



GREEN PAPER

**Pandemic flu:
The impact on the interim
management market**

PANDEMIC FLU – THE IMPACT ON THE INTERIM MANAGEMENT MARKET

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PANDEMIC FLU – THE CONTEXT

Flu pandemics are global outbreaks of newly emerged strains of flu to which most people have little or no immunity. There were three pandemics in the last century, of which the worst, the 1918-9 'Spanish flu', killed up to 50 million people – more than the death toll in the First World War. In June 2009, the World Health Organization officially declared the outbreak of swine flu, that by that time had over 23,000 cases worldwide, a pandemic – the first for over 40 years. Pandemic flu presents planners with a great deal of uncertainty. Depending on the severity of the illness, the global death toll from a pandemic could range up to around 2 million (the levels of the relatively mild 1957 and 1968 pandemics) or the very high levels experienced in 1918-19. Again depending on severity, up to half the population could fall ill, with the estimate of excess deaths in the UK ranging from 50,000 to 750,000. Societal disruption could range from the 'nuisance' levels of regular seasonal flu up to significant interruptions to business continuity. A vaccine against pandemic flu is not available at the beginning of an outbreak because the virus strain will be completely new. Unsurprisingly, therefore, pandemic flu is officially regarded as the biggest single public health threat facing the UK.¹

The UK government has had several years to prepare for a pandemic, and UK pandemic countermeasures are regarded by the World Health Organization and other experts as among the best in the world. Nevertheless, a full-scale pandemic could have a major impact on all business sectors, not least the interim management market.

SWINE FLU

The current swine flu pandemic is a new influenza type 'A' (H1N1) infection that, as the name implies, is believed to have originated in pigs. The virus has acquired the ability to jump species from pigs to humans and, crucially, appears capable of sustained transmission from human to human. These are characteristics associated with a pandemic influenza strain.

On 11 June 2009 the World Health Organization formally declared the outbreak a pandemic. Sadly, the first UK death (also the first confirmed death in Europe) took place shortly afterwards, on 14 June, and other deaths have followed, although the majority of cases in the UK appeared to be mild and responsive to antiviral treatment.

Most pandemics come in waves, with a relatively mild spring outbreak often being followed by a much more severe outbreak in winter, when flu is seasonally more common. The concern is therefore that the increasing numbers of cases being reported in the UK in early summer 2009 may be the harbinger of a more serious outbreak in autumn and winter 2009/10. On the plus side, the relatively slow initial progression of swine flu gave healthcare planners more time to prepare. It is equally important that business planners in the private sector take the opportunity to ensure that their business continuity and resilience plans take into account the threats posed by pandemic flu.

Coping with an influenza pandemic may be a major challenge to the operation of all business sectors. Depending on business area, some services will need to be suspended or scaled down during a pandemic. It is likely to be more sustained, widespread, and in some respects less predictable than other types of emergency such as flooding or terrorist incidents. Levels of staff absence and the pressures placed upon resilience and communications systems may be unprecedented. There is also the possibility of more than one wave of the pandemic and the probability of asymmetric impact geographically, with different parts of the country being affected more severely at different times.

1 National Risk Register, http://www.cabinetoffice.gov.uk/reports/national_risk_register.aspx

A key challenge for the interim market is the sector's dependency on the human resources and skills at its disposal. As pandemic flu could strike anyone, a depletion in the availability of interims, as well as in full time agency staff, will be inevitable.

THREATS TO THE INTERIM MARKET

Superficially, pandemic flu may look like a golden opportunity for the interim sector to fill the gaps in management ranks, but the reality is that interim executives and the agencies that hire them will be no more immune to a pandemic than any other section of the population. Indeed, there is a case for arguing that the interim sector is actually more vulnerable to business interruption than the 'permanent' market.

Because the interim management business relies very strongly on the networking activities of all participants, any external event that affects those relationship is likely to be damaging. During a pandemic, seminars and networking events are likely to be poorly attended or require postponement and, more fundamentally, the day-to-day management of client/agency/interim relationships are likely to be disrupted. Agencies in particular will need to give consideration to ensuring effective cover for client-facing staff who may fall sick, particularly where (as is so often the case) the relationship with a potential client is based on a one-to-one relationship. Similarly, the agency will need to establish who, client side, would take over from a particular hiring manager in the event of their illness. The practical reality, however, is that negotiations that are works in progress are likely to be delayed or even cancelled if key staff become unavailable due to illness. This may in turn have a knock-on effect on the ability of agencies to close deals and resultant cash flow issues.

For the interim manager who is not currently in work, catching the flu is less immediately problematic – they will simply take to their beds. The main impact will therefore be in the two/ three weeks during which they will be unlikely to have either the inclination or the ability to seek work, particularly if it involves travel and interviews.

For the working interim, and for the hiring agency, pandemic flu will represent a significant challenge. The clear healthcare advice for people with flu is that they should not struggle into work. This is both for their own benefit and that of colleagues whom they may infect. (Adults with flu are at their most infectious from the time the symptoms develop and until up to five days later.) Even in the unlikely event that they felt physically able to attend work, people with flu should stay at home until completely well – a process potentially of two weeks duration, and possibly longer in many individual cases depending on the severity of the flu type and personal robustness. For the regular PAYE employee this will generally pose no income or sick pay issue. For the interim paid on a day rate, or course, the situation is markedly different. Not only will there be the direct loss of income, but there is also the possibility of the staff cover or key project delivery for which they were hired not being successfully delivered.

In keeping with other strains of influenza, once an individual has had, and recovered from, pandemic flu they are unlikely to contract the same type of flu in the future. This may tempt some interim managers to promote themselves, however informally as 'flu free' once they have had the infection. Such a claim would, naturally, be virtually impossible to enforce legally. There is additionally a possibility that pandemic flu and 'normal' seasonal flu – the latter being of a different strain or strains – could co-circulate in the population, particularly during the winter months, although preliminary results from the Australian winter suggest that pandemic flu may 'crowd out' regular seasonal flu.

Such issues raise awkward questions surrounding liability. Where liability lies, particularly where the interim operates through a limited company, is in any case not always as clear as it might be in interim contracts, and hiring agencies will need to be alert to the increased possibility of

placed executives falling ill and consequently failing to deliver. Of course, much in practice will depend on the nature of the contracted work, level of good will (or lack of) that exists, and the general relationship between client, agency and individual manager. Interim managers might well be advised, however, to ensure that appropriate levels of personal indemnity and are in place and that such policies include illness cover.

DIRECT COSTS TO THE INTERIM MARKET

The nature of the interim market makes definitions as to its size and the number of people involved difficult to establish. According to the Institute of Interim Management, there are around 9,000 interim managers in the UK, of which 2,000 are 'career' interims with an additional 7-8,000 'passing through' (ie undertaking interim work to fill a gap in permanent employment.)² The Institute estimates the total market for interim management services in the UK as being around £500 million per annum. The average day rate for an interim manager is around £650.

A rough approximation of the losses the interim market might incur in the event of a pandemic can be calculated from these figures.

Assumptions:

Interims in employment at any one time: 8,000

Average day rate: £650

Average working days off with flu and/or caring for sick relatives: 10

a) Percentage of population that catches flu: 25%

Loss of income: £13,000,000

Fees lost to agencies: £4,290,000

b) Percentage of population that catches flu: 50%

Loss of income: £26,000,000

Fees lost to agencies: £8,580,000

Overall, the Government estimates that the economic effects of an influenza pandemic could be equivalent to a 0.75% fall in GDP in the affected twelve months.

SOCIETAL IMPACT

The early weeks of the swine flu outbreak was characterized by cases being detected among schoolchildren, resulting in the wholesale closure of schools and the treatment of pupils, teachers, and family members with antivirals as prophylaxes. This containment approach is unlikely to be successful in a full-blown pandemic, in which mitigation measures will be used, including the issuance of antivirals only to symptomatic patients. In this scenario, individual cases, whether at work or schools are unlikely to result in automatic closure of premises. Rather, business interruption may either result from manpower shortages, widespread infection, or the secondary effects of, for example, transport or power failures.

School closures, either as an infection preventative measure, or as a consequence of staff shortages, will directly affect interim or part time personnel working in the educational sector, such as supply teachers and administrative staff. They will also have a significant secondary effect in that the parents of children at closed schools will need to make alternative childcare

2 <http://www.ioim.org.uk/WorkAsAnInterim/index.asp>

arrangements, including the necessity of one parent remaining at home. Creches are unlikely to be a preferred response, since such communal arrangements would simply open up the possibility of cross-infection that schools closures would seek to mitigate. It is possible that some interim managers, having a greater degree of flexibility in their working arrangements, may be better equipped to cope with this scenario, although it would limit their ability to be available for interviews/hire. On the other hand, interims working in a '9-to-5' environment, particularly if on time-sensitive or project work, will find this highly problematic, not least due to the possibility of loss of income, or, worse, of contract. It may also be noted that the likelihood is that the burden of caring for sick children or other relatives will disproportionately fall on female employees.

Staff shortages during an influenza pandemic may also result in other societal disruptions. These may include national or localized fuel shortages, transport interruptions and, possibly temporary shortages of food and other consumables in supermarkets. In short, all those sectors of the economy that rely on 'just-in-time' delivery may be affected. While this will affect all citizens, interims, who may be working some distance from home or be involved in extensive business travel, are likely to be especially affected.

Interims (in keeping with other staff) may need to investigate the possibilities of home working during particularly severe periods of the pandemic. On the plus side, gaps in staffing caused by absenteeism by personnel caring for sick relatives may result in some opportunities for part-time or interim staff, provided the organization's reaction time is sufficiently fast.

WHAT CAN BE DONE?

The Department of Health has issued guidance to businesses in general concerning how they should plan for an influenza pandemic.³ A checklist of actions appears at Appendix 1. The Department of Health has also issued guidance on the basic hygiene precautions individuals can undertake to reduce the risk of infection to themselves and to others.⁴ In the interim market, the most closely affected stakeholders will be:

- Individual interim managers
- Hiring agencies
- Client organizations

The response from each of these groups will differ according to individual and corporate circumstances, but all can make appropriate plans.

For companies, whether agencies or clients, pandemic flu planning needs to be incorporated into broader risk planning. 'Risk analysis' is the process of decision-making on risk. This essentially involves three main components: risk assessment, risk management and risk communication. Activities within risk assessment focus on estimating the risk that an event, be it a rail strike, a terrorist attack, or an influenza pandemic, will negatively affect the organization. Risk management involves the weighing of policy alternatives that arise as a consequence of the results of risk assessment, as well as the selection and implementation of appropriate mitigation options. Risk communication is the interactive exchange of information among stakeholder both before and during the risk event.

3 Pandemic flu guidance for businesses: risk assessment in the occupational setting http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_097137

4 http://www.direct.gov.uk/en/Swineflu/DG_177814

The scale of a pandemic influenza also means that it can fairly be classed as a 'major incident', requiring the mobilization of response plans, including emergency communications procedures.

In healthcare risk and contingency planning, a major incident is defined as one which:

- Presents a serious threat to the health of the community
- Causes significant disruption to services
- Causes (or is likely to cause) such numbers or types of casualties as to require special arrangements by hospitals, ambulance trusts or primary care organizations.

Although Pandemic Influenza outbreak clearly falls within this definition, it is one that presents its own challenges in terms of duration and width of impact.

PREPARING A PANDEMIC INFLUENZA PLAN

In creating a risk management plan for dealing with pandemic flu, organizations should first ensure that flu planning is integrated into broader risk planning.

Plans should assume the possibility of 25% (50% in realistic worst-case scenarios) of staff, interims, and other stakeholders becoming sick over a six week period. Plans will also need to take account of the possibility of subsequent waves of pandemic flu and of general business interruption to transport, communications and other resources. Planning for business continuity and post-pandemic recovery will be crucial.

Given the importance of networking to the interim market, agencies will need to look closely at how these would continue to function if staff are absent, particularly where relationships – either with clients or interims – are founded on a bilateral basis. Back-up staff will need to be briefed to take over individual relationship management at very short notice. Interim agencies that are part of larger recruitment organizations will be able to consider what mutual aid could be provided from colleagues in other parts of the group.

In larger organizations, it may be appropriate to nominate a pandemic manager who will work with all business sections, and with clients and interims, to identify mission critical functions. At a senior level, the organization will need to determine which activities could be suspended, as staff re-deployed accordingly, in a pandemic.

It is essential to recognize that the biggest threats to an organization may not come from client-facing staff, or even interims, being off sick. Particularly in smaller organizations, if secondary support staff responsible for, say, maintaining payroll, premises management, or IT systems are suddenly off work, the knock-on effect throughout the organization will be considerable.

On a positive note, agencies could take the opportunity to remind clients of the personnel flexibility offered by interim managers and emphasize their ability to fill resource gaps at short notice.

Once a pandemic plan is completed and agreed it should be shared with all appropriate stakeholders and, ideally, one or more desk-top exercises should be undertaken to test its practical robustness. The plan will require regular view and post-pandemic 'lessons learnt' assessment.

In developing the plan, some of the expectations and associated assumptions about the organization's operating environment during a pandemic will need to be summarized. The following table produces an example.

Table 1: Assumptions template

Expectations	Assumptions
Business as usual	Availability of staff and interims managers, infrastructure intact, freedom of movement, access to supplies
Workforce will remain available	Personnel will not need to stay at home, transport systems will be operating, fuel and other supplies will remain available. Limited infection rates among stakeholders.
Non-availability among interims and staff	Contingency and back-up arrangements in place to cope with illness of key personnel.
Constrained operating requirements	Contingency agreements with stakeholders, changes to work routines, use of remote access, cancellation of non-essential meetings and events
Staff and interims will continue to be paid	Availability of payroll systems secure. Back-up procedures exist.
Staff will work from home	Organization's systems can cope with home working
IT infrastructure will fail	Back up communications systems exist to cope with systems failures.
Worst case scenario: Organization will not operate	Regulatory and contractual obligations covered and agreements with interims, staff and clients in place



HR policies should reinforce the early recognition of illness and the need for interim workers to remain at home when ill. HR policies may wish to reflect the impact of a pandemic on dependents and be sensitive to interim needs during times of caring for family members of even bereavement. While the question of discretionary sick pay remuneration will obviously be an issue for individual contractors, clients should be encouraged to consider the use of homeworking for those interims for whom this would be a practical option.

A checklist of issues that interims, agencies and clients may need to consider during a flu pandemic appears at Table 2 opposite.

Table 2: Summary of issues for interims, agencies and clients

	Interim Managers	Hiring agencies	Clients
Update contact lists, including out of hours contacts, for key clients, staff and interims		✓	
Advise key clients of your pandemic flu plans		✓	
Identify areas of interoperability where staff could cover for each other in the event of unplanned absence		✓	✓
Brief back-up staff on current contracts and negotiations in progress		✓	✓
Inform staff of contingency arrangements		✓	✓
Ensure back-up payroll and invoicing systems exist to ensure interims and staff continue to be paid		✓	
Consider what interviews/meetings could be postponed	✓	✓	
Identify partners (eg in parent recruitment organization) who could provide resources		✓	
Develop a pandemic communications plan (see below)		✓	✓
Ensure personal indemnity and other insurance up to date and covers infection	✓		
Notify agencies of any changes to your circumstances (eg potential carer roles) that may result from a pandemic	✓		
Ensure contingency arrangements exist for child/dependent care can be put in place	✓		
Determine whether any contingency contracts are required to cover interim shortages		✓	✓
Alert clients to pandemic flu plans and highlight, if appropriate, potential ability of interim suppliers to fill unplanned personnel gaps		✓	
Instigate and promote personal hygiene regimes in the workplace		✓	✓
Ensure HR processes in place to deal with staff/ interim sickness		✓	
Examine possibilities for staff/interims to work from home		✓	
Ensure regular back-up of essential data against the possibility of unexpectedly working from home	✓		
Identify other interims/partners to whom work could be sub-contracted if necessary	✓	✓	
Encourage use of video/telephone communications as alternative to face-to-face meetings	✓	✓	✓

COMMUNICATIONS STRATEGY

As Jo Wilson, writing in the *British Journal of Nursing*⁵, but with relevance for other sectors, puts it: "Communication is the most powerful tool in clinical practice. Repeatedly, research has shown that good communication skills result in better clinical outcomes, a greater propensity to follow clinical recommendations and reduced risk of clinical negligence and complaints."

Communications planning should be viewed as an essential core element of broader pandemic influenza planning, which in turn must be aligned with overall major incident planning, including resilience, contingency, risk, business continuity and disaster recovery plans.

Risk communications planning envisages the need to communicate effectively with stakeholders in the event of business interruption or denial of access to premises. Specifically, communications assets – such as telephone or email cascades and extranet services that can be accessed off site – should be adapted to maintain communications to staff members and interims who are unable to attend work, whether through illness, domestic responsibilities, or through the breakdown of transport infrastructures. Apart from the important morale aspects of keeping staff, interims and other stakeholders informed of progress and actions, it will be a necessary component in monitoring absenteeism, availability of interims, likely return rates (all of which being likely to vary considerably from individual to individual) and whether quarantined or recuperating staff/interims could undertake any duties at or from home.

Evidence from the 2003 SARS outbreak suggests, moreover, that staff fears may be a significant issue in a pandemic. Some staff may not attend work during a pandemic for fear of infection. It is also conceivable – although perhaps unlikely – that some interims may 'go to ground' at the height of a pandemic, reducing the pool of availability yet further. Accurate risk communications will be essential to allay concerns and mitigate these risks, and, as with communications to the general public, clear communications from trusted sources is the most effective single mechanism for sustaining morale.

Collaborative communications planning should begin as early as possible. Interims, agencies and clients all need to ensure strong and well-integrated communications resources that will help sustain working relationships as a pandemic evolves. Although there will be much that is unpredictable about an influenza pandemic, communication processes can and should be formalized. Standard, yet flexible procedures for disseminating information support consistency, efficiency, and coordination in countering the business interruption and other threats posed by the pandemic.

5 *British Journal of Nursing*, Vol 7 Iss 15, 13 Aug 1998, pp 918 - 919

SUMMARY

While the announcement of a pandemic in June 2009 was significant, it did not mean that the World Health Organization thinks the swine flu outbreak has suddenly become more serious. The WHO alert levels are a measure of the extent of global spread and it do not automatically trigger a change in the way in which individual nations deal with the outbreak in their own countries.

The United Kingdom is regarded, from a healthcare perspective, as one of the best prepared countries in the world when it comes to dealing with an influenza pandemic. Since swine flu was identified as a potential pandemic flu strain at the end of April 2009, healthcare and other professionals throughout the UK have had the opportunity to carry out a great range of preparatory and practical work geared towards combating a much larger flu outbreak.

The challenges posed to the interim management market by pandemic flu are not unique, but equally the nature of the industry means that forward planning is now essential to ensure that the effects of the outbreak are mitigated as much as possible. All organizations must use the window of opportunity presented by the slow early spread of swine flu to be ready for when it becomes more prevalent.

Sources of more information:

NHS Choices (www.nhs.uk)

Health Protection Agency (www.hpa.org.uk)

Department of Health (www.dh.gov.uk/pandemicflu)

DH communications materials, including hygiene posters, can be downloaded from www.ukresilience.gov.uk/pandemicflu/communication.aspx

Stuart Notholt, the author of this paper, specializes in developing risk and internal communications strategies for large organizations. From May 2008-July 2009 he was employed by the Department of Health in the pandemic countermeasures team as a communications specialist, with responsibility for ensuring that Strategic Health Authorities and other NHS organization had effective pandemic flu communications plans. With the emergence of swine flu in April 2009, he worked with colleagues in responding to the outbreak.

Views and proposals in this paper are those of Stuart Notholt Communications Ltd.

Appendix 1: HM Government Pandemic flu checklist for businesses

Complete	In progress	Not started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Identify a pandemic coordinator and/or team with defined roles and responsibilities for preparedness and response planning. The planning process should include input from a wide range of stakeholders e.g. health and safety representatives and trade union officials.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Identify the critical activities undertaken by your business which would have to continue during a pandemic, as well as the employees and other inputs that support those activities (e.g. raw materials, suppliers, sub-contractor services/products, logistics, process controls, security). Consider how internal resources could be re-allocated to ensure those activities are maintained.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Discuss with your suppliers/sub contractors whether they have robust Business Continuity plans in place – your organisation is only as good as those on whom it depends.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consider preparing an additional pool of workers to undertake key tasks and provide training where appropriate (e.g. contractors, cross train employees, retirees).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Determine the potential impact of a pandemic on your business-related travel (e.g. should international travel be curtailed in certain countries due to quarantines and/or border closures). Note that current planning assumes that domestic travel will not be restricted, although the Government may advise against non-essential travel.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Find up-to-date, reliable pandemic information on the Department of Health Website http://www.dh.gov.uk/pandemicflu .
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Establish an emergency communications plan and revise periodically. This plan should identify key contacts (with back-ups), chain of communications (including suppliers, customers and employees), and processes for tracking and communicating business and employee status.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Implement an exercise to test your plan, and revise periodically taking into account updated advice and guidance from Government.

2. Plan for the impact of a pandemic on your employees and customers:

Complete	In progress	Not started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Guided by advice issued by Government, forecast and plan for employee absences during a pandemic. This could be the result of a number of factors including personal illness, family member illness, bereavement, possible disruption to other sectors for example closures of nurseries and schools or reduced public transport.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	As a general approach to reducing the spread of the infection across the country, assess your business needs for continued face to face contact with your customers/suppliers and consider plans to modify the frequency and/or type of face-to-face contact (e.g. video or tele-conferencing instead of travelling to meetings) among employees and between employees and customers. Whilst there is no intention to restrict domestic travel, the Government is likely to advise against non-essential travel, and this should be taken into account in planning.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plan for a likely increase in demand for employees welfare services, if they are available, during a pandemic.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Identify employees and key customers with special requirements, and incorporate the requirements of such persons into your preparedness plan.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consider your customers' needs during a pandemic and whether to review your business model and arrangements to continue to meet those needs. (e.g. enhance mail ordering and internet shopping capacities)

3. Establish policies to be implemented during a pandemic:

Complete	In progress	Not started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Guided by advice issued by Government, establish policies for sick-leave absences unique to a pandemic, including policies on when a previously ill person is no longer infectious and can return to work after illness (i.e. when they are no longer showing symptoms and feel better) and agreeing them with trade unions and other professional representative bodies.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Establish policies for flexible worksite (e.g. working from home) and flexible work hours (e.g. staggered shifts).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Guided by advice from Government, establish policies for reducing spread of influenza at the worksite (e.g. promoting respiratory hygiene/cough etiquette, and asking those with influenza symptoms to stay at home).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Guided by advice from Government, establish the current policies for employees who are suspected to be ill, or become ill at the worksite (e.g. infection control response, sick leave policies).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Set up authorities, triggers, and procedures for activating and terminating the company's response plan, altering business operations (e.g. reducing operations as necessary in affected areas), and transferring business knowledge to key employees. This should include nominating deputies for key employees in advance, in case of absence.
And in the early stages of a pandemic with outbreaks overseas, but not yet in UK			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Guided by advice from the FCO (which would be informed by the latest information from the World Health Organisation and/or advice from Health Departments), establish policies on travel to affected geographic areas overseas and develop policies on managing employees working in or near an affected area when an outbreak begins (and later on in the pandemic). We are not recommending that staff should be asked to stay at home for 2 weeks after return from affected areas.

4. Allocate resources to protect employees and customers during a pandemic:

Complete	In progress	Not started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provide sufficient and accessible means for reducing spread of infection (e.g. provision of hand washing facilities or hand-hygiene products).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consider additional measures to reduce the risk of infection, such as more frequent cleaning on premises, and ensure the resources to achieve these will be available.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consider whether enhanced communications and information technology infrastructures are needed to support employees working from home, tele-conferencing instead of face to face meetings and remote customer access.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consider policy on access to medical treatment for UK staff working overseas, and whether any specific arrangements need to be put in place, and more generally develop policies, based on duty of care, on managing your overseas staff taking into account possible reduced access to consular services.

5. Communicate to and educate your employees:

Complete	In progress	Not started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Disseminate easily-accessible information about pandemic flu to your workforce which is appropriate to the stage of alert (e.g. signs and symptoms of influenza, modes of transmission when this information is available), personal and family protection and response strategies (e.g. hand hygiene, coughing/sneezing etiquette, contingency plans). This should be based on the information already available on the DH website.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ensure that communications are culturally and linguistically appropriate.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Disseminate information to employees about your pandemic preparedness and response plan for your business, including their role in this plan.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Develop platforms (e.g. hotlines, dedicated websites) for communicating pandemic status and actions to employees, vendors, suppliers, and customers.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ensure that DH, HPA and WHO websites are the sources for timely and accurate pandemic information (domestic and international).

6. Co-ordinate with external organisations and help your community

Complete	In progress	Not started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Find out about pandemic planning in your region and locality, for example through regional resilience teams and local resilience forums, and liaise with agencies and local responders.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Share best practice with other businesses in your community, as well as through industry associations.

PANDEMIC FLU – THE IMPACT ON THE INTERIM MANAGEMENT MARKET

The emergence of pandemic influenza poses a significant issue for business planners and risk communications managers. Depending on the severity of the outbreak, the cost to industries of all types could be significant. By the nature of the relationships between clients, interim managers and hiring organizations, the interim management market may be particularly vulnerable to business interruption and longer term damage to key relationships.

Pandemic flu – the impact on the interim management market is one of a series of occasional 'Green Papers' on security and risk management issues published by Stuart Notholt Communications Ltd.

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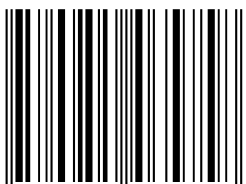
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Pandemic Countermeasures Communications

Stuart Notholt has unrivalled experience of delivering pandemic countermeasures communications at both the strategic and tactical levels, gained through work at the Department of Health and individual NHS Trusts. He has undertaken crisis communications planning for, amongst others, the Financial Services Authority and international risk management firm Crawford-THG. He has recently finished supporting an award-winning programme of civil contingencies work for the Department for International Trade, with a special focus on building and maintaining team resilience during a time of crisis.

Strategic planning – Department of Health Pandemic Countermeasures communications, 2008-9

Vision

Governments throughout the world were working to prepare countermeasures to a potential pandemic flu pandemic – recognized as the biggest single public health risk. In the UK, the Department of Health needed consistent communications strategies, capable of reaching the public, healthcare workers, and local government agencies such as the emergency services, both to alert stakeholders to the risk and ensure that media and other communications assets were in place.

Action

Stuart Notholt worked with the English Strategic Health Authorities (SHA) and with colleagues in the Department of Health to ensure that each SHA had agreed communications plans drafted and tested. He wrote and delivered the 'Black Swan' high-level exercise to simulate communications challenges during the pandemic and managed internal communications between the Department of Health and the pandemic flu leads at SHA and Primary Care Trust level. Bespoke plans were also prepared for acute and mental health NHS trusts.

Results

All 300 English SHAs and local NHS trusts had pandemic flu communications plans in position by the time of the outbreak of swine flu in May 2009. The UK's pandemic flu countermeasures programme was deployed operationally, providing a robust and successful response to the outbreak. During the swine flu outbreak, Stuart Notholt worked directly for NHS Hillingdon in delivering its communications programme.

Tactical response – Swine flu communications 2009-10

Vision

Following the start of the swine flu outbreak in mid-2009, NHS Hillingdon in west London needed specialist communications input to ensure that accurate and timely messages reached key stakeholders, including other statutory bodies, the public, the local voluntary sector and NHS staff. Uncertainty over the severity of the outbreak meant that rapid response and flexibility needed to be built into communications plans. A particular concern centred on staff uptake of vaccinations, which historically had been very poor.

Action

Working as a member of the cross-agency Hillingdon Pandemic Flu Silver Command, Stuart Notholt took the lead in delivering swine flu communications to stakeholders, providing a one-stop source of authoritative communications advice for the NHS, the local authority, and voluntary and other civil society groups. Stuart wrote the swine flu communications plans for the trust, and went on to deliver it, including hands on delivery of wide range of collateral communications assets.

Results

Positive and widespread coverage was achieved in local media (including front page coverage in the main local newspaper and on local radio). Local governmental and statutory bodies, such as the local Council, emergency and voluntary bodies, were coached to adapt healthcare and other messages for their own needs. An extensive 'grass roots' internal communications programme was initiated. Instead of the 25% uptake of vaccination amongst staff that had been anticipated from previous experience, this resulted in a 70% uptake - the highest of any NHS trust in London.

*On the strength of his experience in managing the communications issues surrounding pandemic flu, Stuart was subsequently asked to contribute to a number of healthcare and risk management publications, and was a keynote speaker at a Royal United Services Institute conference, *Communicating in a Crisis*. He also published a green paper on the possible impact of pandemic flu on the interim management market.*

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