



CUMBRIA HEALTH AND SOCIAL CARE NOROVIRUS ESCALATION STRATEGY

DOCUMENT CONTROL		
AUTHORS		The Cumbria Health And Social Care Norovirus Escalation Planning Group
DATE		01.06.2017
VERSION		02
STATUS		APPROVED
ISSUE DATE		19.01.2018
DISTRIBUTION		ALL PARTICIPATING ORGANISATIONS N.B. Please note that the Internet version of this document is the only version that is maintained. Any printed copies should therefore be viewed as 'uncontrolled' and as such, may not necessarily contain the latest updates and amendments
VERSION	DATE	COMMENT
0.1	02.12.2015	Circulated for comment to all planning group members
0.2	23.12.2015	Circulated for approval to Local Health Resilience Partnership (LHRP) members
1.	27.01.2016	Submitted to LHRP co-chairs for sign off
2.1	24.05. 2017	Circulated for consultation to all planning group members
	16.06.2017	Circulated for consultation to LHRP members
2.2	24.08.2017	Circulated to planning group members for comment
2.3	12.12.2017	Circulated to LHRP members for approval and sign off
APPROVED: 19.01 2018 COLIN COX Director of Public Health Cumbria County Council ALISON SLATER Director of Delivery NHS England, Cumbria and the North East		SIGNATURE:  

INTRODUCTION.

This escalation plan has been developed in response to a severe and protracted outbreak of norovirus which occurred in Cumbria in the Spring of 2015. This outbreak resulted in immense pressure on acute service provision and the Trust ultimately declared a major incident. Following the debrief of this incident, it was agreed that it would be useful to develop a local plan to trigger a response from all local health and social care agencies during future significant norovirus outbreaks with the aim being to reduce pressure across the health and social care system.

The escalation levels outlined within this plan do not link to the OPEL system of escalation but will contribute to the decision making process for those individuals responsible for declaring the OPEL levels.

The plan was developed through close liaison and consultation with partner agencies and it outlines the strategic and operational response by each relevant organisation in the event of an outbreak of norovirus. The plan was agreed and signed off at executive level by the Local Health Resilience Partnership.

INDICATOR	TRIGGER
Background activity	<p>Changes in syndromic surveillance data.</p> <p>Individual cases are being cared for in the community / isolated on admission to hospital</p> <p>No outbreaks within hospital</p>

ORGANISATION	RESPONSE
NHS ENGLAND	<p>Collate a clear distribution list for NHSE/NECSU outbreak teleconference Chair which provides names, job titles and contact details for representatives required on the multi-agency strategic teleconference.</p> <p>Standard agenda to be developed and used in the norovirus escalation teleconferences</p> <p>Lead the review of previous year's norovirus season and relevant changes to local strategy.</p>
CLINICAL COMMISSIONING GROUPS	Notify PHE of increase in out of hours consultations for vomiting/diarrhoea when information is available
CUMBRIA HEALTH ON CALL	Report increase in out of hours consultations for vomiting / diarrhoea to PHE
PUBLIC HEALTH ENGLAND	<p>Notify all organisations of increase in syndromic surveillance.</p> <p>Notify all organisations of outbreaks in residential /nursing care/ schools</p>
NORTH WEST AMBULANCE	<p>Promote awareness to all frontline staff and management teams of potential for increase in viral gastroenteritis</p> <p>Highlight best practice of infection control</p>
PROVIDERS OF INPATIENT CARE:	Business continuity plans in place

<p>NCUHT</p>	<p>Preparedness aspects of Norovirus policy implemented</p> <p>Screening all patients on admission</p> <p>Generic coms to all staff – raise awareness</p> <p>Cubicle lists circulated</p> <p>Continuous background actions (365 days)</p> <p>IPS audits on all wards monthly</p> <p>Daily IP attendance at bed meetings</p>
<p>PROVIDERS OF INPATIENT CARE: UHMBFT</p>	<p>Business continuity plans in place</p> <p>IP Policies & Procedures in place</p> <p>Norovirus Outbreak procedure in place</p> <p>Non- compliance to policies / procedures raised as a clinical incident and appropriate actions taken to mitigate future re-occurrences</p> <p>Daily visits, by IPT, to portals of entry across (ED, AMU, ASU, ITU, CCU)</p> <p>Daily attendance by IPT to bed flow meeting (9am & 12md) managed by GOLD on call</p> <p>IP training mandatory for employees</p> <p>Bed Utilisation training provided, by IPT, for site / bed/ ward managers</p> <p>On call out of hours microbiology (24 hours / 7/7 a week) support</p> <p>Social media messages all year through re: avoid visiting hospital if symptoms of / contact with D and/or V within previous 48 hours</p>

	<p>Concerns re: outbreak planning raised and discussed at monthly IPOG and quarterly at IPCC in order to support contingency plans / mitigate risk if required</p> <p>Friday point prevalence isolation room (IR) audit undertaken, by IPT, to provide assurance of correct IR utilisation & provide site managers with information for weekend activities</p>
<p>PROVIDERS OF INPATIENT AND COMMUNITY CARE: CPFT</p>	<p>IP Policies & Procedures in place for norovirus including care pathway, all available via intranet norovirus button.</p> <p>Blend of e-learning and face to face IP training mandatory for all clinical staff with intervals dependant on clinician's role.</p> <p>Link Nurse training and meetings quarterly which includes norovirus training and awareness sessions.</p> <p>On call out of hours microbiology support (24 hours / 7/7 a week).</p> <p>Social media messages and trust communications strategy in place Nov-Feb with public advice messages.</p> <p>Outbreaks discussed at IPCC quarterly and any subsequent actions agreed.</p> <p>Terminal cleaning protocols reviewed and whole room fogging now completed following all norovirus outbreaks.</p> <p>Admissions to in-patient areas with symptoms of D+V MUST be isolated on admission.</p>
<p>IN-HOUSE PROVIDERS OF COMMUNITY OR DOMICILIARY CARE CUMBRIA COUNTY COUNCIL.</p>	<p>Business continuity plans in place.</p> <p>Notify PHE, CCC and LA EHO of outbreaks in residential care.</p> <p>Clear plans in place re the policy for segregation of service users</p>

	<p>Staff education and updates.</p> <p>Infection prevention and control advice available</p> <p>Notify NWAS and receiving hospital of suspected / confirmed infection prior to transfer/ admission to hospital</p> <p>Have an easy to access reminder for all staff listing what to do in event of a case of D&V</p>
<p>CUMBRIA COUNTY COUNCIL ADULT SOCIAL CARE</p>	<p>Business continuity plans in place.</p> <p>Staff education and updates, to include infection prevention and control</p> <p>Infection prevention and control advice available</p>
<p>CUMBRIA COUNTY COUNCIL PUBLIC HEALTH</p>	<p>Provide IP training for Cumbria Care staff, Adult Social Care staff and commissioned private sector residential care</p> <p>Infection prevention and control advice available.</p> <p>Offer visit to care homes as necessary for advice and support</p>

INDICATOR	TRIGGER
<p>Rise in syndromic surveillance within the community</p> <p>Suspected cases seen within acute settings (no closed beds)</p>	<p>The GP in hours consultation rate for vomiting is significantly higher than the average for England as a whole for 2 consecutive weeks.</p>

ORGANISATION	RESPONSE
NHS ENGLAND	<p>Assess situation at the daily System – wide Teleconference and consider if situation requires escalation to a norovirus – specific teleconference with all contacts in the Norovirus Escalation plan.</p> <p>Where a decision is made to escalate, convene and Chair Norovirus- specific multi-agency teleconference to manage and coordinate system wide response</p>
NORTH CUMBRIA CLINICAL COMMISSIONING GOUP	<p>Provide telephone advice and support to nursing homes</p> <p>Alert public health teams</p> <p>Weekly situation reports to primary care services.</p>
MORECAMBE BAY CLINICAL COMMISSIONING GROUP	<p>Alert public health teams</p> <p>Signpost infection control queries from nursing homes to CCC Public Health Team</p>
CUMBRIA HEALTH ON CALL	<p>Inform ward when admitting patient with D&V</p> <p>The admission of patients with D&V to hospital to be restricted only to situations in which the diagnosis is significantly uncertain or complications are a risk and in which simple rehydration is unlikely to suffice.</p> <p>Inform NWAS of possible diagnosis if needing admission/transfer</p>

<p>PRIMARY CARE</p>	<p>Inform ward when admitting patient with D&V</p> <p>The admission of patients with D&V to hospital to be restricted only to situations in which the diagnosis is significantly uncertain or complications are a risk and in which simple rehydration is unlikely to suffice.</p> <p>Inform NWAS of possible diagnosis if needing admission/transfer</p>
<p>PUBLIC HEALTH ENGLAND</p>	<p>Use generic e mail system to notify stakeholders of emerging issues.</p> <p>Cascade alerts for rise in syndromic surveillance for vomiting</p> <p>Provide telephone advice to nursing / residential care homes</p>
<p>NORTH WEST AMBULANCE SERVICE</p>	<p>Alert memo to staff highlighting the potential for increased viral gastroenteritis activity</p>
<p>PROVIDERS OF ACUTE IN-PATIENT CARE: NCUHT</p>	<p>In addition to GREEN level trigger</p> <p>Enhanced coms campaign for visitors and staff. Key message - admission avoidance</p> <p>Increase Norovirus posters</p> <p>Seek assurance that awareness is high and screening is robust.</p> <p>Increase visibility of IP Team</p>
<p>PROVIDERS OF INPATIENT CARE: UHMBFT</p>	<p>Business continuity plans in place</p> <p>IP Policies & Procedures in place</p> <p>Norovirus Outbreak procedure in place</p> <p>Non- compliance to policies / procedures raised as a clinical incident and appropriate actions taken to mitigate future re-occurrences</p>

	<p>Daily visits, by IPT, to portals of entry across (ED, AMU, ASU, ITU, CCU)</p> <p>Daily attendance by IPT to bed flow meeting (9am & 12md) managed by GOLD on call</p> <p>IP training mandatory for employees</p> <p>Bed Utilisation training provided, by IPT, for site / bed/ ward managers</p> <p>On call out of hours microbiology (24 hours / 7/7 a week) support</p> <p>Social media messages all year through re; avoid visiting hospital if symptoms of / contact with D and/or V within previous 48 hours</p> <p>Concerns re; outbreak planning raised and discussed at monthly IPOG and quarterly at IPCC in order to support contingency plans / mitigate risk if required</p> <p>Friday point prevalence isolation room (IR) audit undertaken, by IPT, to provide assurance of correct IR utilisation & provide site managers with information for weekend activities</p>
<p>PROVIDERS OF INPATIENT AND COMMUNITY CARE: CPFT</p>	<p>In addition to green actions:</p> <p>Increase communications for admission avoidance and screening for staff.</p> <p>Increase public communications via internet site and display awareness posters in main inpatient sites.</p> <p>Audit community and inpatient areas for compliance with outbreak policy and preparedness, including PPE provision.</p>
<p>IN-HOUSE PROVIDERS OF COMMUNITY OR DOMICILIARY CARE CUMBRIA COUNTY COUNCIL.</p>	<p>In addition to green level triggers:</p> <p>Notify PHE, CCC and LA EHO of outbreaks in residential care.</p>

	<p>Place reminder listing necessary actions in event of outbreak in a prominent place where all staff can see it.</p> <p>Ensure visitors aware of outbreak.</p> <p>Provide information, hand washing facilities visitors on entry to buildings.</p> <p>Provide PPE for visitors providing personal care.</p>
CCC ADULT SOCIAL CARE	<p>Business continuity plans in place.</p> <p>Staff education and updates.</p> <p>Infection prevention and control advice available</p> <p>Support wider primary care initiatives</p>
CCC PUBLIC HEALTH	<p>Establish multi-agency comms group.</p> <p>Instigate proactive public awareness campaign</p> <p>Monitor management of outbreaks in Cumbria Care and commissioned private sector care</p> <p>Provide IP advice and support as necessary</p>

INDICATOR	TRIGGER
In-patient services are affected by beds closed due to diarrhoea and /or vomiting	Two or more cases of suspected/confirmed viral gastroenteritis in an open bay/ward area

ORGANISATION	RESPONSE
ALL ORGANISATIONS	<p>When norovirus is present within an organisation, that organisation is responsible for the notification of partners on a daily situation report as to the level of escalation.</p> <p>The organisation experiencing pressures is responsible for activation of the plan, for informing participating organisations and for invoking the de-escalation process</p>
NHS ENGLAND	<p>Assess situation at the daily System – wide Teleconference and consider if situation requires escalation to a norovirus – specific teleconference with all contacts in the Norovirus Escalation plan.</p> <p>Where a decision is made to escalate, convene and Chair Norovirus- specific multi-agency teleconference to manage and coordinate system wide response</p>
NORTH CUMBRIA CLINICAL COMMISSIONING GROUP	<p>Provide telephone advice and support to nursing homes</p> <p>Alert public health teams</p> <p>Weekly situation reports to primary care services.</p> <p>Provide IP support to acute Trusts as needed</p>
MORECAMBE BAY CLINICAL	Alert public health teams

COMMISSIONING GROUP	Signpost infection control queries from nursing homes to CCC Public Health Team
CUMBRIA HEALTH ON CALL	<p>Inform ward when admitting patient with D&V</p> <p>The admission of patients with D&V to hospital to be restricted only to situations in which the diagnosis is significantly uncertain or complications are a risk and in which simple rehydration is unlikely to suffice.</p> <p>Inform NWAS of possible diagnosis if needing admission/transfer</p>
PRIMARY CARE	<p>Inform ward when admitting patient with D&V</p> <p>The admission of patients with D&V to hospital to be restricted only to situations in which the diagnosis is significantly uncertain or complications are a risk and in which simple rehydration is unlikely to suffice.</p> <p>Inform NWAS of possible diagnosis if needing admission/transfer</p>
NORTH WEST AMBULANCE SERVICE	<p>Alert to staff re increased viral gastroenteritis activity.</p> <p>Place flash message on MDT screens within vehicles via control centres to highlight the alert.</p> <p>For patient transport highlight drop box relating to infection control risks on booking</p> <p>Give alert/ increased concerns of activity to PTS control centres</p> <p>Ensure effective communication with staff within care homes and hospitals</p>
PUBLIC HEALTH ENGLAND	Keep watching brief and support NHS Trusts if outbreak control team is convened

<p>PROVIDERS OF ACUTE IN-PATIENT CARE: NCUHT</p>	<p>In addition to GREEN & YELLOW Triggers</p> <p>Implement Norovirus Policy</p> <p>Daily Internal Postmaster & circulate to external stakeholders</p> <p>Isolate all cases/suspected cases</p> <p>Invoke cohort nursing of cases</p> <p>Terminal clean affected areas (increase coms to hygiene cleaning teams in order to prepare)</p> <p>Increase IP attendance at Bed Management meetings</p> <p>Occupational Health surveillance and increase staff awareness</p> <p>Temporary suspension of visitors to the affected wards</p>
<p>PROVIDERS OF INPATIENT CARE: UHMBFT</p>	<p>Cascade escalation Policy & Norovirus Procedure into all areas</p> <p>Instigate enhanced comms campaign aimed at admission avoidance (internal & external)</p> <p>Restrict staff / patient movement</p> <p>Increase visitor awareness re; avoid visiting hospital if symptoms of / contact with D and/or V within previous 48 hours</p> <p>Increase IPT presence across clinical areas – concentrating on affected areas</p> <p>Increase attendance of IPT to bed flow meetings, as required (9am, 12md, 4pm)</p> <p>On call out of hours microbiology (24 hours / 7/7 a week) support</p> <p>External agencies to be invited to join bed flow meetings (managed by GOLD on call) for acute update & to support UHMBT</p> <p>Occ Health surveillance of staffing</p>

	<p>Friday point prevalence isolation room (IR) audit undertaken, by IPT, to provide assurance of correct IR utilisation</p>
<p>PROVIDERS OF INPATIENT AND COMMUNITY CARE: CPFT</p>	<p>In addition to green and yellow actions:</p> <p>Daily outbreak management meetings/conference calls which would include an invitation to external parties i.e. CCG, PHE, CCC or acute providers.</p> <p>Enhanced cleaning strategy implemented via facilities (outbreak calls) including whole room fogging at terminal clean.</p> <p>External and internal communications strategy implemented (outbreak calls)</p> <p>Once daily cascade email to all relevant internal and external parties detailing unit affected, numbers of patients/staff involved, beds closed and estimated time to open and outlining the management plan for the following 24hrs.</p>
<p>IN-HOUSE PROVIDERS OF COMMUNITY OR DOMICILIARY CARE CUMBRIA COUNTY COUNCIL.</p>	<p>In addition to green and yellow level triggers:</p> <p>Notify PHE, CCC and LA EHO of outbreaks in residential care.</p> <p>Place reminder listing necessary actions in event of outbreak in a prominent place where all staff can see it.</p> <p>Strict attention to rehydration plans</p> <p>Ensure visitors aware of outbreak. Provide information and hand washing facilities on entry to buildings.</p> <p>Provide PPE for visitors providing personal care.</p>
<p>CUMBRIA COUNTY COUNCIL ADULT SOCIAL CARE</p>	<p>Business continuity plans in place.</p> <p>Escalated support to hospital system to facilitate discharges to create capacity given closed wards</p>

	<p>Staff education and updates. Infection prevention and control advice available</p> <p>Staff working on Trust premises must adhere to the Trust's infection prevention and control policies</p> <p>Support wider primary care initiatives</p>
<p>CUMBRIA COUNTY COUNCIL PUBLIC HEALTH</p>	<p>Increase presence within Cumbria Care premises.</p> <p>Circulate daily sit rep reports to ASC and Cumbria Care County Managers. Director of Public Health led comms campaign</p> <p>Advice and support to care homes</p>

INDICATOR	TRIGGER
High community activity / secondary care outbreaks	Providers of in-patient care at surge plan level 4 in conjunction with outbreak of viral gastroenteritis resulting in one or more ward closures

ORGANISATION	RESPONSE
ALL ORGANISATIONS	<p>When norovirus is present within an organisation, that organisation is responsible for the notification of partners on a daily situation report as to the level of escalation.</p> <p>The organisation experiencing pressures is responsible for activation of the plan, for informing participating organisations and for invoking the de-escalation process</p>
NHS ENGLAND	Convene and Chair Norovirus- specific multi-agency teleconference to manage and coordinate system wide response
NORTH CUMBRIA CLINICAL COMMISSIONING GROUP	<p>Provide daily situation reports to GP practice managers prior to morning surgery and home visits outlining affected wards and reminding GPs to notify NWAS and Trusts if they are transferring patients with symptoms of diarrhoea and vomiting</p> <p>Monitor acute admission rates / GP referrals</p> <p>Support business continuity with affected Trusts</p> <p>Provision of IP mutual aid to requesting trusts.</p> <p>Link with other providers to ensure all parties are implementing action plans</p>
MORECAMBE BAY CLINICAL	Monitor acute admission rates / GP

COMMISSIONING GROUP	<p>referrals</p> <p>Support business continuity with affected Trusts</p> <p>Link with other providers to ensure all parties are implementing action plans</p>
CUMBRIA HEALTH ON CALL	<p>Inform ward when admitting patient with D&V</p> <p>The admission of patients with D&V to hospital to be restricted only to situations in which the diagnosis is significantly uncertain or complications are a risk and in which simple rehydration is unlikely to suffice.</p> <p>Inform NWAS of possible diagnosis if needing admission/transfer</p>
PRIMARY CARE	<p>Inform ward when admitting patient with D&V</p> <p>The admission of patients with D&V to hospital to be restricted only to situations in which the diagnosis is significantly uncertain or complications are a risk and in which simple rehydration is unlikely to suffice.</p> <p>Inform NWAS of possible diagnosis if needing admission/transfer</p>
PUBLIC HEALTH ENGLAND	<p>Provide advice on outbreak control</p> <p>Daily collating and analysis of data.</p> <p>Raise concerns with CCC PH team and CCG IP Lead</p> <p>Advice and consultation with PHE Field Epidemiology Service</p> <p>Invoke 24 hour symptom-free Norovirus Discharge Policy where patients are medically fit for discharge</p>
NORTH WEST AMBULANCE	<p>Alert to staff re increased viral gastroenteritis activity.</p>

	<p>Place flash message on MDT screens within vehicles via control centres to highlight the alert.</p> <p>For patient transport highlight drop box relating to infection control risks on booking</p> <p>Give alert/ increased concerns of activity to PTS control centres</p> <p>Ensure effective communication with staff within care homes and hospitals</p>
<p>PROVIDERS OF INPATIENT CARE: NCUHT</p>	<p>In addition to Green, Yellow and Amber Triggers</p> <p>Escalate to NHSE / CCG</p> <p>Involvement of resilience team Executive led outbreak control group (OCG) - daily</p> <p>Risk assess capacity to take elective/planned admissions</p> <p>Maximise use of isolation facilities – IP Team</p> <p>Invoke cohort nursing of cases</p> <p>Restrict staff movement (including cleaning teams)</p> <p>Restrict visiting</p> <p>Invoke 24 hour symptom-free discharge policy to Care Homes where patients are medically fit for discharge.</p> <p>Discuss case by case 24 hour symptom free discharges with CPFT</p> <p>Where capacity allows provision of IP mutual aid to requesting trusts by providing a physical presence in order to promote compliance with IP policies and procedures in clinical practice.</p>

	<p>Daily IP Team led plan for Norovirus management</p> <p>Data analysis to produce epicurve of situation – daily</p> <p>Norovirus control measure sessions within clinical areas</p>
<p>PROVIDERS OF INPATIENT CARE: UHMBFT</p>	<p>Escalate to NHSE / CCG</p> <p>Increased daily bed flow meetings (from 3 to 4 daily) managed by GOLD on call</p> <p>External agencies to be invited to join bed flow meetings (managed by GOLD on call) for acute update & to support UHMBT</p> <p>On call out of hours microbiology (24 hours / 7/7 a week) support with additional daily site visits in outbreak management situations</p> <p>Monitor capacity</p> <p>Friday point prevalence isolation room (IR) audit undertaken, by IPT, to provide assurance of correct IR utilisation</p> <p>Restrict staff & patient movement</p> <p>Consider visitor restrictions</p> <p>Invoke 24 hour symptom-free discharge policy where patients are medically fit for discharge.</p> <p>Where capacity allows provision of IP mutual aid to requesting trusts by providing a physical presence in order to promote compliance with IP policies and procedures in clinical practice.</p>
<p>PROVIDERS OF INPATIENT AND COMMUNITY CARE: CPFT</p>	<p>Actions in addition to green yellow and amber:</p>

	<p>Increased of communications to staff and public forums</p> <p>Increased surveillance by IPC team.</p> <p>Increased communications with other care providers and external agencies.</p> <p>Restrict visiting</p> <p>Collaborative approach to bed management with acute providers to ensure safe transfers and admissions to prevent future spread in unaffected wards/depts.</p> <p>Where capacity allows provision of IP mutual aid to requesting trusts by providing a physical presence in order to promote compliance with IP policies and procedures in clinical practice.</p>
<p>IN-HOUSE PROVIDERS OF COMMUNITY OR DOMICILIARY CARE CUMBRIA COUNTY COUNCIL.</p>	<p>In addition to green, yellow and amber triggers:</p> <p>Attendance at norovirus escalation teleconferences to provide situation reports.</p> <p>Invoke 24 hours symptom free discharge policy where patients are medically fit for discharge and it is possible to isolate them within the care home setting until they are 48 hours symptom free.</p> <p>Assessment of care home residents within 24 hours of notification of discharge where possible</p> <p>Maintain communications plan</p> <p>Strict attention to rehydration plans</p> <p>Implement strict adherence to admission avoidance plans and monitor</p> <p>Defer hospital outpatient appointments where possible.</p>

<p>CUMBRIA COUNTY COUNCIL ADULT SOCIAL CARE</p>	<p>Escalate to Assistant Director Level</p> <p>Staff working on Trust premises must adhere to the Trust's infection prevention and control policies</p> <p>Attendance at norovirus escalation teleconferences to provide situation reports.</p> <p>Facilitate measures to prevent delayed transfers of care.</p> <p>Assessment of relevant patients by Social Worker as highest priority (same day) or exceptionally within 24 hours of notification of discharge.</p>
<p>CUMBRIA COUNTY COUNCIL PUBLIC HEALTH</p>	<p>Escalate communications plan to include health economy media response on a daily basis</p> <p>Circulate daily sit rep reports to ASC and Cumbria Care County Managers.</p> <p>Promote self-management</p> <p>Promote stay away campaigns.</p> <p>Increased IP support to residential/ nursing homes, schools and institutions</p> <p>Where capacity allows provision of IP mutual aid to requesting trusts by providing a physical presence in order to promote compliance with IP policies and procedures in clinical practice.</p>

APPENDIX ONE: CONTACT DETAILS FOR ESCALATION TELECONFERENCE

ORGANISATION	NAME	JOB TITLE	CONTACT
NHS ENGLAND NHSE Operations and Delivery CHAIR Standard Agenda	One of the following:		
	Julie Bloomfield	Assurance and Delivery Manager(Winter)	Tel 01138247335 Mobile 07730379898 Email: Julie.bloomfield@nhs.net
	Aaron Tucker	Assurance and Delivery Manager	Direct Dial: 011382 51544 Mobile: 07730381630 Email: Aaron.Tucker@nhs.net
	Lucy Topping	Deputy Director of Delivery	Mobile 07747 455 123 Email: lucy.topping@nhs.net
NHSE Emergency Planning Preparedness and Response Required if the outbreak reaches a critical incident	One of the following:		
	Andy Summerbell	Head of EPRR	Telephone 01138251615 Mobile 07824432876 Email: Andy.summerbell@nhs.net
	Val Bowman Head of EPRR	Head of EPRR	Mobile 07879 488 307 Email: Val.bowman@nhs.net
NHSE Quality and patient safety	David Charlesworth	Quality and Patient Safety Manager	Telephone: 01138251625 Mobile 07500921357 Email: david.charlesworth@nhs.net
NHSE Communication Required if the outbreak reaches a critical incident	Cara Charlton	Senior Communications and Engagement Manager	Telephone : 0113 825 5481 Mobile : 07730 391 162 Email: Cara.charlton@nhs.net

to provide expert communication advice and support to the community and media			
NHSI To support and implement any improvement plans required by the Trust	Mandy Nagra Rob Robertson	Delivery and improvement Lead Head of delivery and Improvement	Mobile 07712 542741 Email : Mandy.Nagra@nhs.net Telephone 07833 295454 07760 663552 Email : rob.robertson@nhs.net
NORTH CUMBRIA CCG	Alison Clegg	Head of Performance	07795 452 295 01768 245 653 01768 245 486" Alison.Clegg@northcumbriaccg.nhs.uk
MORECAMBE BAY CCG	Margaret Williams	Chief Nurse	01524 519369 Margaret.williams@morecombebayccg.nhs.uk
NWAS	Rick Shaw	Sector Manager, Cumbria and North Lancashire	Rick.Shaw@nwas.nhs.uk Telephone 01772 773 045 NWAS mobile: 07812 305 578
NCUHT		Silver Exec On Call	01228 523444 (ASK FOR SILVER ON CALL)
	Dr Clive Graham	DIPC	01228 814648
	Nicola O'Reilly	IP Matron	01228 814423
		Patient Flow Manager	01228 8114103
UHMBFT		Silver on call	01524 65944 (ASK FOR SILVER ON CALL)
	Joanne Gaffing	Matron IP&TV	01524 583796 01229 491121

CPFT		Silver on call	01228 602000 (ASK FOR SILVER ON CALL)
	Meryl Lawrenson	Professional Lead Infection Prevention and Nursing	07909 993966
	Lorna Pritt	Infection Prevention Nurse	07795 603140
CCC ADULT SOCIAL CARE	One of the Following: Nick Waterfield Paul Latimer Mark Hastings		07976 062185 07825 732168 07973 811194
IN-HOUSE PROVIDERS OF COMMUNITY OR DOMICILIARY CARE CUMBRIA COUNTY COUNCIL	One of the Following: Jonathan Comber Irene Maxwell	County Manager County Manager	07771 624261 01900 872741 Mob: 07971 446175
CCC PUBLIC HEALTH	Fiona McCredie	Head of Health Protection	07900 668648
	Debbie McKenna	Health Protection Specialist	07769 301904
PUBLIC HEALTH ENGLAND		Health Protection Consultant	Office hours: 0344 2250562 (Option Two) Out of hours: 0151 4344819

APPENDIX TWO: STANDARD AGENDA FOR NOROVIRUS ESCALATION TELECONFERENCE



CUMBRIA NOROVIRUS INCIDENT CONTROL MEETING

Date and time:

Venue:

Dial in details:

AGENDA

1. Introductions
2. Purpose of the meeting
 - Current Trigger/Escalation Level
3. Current situation (Number of wards / homes closed /patients, residents and staff affected)
 - NCUHT
 - CPFT
 - UHMBFT
 - Adult Social Care CCC
 - Cumbria Care CCC
4. Control measures and actions undertaken by each agency (as per escalation plan)
5. Risks and mitigation
6. Communication
7. Any other business

8. Date and time of next meeting