination Levels



5.0 Response framework

The generic framework for managing emergency response and recovery that is applicable irrespective of the size, nature or cause of an emergency, but remains flexible enough to be adapted to the needs of particular circumstances, usually involves gold – strategic; silver – tactical; and bronze – operational; levels of co-ordination (or command and control). However, the majority of guidance relating to responding to pandemic influenza, whilst acknowledging the existence of the Strategic Co-ordinating Group, does not refer to subordinate levels of multi-agency co-ordination as silver or bronze. Theoretically speaking the response to pandemic influenza can easily be equated to the bronze – operational; silver – tactical; and gold – management framework as is depicted in Fig. 1.0. Under this depiction and understanding bronze – would be classed as anti-viral distribution centres; hospital; temporary care units and mortuaries experiencing surge capacity and other areas/services in need of multi-agency intervention to mitigate critical service failure. Discussions and activities undertaken at the Silver level would, therefore, mirror work undertaken at each Local Multi-Agency Pandemic Committee.

However, for the purpose of continuity and simplicity the Strategic Co-ordinating Group's procedure will reflect terms currently used in national guidance to describe the management framework established to respond or in response to pandemic influenza.

All Strategic Co-ordinating Groups will operate within the context of a wider national and regional framework. (Fig 2.0 and Fig. 2.1 capture the structure that will operate between Central Government and local level planning within the conurbation) A brief outline of the role and remit of each level is provided below, along with references for further information. Contact details for each of these groups are listed where possible.

5.1 (a) UK Central Government

UK Central Government will consider plans and will respond to the national scale complexity and international dimensions of a pandemic. Strong central government co-ordination, explicit guidance and support in the planning and response phases will also be delivered¹⁴.

5.2 (b) Government departments

Each government department will remain responsible for its policy and business areas and for co-ordinating the response of its specific sectors. Departments will work with sectors to maintain essential supplies and services to limit wider disruption and promote the continuation of everyday activity.

¹⁴ See, *Pandemic Flu – A national framework for responding to an influenza pandemic*, p.44 Section 4.3.

The following central government departments have specific roles in relation to pandemic preparedness and response¹⁵. Department of Health (DH); Foreign and Commonwealth Office (FCO); Department of International Development (DFID); Department for Environment, Food and Rural Affairs (Defra); HM Treasury; Department for Transport (DfT); Department for Business, Enterprise and Regulatory Reform (BERR); Department for Children, Schools and Families (DCSF); Department for Innovation, Universities and Skills (DIUS); Ministry of Defence (MOD). It follows then that each department will hold information that is both relevant and useful for response and planning.

5.3 (c) Department of Health

The department is the pre-designated lead government department to respond to an influenza pandemic. **It also has overall responsibility for developing and maintaining the UK's contingency preparedness for the health and social care response;** establishing national stockpiles of clinical countermeasures to support that response; maintaining liaison with international health organisations; and providing the information and guidance that other government departments, organisations and agencies need to develop their own plans and responses.

In the event of a pandemic, the Department of Health will

- initiate and direct the government health response, providing specialist advice and information to ministers, other government departments and responding organisations;
- be responsible for the effectiveness of the health response; procure a suitable vaccine; secure and distribute supplies of clinical countermeasures;
- maintain international links to The World Health Organisation (WHO) and the European Centre for Disease Prevention and Control (ECDC);
- lead and coordinate NHS activity in England. In order to provide a health focal point and reporting channel,
- activate its major incident coordination centre in response to an increased international alert level. The centre will link with the NHS in England via strategic health authorities (SHAs), with the devolved administrations, the Health Protection Agency (HPA) and the Civil Contingencies Committee¹⁶.

¹⁵ See, *Pandemic Flu – A national framework for responding to an influenza pandemic*, p.44 Section 4.4

¹⁶ See, *Pandemic Flu – A national framework for responding to an influenza pandemic*, p.45 Section 4.4.1

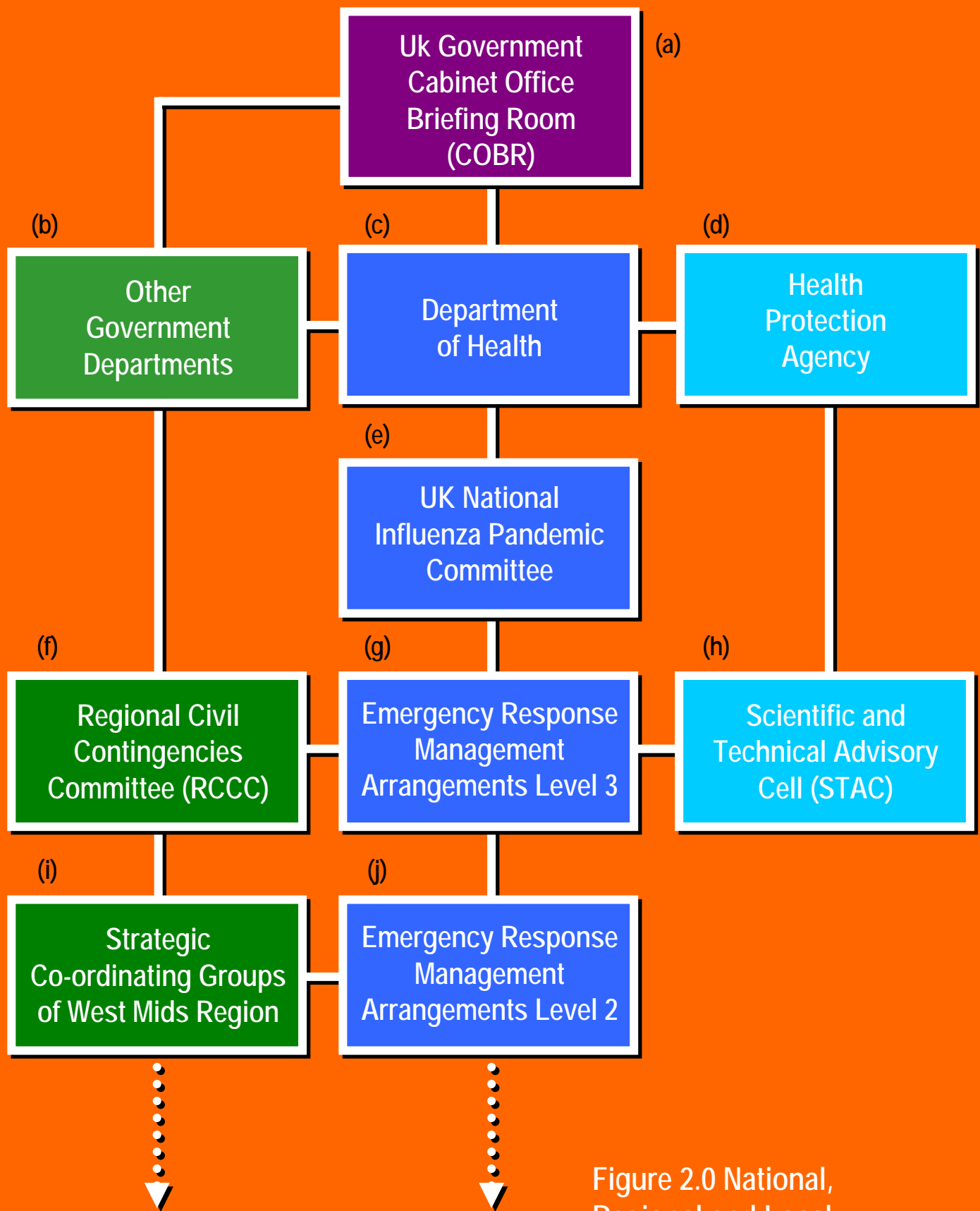
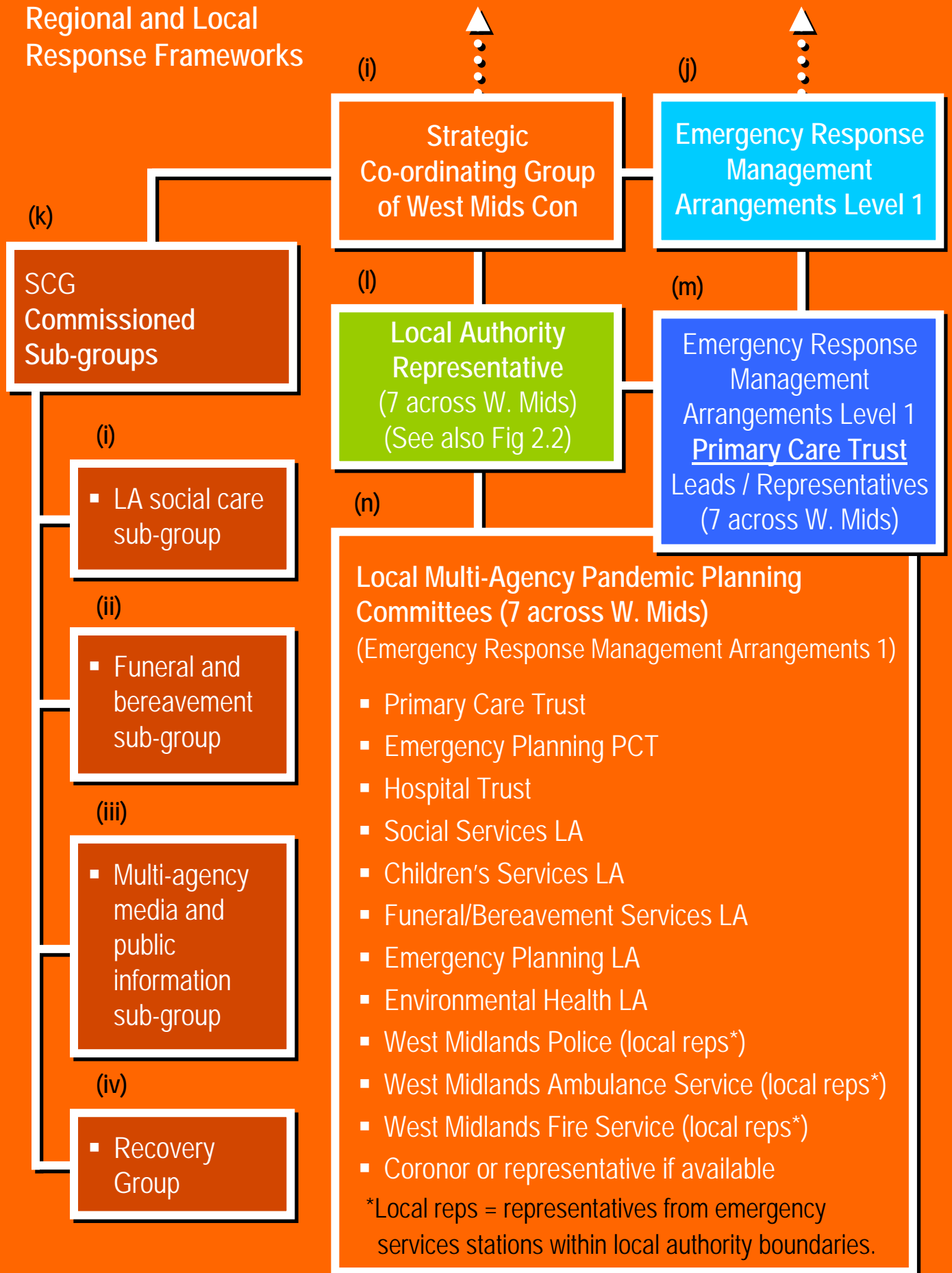


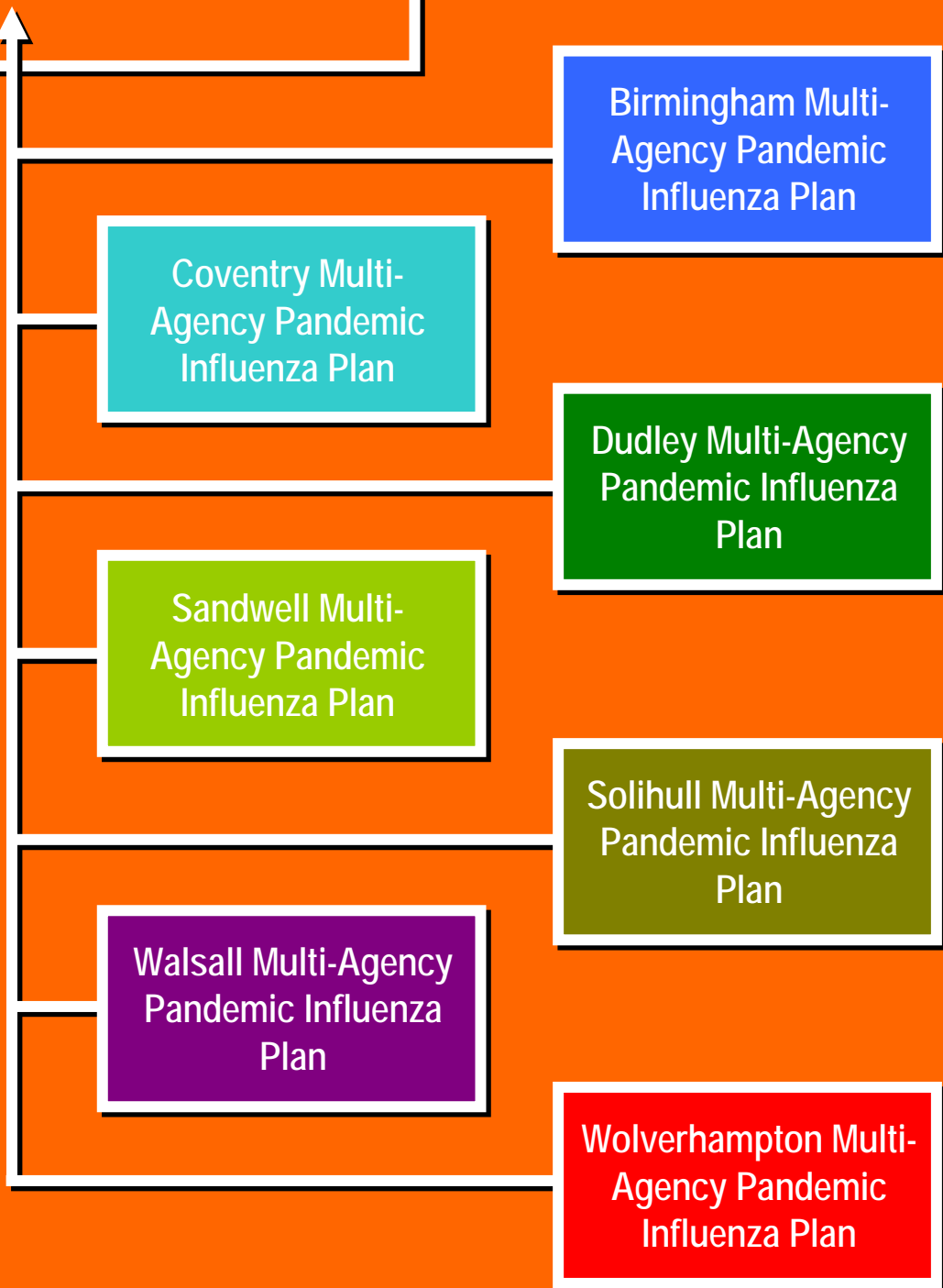
Figure 2.0 National, Regional and Local Response Frameworks

Figure 2.1 National, Regional and Local Response Frameworks



WMC Strategic
Co-ordinating Group
procedures for responding
to Pandemic Influenza

Figure 2.2 Dependency of
Strategic Co-ordinating Group
on local Multi-Agency
Pandemic Influenza Plans



5.4 d) Health Protection Agency

The Health Protection Agency is the lead agency responsible for providing public health advice to the Department of Health and for supporting all aspects of the public health response. It also has the role of national and international surveillance and intelligence gathering, informing public health policy development, and contributing to global efforts to prevent or detect the emergence of a new virus. The Health Protection Agency also provides a range of specialist services. (For more information see *'Pandemic Flu – A national framework for responding to an influenza pandemic*, p.49 Section 4.6.)

5.5 (e) UK National Influenza Pandemic Committee

The UK National Influenza Pandemic Committee consists of clinical, scientific and other experts drawn from a range of relevant organisations and agencies. It provides specialist advice to Chief Medical Officers.

5.6 (f) Regional Civil Contingencies Committee (RCCC)¹⁷

The **Regional Civil Contingencies Committee** includes representatives who attend the Regional Resilience Forum and other organisations as required under right to invite and right to attend arrangements. The Regional Civil Contingencies Committee will assemble a strategic picture of the situation across the region and communicate this to Strategic Co-ordinating Groups and central government. It will also support work undertaken within Local Resilience Forum areas by identifying regional priorities; assist in targeting and deployment of scarce resources across the region; provide effective communication channels between local, regional and national levels. However, the Regional Civil Contingencies Committee does not have executive command and control in the response unless emergency powers have been invoked.

5.7 Emergency Response Management Arrangements - ERMA¹⁸

ERMA (Emergency Response Management Arrangements) will deliver a co-ordinated, proportionate response that ensures efficient command and control of the health economy in the West Midlands. As depicted in Fig 2.0 and 2.1, there are three levels of ERMA that feed directly into each of the multi-agency fora involved in delivering the pandemic influenza response, by way of ERMA 1; ERMA 2; and ERMA 3 levels.

¹⁷ For more information on the RCCC see, *Regional Concept of Operations for Pandemic Influenza – The Regional and Sub-Regional Multi-Agency Approach in the West Midlands*, P.2

¹⁸ For more information on ERMA see, *West Midlands Health Sector – Pandemic Influenza Regional Plan*, Version 3.4, p. 22.

- (g) **ERMA 3:** There will only be one ERMA 3 and it will lead and command the West Midlands strategic regional response. **Remit:** the redeployment of antiviral if gross inequity in provision occurs across the West Midlands
- (j) **ERMA 2:** Four ERMA 2's will be in operation across the West Midlands region - one for each Local Resilience Forum Area and positioned to work alongside each of the Strategic Co-ordinating Groups. One ERMA 2 will service the West Midlands Conurbation Strategic Coordinating Group's LRF area. **Remit:** Identification of opportunity for mutual aid and ensuring partner health organisations are working together
- (m) **ERMA 1:** Each individual Trust will have an ERMA 1 (servicing each Local Authority Area). There will therefore be seven established across the West Midlands conurbation. **Remit:** Identification of services that are not coping with increase demands or shortages, redeployment of staff, and antiviral distribution

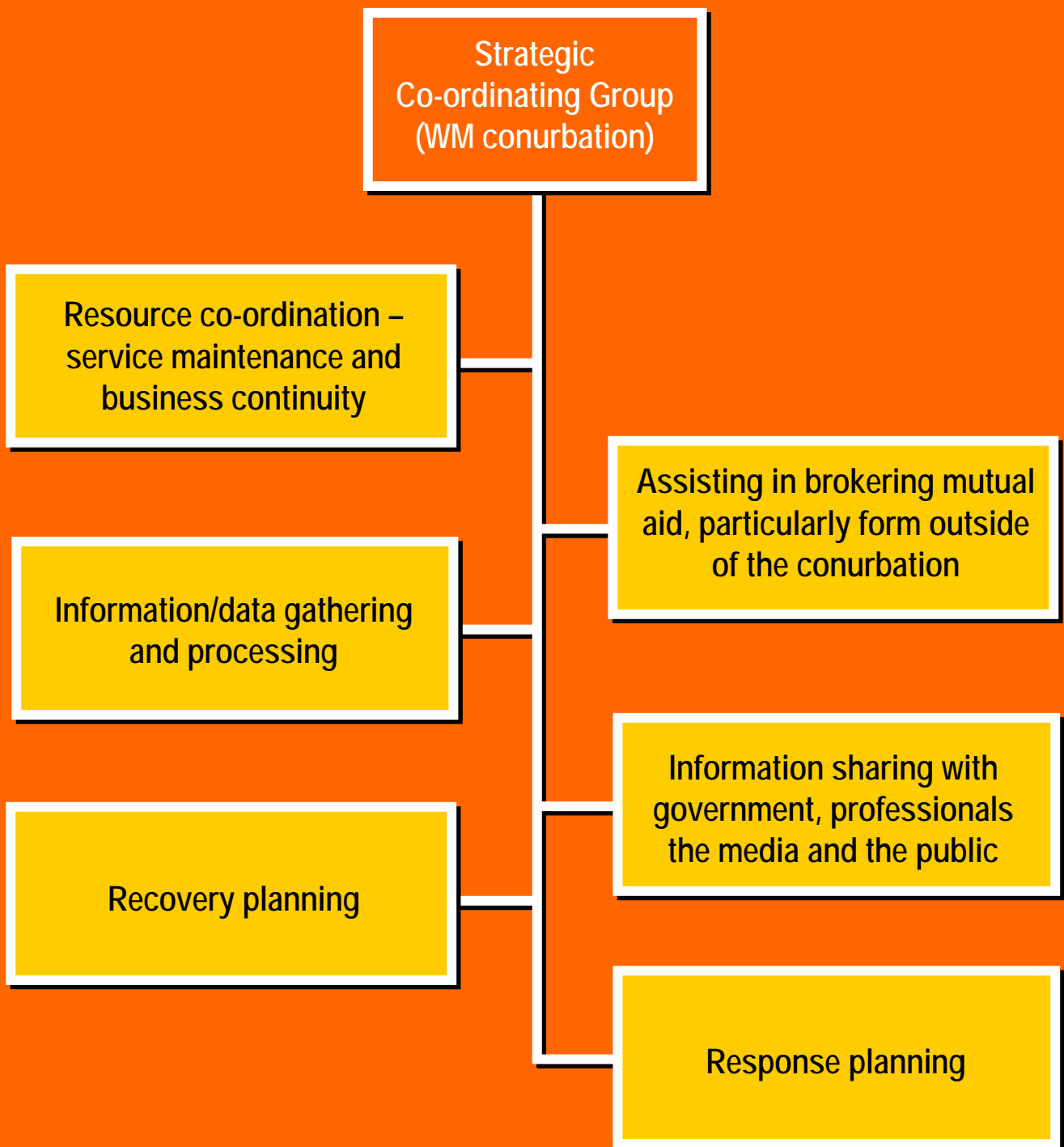
5.8 (h) Scientific and Technical Advisory Cell

The role of the Scientific and Technical Advisory Cell (referred to as STAC) is to co-ordinate scientific and technical advice in support of the response and to provide advice, guidance and information to the ERMA – Level 3. As depicted in Fig 2.0, relevant information from the Scientific and Technical Advisory Cell will also be fed into the Regional Civil Contingencies Committee via representatives attending the Regional Civil Contingencies Committee from ERMA 3.

5.9 (i) Strategic Co-ordinating Group

The role of the Strategic Co-ordinating Group will be to take overall responsibility for the multi-agency management of an influenza pandemic outbreak, as well as associated emergencies and to establish the policy and strategic framework for response and recovery phases (see section 4.0 above). As outlined in Fig. 3.0 the Strategic Co-ordinating Group will:

Figure 3.0 Basic Strategic
Co-ordinating Group Duties



- play a pivotal role in resource co-ordination;
- assist in brokering mutual aid arrangements particularly from outside of the conurbation;
- assist in gathering, processing and disseminating information
- communicate with the Regional Civil Contingencies Committee, Central Government, local multi-agency pandemic planning/response committees (at local authority footprint levels);
- and disseminating information to the public and media
- Response and recovery planning

5.10 (k) Commissioned subgroups

The nature and issues arising from pandemic influenza will necessitate a decision from the Strategic Co-ordinating Group for the commissioning and formation of a series of specialist sub-groups tasked with addressing particular issues. A number of groups expected to be established in the event of a pandemic are listed below, however, the list is not exhaustive as additional groups may need to be formed given the complex nature of the response and nature of the incident.

5.11 (i) Local Authority Social Care subgroup

Remit: provide dynamic action planning capacity and specialist advice to the Strategic Co-ordinating Group in relation to the provision of extraordinary social care and welfare relating to vulnerable people. The underlining aim is to alleviate pressure and provide requested support to local authorities, health services and private care providers. In particular, where necessary, act as a clearing house for issues relating to mutual aid between local authorities; between private care provider organisations and between the public and private sectors; oversee and/or support any extraordinary measures taken to provide care solution packages under demand surge or resource loss conditions.

For Terms of Reference and membership details see section

Contact for relevant officers to attend this group should be made through each organisation's Emergency Planning Officers or on call arrangements

5.12 (ii) Funeral and bereavement subgroup

Remit: To provide dynamic action planning capacity and specialist advice to the Strategic Co-ordinating Group in relation to extraordinary burial, cremation and mortuary arrangements. The underlining aim is to alleviate pressure and provide requested support to local authorities, health service and private care providers. In particular, where necessary, act as a clearing house for issues relating to

mutual aid between local authorities; private sector providers and oversee and/or support any extraordinary measures taken to provide solution packages under demand surge or resource loss conditions.

For Terms of Reference and membership details see section

Contact for relevant officers to attend this group should be made through each organisation's Emergency Planning Officers or on call arrangements

5.13 (iii) Multi-agency media subgroup:

Remit: To provide the Strategic Co-ordination Group with the capacity to monitor public information needs and issues arising in the media. The sub-group will also advise on communications policy and strategies; work to create message consistency and parity; and provide dynamic recommendations for implementing public communication directives and initiatives from fora within the overall management structure (see Fig 2.0 and Fig 2.1). The sub-group will work within the Terms of Reference of available media plans (including national and regional communications plans and structures); the explicit directives of the Strategic Co-ordination Group; or under an officer designated as Lead Media Officer by the Strategic Co-ordination Group.

For Terms of Reference and membership details see section

Contact for relevant officers to attend this group should be made through each organisation's Emergency Planning Officers or on call arrangements

5.14 (iv) Recovery sub-group

Remit: To quantify the scope and scale of the disruptive impact created by pandemic influenza across the conurbation, in order to create prioritised strategies aimed at rebuilding, restoring and rehabilitating communities and services. The sub-group will be expected to make arrangements for the recovery process to be managed in line with the Recovery Plan Guidance Template¹⁹.

For Terms of Reference and membership details see section

Contact for relevant officers to attend this group should be made through each organisation's Emergency Planning Officers or on call arrangements

¹⁹ The Recovery Plan Guidance Template may be downloaded from the UK Resilience website: http://www.ukresilience.gov.uk/response/recovery_guidance/generic_issues/structures_processes.aspx (accessed 12 August 2008)

5.15 (l) Local Authority SCG Representative

Whilst more senior members of the health economy may represent health professionals from the Local Multi-Agency Pandemic Planning Committee at the Strategic Co-ordinating Group, local authority officers sitting as representatives of their authority on the Local Multi-Agency Pandemic Planning Committee will have more direct access to the Strategic Co-ordinating Group in the form of:

- a) officers by whom they will receive direct briefings or
- b) being able to attend Strategic Co-ordinating Group meetings directly

The Local Multi-Agency Pandemic Planning Committee local authority representative will therefore play an important part in communicating information to and from the Strategic Co-ordinating Group. However, this measure is aimed at supplementing rather than replacing the structured lines of reporting that will operate in tandem.

For Terms of Reference and membership details see section

Contact for relevant officers to attend this group should be made through each organisation's Emergency Planning Officers or on call arrangements

5.16 (n) Local Multi-Agency Pandemic Planning Committees

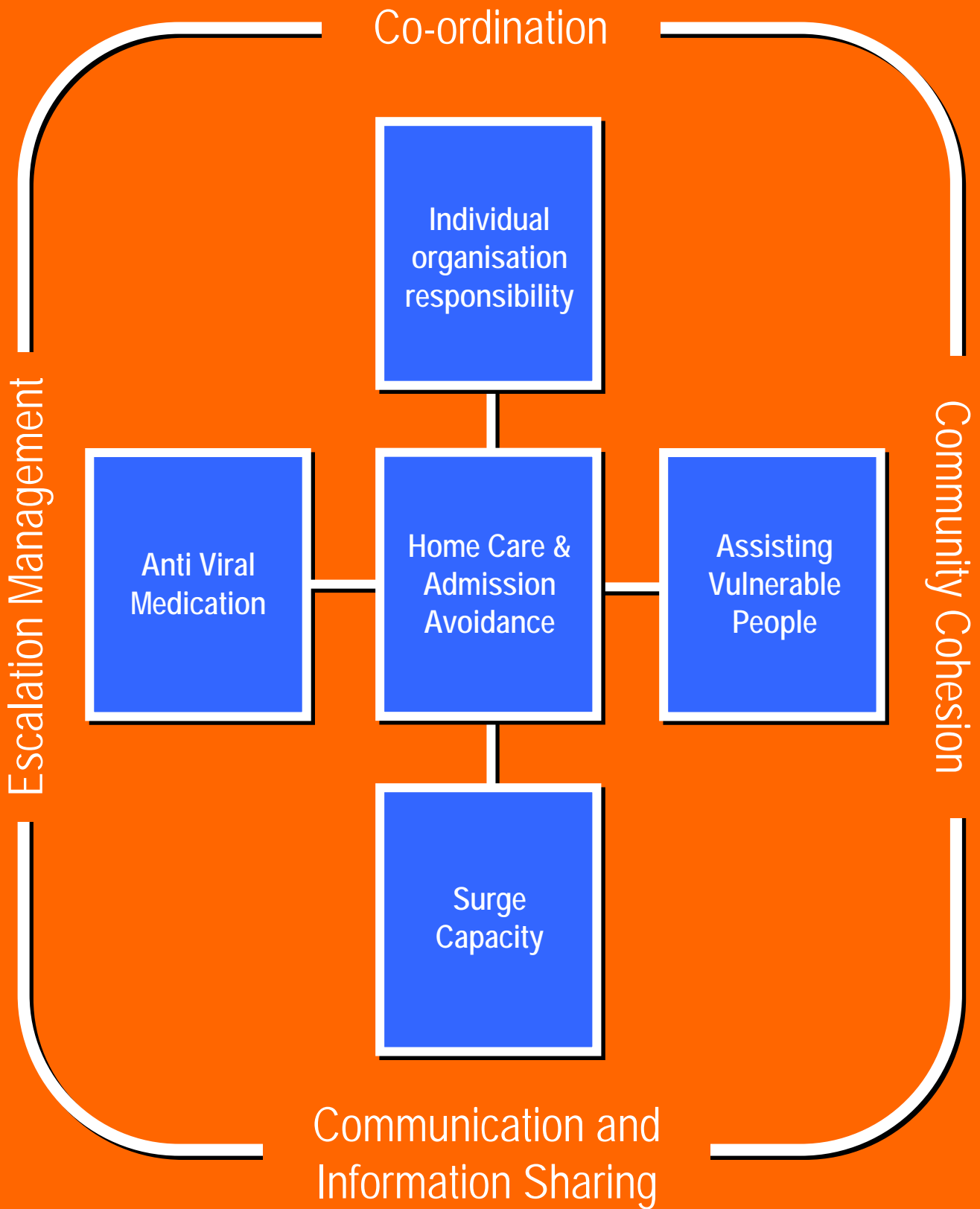
Fig. 2.1 depicts links between Local Multi-Agency Pandemic Planning Committees and the overall response structure. The main aim of Local Multi-Agency Pandemic Planning Committees in the response phase is to maintain a consistent and co-ordinated operational response adapted to the needs of local communities and partners created by pandemic influenza. Local Multi-Agency Pandemic Planning Committees will meet to discuss issues relating to core pandemic issues, as detailed in Fig. 4.0. In order to ensure that overall coordination and synergy is achieved and maintained, both the Strategic Coordinating Group and local pandemic groups should conduct meetings in line with the Strategic Co-ordinating Group agenda reproduced in this document.

Issues with medium or long term implications that cannot be dealt with by the resources of partner agencies within a Borough should be escalated by requesting assistance from the Strategic Co-ordinating Group).

For Terms of Reference and membership details see section

Contact for relevant officers to attend this group should be made through each organisation's Emergency Planning Officers or on call arrangements

Figure 4.0 Core issues and agreed success approaches



6.0 Our policy and strategic framework

This strategic framework will increase success and present an agreed means of achieving our goal. Given the complex nature of an outbreak of influenza pandemic it is vital that all partners and the community have a clear understanding of how Strategic Co-ordinating Group partners will collaboratively respond to the significant challenge presented by the pandemic.

Clarity of purpose comes from a strategic aim and supporting objectives that are agreed, understood and sustained by all involved. This will enable the prioritisation and focus of the response and recovery effort²⁰.

As with all strategic frameworks, this framework includes:

- an agreed vision statement
- a mission statement or strategic aim that defines what we are doing
- the strategies that will zero in on our key success approaches
- goals and action plans that will guide our daily, weekly and monthly activities during pandemic phases
- an outline of the values that are shaping our actions

In respect of this the elements of the West Midlands Strategic Co-ordinating Group's, strategic framework are set out below.

6.1 Our agreed vision Statement

To be prepared and able to respond better today than we were yesterday; and to be better prepared and able to respond tomorrow than we are today.

6.2 Our agreed mission statement (strategic aim)

Responding to pandemic influenza across the conurbation is likely to present an array of competing demands and pressures. It is [therefore] essential to establish a clear, unambiguous strategic aim. This will help establish a shared set of priorities and thereby focus effort and resources where they are most required. The determination of that aim, its communication and its observance, are fundamental to the success of the multi-agency effort. Without this direction and focus there is a risk that pressure from external forces – such as the media, interest groups and vocal individuals – may divert effort and resources away

²⁰ *Emergency Response and Recovery* – Non-statutory guidance to complement *Emergency Preparedness*, p.6.

from priority activities²¹. Our strategic mission and aim will look beyond the immediate demands of the response and embrace the medium to longer-term priorities of restoring essential services and helping to facilitate the recovery of the affected communities²².

Therefore, our mission statement or Strategic aim reads:

The West Midlands Conurbation Strategic Co-ordinating Group's mission is to implement a seamless co-ordinated pandemic response that minimises the short-term, medium-term and long-term, physical and psychological harm that might be suffered by individuals, families, communities and the economy from an outbreak of pandemic influenza.

6.3 Our agreed key success approaches (see Fig 4.0)

Our agreed key success approaches will simultaneously deliver the generic goal outlined in the mission statement aim whilst taking account of the fact that the pandemic will place considerable demands on the resources of responding agencies and pose significant challenges in terms of business continuity management. The agreed key success approaches detailed below recognise that the pandemic will potentially have long-term implications for communities, economies and the environment that will require the attention of top-level management²³.

Therefore our key success approaches will

Agencies involved in emergency response and recovery across the conurbation will work to the following set of common objectives:

1. ensure the complex nature and local government structure of the West Midlands Conurbation is reflected in the decision making, intervention and co-ordinated approaches.
2. **saving and protecting life;**
 - support the local delivery of pandemic influenza arrangements in support of **core issues** (Fig 4.0) by:
 - Supporting the process of identifying, providing and managing care for **vulnerable people** not in need of hospital care.

²¹ *Emergency Response and Recovery* – Non-statutory guidance to complement *Emergency Preparedness*, p.8, pp. 2.13.

²² *Emergency Response and Recovery* – Non-statutory guidance to complement *Emergency Preparedness*, p.8, pp. 2.14.

²³ *Emergency Response and Recovery* – Non-statutory guidance to complement *Emergency Preparedness*, p.23, pp. 4.21.

- supporting the **anti-viral and medication** management arrangements with regard to anti-viral and medication logistics; operation of designated issuing centres; and provision of resources to ensure service continuity in the face of surges in demand or resource loss
3. **relieving suffering;**
 - support the local delivery of pandemic influenza arrangements in support of **core issues** (Fig 4.0) by:
 - supporting the process of identifying, providing and managing care for **vulnerable people** not in need of hospital care.
 - providing supportive multi-agency co-ordination for initiatives aimed at **managing surge capacity** by expanding services beyond normal capacity to meet the increasing demand for patient health care
 4. **containing the emergency – limiting its escalation or spread;**
 - support the local delivery of pandemic influenza arrangements in support of **core issues** (Fig 4.0) by: supporting and promoting **individual organisation responsibility** through dynamic and creative business continuity solutions, whilst seeking to provide combined multi-agency assistance to maintain strained critical services where resource loss or surges in demand presents a significant risk of service failure
 5. **providing the public with warnings, advice, information and ensuring reputation management and efficient and timely communications between organisations and to the public**
 - Deliver timely medical advice and support in response to the outbreak
 - Maintain trust and confidence in all LRF partners' reputation for public service delivery
 - Ensure efficient and timely communications throughout organisations and to the public
 6. **promoting and facilitating self-help in the community;**
 - support the local delivery of pandemic influenza arrangements in support of **core issues** (Fig 4.0) by: supporting the communication and promotion of self help messages aimed at imbedding personal resilience and coping mechanisms within members of the community in order to **avoid a high level of demand being placed on home care services and hospital admissions**
 7. **protecting the health and safety of personnel;**
 8. **safeguarding the environment;**

9. protecting property;
10. maintaining or restoring critical services;
 - support the local delivery of pandemic influenza arrangements in support of **core issues** (Fig 4.0) by: supporting and promoting **individual organisation responsibility** through dynamic and creative business continuity solutions, whilst seeking to provide combined multi-agency assistance to maintain strained critical services where resource loss or surges in demand presents a significant risk of service failure
11. maintaining normal services at an appropriate level;
12. facilitating investigations and inquiries (e.g. by preserving the scene and effective records management);
13. facilitating recovery;
14. support regional and national co-ordination and response to the pandemic
15. evaluating the response and recovery effort and identifying lessons to be learned²⁴.

It should be noted that the impact of the pandemic may mean that a number of the above approaches may be given a higher priority than others.

6.4 Agreed key goals and action plan assurance

All agencies involved in the specific response to pandemic influenza as administered by the Strategic Co-ordinating Group have agreed to work to a set of objectives and actions detailed in this document. These objectives and actions are not exhaustive and may be supplemented, at any future time by agreement of the Strategic Co-ordinating Group.

In order to ensure all of the objectives and actions are executed, elements of them have been built into:

- the roles and responsibilities of member organisations
- the roles and responsibilities of specific representatives
- the role and responsibilities of the Strategic Co-ordinating Group Chair
- the role and responsibilities of the Strategic Co-ordinating Group Secretary
- Strategic Co-ordinating Group agendas

²⁴ HM Government, *Emergency Response and Recovery – Non-statutory guidance to complement Emergency Preparedness*, Section 4.1, p.21

- the mutual sit-rep reporting and information sharing between Strategic Co-ordinating Group organisations
- sit-rep reports issued collectively or by specific organisations to central government
- the relevant role and responsibilities of any specifically formed sub-group, and the role and responsibilities of any chair, secretary and members

6.5 Our agreed values

The values that underpin and drive the entire multi-agency response to flu pandemic at national, regional, conurbation wide and local levels have been taken from *'Responding to pandemic influenza, The ethical framework for policy and planning'*²⁵ published by the Department of Health.

This ethical framework is predicated on the fundamental principles of equal concern and respect. This means that:

- everyone matters
- everyone matters equally – but this does not mean that everyone will be treated the same
- the interests of each person are the concern of all of us, and of society
- the harm that might be suffered by every person matters, and so minimising the harm that a pandemic might cause is a central concern.

The principle of equal concern and respect draws together a number of different ethical principles, each of which is outlined below. The individual principles are numbered for convenience but are not ranked in order of significance, the Strategic Co-ordinating Group hold them all to be important. The Strategic co-ordinating Group undertakes to work in a way that:

- 1) gives respect for all members of the public and partner agencies
- 2) minimises the harm that a pandemic could cause
- 3) shows fairness and that everyone matters equally
- 4) delivers joined up (working together) planning and responding in a responsible way

²⁵ *Responding to pandemic influenza, The ethical framework for policy and planning*, may be downloaded from the Department of Health website: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_080751

- 5) demonstrates reciprocity and supports officers, staff and agencies that may be taking increased risks and/or workloads
- 6) keeps things in proportion – neither exaggerating nor minimising the situation but providing the most accurate information possible
- 7) delivers flexibility – adapting plans and revisiting initiatives that may give rise to concern once implemented
- 8) demonstrated and delivers good decision making and respect for the following components:
 - i) openness and transparency
 - ii) inclusiveness
 - iii) accountability
 - iv) reasonableness

The widest possible involvement of people in planning for a pandemic continues to be undertaken. However, during a pandemic, the urgency of the situation may mean that it is not possible to consult as widely. However, treating people with respect means that the Strategic Co-ordinating Group undertakes to keep communities informed of the situation, what is happening and what is going to happen, as much as possible.

6.5 Eight further guiding principles

Effort will be exerted to ensure response and recovery arrangements for pandemic influenza are discharged in as flexible and tailored a manner as possible so as to reflect and meet the circumstances at hand. Eight further guiding principles will underpin and seek to secure multi-agency working at all levels, across the conurbation.²⁶

The eight guiding principles are:

- **continuity** – the Strategic Co-ordinating Group's emergency response and recovery must remain grounded in the existing functions of organisations and familiar ways of working, albeit on a larger scale, to a faster tempo and in the particular testing circumstances²⁷ of the pandemic
- **preparedness** – all organisations and individuals detailed as having a role to play in emergency response and recovery have signed up to ensure their departments; officers and staff have been properly prepared and are

²⁶ Adapted from, *Emergency Response and Recovery – Non statutory guidance to complement Emergency Preparedness*, p.6

²⁷ Ibid paragraphs 2.4–2.6

clear about their roles and responsibilities²⁸ in relation to the multi-agency response to pandemic influenza

- **subsidiarity** – decisions will be taken at the lowest appropriate level, with co-ordination at the highest necessary level; local agencies: Local Multi-Agency Pandemic Planning Committees, will remain the building blocks of the response to and recovery from²⁹ the pandemic regardless of scale
- **direction** – the Strategic Co-ordinating Group will seek to provide clarity of purpose by constructing and issuing clear strategic aims and supporting objectives that are agreed, understood and sustained by all involved. This will enable the prioritisation and focus of the response and recovery effort³⁰
- **integration** – partner agencies and member organizations have committed to ensuring effective co-ordination is exercised and maintained between and within organisations and levels (i.e. local, regional and national) in order to produce a coherent, integrated effort³¹
- **co-operation** – partner agencies and member organizations have expressed a written commitment to work flexibly and effectively by positive engagement and information sharing between all agencies and at all levels³². Systems have also been created to ensure information is shared effectively and is accessible by all relevant organisations.
- **communication** – partner agencies and member organizations have expressed a written commitment to effect and maintain good two-way communication deemed critical to effective response and recovery. Reliable information will be passed, without delay, to those who need to know, including the public³³ and systems have been created and resourced to affect this.
- **anticipation** – ongoing risk identification and analysis will feature as part of the agendas for Strategic Coordinating Groups meetings, thereby ensuring the anticipation and management of direct and indirect consequences³⁴ of the pandemic

²⁸ Ibid paragraphs 2.7–2.9

²⁹ Ibid paragraphs 2.10–2.11

³⁰ Ibid paragraphs 2.12–2.15

³¹ Ibid paragraphs 2.16–2.19

³² Ibid paragraphs 2.20–2.21

³³ Ibid paragraphs 2.22–2.25

³⁴ Ibid paragraphs 2.26–2.28

7.0 Information management and decision making

7.1 *Avoiding real communication problems*

Communication problems often happen when disaster strikes. However, research has demonstrated that problems mostly stem from *what is communicated* rather than *how communication* occurs.

The impact in relation to the scale and scope of a pandemic outbreak will create great complexity due to the level of resources and range of agencies involved. This heightened complexity is likely to increase the volume of communication traffic and the flow of information:

- within every responding organisation;
- between organisations;
- from public/community to organisations; and
- from organisations to public/community.

The potentially high volume of information generated and in need of processing may become overwhelming and result in loss of essential information or 'information filtering'. Similar to building in potential for failure, every level of the response operation will need to recognise that information filtering may occur and therefore reviewing strategies and their effectiveness is of vital importance in reducing the risk of implementing wrong or ill-structured measures.

Whilst the recording of information provides an audit trail allowing post incident identification of when/where the breakdown in communication occurred, they may fail to provide a mechanism to identify failure contemporaneously during the incident response phase.

The pandemic like other incidents of this nature will almost certainly be characterised by a significant level of uncertainty. The extent of disruption and the secondary risks and threats that may be incubating may not be immediately apparent and therefore the necessary countermeasure may not be implemented. In addition to this, it is important to appreciate that initial response actions may have been based on vague or partial information. The pandemic is also likely to present response agencies with a 'fluid, dynamic' situation where the demands and requirements of the incident are changing from minute-to-minute. Furthermore, the spatially and temporally diffuse nature of the pandemic may make it difficult to verify exactly what resources are being utilised; where they are; and what they are being employed to do. This may mean that at times it will be difficult to determine what resources need to be requested, deployed or held back.

The disruptive potential of the pandemic presents the need for specific procedures aimed at managing and keeping track of resource use on a multi-agency basis;

managing the flow of information and ensuring effective co-ordination. Good strategic management requires good information upon which to base proper strategic decision-making and effective co-ordination. This effective co-ordination must be based upon mutually agreed and understood co-operation regarding how particular tasks will be carried out.

7.2 Types of information needed for co-ordination

The importance of communication is its ability to get people to work together on common tasks and goals. Effective communication will enable representatives of organisations attending the Strategic Co-ordinating Group to appreciate how their activities dovetail with those of partner organisations. The pandemic will place unusual co-ordination demands on communication between organisations.

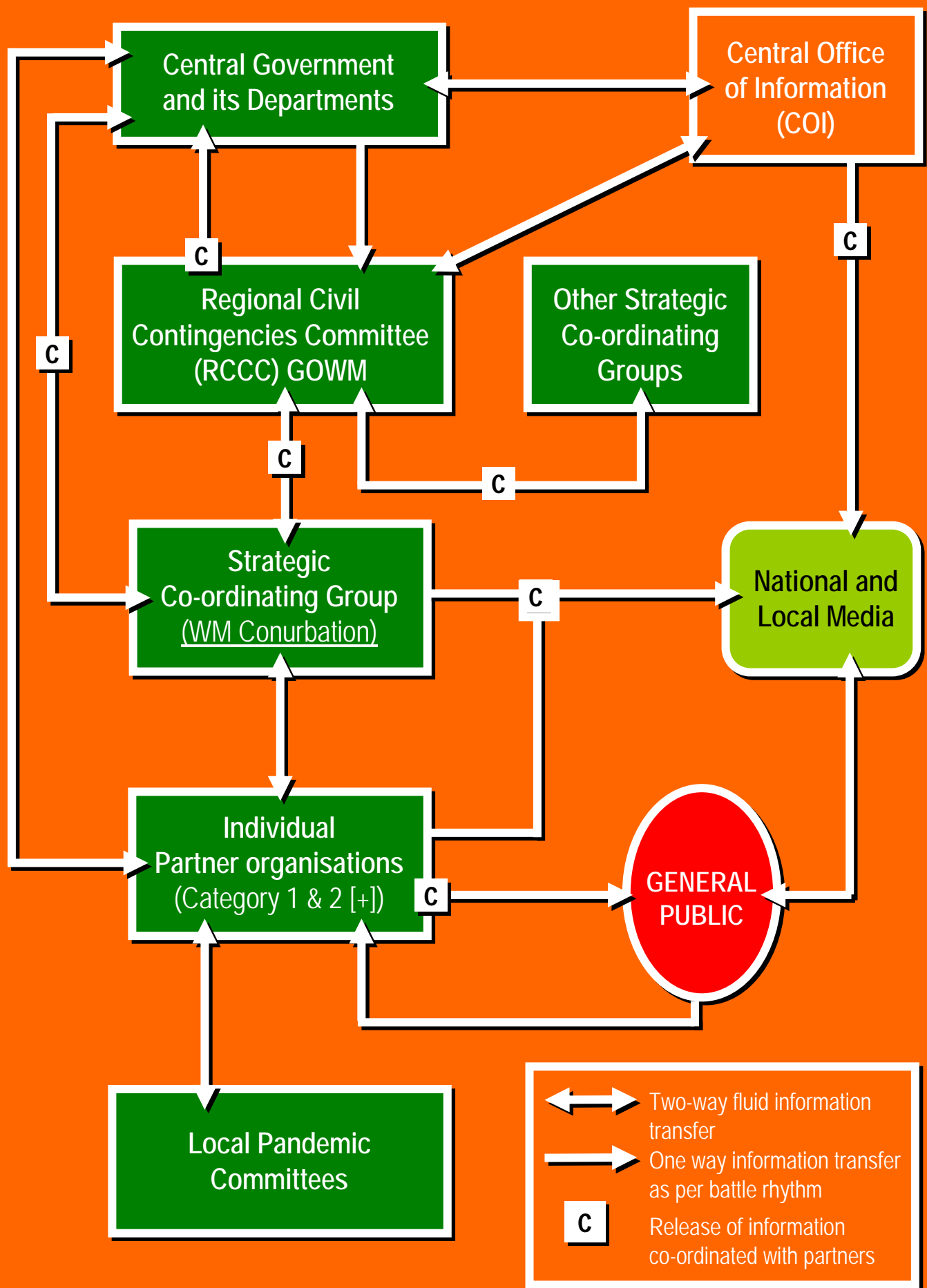
In such a complex environment planning should allow for communication breakdowns and problems to occur rather than blindly hoping they will never happen. The majority of communication problems are likely to centre on the exchange of information between the entities detailed in Fig 5.0. Therefore strategic management of the response should build in opportunities for the quality transfer of information between organisations and opportunities for the accuracy of information to be checked.

It has been strongly asserted by some³⁵ that **the most crucial types of information** that needs to be shared during incident management are those relating to:

- an **ongoing assessment of the situation** and the countermeasures that may need to be taken
- an **assessment of what resources** are needed to undertake the countermeasures
- what **resources are present, assigned, out-of-service, still available**, how they can be obtained, their capacity and estimated time of arrival once dispatched
- the **urgency/priority in which measures** need to be ranked or undertaken and resources allocated
- **relevant constraints** regarding information or resources
- a **clear decision regarding which organisations are/will be responsible** for tasks necessary to accomplish the countermeasures

³⁵ Rosow, I (1977) *Authority In Emergencies: Four Tornado Communities In 1953*, University Press: Delaware

Figure 5.0 Information sources and flows into the Strategic Co-ordinating Group



To this end in the exchange of information the Strategic Co-ordinating Group representatives will endeavour to:

- change from an autonomous operation style to one that is inclusive and recognises the multi-agency dependent nature of the response
- give priority to the information needs of the entire response rather than just the information needs of single agencies
- simplify the terminology and procedures used to exchange information between organisations, but not at the expense of quality or security
- be less hesitant in depending upon other partner agencies
- seek clarification regarding agreement as to who has the responsibility for the collection and dissemination of various types of information and to who it should be distributed
- recognise that agencies may be in possession of information needed by another partner agency in the response
- understand the information needs of partner response agencies

7.3 Strategy refining and action planning procedure³⁶

Although the agreed strategic framework documented within this plan will go some way towards guiding response activities, the unique nature of the actual incident may necessitate revision of these approaches and the creation of fresh initiative based on contemporary information. Failure to initiate a process for creating a specific multi-agency plan is one of the reasons response operations prove ineffective and stall.

In order to assist the process of coordination, the crucial information needs; the SCG exchange of information endeavour list above; and a revision option have been built into the structure and process of Strategic Co-ordinating Group meetings. (See Fig. 5.0 Flow of information between response structures.)

³⁶ Adapted from Irwin, A (1985)

8.0 Information flow between response structures

Fig 5.0 depicts how information will flow between the various levels of the response and out to individual partner agencies.

8.1 Local Pandemic Committees

The Local Authority and Primary Care Trust will provide administrative support in order to ensure all representatives are provided with a formal record of all discussions; decisions; and action plans are disseminated to all representatives and local contacts.

8.2 Individual Partner Organisations

Each organisation will be responsible for ensuring information from Local Pandemic Committees, the Strategic Co-ordinating Group; Central Government or any other entity is cascaded to all relevant individuals within their organisation in line with transparency and confidentiality protocols. Similarly each organisation must take full responsibility for ensuring that Local Pandemic Committees, the Strategic Co-ordinating Group; Central Government or any other entity are fully aware of the impact of the pandemic on their organisation, its functions, responsibilities, resources and staff.

Whilst agencies maintain their own autonomy and are free to share information with the media and public, in the interests of maintaining local, regional and national response cohesiveness, information intended for public consumption should be co-ordinated with the Strategic Co-ordinating Group or partner agencies to ensure a joined up approach to response is maintained at all times.

As depicted in Fig 5.0, the strategic response structure does not prohibit central government from making direct contact with any partner agency from time to time in order to obtain specific information.

8.3 Strategic Co-ordinating Group

As with Local Pandemic Committees an expectation exists for discussions, decisions and activities made at Strategic Co-ordinating Group meetings to be appropriately disseminated across agencies by representatives in attendance at SCG meetings.

Official records from meetings will be made available to all by the Strategic Co-ordinating Group Secretary. In addition, the Secretary and those providing clerical support will ensure information is disseminated to organisations undertaking key roles but not in attendance at meetings.

Information circulated to central government will be co-ordinated. The Group will be responsible for agreeing the joint SITREP and forwarding it to central government via Government Office for the West Midlands.

8.4 Regional Civil Contingencies Committee and central government

The Regional Civil Contingencies Committee will collate a comprehensive regional picture of the impact of and way in which the pandemic is developing. This will be done through the formal process of collating SITREPS – situational reports (by exception reporting³⁷) from Strategic Co-ordinating Groups and individual agencies.

SITREPS will be sent to central government who will use them to create the national picture. Central government will share aspect of the national picture with the Head of Regional Resilience at the Government Office for the West Midlands, who in turn will share aspects of the national and the regional picture with the Regional Civil Contingencies Committee and each of the Strategic Co-ordinating Groups.

The agenda for West Midlands Conurbation Strategic Co-ordinating Group meetings allows information on both the national and regional picture to be fed into the discussions, decision-making and action planning process in a structured manner. (The agenda addresses the issues affecting the conurbation in sections and issues relating to the national and regional picture are requested before reporting of the local situation and relevant discussions take place.)

Discussions, decisions and action plans from the Regional Civil Contingencies Committee meetings will be shared with Strategic Co-ordinating Groups via Government Liaison Officers (GLOs) who will act as a link between the SCG and the RCCC³⁸.

During a pandemic the provision of Government Liaison Officers (GLOs) would be subject to staff availability and advice on infection control

8.5 Warning, informing and working with the media

The Regional Civil Contingencies Committee will ensure that there is coordinated communication of public health advice across the region³⁹.

³⁷ An **exception report – exception reporting** is where data/information is only reported if it is not normal or does not fall within expected parameters. It is reporting of incidents/issues of note only. Where there is nothing to report, reports are not given.

³⁸ Confirmed in personal Email to Adriel Lowe – Resilience Manager, sent Wednesday 17 June 2009, 13:03

³⁹ Confirmed in personal Email to Adriel Lowe – Resilience Manager, sent Wednesday 17 June 2009, 13:03

9.0 SCG Coordination process and outcomes

Co-ordination has been defined as, '*the regulation of diverse elements into an integrated and harmonious operation*⁴⁰. This is the end sought by the activities undertaken by the Strategic Co-ordinating Group. In order to achieve this, the Strategic Co-ordinating Group will follow the basic generic co-ordination cycle depicted in Fig. 6.0.

- 9.1 **Communication** – is vital and forms the lifeblood of the entire co-ordination initiative. It is important to note that both the quality of communication channels/methods and the actual messages are of vital importance.
- 9.2 **Feedback, new requests, partner updates, briefings, news and information is fed in and gathered** – good decision making is totally dependent upon the quality and comprehensive nature of the data being fed into the decision making process.
- 9.3 **Evaluate and contextualising data** – in order to expedite decision making raw data will need to be turned into information that will in turn have to be used, discounted or filed for future reference. Part of the discussion and communication process at the Strategic Co-ordinating Group is geared towards turning data into information for the purpose of making effective plans.
- 9.4 **Developing plans from information** – the purpose of the Strategic Co-ordinating Group is to add value and lead the multi-agency response. The Group is therefore called to go beyond discussions and make appropriate action plans aimed at medium and long-term issues. Such plans will need to be developed by consensus as well as being SMART.⁴¹
- 9.5 **Execute decisions** – executing decisions will require them to be supported by all and able to be communicated to all.
- 9.6 **Support implementation** – resources to support the implementation of the decisions should already have been considered and committed as part of the planning and execution process. Nevertheless continuing support may also take the form of progress monitoring of the implementation and adjustment of resources accordingly. Progress reports will form part of the data fed into the co-ordination cycle as 'Feedback'.

⁴⁰ Thefreedictionary.com (accessed 24 February 2009)

⁴¹ SMART stands for plans that are Specific; Measurable in that their effectiveness can be measured and monitored; Attainable; Realistic given the resource and other constraints currently experienced; and able to be implement in the Time available or allotted.

Fig. 6.0 Strategic Co-ordinating
Group Incident Co-ordination Cycle



- | | | | |
|---|---|---|----------------------------------|
| ① | RECEIVE Data | ③ | Develop PLANS from 'information' |
| ② | Feedback, new requests, partner updates, briefings, news and information is fed in and gathered | ④ | DECIDE actions |
| ③ | EVALUATE and contextualise data | ⑤ | EXECUTE decisions |
| | | ⑥ | SUPPORT implementation |

10.0 Decision making management processes

As previously stated it should be noted that **the Strategic Co-ordinating Group does not have the collective authority to issue executive orders**⁴². Each organisation represented retains its own responsibilities and exercises control of its own operations in the normal way.

West Midlands Conurbation Strategic Co-ordinating Group will, therefore, rely on **a formalised process of discussion and consensus to reach decisions** and to ensure that the agreed strategic aims, objectives and action plans are implemented by tactical and operational levels. The effectiveness of the strategy, therefore, will rest upon every member having a clear understanding of the roles, responsibilities and constraints of other participants⁴³.

In order to deliver the formalised decision making process meetings will be facilitated by the Strategic Co-ordinating Chair and administered by a Strategic Co-ordinating Secretary. However, in order for the process to work every individual attending Group meetings need to be aware of the role and responsibility placed on the Chair, the Secretary and, most importantly, upon themselves as organisational representatives. In order to ensure there is clarity, comprehensive roles and responsibilities of all Strategic Co-ordinating members are outlined below.

⁴² *Emergency Response and Recovery*, Non-statutory guidance to complement Emergency Preparedness, p. 23, pp. 4.27.

⁴³ *Ibid*

10.1 Role and responsibility of the Chair

The role of the Strategic Co-ordinating Group chair is to provide facilitation-leadership for the Strategic Co-ordinating Group as it fulfils its duties and responsibilities in relation to the Civil Contingencies Act 2004 and associated guidance documents.

The Chair has particular leadership responsibility on:

Administration

- implementing the West Midlands Conurbation Strategic Co-ordinating Group pandemic response plan
- instructing that both the call out and notification of representative organisations be undertaken
- planning meetings and ensuring all members have been notified of the date, time, location, purpose and agenda outline
- ensuring all members have an opportunity to contribute to meeting agendas
- ensuring virtual meetings utilising information technology solutions are arranged when necessary
- ensures systems are established, operational and monitored for the distribution of information before, during and after meetings to Strategic Co-ordinating Group members, other partner agencies and the public
- requesting information to support the work of the Group
- representing the views of the Group to the general public when requested and in line with the media strategy
- ensuring discussions and decisions of the Strategic Co-ordinating Group are formally recorded and retained
- acting as a point of contact between meetings
- safeguards the Groups reputation and values
- delegate duties appropriately

Decision making

- to facilitate Group meetings by ensuring the agreed agenda is used to create the clearest possible comprehension of the incident, objectives of relevant agencies and action plans is attained

- Agenda Aims and Objectives Table⁴⁴ to increase awareness and clarity regarding the aim, objectives and benefit sought from each section of the meeting and what contributions should be personally made
- ensuring meetings are conducted in both a cordial and productive manner by leading and facilitating discussion that encourages all representatives to participate and preventing more talkative members from dominating the debate
- ensuring the skills and interests of all board members are used to mitigate the potential formation of informal and unintentional cliques and inner circles
- ensuring strategies aims, objectives, action plans, values and high-level policies are formulated and/or agreed
- ensuring that the Group, in reaching decisions, takes proper account of the plan, guidance and all relevant information available
- promoting the efficient and effective use of staff and other resources;
- encouraging high standards of propriety

Monitoring

- ensure effective follow-through on decision that have been agreed
- checking that all representative in attendance are fully aware and briefed in relation to their role, responsibilities and duties
- ensures decisions and activities comply with regulations and the law
- overseeing the establishment and work of sub-groups; ensuring their accountability and reporting into the main forum
- monitoring and addressing conflict that may arise amongst representative and agencies given the stressful condition under which officers will be working

⁴⁴ See Appendix 2, p. 90

10.2 Role and responsibility of the Secretary

The role of the Strategic Co-ordinating Group Secretary is to support the chair in his/her leadership of the Strategic Co-ordinating Group.

The Secretary's role, responsibilities and duties specifically relate to assisting the Chair in:

Administration

- implementing the West Midlands Conurbation Strategic Co-ordinating Group pandemic response plan
- ensuring the call out and notification of representative organisations is undertaken
- planning meetings and ensuring all members have been notified of the date, time, location, purpose and agenda outline
- requesting agenda items/providing an opportunity from partner organisations to contribute to the agenda of every meeting
- arranging virtual meetings utilising information technology solutions when and where necessary
- distributing information before, during and after meetings to Strategic Co-ordinating Group members and other partner agencies
- requesting information, on behalf of the Chair to support the work of the Group
- ensuring discussions and decisions of the Strategic Co-ordinating Group are formally recorded and retained
- acting as a point of contact between meetings
- requesting further administrative assistance in order to appropriately fulfil the requirements of these duties
- create signing in sheets that clearly display the contact details for each representative in order for each representative to sign (or amend sheet) to denote attendance and accuracy of contact details

Monitoring

- Review Agenda Rationale Table to increase awareness and clarity regarding the aim, objectives and benefit sought from each section of the meeting and what contributions should be personally made ensuring agreed decisions have been followed-through effectively

Decision making

- liaising with sub-groups and ensuring their accountability and reporting into the main forum

10.3 Generic role and responsibility of Group and Sub-Group Members

The Strategic Co-ordinating Group will not function without the full participation of representative members. The following basic membership roles and responsibilities outline is aimed as clarifying the expectation Strategic Co-ordinating members can have of one another.

Administration

- be fully aware of the contents of the West Midlands Conurbation Strategic Co-ordinating Group pandemic response plan prior to attending Strategic Co-ordinating Group meetings
- ensure contact details for Strategic Co-ordinating Group representatives listed within this plan are accurate, up-to-date and relevant for both in office and out of office hours contact
- ensure contact details on signing in sheet for Group meetings are accurate and sign to denote such
- inform the Strategic Co-ordinating Group Secretary or any other designated officer of problems relating to the timely receipt of agenda and details relating to meetings
- be fully conversant with and contribute to meeting agendas as appropriate
- provide information technology solutions for meeting that have to be held virtually
- inform the Strategic Co-ordinating Group Secretary or any other designated officer of problems relating to the timely receipt of information
- represent the views of the Group to the general public when requested and in line with the media strategy
- assist in ensuring discussions and decisions are formally recorded, accurately captured and retained
- brief home agencies in relation to discussions and decisions
- acting as a point of contact between meetings
- safeguard the Groups' reputation and values

Decision making

- Review Agenda Rationale Table to increase awareness and clarity regarding the aim, objectives and benefit sought from each section of

the meeting and what contributions should be personally made ensuring agreed decisions have been followed-through effectively

- ensure you are fully briefed and able to give the wider group a status report regarding contributions being made by your organisation and specific critical areas currently under stress or at risk of imminent failure due to resource loss or surge in demand
- provide key statistical information on impact of pandemic for use in management of response operations
- follow the set agenda for meetings
- participate in the process of reviewing (as appropriate from one's professional and organisational view) and agreeing strategies, aims, objectives, action plans, values and high-level policies
- taking proper account of the plan, guidance and all relevant information available
- promote the efficient and effective use of resources
- encourage high standards of propriety
- ensure personal conduct is both cordial and productive by giving due respect to the chair
- ensuring all information and discussion takes place as part of the main discussion
- Seek to be inclusive and recognise the multi-agency dependent nature of the response
- Seek to give priority to the information needs of the entire response along side those of own agency
- Ensure terminology and procedures are simplified to facilitate the best comprehension but not at the expense of quality or security
- Seek to encourage interdependency
- Seek clarification where uncertainty exists regarding the collection and dissemination of information
- Seek to ensure representatives have a sound awareness of your information needs
- Seek to understand the information needs of partners
- Assist in the dissemination of cleared information across sectors as requested and/or necessary

Monitoring

- ensure effective follow-through on decision that have been agreed
- ensures decisions and activities comply with regulations and the law

- participating or providing resources to support the work of sub-groups
- participating in conflict resolution processes that may be necessary due to the stressful condition under which officers will be working

10.4 Roles and responsibility of the emergency PR manager

West Midlands Police and will appoint a senior officer to act as the emergency PR managers in order for all aspects of the media response to be overseen. Typically, this would include:

- management of a media briefing events;
- monitoring of likely media activities related to the emergency but at locations remote from the primary scene;
- monitoring of media coverage;
- support for those who choose to be interviewed and protection of the privacy of those who do not wish to be interviewed;
- participation in/management of any discussions/negotiations with the media not to broadcast certain details for the time being, or indeed to broadcast specific details
- liaison with central government communications arrangements (e.g. News Co-ordination Centre (NCC)); and
- liaison with partner agencies in an effort to ensure items released to the media conform to agreed lines
- co-ordinating with assistance from PR and Media officers from partner agencies, the release of information providing warnings, advice and information to the public
- ensuring relevant information is shared across all partners

10.5 Roles and responsibility Joint Information Cell

The purpose of the Joint Information Cell (JIC) is to assess and co-ordinate local, national and internal information relating to the pandemic. Housed within Police HQ the Joint Information Cell for the Strategic Co-ordinating Group will have both police and partner agency officers represented on it.

The Joint Information Cell will collate and analyse all information regarding the pandemic in order to produce a risk, threat and impact assessment that is consistent and appropriately aligned for each meeting of the Strategic Co-ordinating Group.

The role of this group will also extend to the collation of data from Local Resilience Forum agencies (as some agencies may not have a continual presence at Strategic Co-ordinating Group meetings) in order to complete regular SITREP (Situation Reports) in line with the advised battle rhythm. SITREPS will then be forwarded to Government Office for the West Midlands or where ever advised. The Joint Information Cell will play a pivotal role in distributing completed SITREPS and feedback from Government via Government Office for the West Midlands.

11.0 Strategic Co-ordination Group Main Agenda

The complex nature of the pandemic and the potential for widespread impact across all sectors means that there will be a wide range of issues for the Strategic Co-ordinating Group to consider. In order to ensure relevant issues are systematically addressed a model agenda has been created.

Any modifications (additions or omissions from the agenda), necessary to reflect contemporary issues will be made once the pandemic response has begun.

Due to the strategic nature of the Group and the range of issues to be discussed; decisions to be taken and the amount of initiatives planned, meetings are likely to be lengthy. However, the strategic framework, model agenda and its associated Agenda Rationale Table (Appendix) have been designed to keep the strategic response process on track. The Agenda Rationale Table sets out the aim and objective of every agenda item so that all representatives, the secretary and chair can be clear on the benefits sought at every stage of the meeting.

Agenda

West Midlands Conurbation Strategic Co-ordinating Group *Pandemic Influenza Response*

1. Welcome –

- i. Personal introduction
- ii. Housekeeping (for newcomers)
- iii. Fire safety and security
- iv. Official signing in sheet for attendance and checking of contact detail accuracy

2. Introductions –

- i. Agencies invited to introduce themselves and outline their agencies specific responsibility in relation to the pandemic influenza response

3. Representation –

- i. Review of call out and notification - carried out successfully
- ii. Apologies and delays
- iii. Note agencies not represented
- iv. Organisations to which new invitations should be extended

4. Suitability of accommodation for Strategic Co-ordinating Group –

- i. Room and accommodation issues and needs
- ii. Communication issues and needs
- iii. Administration resources issues and needs
- iv. Refreshments issues and needs
- v. Access and security issues and needs
- vi. Parking issues and needs
- vii. Conveniences issues and needs

5. Statement of purpose –

- i. Clarification of mission, and purpose of the Strategic Co-ordinating Group and meeting as per strategic framework

- ii. Clarification of membership's understanding of responsibility and organisational role as per strategic framework
- iii. Decision making process, agenda and length of meeting

6. General situation and status reporting and assessment –

- i. Official national, regional and local picture of the impact of the pandemic

7. Anti viral medication –

Situation/status reporting, assessment, decision-making and action planning – official national, regional (neighbouring Strategic Co-ordinating Groups) and conurbation wide picture from Health Service lead on stress points, failures and successes in relation to the Anti Viral Medication initiative

- i. Outline strategy to be implemented or measures already taken
- ii. Health Service(s) picture from centres and logistics operating for/within individual local authority areas (initial outline and/or comprehensive update)
- iii. Views from agencies providing direct support to Anti Viral Medication Centres
- iv. Views and/or perceptions from all other agencies
- v. Views captured from the public, direct or via the media
- vi. Summary and ranking of main issues in need of **strategic decisions**
- vii. Discussion of potential solutions from 'in-house', across public sector or from private or third sector partners (see strategic choices table Appendix)
- viii. Developing the action plan and tasking of specific agencies

8. Home care and admissions avoidance –

Situation/status reporting, assessment, decision-making and action planning – official national, regional (neighbouring Strategic Co-ordinating Groups) and conurbation wide picture from Health Service lead on stress points, failures and successes in relation to the Home Care and Admissions Avoidance initiative

- i. Outline strategy to be implemented or measures already taken
- ii. Health Service(s) picture from operating for/within individual local authority areas (initial outline and/or comprehensive update)
- iii. Views from agencies providing direct support to initiatives

- iv. Views and/or perceptions from all other agencies
- v. Views captured from the public, direct or via the media
- vi. Summary and ranking of main issues in need of **strategic decisions**
- vii. Discussion of potential solutions from 'in-house', across public sector or from private or third sector partners (see strategic choices table Appendix)
- viii. Developing the action plan and tasking of specific agencies

9. Assisting vulnerable people –

Situation/status reporting, assessment, decision-making and action planning – official national, regional (neighbouring Strategic Co-ordinating Groups) and conurbation wide picture from Health Service and local authority lead on stress points, failures and successes in relation to initiatives for Assisting Vulnerable People

- i. Outline strategy to be implemented or measures already taken
- ii. Report from relevant sub-group if established (Social Care Sub-group)
- iii. Health Service(s) picture from operating for/within individual local authority areas (initial outline and/or comprehensive update)
- iv. Local authority social services picture from each of the seven local authority areas (initial outline and/or comprehensive update)
- v. Views from agencies providing direct support to initiatives
- vi. Views and/or perceptions from all other agencies
- vii. Views captured from the public, direct or via the media
- viii. Summary and ranking of main issues in need of **strategic decisions**
- ix. Discussion of potential solutions from 'in-house', across public sector or from private or third sector partners (see strategic choices table Appendix)
- x. Developing the action plan and tasking of specific agencies

10. Surge capacity –

Situation/status reporting, assessment, decision-making and action planning – official national, regional (neighbouring Strategic Co-ordinating Groups) and conurbation wide picture from Health Service on stress points, failures and successes in relation to initiatives for managing Surge Capacity

- i. Outline strategy to be implemented or measures already taken

- ii. Health Service(s) picture from operating for/within individual local authority areas (initial outline and/or comprehensive update)
- iii. Local authority social services picture from each of the seven local authority areas (initial outline and/or comprehensive update)
- iv. Views from agencies providing direct support to initiatives
- v. Views and/or perceptions from all other agencies
- vi. Views captured from the public, direct or via the media
- vii. Summary and ranking of main issues in need of **strategic decisions**
- viii. Discussion of potential solutions from 'in-house', across public sector or from private or third sector partners (see strategic choices table Appendix)
- ix. Developing the action plan and tasking of specific agencies

11. Management of excess deaths –

Situation/status reporting, assessment, decision-making and action planning – official national, regional (neighbouring Strategic Co-ordinating Groups) and conurbation wide picture from GOWM on stress points, failures and successes in relation to the management of excess deaths

- i. Outline strategy to be implemented or measures already taken
- ii. Report from relevant sub-group if established
- iii. Local authority individual updates from bereavement services – mortuaries, temporary body holding facilities and local undertakes within each area
- iv. Hospitals – report on mortuary and management of the deceased
- v. Views from agencies providing direct support to initiatives
- vi. Views and/or perceptions from all other agencies
- vii. Views captured from the public, direct or via the media
- viii. Summary and ranking of main issues in need of **strategic decisions**
- ix. Discussion of potential solutions from 'in-house', across public sector or from private or third sector partners (see strategic choices table Appendix)
- x. Developing the action plan and tasking of specific agencies

12. School closures –

Situation/status reporting, assessment, decision-making and action planning – official national, regional (neighbouring Strategic Co-ordinating Groups)

and conurbation wide picture from GOWM representative, on stress points, failures and successes in relation to 'whole' West Midlands Conurbation Economy

- i. Outline strategy to be implemented or measures already taken
- ii. Updates from each local authority in respect of school closures and the current or potential perceived impact on own services
- iii. Current or potential perceived impact of school closures on Health sector
- iv. Views and/or perceptions from all other agencies
- v. Views captured from the public, direct or via the media
- vi. Summary and ranking of main issues in need of **strategic decisions**
- vii. Discussion of potential solutions from 'in-house', across public sector or from private or third sector partners (see strategic choices table Appendix)
- viii. Developing the action plan and tasking of specific agencies

13. Business continuity challenges: individual organisation responsibility –

Situation/status reporting, assessment, decision-making and action planning – official national, regional (neighbouring Strategic Co-ordinating Groups) and conurbation wide picture from GOWM representative, on stress points, failures and successes in relation to the whole West Midlands Conurbation Economy

Sector updates

- i. Updates from Utilities Sector
- ii. Updates from Voluntary Sector
- iii. Updates Transport Sector
- iv. Updates from The Military
- v. Updates from Environment Agency; Health and Safety Executive; etc
- vi. Updates form Emergency Services sector
- vii. Updates from Health Sector
- viii. Updates form Local Authorities
- ix. Updates from special representatives if present
- x. Current or potential perceived impact of school closures on Health sector
- xi. Views and/or perceptions from all other agencies

- xii. Views captured from the public, direct or via the media
- xiii. Summary and ranking of main issues in need of **strategic decisions**
- xiv. Discussion of potential solutions from 'in-house', across public sector or from private or third sector partners (see strategic choices table Appendix)
- xv. Developing the action plan and tasking of specific agencies

14. Communications (equipment and technology issues) –

Situation/status reporting, assessment, decision-making and action planning – official national, regional (neighbouring Strategic Co-ordinating Groups) and conurbation wide picture from GOWM on stress points, failures and successes in relation to *hard* communication

- i. Outline strategy to be implemented or measures already taken
- ii. Report from relevant sub-group if established
- iii. Systematic updates from agencies around the table
- iv. Views captured from the public, direct or via the media
- v. Summary and ranking of main issues in need of **strategic decisions**
- vi. Discussion of potential solutions from 'in-house', across public sector or from private or third sector partners (see strategic choices table Appendix)
- vii. Developing the action plan and tasking of specific agencies
- viii. Contact details check for all agencies

15. Communicating with the public and working with the media –

Situation/status reporting, assessment, decision-making and action planning – official national, regional (neighbouring Strategic Co-ordinating Groups) and conurbation wide picture from GOWM on stress points, failures and successes in relation to communicating with the public

- i. Review of content and effectiveness of messages already issued from the centre and locally
- ii. Systematic updates from agencies around the table of messages issued
- iii. Views captured from the public, direct or via the media
- iv. Consideration of extent to which key messages are getting through and being responded to in desired way
- v. Summary and ranking of main issues in need of **strategic decisions**

- vi. Discussion of potential solutions (see strategic choices table Appendix)
- vii. New media lines to be taken
- viii. Developing the action plan and tasking of specific agencies
- ix. Arrangements for joint briefing
- x. Contact details check for all agencies

Communicating with neighbouring Strategic Co-ordinating Groups

- xi. Effectiveness of communication
 - a) Too much
 - b) Not enough
 - c) Not useable
- xii. Effectiveness of method/channel of communication
 - a) Effective and operable/inoperable
 - b) Ineffective and operable/inoperable
- xiii. Suggestions for improvements or enhancements

16. Recovery –

Situation/status reporting, assessment, decision-making and action planning – official national, regional (neighbouring Strategic Co-ordinating Groups) and conurbation wide picture from GOWM on stress points, failures and successes in relation to recovery

- i. Receipt of written and/or verbal report from the Recovery sub-group
- ii. Evaluation of basic assumptions upon which report is based to ensure alignment with new/contemporary and dynamic reality
- iii. Evaluation and discussion of recommendations
- iv. **SMART**⁴⁵ assessment of recovery recommendations
- v. Modification and or approval of recommendations and development of action plan and tasking of specific agencies if not undertaken through Recovery Group due to seniority of representatives

Maintaining community normality

⁴⁵ Assess recommendations in light of their SMART features: are the recommendations Specific; are the recommendations Measurable in that their effectiveness can be measured and monitored; are the recommendations Attainable; are they Realistic given the resource and other constraints currently experienced; can the recommendations be implement in the Time available.

- vi. General discussion regarding the extent to which additional measures are needed to maintain normality for unaffected areas/people within the community
 - a) To what extent should or has self-help been promoted with success?
 - b) Should requests be made for volunteers from the community to provide response assistance or support?

17. Assessment of strategic drift: monitoring group effectiveness

- i. In light of the discussion relating to the current meeting, is the strategic framework (vision statement; strategic mission/aim; and key success approaches) still relevant or should they be amended?
- ii. Opinions from representatives regarding the overall effectiveness of the:
 - a) Response operations as a whole
 - b) Management of the incident as a whole
 - c) Quality of decision making process
 - d) Quality of the decision being made
 - e) Operation of each of the sub-groups
 - 1. Social care sub-group
 - 2. Management of deaths sub-group
 - 3. Media and public information sub-group
 - 4. Recovery sub-group
 - 5. Others as formed
- iii. Opinions from representatives regarding the quality of data capture and recording of meetings and action plans
- iv. Opinions from representatives regarding contributions made from present representatives and participation of partner organisations
 - a) Notes of appreciation
 - b) Notes of concern
 - c) Notes of request for forwarding to partner agency
- v. Discussion of general areas of concern not covered in agenda discussions **FOR MINUTES/RECORDING**
- vi. Discussion of general areas of concern not covered in agenda discussions **NOT FOR MINUTES/NOT FOR RECORDING**

18. Battle Rhythm SITREPs

- i. Review of the SITREP as at 17:00 hrs from partner agencies forwarded to GOWM
- ii. Sign off of the SITREP from the Strategic Co-ordinating Group sent to supplement individual agency SITREPS as at 17:00 hrs

19. Future notifications

- i. Are the current channels being used to notify representatives appropriate?

20. Future meetings

- i. Date of next meeting
- ii. Time of next meeting
- iii. Venue or method of facilitation (conference call/video conference)

12.0 Administrative Support

Strategic Co-ordinating Group meetings, and meetings of commissioned subgroups, will generate an inordinate amount of information that will need to be appropriately recorded and prepared before disseminating to all. In order to ensure information is disseminated in a timely manner a significant amount of administrative support will be needed.

It is highly likely that a number of non-critical services within each of the Category 1 organisations will cease to operate or at least be deemed as surplus to requirements given the social environment created by the outbreak.

West Midlands Police; West Midlands Fire Service; West Midlands Ambulance Service NHS Trust Health Service Organisation and the local authorities will provide a minimum of two administration officers to support the Strategic Co-ordinating Group and the work of the Secretary⁴⁶. This initiative will provide a team of in excess of twenty-two officers and an appropriate level of resilience against the worst-case pandemic assumption and presumptions.

In order for documents and information to be ready as soon as possible after Strategic Co-ordinating Group meetings, it may be useful to assign individual members of the Strategic Co-ordinating Group Administration Support Team to record details from particular sections of the meetings and commence document production once discussion on the section they are assigned to, has been completed. This will significantly reduce the time in waiting for notes and action plans from meetings.

Contact details for the Strategic Co-ordinating Group Administration Support Team can be found at Appendix

⁴⁶ See West Midlands Conurbation Tactical Swine Flu Group Meeting, 27 May 2009 13:30 – 16:00, Item 5.1.6

13.0 Security, confidentiality and information management

Record keeping

- i. In order to facilitate operational debriefing and to provide evidence for inquiries (whether judicial, public, technical, inquest or of some other form), records will be kept. Single-agency and interagency debriefing processes will be undertaken in order to capture information while officer memories are fresh.
- ii. Comprehensive records will be kept of all data received, decisions, reasoning behind key decisions and actions taken. Each organisation will maintain its own records. A nominated information manager will be appointed to oversee the keeping and storage of records and files created during the response, and also for assuring the retention of those that existed before the emergency occurred.
- iii. The information manager will be mandated to ensure all document destruction under routine housekeeping arrangements are suspended and all electronic records are copied directly to non-volatile media.⁴⁷
- iv. Minutes from SCG meetings will be distributed at the earliest opportunity to all agencies attending the SCG meeting and agreed partner agencies not present. The minutes may be subject to a classification and should be treated accordingly.
- v. In accordance with our stated values the Strategic Co-ordinating Group will provide accurate information; seek to be open and transparent and to keep people informed of the situation, what is happening and what is going to happen as much as possible.

⁴⁷ Emergency Response and Recovery 4.108 & 4.109

14.0 Confidentiality and disclosure under the FOI Act 2000

In line with the sentiments express under "Our Agreed Values" above (which outlined the Strategic Co-ordinating Group's desire, '*to to keep communities informed of the situation, what is happening and what is going to happen, as much as possible*') it is recognised that in order to plan and manage the response to pandemic influenza effectively, the group will need private 'thinking and discussion space'.

This section provides the basis under which attempts will be made to keep the open and frank discussion of the group private so that organisations are free to explore and consider freely the full range of options relating to any given sensitive or non-sensitive issue that may arise.

Section 36 of the Freedom of Information Act contains a variety of exemption to disclosure and, in particular, section 36 (2) b (i & ii) applies where (broadly speaking)

"...in the reasonable opinion of a qualified person, disclosure of the information under this Act –

(b) would, or would be likely to, inhibit –

(i) the free and frank provision of advice, or

(ii) the free and frank exchange of views for the purposes of deliberation"

It should be remembered that the majority of decisions made by the Strategic Co-ordinating Group will be made public given the fact that it will have a direct impact on their behaviour (what they are expect to do or not to do; what is available and how to access it or what is no longer available; etc).

However, this measure alone is unlikely to stop requests for more information. In line with the above, public applications for information disclosures must therefore be treated on a case by case basis with the relevant Monitoring Officer, from the organisation initially contacted being required to sign off any applications of the above exemption.

Where FOI requests are received, all responder agencies should be informed of the content of the request prior to release of the information.

15.0 Attending representatives and their specific incident pandemic roles

Organisations whose representatives attend the Strategic Co-ordinating Group are listed in the table below which also briefly outlines specific roles to be discharged during pandemic influenza phases.

Partner organisations

Animal Health Regional Office
Birmingham Airport
British Red Cross
British Telecom
Environment Agency
Health Protection Agency
Highways Agency
Local Authorities
Birmingham City Council
Coventry City Council
Dudley MBC
Sandwell MBC
Solihull MBC
Walsall Council
Wolverhampton City Council
Military Liaison
National Grid
Network Rail
Public Health Advisor
Severn Trent Water
St John Ambulance
South Staffordshire Water
Strategic Health Authority
Transco
West Midlands Fire Service
West Midlands Police
West Midlands Ambulance Service NHS Trust
WRVS

16.0 How and when the Strategic Co-ordination Group is triggered

Declaring a pandemic

The World Health Organisation (WHO) will inform the Department of Health of any change in alert levels, usually after international consultation. The Department of Health will communicate this information, together with an assessment of risk to the UK, to the devolved administrations, other government departments, the NHS, healthcare professionals, the public and relevant organisations. The Department of Health will also notify responders of the relevant UK alert level, informed by surveillance information for the Health Protection Agency (HPA)⁴⁸.

Under UK alert level 1 (no cases in the UK) the SCG will not convene

Under this UK alert level there is no specific expectation for the SCG to be convened unless for the purposes of conducting training and exercising.

Under UK alert level 2 (virus isolated in the UK) the SCG will convene

This level is anticipated to last about two weeks, until cases are occurring in all major centres of population in the UK. The expectation will be for public and private sector organisations to focus on essential activities, implementing pre-planned measures to maintain core services/business continuity and adjusting activity levels to cope with additional demand and allow for potential disruption⁴⁹.

Any member agency of the Strategic Co-ordinating Group has the right to request the Group be convened. However, once notification has been received from the Department of Health that the virus has been isolated in the UK the Strategic Co-ordinating Group will convene in order to: review preparedness; discuss the basis of its operating during the pandemic; reporting arrangements; co-ordination structures; and local and national information needs.

In line with these developments it is to be expected that Local Multi-Agency Pandemic Group will automatically convene and may request information, guidance or assistance from the SCG.

In addition to this and as with other incidents of national import, COBR is likely to be established early and begin requiring assurances or impact data from across the country.

⁴⁸ See, *Pandemic Flu – A national framework for responding to an influenza pandemic*, p.67, pp.1.

⁴⁹ See, *Pandemic Flu – A national framework for responding to an influenza pandemic*, p.68, pp.4.

17.0 Notification and call out

Once it has been determined that the Strategic Co-ordinating Group needs to convene the Police, who will normally facilitate meetings, will issue an early warning to all listed partners⁵⁰.

The organisation chairing the Strategic Co-ordinating Group, will normally co-ordinate attendance at Strategic Co-ordinating Group meetings to be held within a Strategic Co-ordinating Centre⁵¹. Notification in relation to pandemic influenza will follow two basic steps:

- Step One** Members will be notified that the Strategic Co-ordinating Centre is to be established; time and location of centre will be given; and an invitation for agencies to attend, decline the invitation or personally arrange to be represented by another agency that has accepted the invitation to attend the Strategic Co-ordinating Group.
- Step Two** Stand-down notification the incident no longer requires Strategic Co-ordinating Group members to attend

The requirement for strategic management to attend may not apply to all responding agencies owing to differing levels of engagement. It may, therefore, be appropriate for an agency to send liaison officers to SCG meetings.

It should be noted that it is the responsibility of each partner agency to ensure their agency is correctly listed and that accurate contact details have been provided to and held by the agency undertaking notification (currently West Midlands Police).

Principles Guiding Activation

Activation of this level of strategic management will be guided by flexibility, functional requirements and two broad precepts. **Firstly**, the principal of '*co-ordination at the highest necessary level*' will be applied. **Secondly**, it is *better to activate a Strategic Co-ordinating Group on a precautionary basis and then stand it down* than be forced to activate it belatedly under the pressure of events⁵².

The first principle will be followed with respect to the third guiding principle of effective response and recovery. Namely, subsidiarity 'decisions should be taken at the lowest appropriate level, with co-ordination at the highest necessary level; local agencies are the building blocks of the response to the recovery from an emergency of any scale⁵³.

⁵⁰ See agency list at section 3.3

⁵¹ The Strategic Co-ordinating Centre is the building within which the Strategic Co-ordinating Group will meet. There may be occasions however when the SCG will have 'virtual meetings' via telephone or video conferencing.

⁵² Emergency Response and Recovery 4.7

⁵³ *Emergency Response and Recovery – Non statutory guidance to complement Emergency Preparedness*, p.6 pp. 2.10–2.11

Prior to initiating step one above

Prior to initiating step one above consideration should be given to the spread of the virus and what policies have already been invoked by member agencies.

Where a number of category one agencies have implemented policies that advise staff to suspend face-to-face meetings, consideration should be given to holding Strategic Co-ordinating Group meetings virtually. Telephone conference calls or if equipment is locally available, video conferences rather than face-to-face meetings may be more advisable and inclusive.

Where face-to-face meetings are to be held tissues and hygienic hand rub (alcohol gels) should be made available within the meeting room.

Options for holding virtual meetings are detailed within a separate document developed by West Midlands Police.






18.0 Battle Rhythm management

18.1 Battle Rhythm during an influenza pandemic and tables

As part of its planned response to an outbreak of pandemic influenza Central Government has made reference to a management concept known as 'battle rhythm'. Although ubiquitous in military circles, where it is used to describe a mechanism for both managing and maintaining synchronized activity, the concept of battle rhythm is much less known and used across civilian organisations.

In relation to the management of pandemic influenza Battle rhythm relates to the timely flow of information across all levels of local, regional and national response machinery to central government and back again, in a timely manner that allows effective decision-making and synchronisation of collective actions and initiatives at all levels. Battle rhythm allows a clearer picture of the impact and response to pandemic influenza across the country and within regions. Table 10.0 below along with Fig. 7.0 outlines the Battle Rhythm for pandemic influenza and how **West Midlands Conurbation Strategic Co-ordinating Group** and **Local Pandemic Planning and Response Committees** will contribute to and work within it.

Fig. 7.0 Daily Battle Rhythm and Reporting Times During An Influenza Pandemic

-  **0700** DH, HPA and Government departments provide Cabinet Office with summary of UK situation regarding health (reports will include cases and deaths as at 1500 hrs the previous day; and the service impacts for health for the last 2 days)
-  **0800** Cabinet Office drafts agendas and prepares papers for meetings after creating the Common Recognised Information Picture (CRIP) from national situation reports
-  **0900** Civil Contingencies Committee (Office) meets to prepare for the Civil Contingencies Committee meeting
-  **1000** Cabinet Office drafts agendas and prepares papers for meetings after creating the Common Recognised Information Picture (CRIP) from national situation reports
-  **1100** Civil Contingencies Committee holds its mid-morning meeting

Compiled national situation reports will then be distributed by the COBR Situation Cell to Ministers, Departments and to regional and local operational levels (*specific time of distribution not provided*)

-  **1700** End of observation period for the CRIP data
-  **1900** Regional Resilience Director for GOWM provides CCC(O) with regional report as at 1700 hrs


-  **0700** (DAY II plus) - DH, HPA and Government departments provide Cabinet Office with summary of UK situation regarding health (the cycle is repeated)

Table 10.0 Likely battle rhythm during an influenza pandemic⁵⁴

Timings	Agent	Activity
19:00 hrs	Regional Resilience Director for Government Offices	Provide Cabinet Office with situation report for their region as at 17:00 hrs
07:00 hrs	Department of Health (DH) and Health Protection Agency (HPA)	Provide Cabinet Office with summary of most up to date UK picture
07:00 hrs	Other Government Departments, Devolved Administrations and others	Provides Cabinet Office with reports on wider effects and national impacts
: hrs	Cabinet Office (CO)	Drafts agenda for both CCC(O) and CCC meetings
09:00 hrs	CCC(O)	Meeting to prepare the ground for the CCC mid morning meeting
	Cabinet Office (CO)	Drafts notes of: (1) key points to emerge; (2) work commissioned; (3) decisions taken
11:00 hrs	Civil Contingencies Committee (CCC)	Mid morning meeting
	Cabinet Office (CO)	Drafts notes of: (1) key points to emerge; (2) work commissioned; (3) decisions taken; (4) issues requiring ministerial direction.
■	Cabinet Office (CO)	Decimaton of information back to Regional Resilience Director for Government Officer; Department of Health (DH); Health Protection Agency (HPA); other Government Departments; Devolved Administrations; and others;
■	Regional Resilience Director for Government Officers	Decimaton of information back to Strategic Co-ordinating Group(s)
18:00	Local Pandemic Planning & Response Committees	

⁵⁴ Adapted from, *Preparing for pandemic influenza – supplementary guidance for local resilience forum planners*, Civil Contingencies Secretariat, Cabinet Officer, Annex A: Battle Rhythm, p.34

Timings	Agent	Activity
18:30 hrs	West Midlands Strategic Co-ordinating Group	<p>Provides Regional Resilience Director for Government Office West Midlands with exception reporting – status report for the West Midlands on:</p> <ol style="list-style-type: none"> 1. Key issues for wider visibility/ assistance requests 2. Key issues for Common Recognised Information Picture (CRIP) 3. Current Situation – (links to SCG agenda and data collected in SITREPS and SCG discussions) 4. Operational response - distribution of anti virals ● Home care and admissions avoidance ● Assisting vulnerable people ● Surge capacity ● management of excess deaths (cremation; burial; mortuaries) ● School closures and impact ● Essential services and business continuity Communications ● Food; Fuel and Transportation Issues ● the report should include both failure, problems and more importantly transferable successes ● (a list of other topics may be provided at the time of the outbreak) 5. Resources and readiness – (links to SCG agenda and data collected in SITREPS and SCG discussions) 6. Next steps/Forward look – horizon scanning 7. Political / policy – (links to SCG agenda and data collected in SITREPS and SCG discussions) 8. Media and communications– (links to SCG agenda and data collected in SITREPS and SCG discussions) 9. Staffing resource issues– (links to SCG agenda and data collected in SITREPS and SCG discussions) 10. miscellaneous issues – (links to SCG agenda and data collected in SITREPS and SCG discussions) 11. Information requests – seeking clarification or information from the Centre 12. Background overview – any details that would provide further clarification/context to the issues presented 13. Next Sitrep – confirmation of when the next SITREP will be issued 14. Key contact – confirmation of key contact details 15. Attachments – images, maps further information that needs to be sent
19:00 hrs	Regional Resilience Director for Government Office	Provide Cabinet Office with situation report for their region as at 17:00 hrs
07:00 hrs	Department of Health (DH) and Health Protection Agency (HPA)	Provide Cabinet Office with summary of most up to date UK picture – [SITREP CYCLE RESTARTS]

19.0 ACRONYMS

The following details a number of commonly used acronyms used across the different agencies involved in incident response.

AAIB	Air Accident Investigation Branch
ACCOLC	Access Overload Control Scheme
ACPO	Association of Chief Police Officers
AIO	Ambulance Incident Officer
BBC	British Broadcasting Corporation
BPA	British Pipeline Association
BT	British Telecom
BTP	British Transport Police
CBRN	Chemical, Biological, Radiological and Nuclear
CCA	Civil Contingencies Act (2004)
CHEMET	Chemical Meteorology
CHEMSAFE	UK Chemical Industry Response Scheme
COI	Central Office of Information News and PR
CRN	Chemsafe Response Network
CTP	Contingency Telecommunications Provision
DEFRA	Department for Environment, Food and Rural Affairs
EPO	Emergency Planning Officer
FCP	Forward Control Point
FEC	Forward Emergency Centre
GDS	Government Decontamination Service
GOWM	Government Office for West Midlands
GTPS	Government Telephone Preference Scheme
HAT	Health Advisory Team
HATO	Highways Agency Traffic Officer
HPA	Health Protection Agency
HSE	Health and Safety Executive
ICP	Incident Control Point
JTAC	Joint Terrorism Analysis Centre
LA	Local Authority
MACA	Military Aid to Civil Authority
MACC	Military Aid to Civil Communities

MIR	Major Incident Room
MIRT	Major Incident Response Team
MOD	Ministry of Defence
NAIR	National Arrangements for Incidents Involving Radiation
NCC	News Coordination Centre
NGT	National Grid Transco
NHS	National Health Service
PBR	Private Business Radio
PCT	Primary Care Trust
PMR	Private Mobile Radio
PNICC	Police National Information Co-ordination Centre
PRO	Public Relations Officer
RADSAFE	UK Radiation Industry response scheme
RAYNET	Radio Amateurs Emergency Network
RCCC	Regional Civil Contingencies Committee
RIMNET	Radiation Network Monitoring
RNLI	Royal National Lifeboat Institute
RSPCA	Royal Society for the Protection of Animals
RVP	Rendezvous Points
RWG	Recovery Working Group
SAR	Search and Rescue
SCC	Strategic Coordination Centre
SCG	Strategic Coordinating Group
SIM	Senior Identification Manager
SIO	Senior Investigating Officer
TCC	Technical Co-ordination Centre
TETRA	Terrestrial Trunked Radio
WMAS	West Midlands Ambulance Service
WMC	West Midlands Conurbation
WMCLRF	West Midlands Conurbation Local Resilience Forum
WMFS	West Midlands Fire Service
WMP	West Midlands Police
WRVS	Women's Royal Voluntary Service

APPENDIX

Table: Agreed baseline objectives, goals, actions and responsibility to be completed and updated with findings from training session and exercises

Combined response objectives ⁵⁵	Agreed goals and action	Responsible agencies, office, group or process
a. saving and protecting life	– Provision of	–
b. relieving suffering	–	–
c. containing the emergency – limiting its escalation or spread;	–	–
d. providing the public with warnings, advice and information	–	–
e. protecting the health and safety of personnel	–	–
f. safeguarding the environment	–	–
g. protecting property	–	–
h. maintaining or restoring critical services	–	–

⁵⁵ Aims compiled from, 'Pandemic Flu – A national framework for responding to an influenza pandemic, p.55, Section 4.10.2, pp. 2; Emergency Response and Recovery 4.1 and 4.22; and *West Midlands Prepared Influenza Pandemic Response Plan, Strategic Co-ordination within the West Midlands Conurbation*, West Midlands Conurbation Resilience Forum, 27th February 2008, Version 1, p.5.

Combined response objectives ⁵⁵	Agreed goals and action	Responsible agencies, office, group or process
i. maintaining normal services at an appropriate level	–	–
j. promoting and facilitating self-help in the community	–	–
k. facilitating investigations and inquiries (e.g. by preserving the scene and effective records management)	–	–
l. facilitating the physical, social, economic and psychological recovery of the community;	–	–
m. Evaluating the response and recovery effort and identifying lessons to be learned	–	–
n. Receive (and consider undertaking) directives from RCCC some of which may have originated from Central Government (COBR)	<ul style="list-style-type: none"> – Open communication channel with RCCC via – Include RCCC updates as a standing item of SCG agendas 	–
o. Promulgate the clear, pre-determined and agreed strategic aim and objectives	<ul style="list-style-type: none"> – Formally agree circulation of strategic aim and objectives (Appendix I) to all agencies, media and public 	–
p. Regularly review, and if necessary modify, agree and re-promulgate the clear strategic aim and objectives	<ul style="list-style-type: none"> – Include discussion of strategic aim and objectives, in relation to 'strategic drift ⁵⁶', as a key standing item of SCG agendas 	–

⁵⁶ Gradual changes that may require realignment or redrafting and re-issuing of the strategy

Combined response objectives ⁵⁵	Agreed goals and action	Responsible agencies, office, group or process
q. Initiate the pre-agreed policy framework for the overall management of the influenza pandemic outbreak as contained within this document	<ul style="list-style-type: none"> – Undertake partner agency notification of the decision to establish the SCG – Undertake partner agency call out (<i>under right to invite right to attend</i>) of the SCG 	–
r. Prioritise demands and allocate personnel and resources to meet requirements and support an effective health response	<ul style="list-style-type: none"> – Use Guide Strategies⁵⁷ for the management of pre-identified risks as a platform for discussion and decision making in relation to that of resource demands and disruptions – Include discussion of resource priorities and Guide Strategies as a key agenda item 	–
s. Lead the co-ordination of organisations and resources in an effort to maintain critical services within health and other sectors	<ul style="list-style-type: none"> – Facilitate the sharing of information relating to spare capacity and resources – Include discussion of spare resources allowing mutual aid within and across sectors as a key agenda item resource capacity 	–
t. Implement appropriate strategies aimed at mitigating or managing social and economic disruption	<ul style="list-style-type: none"> – Open communication channel with RCCC via Use Guide Strategies⁵⁸ for the management of pre-identified risks as a platform for discussion and decision making in relation to that of resource demands and disruptions – Include discussion of resource priorities and Guide Strategies as a key agenda item 	–
u. Implement media strategy and public communication plans	<ul style="list-style-type: none"> – Liaise with RCCC and health professionals in relation to providing information to the public and initiating a response to media interest – Initiate call out arrangements contained within the communication plan 	–
v. Direct planning and operations focussed on the recovery	<ul style="list-style-type: none"> – Initiate arrangements for establishing a recovery sub-group 	–

⁵⁷ See page

⁵⁸ See page

Agenda aims and objectives Table

Agreed Agenda aims and objectives to be completed and updated with findings from training session and exercises

Agenda item	Aim	Objective
1. Welcome		
2. Introduction		
3. Representation		
4. Suitability of accommodation for Strategic Co-ordinating Group		
5. Statement of purpose		
6. General situation and status reporting and assessment	Set the context	Report from the Joint Information Cell (see Section 10.6)
7. Anti Viral Medication	(A) To assess the situation and create a picture of what has/is taken place	(A) Use all available information, from all sources (see Fig 5.0) to create a picture of what has happened / is happening. In order for this picture to be balanced each agency will need to be given opportunity to present their perspective.
8. Home Care and Admissions Avoidance	(B) To identify the issues that need addressing, what resources are needed how quickly	(B) In conjunction with the above measure agencies should also be asked to comment on what objectives and goals their agency needs to accomplish, in their view what the Strategic Co-ordinating Group needs to accomplish, how urgently and what resources may be needed
9. Assisting Vulnerable People	(C) To clarify the constraints under which partner agencies are operating	(C) In conjunction with the above measures partner agencies should be asked to indicate the human, legal, political, technological or fiscal constraints that currently have an impact on their functioning.
10. Surge Capacity	(D) Competent, accurate recording and information capture	(D) Care will need to be taken to ensure the information offered is appropriately captured and if possible clarify ambiguity without disrupting the flow
11. Management of excess deaths	(E) To create a synthesised / collective action plan reflective of the issues raised and organisational needs and anticipate problems that may be in incubation stage	(E) A holistic review and chair facilitated discussion of the issues raised with their priorities and organisation constraints in order to create a mutually agreed, multi-agency action plan that best meets the objectives and priorities of various agencies and the overall situation
12. School closures	(F) Division of tasks and labour amongst partner agencies and / or sub-groups, that cover both identified and anticipated problems	(F) Agencies Representatives Sub-groups and Mutual aid
13. Challenges to business continuity: individual organisation responsibility	(G) Appropriate acquisition and allocation of resources	(G) Organisations and sub-groups are led into discussing resources required for assigned tasks which in turn are contrasted with the level of resources available and any short falls identified. Resourcing options are then discussed which include cross sector mutual aid and mutual aid from organisations within similar sectors but located outside of the Conurbation.

Agenda item	Aim	Objective
14. Communications (equipment and technology)		
15. Communication with the public and working with the Media		
16. Communicating with neighbouring Strategic Co-ordinating Groups		
17. Recovery		
Maintaining normality		
18. Assessment of strategic drift: monitoring group effectiveness		
19. Battle Rhythm SITREPs:		
20. Security, confidentiality and information management		
21. Future notifications		
22. Future meetings		

Strategic Choices Table

SITREP Template

Strategic Co-ordinating Group

Help notes	SITREP No: <input type="text"/>	<i>Normally reporting situation as at 17:00 hrs</i>	
	Date: (dd-mmm-yy) <input type="text"/>	Time: (24hrs) <input type="text"/>	: <input type="text"/>
SCG Chair	Lead Official: <input type="text"/>		
	Contact details:	Tel:	<input type="text"/>
		Fax:	<input type="text"/>
	Availability:	Mobile:	<input type="text"/>
		Email:	<input type="text"/>
SCG Secretary	Alternate contact <input type="text"/>		
	Contact details:	Tel:	<input type="text"/>
		Fax:	<input type="text"/>
	Availability:	Mobile:	<input type="text"/>
		Email:	<input type="text"/>
Operations Centre Contacts			
SCG Centre contact details	Contact details:	Tel:	<input type="text"/>
	Availability: 24 hrs	Fax:	<input type="text"/>
		Email:	<input type="text"/>
(A) Other key Contacts			
GOWM Contact details	Contact details:	Tel:	<input type="text"/>
	Availability:	Fax:	<input type="text"/>
		Email:	<input type="text"/>
(B) Other key Contacts			
Birmingham City Council Contact?	Contact details:	Tel:	<input type="text"/>
	Availability: 24 hrs	Fax:	<input type="text"/>
		Email:	<input type="text"/>
(C) Other key Contacts			
Sandwell Metropolitan Borough Council Contact?	Contact details:	Tel:	07785 925 578 (24 hrs)
	Availability: <u>Mixed</u>	Fax:	0121 569 3077 (0900-1730 hrs)
		Email:	adriel_lowe@sandwell.gov.uk (0900-1730 hrs)

This situation report provides key information and data on the present situation. The information contained within this report has been validated by all organisations referred to or supplying information for this report. The information contained herein can be disseminated to other agencies as necessary. Where clarification is required the Lead Official – Chair of the Strategic Co-ordinating Group should be contacted.

Table	REPORTING ISSUE
1	Departmental /Government Office Key Issues
2	Key Issues for CRIP – Common Recognised Information Picture
3	Current situation
4	Operational response
5	Resources and readiness
6	Forward look
7	Political policy
8	Media/communicating
9	Manpower and staffing issues
10	Other information not covered elsewhere
11	Information requirements / request clarification
12	Background / overview
13	Next SITREP (repeated on page 1)
14	Contacts (repeated on page 1)

Taken and adapted to meet the needs of the West Midlands Conurbation from, Preparing for Pandemic Influenza – supplementary guidance for local resilience forum planners, Civil Contingencies Secretariat, Cabinet Office, May 2008, pp. 38 – 53.

New information is highlighted using: *italics and bold text*

Provide the Cabinet Office/COBR Situation Cell and other agencies with key issues that WM Strategic Co-ordinating Group is currently dealing with or issues that require wider visibility or resources/assistance.

Also note any restrictions on the report's distribution i.e. "for central government departments only".

1. Department / government Office Key Issues

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	Mark out	
Restrict circulation of report to central government only?	YES	NO

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

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3. Current Situation

SERVICE	Use Traffic lights system	Significant impact	Impact but coping	Very small impact
Provide details of shortages, outages, panic buying, business continuity issues and projections going forward relating to FUEL				
Provide details of shortages, outages, panic buying, business continuity issues and projections going forward relating to OIL				
Provide details of shortages, outages, panic buying, business continuity issues and projections going forward relating to GAS				
Provide details of shortages, outages, panic buying, business continuity issues and projections going forward relating to ELECTRICITY				
Provide details of shortages, outages, panic buying, business continuity issues and projections going forward relating to TELECOMS NETWORKS				
Provide details of shortages, outages, panic buying, business continuity issues and projections going forward relating to POSTAL SERVICES				
Provide details of shortages, outages, panic buying, business continuity issues and projections going forward relating to FOOD DISTRIBUTION				
Provide details of shortages, outages, panic buying, business continuity issues and projections going forward relating to WATER				
Provide details of shortages, outages, panic buying, business continuity issues and projections going forward relating to BROADCASTING AND PRINT MEDIA				
Provide details of shortages, outages, panic buying, business continuity issues and projections going forward relating to WASTE MANAGEMENT				

3. Current Situation (continued) – Cremation and burial services

	Cremation			Funeral			Burials			Coroners			Registrars			Other		
	Red	Orange	Green	Red	Orange	Green	Red	Orange	Green	Red	Orange	Green	Red	Orange	Green	Red	Orange	Green
Birmingham City Council																		
Key issues:																		

	Cremation			Funeral			Burials			Coroners			Registrars			Other		
	Red	Orange	Green	Red	Orange	Green	Red	Orange	Green	Red	Orange	Green	Red	Orange	Green	Red	Orange	Green
Coventry City Council																		
Key issues																		

	Cremation			Funeral			Burials			Coroners			Registrars			Other		
	Red	Orange	Green	Red	Orange	Green	Red	Orange	Green	Red	Orange	Green	Red	Orange	Green	Red	Orange	Green
Dudley Metropolitan Borough Council																		
Key issues																		

	Cremation	Funeral	Burials	Coroners	Registrars	Other
Sandwell Metropolitan Borough Council						
Key issues						

	Cremation	Funeral	Burials	Coroners	Registrars	Other
Solihull Metropolitan Borough Council						
Key issues						

	Cremation	Funeral	Burials	Coroners	Registrars	Other
Walsall Metropolitan Borough Council						
Key issues						

Cremation	Funeral	Burials	Coroners	Registrars	Other

Wolverhampton City Council					
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Key issues

Cremation	Funeral	Burials	Coroners	Registrars	Other

Completed by GOWM

Conurbation wide Overview					
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3. Current Situation (continued) – ad hoc information on other issues and areas of concern

SERVICE	Use Traffic lights system	Significant impact	Impact but coping	Very small impact
Provide details of shortages, outages, panic buying, business continuity issues and projections going forward relating to TRANSPORTATION				
Provide details of shortages, outages, panic buying, business continuity issues and projections going forward relating to TOURISM				
Provide details of shortages, outages, panic buying, business continuity issues and projections going forward relating to ANIMAL HEALTH				
Provide details of shortages, outages, panic buying, business continuity issues and projections going forward relating to JUDICIAL PROCESS				
Provide details of shortages, outages, panic buying, business continuity issues and projections going forward relating to COMMUNITY COHESION				
Provide details of shortages, outages, panic buying, business continuity issues and projections going forward relating to BUSINESS ISSUES				
Provide details of shortages, outages, panic buying, business continuity issues and projections going forward relating to SOCIAL CARE/WELFARE/VULNERABLE GROUPS				
Provide details relating to requests for or current use of MILITARY AID AND SUPPORT				

4. Operational response - education

Birmingham	Still Open		Closed		Re-opened	
	Schools	Pupils	Schools	Pupils	Schools	Pupils
Primary						
Secondary						
Academy						
Special						
Independent						

Notes: ❶ Independent and non-maintained special schools should be recorded as 'special', not independent; ❷ Middle schools deemed primary should be recorded as 'primary' and middle schools deemed secondary as 'secondary'; ❸ PRUs should be recorded as 'secondary'; ❹ Nursery schools should not be recorded in this table, but in that for early years and childcare settings below; ❺ This will require input from each LA and collation by the GO.

Coventry	Still Open		Closed		Re-opened	
	Schools	Pupils	Schools	Pupils	Schools	Pupils
Primary						
Secondary						
Academy						
Special						
Independent						

Notes: ❶ Independent and non-maintained special schools should be recorded as 'special', not independent; ❷ Middle schools deemed primary should be recorded as 'primary' and middle schools deemed secondary as 'secondary'; ❸ PRUs should be recorded as 'secondary'; ❹ Nursery schools should not be recorded in this table, but in that for early years and childcare settings below; ❺ This will require input from each LA and collation by the GO.

Dudley	Still Open		Closed		Re-opened	
	Schools	Pupils	Schools	Pupils	Schools	Pupils
Primary						
Secondary						
Academy						
Special						
Independent						

Notes: ❶ Independent and non-maintained special schools should be recorded as 'special', not independent; ❷ Middle schools deemed primary should be recorded as 'primary' and middle schools deemed secondary as 'secondary'; ❸ PRUs should be recorded as 'secondary'; ❹ Nursery schools should not be recorded in this table, but in that for early years and childcare settings below; ❺ This will require input from each LA and collation by the GO.

Sandwell	Still Open		Closed		Re-opened	
	Schools	Pupils	Schools	Pupils	Schools	Pupils
Primary						
Secondary						
Academy						
Special						
Independent						

Notes: ❶ Independent and non-maintained special schools should be recorded as 'special', not independent; ❷ Middle schools deemed primary should be recorded as 'primary' and middle schools deemed secondary as 'secondary'; ❸ PRUs should be recorded as 'secondary'; ❹ Nursery schools should not be recorded in this table, but in that for early years and childcare settings below; ❺ This will require input from each LA and collation by the GO.

Solihull	Still Open		Closed		Re-opened	
	Schools	Pupils	Schools	Pupils	Schools	Pupils
Primary						
Secondary						
Academy						
Special						
Independent						

Notes: ❶ Independent and non-maintained special schools should be recorded as 'special', not independent; ❷ Middle schools deemed primary should be recorded as 'primary' and middle schools deemed secondary as 'secondary'; ❸ PRUs should be recorded as 'secondary'; ❹ Nursery schools should not be recorded in this table, but in that for early years and childcare settings below; ❺ This will require input from each LA and collation by the GO.

Walsall	Still Open		Closed		Re-opened	
	Schools	Pupils	Schools	Pupils	Schools	Pupils
Primary						
Secondary						
Academy						
Special						
Independent						

Notes: ❶ Independent and non-maintained special schools should be recorded as 'special', not independent; ❷ Middle schools deemed primary should be recorded as 'primary' and middle schools deemed secondary as 'secondary'; ❸ PRUs should be recorded as 'secondary'; ❹ Nursery schools should not be recorded in this table, but in that for early years and childcare settings below; ❺ This will require input from each LA and collation by the GO.

Wolverhampton	Still Open		Closed		Re-opened	
	Schools	Pupils	Schools	Pupils	Schools	Pupils
Primary						
Secondary						
Academy						
Special						
Independent						

Notes: ❶ Independent and non-maintained special schools should be recorded as 'special', not independent; ❷ Middle schools deemed primary should be recorded as 'primary' and middle schools deemed secondary as 'secondary'; ❸ PRUs should be recorded as 'secondary'; ❹ Nursery schools should not be recorded in this table, but in that for early years and childcare settings below; ❺ This will require input from each LA and collation by the GO.

4. Operational response (continued) – Early Years and Childcare Settings

Local Authority	No. of settings still open	No. of settings closed	No. of settings re-opened
Birmingham City Council			
Coventry City Council			
Dudley MBC			
Sandwell MBC			
Solihull MBC			
Walsall MBC			
Wolverhampton City Council			

4. Operational response (continued) – ad hoc information on other issues and areas of concern

SERVICE	Use Traffic lights system	Significant impact	Impact but coping	Very small impact
Provide details of shortages, outages, panic buying, business continuity issues and projections going forward relating to TRANSPORTATION				
Provide details of shortages, outages, panic buying, business continuity issues and projections going forward relating to ANIMAL HEALTH				
Provide details of shortages, outages, panic buying, business continuity issues and projections going forward relating to JUDICIAL PROCESS				
Provide details of shortages, outages, panic buying, business continuity issues and projections going forward relating to COMMUNITY COHESION				
Provide details of shortages, outages, panic buying, business continuity issues and projections going forward relating to BUSINESS ISSUES				
Provide details of shortages, outages, panic buying, business continuity issues and projections going forward relating to SOCIAL CARE/WELFARE/VULNERABLE GROUPS				
Provide details relating to requests for or current use of MILITARY AID AND SUPPORT				

5. Resources and readiness

This section is used to provide Cabinet Office / COBR Situation Cell and agencies with any resourcing and readiness issues that the reporting agency is currently dealing with or require wider visibility. For example:

6. Next Steps / Forward look

This section is used to provide Cabinet Office / COBR Situation Cell and agencies with information relating to what action is planned to take place over the coming reporting period or longer as appropriate.

- For pandemic influenza specific consideration should be given to those areas listed under sections 3 and 4.

7. Political/policy

This section is used to provide Cabinet Office / COBR Situation Cell and agencies with the key political or policy issues. Issues reported should have relevance to either central government and/or the wider responding community.

8. Media and communications

Media coverage:

Media tone and current themes:

Key lines to take / public messages:

Warning and informing public advice:

Ministerial / VIP visits:

Good news:

Forward look:

Other media issues:

This section is used to provide Cabinet Office / COBR Situation Cell and agencies with the key media and communications issues. Issues reported should have relevance to either central government and/or the wider responding community.

9. Human resources and staffing issues

Issues should be reported on an exception basis: only where problems/significant issues arise

Indicate RAG status by assigning appropriate colour to the comment row below. Issues/impact including changes to priorities & other countermeasures

Birmingham City Council	R	
	A	
	G	
Coventry City Council	R	
	A	
	G	
Dudley Metropolitan Borough Council	R	
	A	
	G	
Sandwell Metropolitan Borough Council	R	
	A	
	G	
Solihull Metropolitan Borough Council	R	
	A	
	G	
Walsall Metropolitan Borough Council	R	
	A	
	G	
Wolverhampton City Council	R	
	A	
	G	

R = pandemic influenza having significant impact on the ability to deliver priorities; A = pandemic influenza having impact but managing within current resources; G = pandemic influenza having very small impact

10. Other information not covered elsewhere

This section is for providing other information that does not fit well elsewhere in the report.

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11. Information requirements / request for clarification

This section is for seeking information or clarification from Cabinet Office / COBR Situation Cell or other agencies. Where the information or clarification would be sourced from a specific agency, this should be identified. This section does not negate the need to contact agencies directly but does provide a record of requested information or matters for clarification.

Information requirements (PRIORITY)	
Requested clarification (PRIORITY)	

Information requirements (ROUTINE)	
Information requirements (ROUTINE)	

12. Background / overview

Use this section to provide Cabinet Office / COBR Situation Cell and agencies with any background details that would assist them in understanding the situation or specific key issues being reported.

13. Next SITREP will be issued at

Provide an indication of when the next situation report is due. If it is the last report then this should be stated.

14. Key Contact details – for 24 hour contact

See page 87 for contact details. All agencies can be contacted through the SCG Chair or the SCG secretary.

15. Attachments – tables, maps etc

(List of attachments forwarded with report. Large maps and images should be provided as separate compressed files so as not to be blocked by some agency firewalls. All attachments should be uniquely identified (with a clear linkage to the relevant situation report) and listed to ensure that data is not lost)

Ref.	Section	Attachment
1	Department / Government Office Key Issues	
2	Key issues for Common Recognised Information Picture (CRIP)	
3	Current Situation	
4	Operational Response	
5	Resources and readiness	
6	Forward look	
7	Political / Policy	
8	Media and Communications	
9	Human resources and staffing	
10	Other information not covered	
11	Information requirements/ requested clarifications	
12	Background / overview	
13	The next SITREP	
14	Contact	

CONTACT DETAILS

Intentionally blank – contact details withheld